



FOCUS POINT NEWSLETTER -- August 3, 2021



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

The CDC announced [updated guidance](#) for fully vaccinated individuals on 7/27/21. This guidance is aimed at preventing transmission levels of the highly communicable and now predominant Delta variant. **As of now, CDC guidance for long term care has not changed.** However, this new guidance does impact staff outside of work. Continue to educate your staff on this new guidance, the impact of the Delta variant, and the importance of getting vaccinated to prevent further spread. As the Delta variant continues to spread, it will impact testing frequency and other infection control practices. Please redouble your efforts to follow CDC infection control guidance. AHCA/NCAL recommends reviewing the following CDC documents:



- [Infection control guidance for nursing homes](#)
- [Infection control guidance post-vaccination Guidance](#)- detailing higher risk exposures by health care workers and what to do if exposed. Community rates continue to increase in Virginia and many other states and yet we continue to struggle with vaccinations for residents and staff. VHCA has resumed publishing the Virginia infection spreadsheet weekly that includes both CMS and VDH data. Nursing facilities are allowed to use either the CMS published positivity rates, or the state published rates to determine the frequency of staff testing, but must document the source, date, time and use the same source consistently.
- [CMS COVID-19 Nursing Home Data webpage](#) (see COVID-19 Testing section)
- [VDH COVID-19 in Virginia: PCR Test Positivity Rates webpage](#)



CMS Updates Guidance on CMP for “Past Non-Compliance” - posted on CMS website 7/27/21 --[Revision of Civil Money Penalty \(CMP\) Policies and CMP Analytic Tool | CMS](#)

CMS is hereby removing the July 7, 2017 Memo (S&C 17-37-NH) from its guidance repository. In that memo, CMS instructed CMS Locations (formerly “Regional Offices”) to impose civil monetary penalties for prior noncompliance solely on a per-instance basis. Upon further consideration, CMS has determined that the agency should retain the discretion at this time to impose a per-day penalty where appropriate to address specific circumstances of prior noncompliance. We will work within CMS operations to apply such discretion, and any final notice of noncompliance will set forth the penalty, and the reason(s) for imposing per-instance or per-day penalties.

What Does This Mean? In the original Memo S&C 17-37 published 7/7/2017, CMS direction included: **Past Noncompliance:** ROs will impose a per-instance CMP for past noncompliance – something occurred before the current survey but has been fully addressed and the facility is back in compliance with that area. The rescinded guidance only impacts past noncompliance and continues to provide CMS discretion to apply a CMP. At this point, CMS has not provided any guidance on how discretion will be applied.

What Does This Mean FOR YOU – take advantage of the discretion option and be proactive in the development of your action plans for unusual events/significant incidents/significant clinical and/or process changes. **Complete a root cause analysis, develop, implement, and monitor a responsive action plan;** document your plan, implementation, and monitoring with collaboration from your QAPI Committee. Be prepared to present the action plan if the opportunity arises during your survey and request that your actions be classified as “past non-compliance”.



Considerations for Resident Reactions/Responses in Light of Pandemic Guidance Changes

As activities, communal dining, and visitors return to your community, be mindful of the contrast between pandemic experiences and the “new normal” for your residents. While these changes are bringing joy to many, they may be disruptive or confusing to others. Pay close attention to the environment or events preceding the occurrence of a resident’s behavior, especially if it is new or

unexplained by other causes. Remember, a behavior is always a form of communication! What is your resident trying to tell you?

- “I grew accustomed to eating in my room, the noise in the dining room is distracting me or making me angry”
- “Why are there so many people in this group program? This is overwhelming”
- “I don’t remember what it’s like to see my loved one without a mask on and it’s scary”
- “I’ve been waiting for my family to come visit me inside of my home, why can’t I go with them when they leave?”
- “I haven’t ridden in a vehicle in over a year, and I don’t understand why I need to get into one now”

Be sensitive to the amount of change a resident can handle at once by introducing these “new” experiences back in a conservative manner. Understand that the duration that someone may tolerate group programs and dining may need to be slowly reintroduced. Ensure the environment is not overstimulating and that information is presented in a format they can understand. Whatever the message, be sure to listen and modify your approach accordingly.



CHC Updates / Reminders

As many of you know, one of the CHC e-mail accounts was hacked last week, and the hacker sent out over 350 e-mails indicating that we had sent an attachment and shared file. We **did not** send this, and our security system worked and alerted us to this activity immediately. Our IT department and team

responded immediately and there is no indication that any information, data or files were breached or shared. If you ever get something from us that looks suspicious or you are unable to open an attached document, please alert us and your IT department. We have enhanced our security for CHC and will continue to monitor for any unwarranted activity. Use this as a reminder to frequently reset your own personal and work related passwords using multiple characters, letters and symbols that cannot be easily detected.

On another note....

- Remember – we are back on the road and available to assist with mock surveys, focused reviews, education, etc. Let us know how we can help you and your team reset priorities and quality initiatives. We are continuing to offer our remote support as needed. Contact Mary at mary@chileshealthcare.com or call 804-690-5824.
- Updated Resources:
 - Updated Admission / Re-admission guidelines for COVID 19; available for \$50
 - Therapeutic Independent Leave policy / assessment – designed for residents who independently leave your facility [i.e., going shopping, running their errands, etc. This is appropriate for both ALF residents and SNF residents; available for \$75
- CHC will be hosting a booth at the VHCA Fall Summit and Expo in November and many of the team members will be attending. Come by Booth #6 at the Expo and reunite with our team and the services that we provide. We will have some new and exciting updated and useful information to share and of course there will be “goodies” for you.



Before Making that Big Decision

Big decisions can be hard to make. To figure out what is right for you, ask yourself these four simple questions. These questions will help narrow down your options and help you focus on what is important.

- What are you feeling? Brainstorm and write down ideas or thoughts about the decision you have to make. Many times, a pros and cons list can help.
- What matters to you? Knowing your values and what is important to you can help in your decision making.
- What matters to other people? Understand how this decision impact others and ask for their input.
- What are the facts of the situation? Consider the facts and data, not just your hopes and assumptions. Be objective and consider all possibilities.

