

CHCA UPDATE

CMDA MONTHLY MEETING NOV. 1ST, 2022

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COVID - REGULATORY UPDATE



QSO-23-02-ALL: Revised replaces previous memoranda QSO 22-07-ALL Revised, QSO 22-09-ALL Revised, and QSO 22-11-ALL Revised. The guidance applies to all states.



F888 will be cited at severity level I, with a scope of widespread, or “C.” Noncompliance is based on the failure to implement policies and procedures at 483.80(i)(3)(ii).



Facilities can show some discretion to choose which additional precautions to implement that align with the intent to mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.



Surveyors have the discretion to verify the accuracy of NHSN data on surveys based on a complaint report or if concerns are identified. They are no longer required to survey vax rates at every type of survey.

CMS MEMO REVISES
STAFF VAX
REQUIREMENTS FOR
ALL PROVIDER TYPES

WHAT IS EXPECTED NOW?

COMPLIANT

- **100% vaccination** = all staff who have received the primary series + exemptions/delayed
- **“Staff”** = individuals who provide any care, treatment, or other services for the facility and/or its residents, including employees; licensed practitioners; adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangements.

NON-COMPLIANT

- **Less than 100%:** Vaccination rates under 100% but have implemented a plan to achieve a 100% staff vaccination rate would not be subject to an enforcement action.
- **Egregious noncompliance = more than 50% of staff being unvaccinated** and/or no policies or procedures as required: should be cited at severity level 2, with a scope of widespread, or “F”

ALL POC TESTS ABLE TO BE USED

The Centers for Medicare and Medicaid Services (CMS) has rescinded QSO-22-25-CLIA, which barred the use of SARS-CoV-2 tests outside of the FDA test's instructions for use.

For the duration of the public health emergency, it will not cite facilities with a CLIA Certificate of Waiver when authorized SARS-CoV-2 molecular or antigen POC tests are performed on asymptomatic individuals outside of the test's authorization.

A hand is shown in the upper left, holding a smooth, grey stone and placing it on top of a stack of four other smooth stones of various colors (grey, brown, and white) on a pebbly beach. The background is a blurred ocean with gentle waves. A white rectangular box with a black border is centered over the stack of stones.

SPECIAL FOCUS FACILITIES

It gets harder...

SPECIAL FOCUS FACILITIES CHANGES

Selection criteria has added staffing



Achieving graduation is more difficult



The stakes are much greater



It's not over for 3 years after graduation

SFF: SELECTION AND COMPLETION

CMS has directed states to consider a facility's staffing level when selecting facilities for the SFF program. CMS recommends if a state is considering two candidates with a similar compliance history, it should **select the facility with lower staffing ratios/rating as the SFF.**



CMS has added a threshold that prevents a facility from exiting based on the total number of deficiencies cited. **To graduate from the program, facilities must**

complete **two consecutive standard health surveys, with no intervening complaint, LSC, or EP surveys with 13 or more total deficiencies, or**

any deficiencies cited at **scope and severity of "F" or higher.**

SFF: REVIEW OF SELECTION PROCESS

- Nursing homes are identified as SFF candidates based on their **last three standard health survey cycles and the last three years of complaint survey performance**. Each facility is given a numerical score based on the health inspection rating methodology (facilities with the worst 5-star survey scores in a state become candidates).
- **Colorado must have 1 SFF** at all times, of a potential 5 candidates presented by CMS monthly.
- CMS informs SFF candidates of their **inclusion on the SFF candidate list in the monthly preview of the Five-Star Quality Rating updates (available on CASPER)**, and, if selected, the State Survey Agency must inform the facility within 5 days.

SFFs with deficiencies cited at immediate Jeopardy (IJ) on any two surveys (standard health, complaint, LSC, or EP) while in the SFF program, will now be considered for discretionary termination.

CMS will impose immediate sanctions on an SFF that fails to achieve and maintain significant improvement in correcting deficiencies on the first and each subsequent standard health, complaint and LSC/EP survey after a facility becomes an SFF. Enforcement sanctions will be of increasing severity for SFFs demonstrating continued noncompliance and failure to demonstrate good faith efforts to improve performance.

**SFF: RAISING
THE STAKES**

SFF: 3 YEARS OF MONITORING

CMS will closely monitor graduates from the SFF program for a period of three years to ensure improvements are sustained.

For SFFs that graduate but continue to demonstrate poor compliance identified on any survey (e.g., actual harm, substandard quality of care, or IJ deficiencies), CMS may use its authority to **impose enhanced enforcement options**, up to, and **including discretionary termination from the Medicare and/or Medicaid programs**.



ARE YOU DOING ENHANCED BARRIER PRECAUTIONS?

Audit for who needs EBP

- **Wounds or indwelling medical devices** (indwelling medical devices include central line, urinary catheter, feeding tube, and tracheostomy/ventilator), regardless of MDRO colonization status
 - **Infection or colonization with an MDRO**
-
- Residents who have been determined to need EBP are not expected to be placed in isolation and are permitted to ambulate throughout communal areas of the facility.
 - Residents who have previously tested positive for an MDRO are not to be retested.
 - They do not recommend facility-wide testing to determine a need for EBP.

Train your teams on when to use PPE

Use gown and gloves for all **high-contact daily caregiving**, such as

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

EBP TOOLS FROM THE CDC

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



[Letter to Families and Residents](#)



[Letter to Nursing Home Staff](#)



[One-Page Summary Table of EBP in Nursing Homes](#)



[EBP Sign](#) (in color, both English and Spanish)

UPCOMING COLLABORATION

CDPHE's Healthcare Associated Infections IP Team has relaunched their antibiotic stewardship efforts

Look for a unified approach between CHCA, CMDA, and CDPHE IP Team to choose specific efforts rather than a broad-based education approach

Developing a training for members to address integrating the needs of our newer population types with customary LTC residents

Chronically
Unhoused

Substance
Abuse

Cognitive
Impairment
other than
dementia

Mental
Health

OVER THE COUNTER HEARING AIDS

- In the past, the device itself only accounted for about a third of what a person would spend to get a hearing aid. The rest of the price went toward doctors' appointments and other medical services, and Medicare and health insurance typically doesn't cover the cost of hearing aids.
- Now, people with hearing loss could see a major decline in what they can expect to pay for a hearing aid.
- The White House estimates that people could see nearly \$3,000 in savings when they buy over-the-counter devices.
- However, Carr with the HIA said hearing aids obtained through the traditional medical route aren't always so expensive, and that people who buy the devices over the counter will miss out on the advice of medical professionals.

<https://www.npr.org/2022/10/17/1129320004/what-to-know-now-that-hearing-aids-are-available-over-the-counter?>

UPCOMING EVENTS

Nov. 8-10, 15-16
AL Administrator
40-Hour, virtual

Nov. 15th-17th
NHA Essentials
Training
9a-5p, virtual

Nov. 16th
CO Center for AL
2pm, virtual

Dec. 1st Implementing
the ROPs Changes
full day, hybrid

Dec. 6th
AL Regs in CO
9a-3p, hybrid

Dec. 8th
Taking Care of YOU While
Taking Care of Residents
8:30am-12:30pm, in person

Jan. 6th
Pay for Performance:
Get it Done as a Team
9a-12p, hybrid