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FOCUS POINT NEWSLETTER SPECIAL FOCUS POINT COVID ALERT 5/26/2020



Q&A from Judy Wilhide Brandt Our residents are recovering from COVID. What now?

Question: A resident was 21 days into a SNF stay for a cardiac issue and got COVID. He ended up at the hospital on a vent, but he survived. Now he is back. He does not have COVID anymore, but he has really lost ground functionally. Can we skill him for therapy?

Answer: Yes! Yes, you absolutely can. If a resident requires skilled rehabilitative therapy 5 times a week, they meet skilled criteria.

Question: A resident was LTC here, got COVID and declined very fast. She went to the hospital, was on a vent for a long time but, she recovered and readmits. She did not have a 60-day break between her last SNF stay with us and the hospitalization. Can we skill her under the waiver even though she does not have COVID anymore? She now needs therapy to restore function.

Answer: Yes, you can, and that is wonderful news. Her need for SNF care now is directly related to the emergency. COVID is why she could not generate a wellness period.

Question: Our MDS Coordinator is (working the floor, out sick, transferred to the COVID facility) and we have someone new doing MDSs. Can you help us with any training?

Answer: Yes, I am converting all my training to webinars. Right now, the topics posted are PDPM and Eight Part Series for absolute beginners. I will be putting up more webinars in the coming days on Five Star, Quality Measures, The SNF Medicare Benefit and others. If you have a topic, let me and I will put that webinar at the top of my development list. These webinars are offered at pandemic pricing,

Volume 1 and Volume 2 of Simple Fast Answers is on Judy's website -- <https://www.judywilhide.com/>

Volume 3 was an announcement of the free webinar on the waiver, still available on my website.



CHC **NEW** COVID-19 Resources

The following policies have been developed in response to recent CMS guidelines. If you are interested in these, please contact Mary at mary@chileshealthcare.com. Cost is \$50 per policy.

- **Reporting COVID Infections to the CDC** – This policy supports the reporting to CDC requirements at F-884.
- **Reporting to Residents, Resident Representatives, and Families information about COVID-19** – this policy supports the New F-Tag 885.



VHASS recently issued updated information on how nursing facilities should request PPE, calculate the burn rate, and what the distribution process is. Guidance and forms have been provided for these processes. When a nursing facility enters into VHASS that it is anticipating difficulties obtaining PPE in 72 hours, it is not equivalent to completing PPE request. ***Nursing facilities also need to complete the PPE request process.***

For any nursing facility reporting to VHASS, the local healthcare coalitions are monitoring the report and proactively reaching out to facilities that have indicated difficulty in obtaining PPE through their normal supply chains. The coalitions are helping to determine if the facility is submitting a request and assisting in completing the PPE request on their behalf where appropriate.

The distribution process will take place if a facility is experiencing an urgent need, or the burn rate/inventory report shows a facility is approaching a critical shortage of PPE. "Urgent need" is defined as a seven day or fewer days of available PPE, an unplanned shortage of supplies (e.g., a backorder/cancellation of ordered PPE), or an outbreak in your facility. The guidance and request form may be found at:



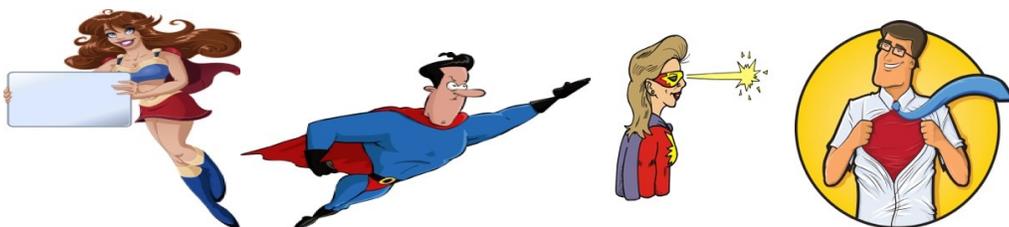
Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

This Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) provides instructions and guidance to Area Offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints, referrals, and severe illness reports. On May 26, 2020, the previous memorandum on this topic^[1] will be rescinded, and this new Updated Interim Enforcement Response Plan will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. This memorandum includes:

COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers -- OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of alerts designed to keep workers safe. In a nursing home or long-term care facility, the following tips can help reduce the risk of exposure to the coronavirus:

- Encourage workers to stay home if they are sick.
- Screen workers and residents regularly for signs and symptoms consistent with COVID-19. Send sick workers home or to seek medical care.
- Closely monitor and take additional precautions regarding employees and residents who may have been exposed to an individual with COVID-19.
- Follow CDC guidance on updating existing resident visitation policies.
- Ask visitors to inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of their visit.
- Maintain at least six feet between workers, residents, and visitors, to the extent possible, including while workers perform their duties and during breaks.
- Stagger break periods to avoid crowding in breakrooms.
- Consider alternatives to in-person large group gatherings (e.g., staff meetings, resident activities).
- Always follow good infection prevention and control practices. Consult OSHA's COVID-19 guidance for healthcare workers and employers.
- Provide handwashing facilities and alcohol-based hand sanitizer with at least 60 percent alcohol throughout facilities.
- Regularly clean and disinfect shared equipment and frequently touched surfaces in resident rooms, staff work stations, and common areas.
- Use hospital-grade cleaning chemicals approved by the Environmental Protection Agency (EPA) from List N or EPA-approved, hospital grade cleaning chemicals that have label claims against the coronavirus.
- Ensure workers have and use any personal protective equipment (PPE) they need to perform their jobs safely.
- Continually monitor PPE stocks, burn rate, and supply chains. Develop a process for decontamination and reuse of PPE, such as face shields and goggles, as appropriate. Follow CDC recommendations for optimization of PPE supplies.
- Train workers about how to protect themselves and residents during the pandemic.
- Encourage workers to report any safety and health concerns.

For more information, visit www.osha.gov/coronavirus or call 1-800-321-OSHA (6742).



We can't say it enough and words just seem so inadequate but....

THANK YOU!!! You truly are frontline HEROS!!