



FOCUS POINT NEWSLETTER
SPECIAL COVID ALERT 4/1/2020



Yes, it is April's Fool day, but as we are all learning COVID-19 is no joke. All of us at CHC are sending prayers and warm wishes to you, your staff, and your resident's for good health. We appreciate the hard work and the attention that you are giving staff, resident's and their families during these unprecedented and challenging times. While we may not be on-site with you, we are there in spirit and we are working hard to keep

each of you informed as quickly as we hear of the many changes. We are working from home to respond to your calls and e-mails and to develop resources that may be helpful to you. Please do not hesitate to contact us if we can be of assistance or support to you.



CMS COVID-19 Focus Survey

In their March 23, 2020 transmittal QSO-20-20, CMS provided information about a new Focus Survey on COVID-19. Within that document, they included an COVID-19 Self-Assessment tool and they encouraged all nursing facilities to complete the self-assessment. Since then, we have learned that when the surveyors come into your building they will ask for and expect to see that you have completed that specific tool. Other self-assessment tools for COVID-19 or infection control, including the CDC self-assessment tool will **not** be accepted. If you have not completed the CMS tool, we encourage you to do so now. If you completed another tool, we suggest that you transfer that information onto the CMS self-assessment tool. We have attached a copy of the tool in this email with the Focus Point. We have also attached the Focused Survey Entrance Checklist.

As of this morning, we were alerted that at least 2 facilities in Richmond, VA are in process of having the COVID-19 Focus Survey.

Late this afternoon we received an update from both the facilities. Some of the lessons learned from the surveys include:

- 2 OLC surveyors called for administrator, introduced themselves and stated that they would be conducting a "virtual" focus survey on COVID.
- Used the Infection Control Entrance Checklist for requested information
- Facility was to send information through encryption or fax
- Wanted line listing of all positive / presumed positive COVID
- Needed EMR access
- Requested that information be provided as quickly as possible
- Interviews - interviewed administrator, DON, IP nurse, housekeepers, licensed nurses, CNAs and food service employee
- Asked for CMS self-assessment
- Asked about E0024 -- how to manage staff for evacuation or outbreak; pandemic virus plan and any specific COVID policy
- Asked some questions about use and fitting of N95 mask
- Reminded that OLC expected a FRI to be submitted to them on each resident who is positive

In addition, you may receive a separate request from VDH [not OLC] to complete a self-assessment regarding your preparation for COVID 19. This was sent to nursing facilities and assisted living facilities. If you have completed the CMS self-assessment all you have to do is send a copy of that form back to VDH; assisted living facilities may use the VDH form or the CMS or CDC self-assessment and return to VDH.

On March 30, 2020, AHCA revised their guidance on accepting admissions from hospitals during the COVID-19 pandemic. A full copy of this memorandum can be found on the AHCA website or VHCA COVID 19 website. The revised guidance includes the following recommendations:

- CDC data published in its Morbidity and Mortality Weekly Report (MMWR) on March 27, 2020, found that 57% of elderly patients without symptoms tested positive for COVID-19, who later went on to develop symptoms seven days later. When they tested positive, they shed virus at levels that likely made them infectious to others.
- Based on this data, **unless a person is tested for COVID-19 and negative before admitting them to your building, you should assume the person has COVID-19 regardless of their having or not having symptoms.**
- We strongly urge LTC facilities to begin now moving current residents to one unit and create separate/dedicated wings, units or floors to handle admissions from the hospital and keep current resident separate, if possible.
- We recommend having discussion with families and residents about the risks of hospitalization with COVID-19 during this pandemic period. We urge facilities to update resident's advanced directives accordingly after having these discussions.



A Note from Judy Wilhide –PDPM grouper code for acute COVID added

CMS has added the diagnosis code U07.1 for 2019-nCoV acute respiratory disease to PDPM Grouper. It groups to Pulmonary which is Medical Management. No other add-ons or ways to count directly in other case mix groups. John Kane reconfirmed to AANAC representatives that they don't plan to change the rules for coding isolation. [The new clinical category mapping tool](#) can be found at

<https://www.cms.gov/Medicare/Fee-for-Service-Payment/SNFPPS/PDPM>. Scroll to bottom of page. It's the mapping tool dated 3/31/30. You may have to refresh your browser to make it come up.



Hand Sanitizer

We encourage you to be very careful about purchasing hand sanitizer from unknown resources. The FDA has provided guidance to pharmacies about compounding hand sanitizer and the Virginia Board of Pharmacy also has a COVID 19 update from 3/27/2020. The Links are below. If your purchase from locations other than your usual, supplier ask about they met the following guidelines and be sure to purchase alcohol-based products

FDA – guidance on Pharmacy compounding Hand Sanitizer:

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/policy-temporary-compounding-certain-alcohol-based-hand-sanitizer-products-during-public-health>

The Virginia Board of Pharmacy: <http://www.dhp.virginia.gov/Pharmacy/default.htm>

COVID-19 Updates as of 3/27/2020 - In response to Governor Northam's declared state of emergency regarding COVID-19 and as authorized in §54.1-3307.3, the Virginia Board of Pharmacy offers the following information and provisions for the duration of the declared emergency. **Emergency Provisions During the COVID-19 Declared Emergency**– Updated 3/27/2020 -- **Policy for Compounding Hand Sanitizer:** [FDA Guidance for Compounding Hand Sanitizer](#)

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
<input type="checkbox"/>	3. A list of residents who are confirmed or presumptive positive for COVID-19.
<input type="checkbox"/>	4. Name of facility staff responsible for Infection Prevention and Control Program.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	7. A copy of an updated facility floor plan, if changes have been made.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*	
<input type="checkbox"/>	8. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/>	9. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
<input type="checkbox"/>	10. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 2 which is titled “Electronic Health Record Information.”
<input type="checkbox"/>	11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
<input type="checkbox"/>	12. Facility Policies and Procedures: <ul style="list-style-type: none"> • Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan. • Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies <p>NOTE– A comprehensive review of policies should be completed offsite.</p>

***NOTE:** The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.