



Let us remember all our heroes in uniform who made ultimate sacrifices to defend our country from the enemies on this special day. Wishing you a warm, thankful and Happy Memorial Day.



#### SNF Survey Focus – F-880 Cleaning/Disinfecting Blood Glucose Monitors

CMS continues to focus on sustainability of infection control protocols through all types of survey visits in nursing homes. With the re-start of on-site certification surveys which generally include a med pass observation, we have seen an increase in the number of deficiency citations related to the cleaning and disinfecting of blood glucose monitors. This is a good time to:

- Review your policy to ensure that it addresses the length of time that the glucometer is to remain wet while cleaning/disinfecting and time necessary for drying based on manufacturer's instructions
  - Note: Different brands have different wet/drying times
- Review to ensure that your policy addresses the type of disinfectant that is to be used based on manufacturer's instruction
- Ensure availability and staff use of the appropriate disinfectant [this would include competency and observations of staff performing glucose monitoring]
- If you are performing blood glucose monitoring on residents who are on transmission-based precautions, ensure that infection control precautions are being carried out when entering / in/ leaving the resident's room and when replacing blood glucose monitor in medication cart. Consider the possibility of providing dedicated blood glucose monitors.



**Effective May 21, 2021** -- CMS published an [Interim Final Rule on COVID-19 Vaccine Requirements](#). This rule applies to residents, clients, and staff of long-term care facilities (LTCFs) and intermediate care facilities for individuals with intellectual disabilities (ICFs-IID). This rule specifies that LTCFs must develop and implement

policies and procedures to:

- educate all residents and staff about COVID-19 vaccines;
- offer vaccination to all residents and staff; and
- report to the CDC via the National Healthcare Safety Network (NHSN) certain data regarding vaccination status for residents and staff as well as any therapeutic treatments (e.g., monoclonal antibody) use.

**Note:** This requires additional reporting via NHSN modules: reporting the Resident Therapeutics Pathway found on [COVID-19 LTCF Module](#), as well as reporting via the [Weekly HCP and Resident COVID-19 Vaccination Module](#).

CMS also published a [QSO-21-19-NH](#) on how to operationalize this new requirement. Highlights from QSO-21-19 included:

- **Noncompliance related to the new requirements for educating and offering COVID-19 vaccination to residents and staff will be cited at F-tag 887, and noncompliance related to COVID-19 vaccination reporting will be cited at F-tag 884.**
- **Staff Vaccination** – “Staff” means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the LTC facility for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. **This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis,** as the vaccine is available.
  - The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:
    - (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;
    - (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and
    - (C) The COVID-19 vaccine status of staff and related information as indicated by NHSN
  - The facility is not required to educate and offer COVID-19 vaccinations to individuals who enter the facility for specific purposes and for a limited amount of time, such as delivery and repair personnel or volunteers who may enter the LTC facility infrequently (meaning less than once weekly).
- **Education** -- All residents and/or resident representatives and staff must be educated on the COVID-19 vaccine they are offered, in a manner they can understand, and receive the FDA COVID-19 EUA Fact Sheet before being offered the vaccine. Click [here](#) for additional information.
- **Vaccination Adverse Event Reporting**-- In accordance with FDA requirements, select adverse events for COVID-19 vaccines must be reported to the Vaccine Adverse Event Reporting System (VAERS), (that is, vaccine administration errors, serious adverse events, multisystem inflammatory syndrome (MIS) in children or adults, and cases of COVID-19 that result in hospitalization or death). Any revised safety reporting requirements must also be followed. For additional information see VAERS – Vaccine Adverse Event Reporting System at <https://vaers.hhs.gov>.
- **Vaccination Refusal** -- Residents and their representatives have the right to refuse the COVID-19 vaccine in accordance with Resident Rights requirements at 42 CFR 483.10(c)(6) and tag F578. Additionally, the regulation at §483.10(b)(2) states “The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.” **Therefore, facilities cannot take any adverse action against a resident or representative who refuses the vaccine, including social isolation, denied visitation and involuntary discharge.**
- **POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION**
  - F658: for concerns related to professional standards of practice for the provision of vaccines;
  - F880: for concerns related to infection prevention and control;
  - F660: for concerns related to provision of documentation of the resident’s vaccination status to the next provider and follow-up vaccination instructions to the resident when the resident is transferred or discharged
- **F884: Reporting – National Healthcare Safety Network (NHSN)** -- 42 CFR 483.80(g)(1)(viii)-(ix) requires LTC facilities report, on a weekly basis, the COVID-19 vaccination status of residents and staff, total numbers of residents and staff vaccinated, each dose of vaccine received, COVID-19 vaccination adverse events, and therapeutics administered to residents for treatment of COVID-19 through NHSN's LTCF COVID-19 Module. **CMS will begin reviewing for compliance with the new vaccination reporting requirements Monday, June 14, 2021.**



### **MDS Certification Training – Sponsored by AANAC and taught by Judy Wilhide Brandt**

RAC-CTA - Advanced Certification -- Dates Mon, May 17, 2021 thru Thu, May 20, 2021; Virtual class, 12 to 6pm Eastern Time Zone. For the RAC-CT professionals looking to take their experience to a higher level, AANAC introduces the Resident Assessment Coordinator - Certified Advanced (RAC-CTA) education program and certification.

The RAC-CTA program provides advanced principles of clinical reimbursement, Medicare program compliance and integrity, RAI/MDS program integrity, leadership, ethical practice, managing medical review, accurate ICD-10 diagnosis coding, advanced strategies for payment oversight, and improving a facility's quality measurement in all CMS quality programs.

Is RAC-CTA right for you? -- Whether you are a clinical reimbursement specialist in a regional, state, or national consultant, or are a professional in any aspect of MDS and Medicare compliance and oversight, this program will help you excel as a reimbursement leader. You must hold a current RAC-CT to qualify to take the RAC-CTA exam. Criteria to maintain RAC-CTA certification: These are separate certifications as they each have a Body of Knowledge. RAC-CT must be maintained as well as RAC-CTA. Link [here](#)



### Are You Overcommitting Yourself?

It's easy to think about all we would like to accomplish in a day. You might be a list maker or a task master. At times you may feel accomplished at the end of your day or you may find that all those items have not been completed. Here are some common overcommitment traps and possible antidotes for each.

**Trap 1: The heavy workload is temporary.** It is good to review the prior years planned projects and projects that were opportunistic. This review allows you to gain a realistic picture of how your future calendar might look. Additionally, you can then identify what was impactful and renegotiate your projects, lower your expectations of what you can

accomplish and ask for help.

**Trap 2: The next time will be easier.** It is true that experience will help move a project along but always plan in a buffer by giving yourself an extra day or so just in case. Pushing out delivery dates accommodates the unexpected, reduces stress and allows for other parts of your life.

**Trap 3: I will collect immediate rewards.** Our desire to please others forms a big obstacle to a realistic view of time. Make sure to calculate what you can reasonable do based on the project, rather than the emotional need to please others.

**Trap 4: Others will follow my instructions.** If you provide project requirements make sure that when you invest in providing documentation to help others be more self-sufficient, do not rob them of the opportunity for autonomy by jumping into the details or doing the work for them. Offer others the chance to grow.

**Trap 5: Without me, this work will be poor quality.** You may be devoting lots of time to making a project better, but you also need to dedicate some of the buffer time to coach colleagues instead of doing all the work yourself.

When we overcommit ourselves, we diminish our capacity to get things done. By realistically managing your time, you will increase your ability to make extraordinary progress without adding work time.



CHC Team is "back on the road". We are now scheduling on-site visits for education, focus reviews and mock surveys. We are also continuing to offer remote/virtual services using our encrypted zoom meetings. Contact Mary and let her know how the CHC team can be of best support and resource to you and your team. [Mary@chileshealtcare.com](mailto:Mary@chileshealtcare.com)