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FOCUS POINT NEWSLETTER - June 29, 2021

Happy Fourth of July to All! May this day be a symbol of peace, prosperity, and happiness in your lives. God bless America and the people who live here.



QSO-20-41 REVISED 06.21.2021 Guidance related to Emergency Preparedness-
Exercise Exemption based on A Facility's Activation of their Emergency Plan.
Key Points include the following and the QSO has an updated worksheet for surveyors:

CMS recognizes many facilities are still operating under disaster/emergency conditions during the PHE, i.e., under an activated emergency plan. We are therefore providing additional guidance for inpatient providers/suppliers, consistent with the exemption authorized by the EP regulations. This exemption applies to the next required full-scale exercise only, not the exercise of choice, based on the facility's 12-month exercise cycle. The exercise cycle is determined by the facility (e.g., calendar year, fiscal year or another 12-month timeframe). The updated guidance only applies if a facility is still currently operating under its activated emergency plan. Facilities which have resumed normal operating status (not under their activated emergency plans) and were exempted from a full-scale exercise for its 2020 cycle, must conduct a full-scale exercise or an individual facility-based exercise for its next cycle. If the facility claimed the full-scale exercise exemption in 2020 based on its activated emergency plan and has since resumed normal operating status, the inpatient provider/supplier is expected to complete its required full-scale exercise in 2021, unless it has reactivated its emergency plan for an actual emergency during its 12-month cycle for 2021.



New OSHA Requirements for COVID 19 Plan, effective 6/21/2021

OSHA has determined that employee exposure to SARS-CoV-2, the virus that causes COVID-19, presents a grave danger to workers in healthcare settings where people with COVID-19 are reasonably expected to be present and has issued an Emergency Temporary Standard (ETS) to address the hazard. The rule was published in the [Federal Register :: Occupational Exposure to COVID-19; Emergency Temporary Standard](#). A summary of the requirements may be found at: [Summary: COVID-19 Healthcare ETS \(osha.gov\)](#). **Employers must comply with most provisions within 14 days, and with the remaining provisions within 30 days.** OSHA will use its enforcement discretion to avoid citing employers who are making a good faith effort to comply with the ETS. OSHA will continue to monitor trends in COVID-19 infections and deaths as more of the workforce and the general population become vaccinated and the pandemic continues to evolve. The ETS is aimed at protecting workers facing the highest COVID-19 hazards—those working in healthcare settings where suspected or confirmed COVID-19 patients are treated. **This includes employees in hospitals, nursing homes, and assisted living facilities;** emergency responders; home healthcare workers; and employees in ambulatory care facilities where suspected. Highlights include:

- ❖ COVID-19 Plan
 - Develop and implement a plan for each workplace (written format if more than 10 employees).
 - Designate workplace safety coordinator(s), knowledgeable in infection control principles and practices, with authority to implement, monitor, and ensure compliance with the plan; or conduct a workplace-specific hazard assessment;

- Seek the input and involvement of non-managerial employees and their representatives in the hazard assessment and the development and implementation of the plan;
- Monitor each workplace to ensure the ongoing effectiveness of the plan, updating it as needed; and Include policies and procedures to minimize the risk of transmission of COVID-19 to employees.
- ❖ Patient screening and management
 - Limit and monitor points of entry to settings where direct patient care is provided;
 - Screen and triage patients, clients, residents, delivery people and other visitors and non-employees entering the setting for symptoms of COVID-19; and
 - Implement patient management strategies.
- ❖ Standard and Transmission-Based Precautions
 - Develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC guidelines.
- ❖ Personal protective equipment (PPE)
 - Provide and ensure employees wear facemasks when indoors and when occupying a vehicle with other people for work purposes;
 - Ensure facemasks are worn over the nose and mouth.
 - Provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures on a person with suspected or confirmed COVID-19;
 - Provide respirators and other PPE in accordance with Standard and Transmission-based Precautions; and
 - Allow voluntary use of respirators instead of facemasks (under the mini respiratory protection program at 1910.504).
- ❖ Aerosol-generating procedures on persons with suspected or confirmed COVID-19
 - Limit employees present to only those essential; perform procedures in an airborne infection isolation room, if available; and clean and disinfect surfaces and equipment after the procedure is completed.
- ❖ Physical distancing
 - Ensure each employee is separated from all other people by at least 6 feet when indoors.
- ❖ Physical barriers
 - Install cleanable or disposable solid barriers at each fixed work location in non-patient care areas where each employee is not separated from other people by at least 6 feet.
- ❖ Cleaning and disinfection
 - Follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC guidelines in patient care areas, resident rooms, and for medical devices and equipment; in all other areas, clean high touch surfaces and equipment at least once a day and provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible handwashing facilities.
- ❖ Ventilation
 - Ensure that employer-owned or controlled HVAC system(s) are used in accordance with manufacturer's instructions and the design specifications of the system(s); air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it; airborne infection isolation rooms are maintained and operated in accordance with their design and construction criteria; and intake ports are cleaned, maintained, and cleared of debris.
- ❖ Health screening and medical management
 - Screen each employee before each workday and shift (for example, by asking employees to self-monitor);
 - Provide employer-required testing at no cost to the employee (Note: employers are not required to conduct screening testing);
 - Require each employee to promptly notify the employer when the employee is COVID-19 positive, suspected of having COVID-19, or experiencing certain symptoms;
 - Notify certain employees within 24 hours when a person who has been in the workplace is COVID-19 positive;
 - Follow requirements for removing workers from the workplace;
 - Make decisions on returning employees to work in accordance with guidance from a licensed healthcare provider or specified CDC guidance; and
 - Continue to pay removed employees in most circumstances.
- ❖ Vaccination
 - Provide reasonable time and paid leave for vaccinations and vaccine side effects.
- ❖ Training

- Ensure each employee receives training in a language and at a literacy level the employee understands so that the employee comprehends disease transmission, tasks and situations in the workplace that could result in COVID-19 infection, and relevant policies and procedures; ensure each employee receives additional training when changes occur that affect the employee's risk of infection, if policies or procedures are changed, or when there is an indication that an employee has not retained necessary understanding or skill.
- ❖ Anti-Retaliation
 - Inform employees of their rights to the protections required by this standard and do not discharge or in any manner discriminate against employees for exercising these rights or for engaging in actions required by the standard.
- ❖ Requirements must be implemented at no cost to employees
- ❖ Recordkeeping
 - Establish a COVID-19 log (if more than 10 employees) of all employee instances of COVID-19 without regard to occupational exposure and follow requirements for making records available to employees. • Reporting COVID-19 fatalities and hospitalizations to OSHA
 - Report to OSHA each work-related COVID-19 fatality within 8 hours of learning about the fatality, and each work-related COVID-19 in-patient hospitalization within 24 hours of learning about the in-patient hospitalization.
- ❖ Mini respiratory protection program (29 CFR 1910.504)
 - Under certain circumstances in the ETS, and only for employees who are not exposed to suspected/confirmed sources of COVID-19 or other hazards that may require respirator use covered under the normal Respiratory Protection Standard (29 CFR 1910.134), the employer must provide training on inspecting, putting on, removing, and using respirators like N-95s; the limitations and capabilities of the respirator; procedures and schedules for storing, maintaining, and inspecting respirators; how to perform a user seal check; and how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators

A template for the development of your OSHA COVID 19 Plan may be found [here](#).

Worksite Checklist & Employee Job Hazard Analysis form may be found [here](#).



Virginia will legalize recreational cannabis on July 1, 2021.

What is changing as it relates to long term care?

As of July 1, 2021, employees or contractors who are licensed or registered to administer medications at a “designated caregiver facility” will be permitted:

- to accept cannabis oil on behalf of a resident or patient who possesses such a valid certification and
- assist in the administration of such cannabis oil to the patient or resident. A “designated caregiver facility” is defined as an **assisted living facility (ALF)**, hospice facility, home care organization, or an adult day care center (ADCC). **it does not include any facility designated as a certified nursing facility.**

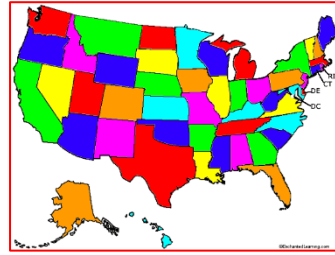
The new regulations raises many employee and HR questions. CHC encourages you to reach out to your HR Director and/or labor attorney. Facilities like NFs that are regulated under federal law should continue to prohibit possession and use by employees and continue to drug screen employees for whom it is required under federal law. Facilities like that are regulated solely under state law should consult with counsel, review, and update their drug testing policies with the goal of addressing both business needs and risk tolerance. ALFs can continue to prohibit employees from possession and use at the facility and impairment while working but should be mindful of employees who could test positive for proper medical use or recreational use after July 1, 2021. NFs, and ALFs, that want to continue drug screening for cannabis use despite legal use should be mindful of employment retention and acquisition concerns.

What's the bottom line? -- If your facility accepts federal money or is federally regulated, then the facility must follow federal law and prohibit all possession, cultivation, and use of recreational cannabis on the premises. If your facility is solely regulated under state law, then you should determine your risk tolerance and consult legal counsel in updating your policies with regard to patients, residents, and visitors

NF Survey Focus - [S&C QCOR \(cms.gov\)](#). The CMS data base was searched on 6/26/21 for information about the most frequently cited deficiencies from Standard Surveys conducted in calendar year 2021. See both National and Virginia data and note the differences and the trends. [Where is your opportunity for improvement?](#)

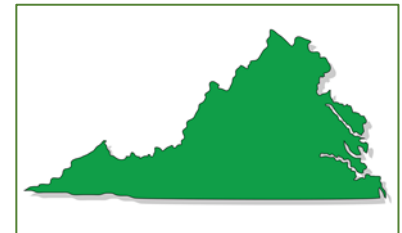
National Top 10 Deficiencies for Standard Surveys 2021

F0880	Infection Prevention & Control
F0812	Food Procurement, Store/Prepare/Serve Sanitary
F0761	Label/Store Drugs and Biologicals
F0689	Free of Accident Hazards/Supervision/Devices
F0656	Develop/Implement Comprehensive Care Plan
F0677	ADL Care Provided for Dependent Residents
F0684	Quality of Care
F0695	Respiratory/Tracheostomy Care and Suctioning
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer
F0758	Free from Unnec Psychotropic Meds/PRN Use



Virginia TOP 10 Deficiencies for Standard Surveys in 2021

F0656	Develop/Implement Comprehensive Care Plan
F0657	Care Plan Timing and Revision
F0880	Infection Prevention & Control
F0761	Label/Store Drugs and Biologicals
F0695	Respiratory/Tracheostomy Care and Suctioning
F0842	Resident Records - Identifiable Information
F0658	Services Provided Meet Professional Standards
F0686	Treatment/Svcs to Prevent/Heal Pressure Ulcer
F0812	Food Procurement, Store/Prepare/Serve Sanitary
F0698	Dialysis



Are you using VHCA's Survey Management Analysis & Resource Tool (SMART) to stay on top of survey results and trends? If you're not sure how to get the most out of SMART, join VHCA for an upcoming user training session led by our Chief Quality & Regulatory Affairs Officer April Payne. Training sessions will be held at 3:00 pm the last Wednesday of the month from June 30 through October 27, 2021.

April will demonstrate all of SMART's features and answer any questions you may have during these interactive sessions. These sessions are intended for administrators, directors of nursing, and QAPI staff. Note, SMART user access is for VHCA members only. VHCA Survey Management Analysis & Resource Tool (SMART): User Training

- June 30, 2021, | 3:00 pm
- July 28, 2021, | 3:00 pm
- August 25, 2021, | 3:00 pm
- September 29, 2021, | 3:00 pm
- October 27, 2021, | 3:00 pm

The content for all webinars is the same, so you only need to participate in one session. webinar

Register in advance: https://us02web.zoom.us/webinar/register/WN_tMzZrH70Q1Kqurmc-k1k2g



DSS Resumes On-Site Inspections -- Safety Expectations for On-site Inspections
On June 14, 2021, DSS sent a memo out to all Virginia ALFs with guidance and protocols for resuming on-site inspections. If you did not receive a copy of the memo, please contact your DSS licensing inspector.

- On the date of the on-site inspection and/or prior to, the inspector conducting the inspection will identify a point of contact at the facility and provide the DOLP COVID-19 Safety Expectations and Screening Form.
- The facility contact shall ensure that all facility personnel who will be present during the inspection have been pre-screened. An answer of "yes" to any of the questions may result in termination or rescheduling of the inspection.
- During the inspection, the presence of personnel may be limited in the area where the licensing inspector is working.

- If present, members of the general public may be asked to leave the area the inspector is working in during the inspection.
- Along with following all other guidance described in the attached VDSS DOLP COVID-19 On-site Inspection Protocol, the licensing inspector will:
 - Utilize the same COVID-19 screening questions to pre-screen themselves prior to conducting the inspection. If the inspector answers “yes” to any of the questions, the inspection may be terminated or rescheduled.
 - Maintain a physical distance of at least six feet or greater from individuals while on-site. It is expected that any facility personnel or others present on-site will do the same.
 - Wear a face covering or any other required personal protective equipment (PPE) for the entire duration of the visit. It is expected that any facility personnel, or others who will be present during the inspection, will also wear a face covering for the entire duration of the inspection.
 - Limit the items brought into the facility to only what is necessary.
 - Stop the inspection and leave the premises immediately if there is a failure by the facility to comply with safety expectations or requests/reminders to observe safety expectations.
- Prior to and/or during the inspection, your licensing inspector may reach out to you in order to review and familiarize themselves with your facility’s established COVID-19 health and safety protocols.

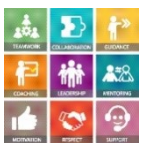
The memo contains detailed protocols: Protection Before, During, and After the Inspection.



5 Common Mistakes When Feeling Overwhelmed

When we are overwhelmed and challenged by a busy day, the way we react can actually make things worse. Being self-aware of the 5 common patterns overwhelmed people fall into can help you get past this feeling and on with your day.

1. You think you don’t have time for actions that might help you. Take a deep breath and do something to help yourself immediately, such as calling a friend or talking with residents you love.
2. You don’t use your unconscious mind enough. We can’t be focused all the time but recharging our focus might be accomplished with a brisk walk or a quiet space to let your mind wander for a bit.
3. You interpret feeling overwhelmed as a weakness. Instead replace your self-criticism with compassionate self-talk and a plan to overcome this feeling.
4. You default to your traditional approaches and defenses. Knowing your instinctive reactions can help you manage them and will also help you to stay flexible in your problem solving.
5. You withdraw from your support system. Find ways to connect with people even when you have limited emotional energy. These connections will help restore your balance.



CHC Resources

We have “reset” the clock and are back to being a “full service” consulting team. We are currently scheduling on-site visits for mock surveys, education, focus reviews and technical support. We will continue to offer remote services when they are the most effective and efficient means. We have a comprehensive list of resources including resource manuals and sample policies/protocols designed to assist nursing homes and assisted living facilities maintain regulatory compliance and enhance quality improvement initiatives. Our team is diverse, but all have extensive experience and knowledge of long-term care; all are either registered nurses or licensed nursing home administrators and have additional certifications. If CHC can be of assistance or support to you or your team, contact Mary at Mary@chileshealthcare.com or call at 804-690-5824.

