



Welcome 2021, Good-bye 2020

To say that 2020 has been challenging is an understatement, but it has also afforded us many opportunities to refine and modify systems, create new relationships, explore technology and to explore new roles and responsibilities. As we've had to pivot and adapt to the massive shift to remote work, the CHC team has remained vigilant in keeping you informed and providing resources and support to assist you in caring for your residents and teams. We will continue to accommodate this new environment and new opportunities / expectations and, we will always strive to provide you the most innovative, reliable, and comprehensive services. Together, we can embrace this new way of life, with a stronger connection and emerge from the darkest days into the brighter days ahead. Join us as we say goodbye to the transformative year that was 2020 and welcome the promise and hope of the new year in 2021. May this new year bring you a sense of peace and may your efforts be demonstrated by achievement, pride, and success.



COVID-19 Vaccinations

Vaccination of health care personnel and long-term care residents is a primary focus. We encourage you to collaborate with your pharmacy representatives and your state/local health departments to ensure that as many residents and staff are vaccinated as possible. There is a wealth of information available to assist you in educating staff, residents, and families about the benefits of vaccination and the processes available to support access to and administration of the vaccinations. We have listed some key resources for your consideration:

- [VDH COVID-19 Response](#)
- [CMS](#)
 - [CMS COVID-19 Provider Toolkit](#)
 - [CMS COVID-19 FAQs](#)
- [CDC](#)
 - [Post Vaccine Considerations for Residents](#)
 - [CDC COVID-19 Vaccination Communication Toolkit for medical centers, clinics, and clinicians](#)
 - [Vaccines | CDC](#)
 - [Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility \(cdc.gov\)](#)
- [CVS](#)
 - [COVID-19 Vaccine Resource | Omnicare](#)
 - [COVID 19 Vaccine Consent Process.pdf \(omnicare.com\)](#)
 - [COVID 19 Vaccine Intake Fillable Consent Form.pdf \(omnicare.com\)](#)
- [Walgreens](#)
 - [COVID-19 Vaccination: Long-Term Care Facility Support | Walgreens](#)
 - [PowerPoint Presentation \(walgreens.com\)](#)
- [FDA COVID-19 Vaccines webpage](#)
- [Moderna and Pfizer](#)
 - [Moderna COVID-19 Vaccine | FDA](#)
 - [Pfizer-BioNTech COVID-19 Vaccine | FDA](#)



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Key Highlights include:

• Following the March 6, 2020 survey prioritization, CMS has relied on State Survey Agencies to perform Focused Infection Control surveys of nursing homes across the country. We are now initiating a performance-based funding requirement tied to the Coronavirus Aid, Relief and Economic Security (CARES) Act supplemental grants for State Survey Agencies. Further, we are providing guidance for the limited resumption of routine survey activities. **CMS has revised the criteria requiring states to conduct focused infection control surveys due to the increased availability of resources for the testing of residents and staff and factors related to the quality of care. Highlights include:**

Perform on-site FIC surveys (start survey within three to five days of identification) of any nursing home with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free, **and other factors that may place residents' health and safety at risk. These factors include:**

- **Multiple weeks with new COVID-19 cases;**
- **Low staffing;**
- **Selection as a Special Focus Facility per Section 1819(f)(8)(B) of the Social Security Act ;**
- **Concerns related to conducting outbreak testing per CMS requirements; or**
- **Allegations or complaints which pose a risk for harm or Immediate Jeopardy to the health or safety of residents which are related to certain areas, such as an abuse or quality of care (e.g., pressure ulcers, weight loss, depression, decline in functioning).**

CMS will work with State Survey Agencies to identify facilities that meet the above criteria, and the FIC survey must start within 3-5 days of identification. State Survey Agencies are also encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.

Facilities that meet the criteria above to trigger an FIC survey do not need to be re-surveyed if a FIC survey was conducted (as a stand-alone FIC survey or as part of a recertification survey) within the previous three weeks. For example, if a facility is surveyed with a FIC survey within 3-5 days after meeting the criteria, and the same facility meets the criteria for being surveyed within 3-5 days in any of the next three weeks, the survey team does not need to conduct another survey within those three weeks. However, if the facility meets the criteria for a survey in the fourth week after a FIC survey was conducted, an additional FIC survey must be conducted within 3-5 days.



NOTE: When conducting FIC surveys, long-term care (LTC) facility surveyors should be alert to, and investigate any concerns related to residents who have had a significant decline in their condition (e.g., weight loss, mobility) during the PHE.

- CMS is providing Frequently Asked Questions related to health, emergency preparedness and life-safety code surveys



- There are multiple FAQs dealing with standard and recertification surveys, Life Safety surveys that are worthwhile reading and discuss variances that may / may not be made when conducting the survey in a facility with a COVID outbreak.

- **CMS is also enhancing the penalties for noncompliance with infection control to provide greater accountability and consequence for failures to meet these basic requirements.** This action follows the agency's prior focus on equipping facilities with the tools they needed to ensure compliance, including 12 nursing home guidance documents, technical assistance webinars, weekly calls with nursing homes, and many other outreach efforts. **The enhanced enforcement actions are more significant for nursing homes with a history of past infection control deficiencies, or that cause actual harm to residents or Immediate Jeopardy.** Non-compliance (**D or above**) with deficiencies associated with Infection Control requirements at **F880** will lead to the following enforcement remedies:

- **Non-compliance for an Infection Control deficiency when none have been cited in the last year (or on the last standard survey):**
 - ◆ Nursing homes cited for *current non-compliance* that is not widespread (**Level D & E**) - Directed Plan of Correction
 - ◆ Nursing homes cited for *current non-compliance* with infection control requirements that is widespread (**Level F**) - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions *with 45-days to demonstrate compliance* with Infection Control deficiencies.
- **Non-compliance for Infection Control Deficiencies cited once in the last year (or last standard survey):**
 - ◆ Nursing Homes cited for current non-compliance with infection control requirements that is not widespread (**Level D & E**) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with **45- days to demonstrate compliance** with Infection Control deficiencies, Per Instance Civil Monetary Penalty (CMP) **up to \$5000** (at State/CMS discretion)
 - ◆ Nursing Homes cited for current non-compliance with infection control requirements that is widespread (**Level F**) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with **45-days to demonstrate compliance** with Infection Control deficiencies, **\$10,000 Per Instance CMP**
- **Non-compliance that has been cited for Infection Control Deficiencies twice or more in the last two years (or twice since second to last standard survey)**
 - ◆ Nursing homes cited for current non-compliance with Infection Control requirements that is not widespread (**Level D & E**) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, **30-days to demonstrate compliance** with Infection Control deficiencies, **\$15,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$15,000)**
 - ◆ Nursing homes cited for current non-compliance with Infection Control requirements that is widespread (**Level F**) -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, **30-days to demonstrate compliance** with Infection Control deficiencies, \$20,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$20,000)
- **Nursing Homes cited for current non-compliance with Infection Control Deficiencies at the Harm Level (Level G, H, I), regardless of past history** -Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with **30-days to demonstrate compliance** with Infection Control deficiencies. Enforcement imposed by CMS Location per current policy, but **CMP imposed at highest amount option within the appropriate (non-Immediate Jeopardy) range in the CMP analytic tool.**
- **Nursing Homes cited for current non-compliance with Infection Control Deficiencies at the Immediate Jeopardy Level (Level J, K, L) regardless of past history** –In addition to the mandatory remedies of Temporary Manager or Termination, imposition of Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, **15-days to demonstrate compliance** with Infection Control deficiencies. Enforcement imposed by CMS Location per current policy, but **CMP imposed at highest amount option within the appropriate (IJ) range in the CMP analytic tool.**
- Quality Improvement Organizations have been strategically refocused to assist nursing homes in combating COVID-19 through such efforts as education and training, creating action plans based on infection control problem areas and recommending steps to establish a strong infection control and surveillance program.

Additional Information from CMS:

- CMS Contact -- Questions about LTC facility Survey activities should be addressed to: NHSurveyDevelopment@cms.hhs.gov. Questions about LTC facility enforcement should be addressed to: DNH_Enforcement@cms.hhs.gov.
- The Memo also included the following attachments
 - FAQ on Resumption of Life Safety Code, Emergency Preparedness, and Long-Term Care Health Surveys
 - K-tag Waiver Guide
 - F-tag Waiver Guide



VIRGINIA UPDATES: Beginning January 1, 2021, skilled nursing facilities (SNFs) will be responsible for conducting LTSS Screenings for *non-Medicaid members* admitted to SNFs who have a change in financial status and require intermediate care facility level of care. DMAS has worked since July to develop new regulations and enhanced training for nursing facility staff to meet the requirements, which stem from VHCA-VCAL backed legislation passed earlier this year. The 1135 Waiver for the Virginia LTSS Screening **does not apply** to this new screening requirement for nursing facilities. (The 1135 waiver eliminates the requirement for the Medicaid LTSS Screening for individuals admitted to a nursing facility directly from hospital inpatient status that is currently in effect until January 20, 2021.) The screenings will be performed by designated and trained nursing facility screening teams at the time an individual is converting from a skilled stay to a LTC nursing facility level of care and will be eligible for Medicaid coverage. DMAS training slides on the new LTSS Screening process may be found [here](#).



CHC Resources / Services 2021

The CHC team has been vigilant in trying to stay abreast of the many changes over the past year and we have also continued keep ourselves current with regulations, standards, and best practices for areas other than COVID-19. Multiple team members have completed additional trainings and/or certifications over the past year including infection control, MDS, and quality improvement. We have developed numerous resources to assist you with your on-going efforts for quality improvement; a complete listing of available policies, trainings, resource manuals, etc. can be obtained by contacting Mary at Mary@chileshealthcare.com or any of the CHC team associates. We have modified the manner in which we provide services to expand remote access through the use of an encrypted Zoom package to ensure confidentiality of discussions. We have recognized the vast toll that this pandemic has taken on all of and we have chosen to share our partnership with you by retaining our current fee structure through 2021. Our resolution for 2021 to you is for us to continue the course, explore opportunities for new innovation and resources, and to optimize accessibility.

- We will continue to offer virtual mock surveys [focus or comprehensive] until we are able to safely resume travel; please contact us soon to schedule your virtual mock for either nursing facility or Virginia assisted living facility
- We will continue to work on identifying needed resources, develop them and make them available to you in a timely and cost-effective manner.
- Our COR [Clinical Operation Report] program is being modified and updated to assist you in tracking and identifying variances in outcomes and in identifying opportunity for action plans to promote improvement and reduce risk. Stay tuned, there is more to come on this. If you are not familiar with this CHC program, please contact Mary at Mary@chileshealthcare.com to learn more – this investment is well worth the low cost.
- We will continue to offer you frequent updates through our newsletter – FOCUS POINT, at no charge

Leading When You and Your Team are Exhausted!



With the pandemic and continued fast pace of our work many feel a sense of exhaustion. This may sound different in some areas: “pandemic fatigue,” “mental fog,” “work/life blur,” “extended vacuum,” and “endless wait” to share a few common phrases. Others describe crying for no reason and feeling very alone as life is different compared to a year ago. The whole world feels heavy and its combination is talking a toll on our professional and personal lives. Cultivating resilience requires some emotional rewiring and call for a different kind of appeal to team members and colleagues. The first step is to identify your biggest challenges over the next year and then tap the psychological stamina you and your team needs to get there.

There are three key steps:

1. Understand the difference between urgency and importance
2. Balancing comfort with containment
3. Finding new ways to reenergize yourself and others

Resilience is the most fundamental quality for navigating through chaos. The belief that we have the ability and the strength to overcome obstacles and perform involves a constant balancing act, and for most it is a lifelong challenge. Without resilience we tend to act indecisively or follow directions blindly. If we are not confident that we have the necessary abilities, we risk getting paralyzed or subjected to forces beyond our control. Managing your own mind and deciding to take charge of your destiny is where you find mental strength for the last mile.