

COVID-19

The Focused Survey Process

Provided Courtesy of



© 2020 - W. H. HEATON

1

- **Source Materials Used in the Development of this Training Session:**
 - COVID-19 LTC Surveyor Training Slides (March 2020).
 - COVID-19 Focused Survey Protocol (March 2020).
 - COVID-19 Focused Survey Tool (March 2020).
 - QSO Letters 20-14; 20-17; and 20-20.
 - CMS Memo COVID-19 LTC Facility Guidance (April 2, 2020).
- **Handouts:** The following handouts are provided as part of this training session. Modify the training session to meet your facility's operational needs.
 - ✓ **Handout #1** – The COVID-19 Focused Survey Process and Support Resources.
 - ✓ **Handout #2** – PPE Burn Rate Calculator (Excel Document).
 - ✓ **Handout #3** – Training Session Presentation & Notes (PDF).
 - ✓ **Handout #4** – Criteria for Return to Work (CDC March 2020)
- **OPTIONAL:** Provide participants with a copy of **Handout #1**-The COVID-19 Focused Survey Process and **Handout #3**-Training Session Outline.
- **Instructor Note #1:** While the **primary focus** is COVID-19, surveyors are instructed to **investigate** any other areas of **potential noncompliance** where there is likelihood of **IJ**.
- **Instructor Note #2:** Surveyors are **instructed** to be **alert** to situation that **may** create a **likelihood** for serious injury, harm, impairment, or death, and to use **Appendix Q** and complete an **IJ Template**. (See **Onsite Survey Activities** located in Handout #1, on **page 16**.)
- During the period **March 23 – March 30**, the COVID-19 Focused Survey found that **36%** of facilities did **NOT** follow proper **hand washing** guidelines and **25%** **failed** to demonstrate proper use of **PPE**.

Session Objectives

Upon completion of this training session, you should be able to:

- Discuss **how** the COVID-19 Focused Survey Protocol is **used** in the survey process.
- Discuss **how** the survey team **prepares** for the **ONSITE** and **OFFSITE** survey process.
- Discuss the **modified** Entrance Conference and **documents** the survey team will **request** immediately and within one (1) hour of entrance.
- Discuss **how** the COVID-19 Focused Survey Tool is **used** by the Survey Team.

- Tell participants that each of these objectives are discussed throughout the training session.
- Remind participants that **Handout #1** contains all the documents and resources referenced above.

The COVID-19 Focused Survey

- ❑ On **March 23, 2020**, CMS released **QSO Letter 20-20: Prioritization of Survey Activities**.
- ❑ The **purpose** of the focused survey is to **identify** and **correct deficient** practices in order to **control** and **prevent** the transmission of the COVID-19 virus.
- ❑ A **Summary Table** of the COVID-19 survey process provides an **overview** of the **Offsite** and **Onsite Activity**, as well as how facilities can use the guide as a **self-assessment tool**.
- ❑ Surveyors are **instructed** to use the **Focused Survey Protocol** and the **Focused Survey Tool** to **conduct** the survey process.

- A copy of **QSO Letter 20-20** is located in Handout #1, beginning on **page 29**.
- A copy of the COVID-19 Focused Survey **Summary Table** is located in Handout #1 on **page 13**.
- A copy of the **Focused Survey Protocol** is located in Handout #1, beginning on **page 15**.
- A copy of the **COVID-19 Focused Survey Tool** is located in Handout #1, beginning on **page 21**.
- **Instructor Note:** Surveyor training slides that address the **use** of the Focused Survey are located on **pages 1 and 2** of Handout #1.

The COVID-19 Focused Survey Protocol

- ❑ Surveyors will use the **Focused Survey Protocol** in facilities **WITH** and **WITHOUT** COVID-19.
- ❑ The “**Protocol**” is designed to:
 - ❑ **Decrease** potential for transmission of COVID-19.
 - ❑ **Lessen** disruptions to the facility; and
 - ❑ **Minimize** exposure of the surveyor.
- ❑ Surveyors **must** have the needed **PPE** and be **medically** cleared to **enter** the facility.

© 2020 - W. H. HEATON

4

- A copy of the Focused Survey Protocol is located in Handout #1, beginning on **page 15**.
- **Instructor Note:** Surveyor training slides that address the **use** of the **Focused Survey Protocol** are located on **pages 3 and 4** of Handout #1.

The COVID-19 Focused Survey Protocol-cont'd

- ❑ If COVID-19 is **identified prior** to or **after entering** a facility, the survey team is required to contact their State Survey Agency, the State Health Department, and the CMS Regional Location to **coordinate** activities for the facility.
- ❑ For **example**, in certain cases, the focused survey protocol **can** be used to **investigate noncompliance** and **ensure** the facility has taken steps to **prevent** transmission.
- ❑ In **other** cases, the agencies may ask the survey team to **delay** until the health department or CDC has **assessed** the situation.

- A copy of the Focused Survey Protocol is located in Handout #1, beginning on **page 15**.
- **Instructor Note:** Surveyor training slides that address the **use** of the Focused Survey Protocol are located on **pages 3 and 4** of Handout #1.

Offsite Preparation

- ❑ **Offsite preparation includes:**
 - ❑ **Limiting** the survey team to **one** or **two** **ONSITE** surveyors and reviewing CDC guidance.
 - ❑ The review of **facility-reported** information.
 - ❑ The review of **CDC, State/Local Public Health Information** (if available).
 - ❑ The review of **available** hospital information **regarding** residents **transferred** to the hospital.
 - ❑ **Complaint** allegations.
 - ❑ **Identifying** the surveyors who are **remaining** **OFFSITE** to receive **information from** the surveyors **or** facility staff while **ONSITE**.

- **Offsite preparation** is discussed in the COVID-19 Focused Survey Protocol located in Handout #1, beginning on **page 15** (see last 2 bullet points at **bottom** of page, and **1st** bullet point on **top** of **page 16**.)

Offsite Preparation-Continued

- ❑ **Offsite preparation also includes:**
 - ❑ Listing **key** activities that **will** be conducted **ONSITE** and **OFFSITE**, with a **plan** for doing as much **OFFSITE** as possible.
 - ❑ **Examples** of **ONSITE** focused survey activities:
 - ❑ **Prioritizing** observations to **key** areas and **activities** related to infection control.
 - ❑ **Identifying interviews** that **need** to be conducted **ONSITE** and make **arrangements** for those that can be **conducted OFFSITE** via telephone.
 - ❑ **Identifying** the **records** that need to be **reviewed ONSITE**, and those than can be **sent** for **OFFSITE** review.

- **ONSITE activities** are discussed in the COVID-19 Focused Survey Protocol located in Handout #1, beginning on **page 16** (see **1st** bullet point at **top** of page, **paragraph** entitled "*For Onsite Activities.*")

Offsite Preparation-Continued

- ❑ **Example of OFFSITE** focused survey activities:
 - ❑ **Medical** Record Reviews.
 - ❑ **Telephone** interviews.
 - ❑ **Review** of facility **Infection Control** and Prevention Program Policies and Procedures.
 - ❑ **Review** of the facility's **Emergency Preparedness Plan**, including Emergency Staffing Strategies (**E-0024**).

- **OFFSITE activities** are discussed in the COVID-19 Focused Survey Protocol located in Handout #1, beginning on **page 16** (see **1st** bullet point at **top** of page, **paragraph** entitled "*For Offsite Activities.*")

The Survey Entrance Conference

- ❑ A **brief** Entrance Conference will be held with the Administrator.
- ❑ The surveyor will **inform** the administrator of the **limited** nature of the COVID-19 focused survey.
- ❑ The surveyor will **request** that **signs** announcing the survey be posted in **high-visibility** areas.
- ❑ Will ask for a **copy** of the facility's floor plan **IF** changes have been made since the **last** survey.
- ❑ The Survey Team will **provide** the administrator with a copy of **Entrance Conference Worksheet** developed **specifically** for the COVID-19 survey.

- **The Entrance Conference** is outlined in the COVID-19 Focused Survey Protocol located in Handout #1, beginning on **page 16** (see **paragraph** entitled "*Entrance Conference.*")
- **Instructor Note:** Surveyor training **slides** that address the **Entrance Conference** are located in Handout #1, beginning on **page 6**.

The Entrance Conference Worksheet

- ❑ The Entrance Conference Worksheet **identifies** the information that is needed **immediately** upon entrance into the facility. This includes:
 - ❑ **Census** number.
 - ❑ An **alphabetical** listing of **all** residents and room numbers which must identify any residents out of the facility.
 - ❑ A **listing** of residents who are **confirmed** or **presumptive positive** for COVID-19.
 - ❑ The **name** of facility staff **responsible** for the Infection Prevention and Control Program.

© 2020 - W. H. HEATON

10

- A **copy** of the **modified** *Entrance Conference Worksheet* that **identifies** the documents and information **needed** is located in Handout #1, beginning on **page 19**.
- **Instructor Note:** Surveyor training slides that discuss the documents and information needed **immediately** are located in Handout #1, on **page 6**.

The Entrance Conference Worksheet-cont'd

- ❑ The Entrance Conference Worksheet also **identifies** the information that is needed **within one (1) hour** upon entrance into the facility. This includes:
 - ❑ The **actual** working **schedules** for **licensed** and **registered** nursing staff for the survey time period.
 - ❑ **Listing** of key **personnel**, **location**, and **phone numbers**. Contract staff, such as **rehab services** are to be **included** in the listing.
 - ❑ Providing **each** surveyor with **access** to **all** resident electronic health records (**EHRs**).
 - ❑ Provide information on **HOW** surveyors **can access** the EHRs **outside** the conference room.

© 2020 - W. H. HEATON

11

- A **copy** of the **modified** *Entrance Conference Worksheet* that **identifies** the documents and information needed is located in Handout #1, beginning on **page 19**.
- **Instructor Note:** Surveyor training slides that discuss the documents and information needed within **one (1) hour** are located in Handout #1, on **page 7**.

The Entrance Conference Worksheet-cont'd

- ❑ **Completing** the Electronic Health Record Information Form (page 2 of the Entrance Conference Worksheet) which **includes** information on **how to access the following information in the EHR:**
 - ❑ Infections;
 - ❑ Hospitalizations;
 - ❑ Change of condition;
 - ❑ Medications; and
 - ❑ Diagnoses.
- ❑ **Providing** the **name** and **contact** information for **IT** and back-up **IT questions**.

- A **copy** of the **modified** *Entrance Conference Worksheet* that **identifies** the **Medical Record** information needed is located in Handout #1, beginning on **page 19**.
- **Instructor Note:** Surveyor training slides that discuss the documents and information needed within **one (1) hour** are located in Handout #1, on **page 7**.

The Entrance Conference Worksheet-cont'd

- ❑ If **offsite** review of electronic health records is **not** possible, then surveyors will **request photocopies**.
- ❑ **Photocopies** can be **made** by the surveyor **if** the **facility** permits.
- ❑ Surveyors should **only request** photocopies **needed to determine compliance** or to **support identified noncompliance**.
- ❑ If the facility has an **EHR** system that may be accessed **remotely**, surveyors will **request** remote access.
- ❑ If **remote** access is **not** an option, surveyors will **discuss** with the facility the **best way** to get **needed** health record information.

© 2020 - W. H. HEATON

13

- A **copy** of the **modified** *Entrance Conference Worksheet* that **identifies** the **Medical Record** information needed is located in Handout #1, on **page 20**.
- **Instructor Note:** Surveyor training slides that discuss the documents and information needed within **one (1) hour** are located in Handout #1, on **page 7**.

The Entrance Conference Worksheet-cont'd

- ❑ **Lastly**, the survey team will ask for **specific P&Ps** within **one (1) hour** of the entrance. **These include:**
 - ❑ Your **Infection Prevention and Control Program** policies and procedures, to **include** the *Surveillance Plan*. (**Focus** will be on compliance with **F880** *regulations and interpretive guidelines*); and
 - ❑ Your **Emergency Preparedness Policy and Procedure** to **include** *Emergency Staffing Strategies*. (**Focus** will be on **E-0024: Policies and Procedures for Volunteers**).
 - ❑ The survey team will **conduct** a **comprehensive review** of your policies and procedures **OFFSITE**.

- A **copy** of the **modified** *Entrance Conference Worksheet* that **identifies** the **policies and procedures** needed is located in Handout #1, on **page 19**.
- A copy of the **E-0024** regulation governing *Policies and Procedures for Volunteers* are located in Handout #1, on **page 49**.
- A copy of the **F880** regulations and interpretive guidelines are located in Handout #1, beginning on **page 51**.
- **F880** regulations governing the **Surveillance Plan** are located in Handout #1, beginning on **page 59**.
- **Instructor Note:** Surveyor training slides that discuss the needed policies and procedures are located in Handout #1, on **page 7**. See also **page 9** for information relative to **F880** and **E-0024**.

Using the COVID-19 Focused Survey Tool

- ❑ **During** the survey, surveyors will **use** the Survey Tool to **focus** on the **critical elements** associated **with** the transmission of COVID-19. **These critical elements include:**
 - ❑ Standard and Transmission Based Precautions;
 - ❑ Quality of Resident Care Practices, including those with COVID-19;
 - ❑ Infection Prevention and Control Standards, Policies, and Procedures;
 - ❑ Infection Surveillance Plan;
 - ❑ Visitor Entry and Facility Screening Practices;
 - ❑ Education, Monitoring, and Screening Practices of Staff; and
 - ❑ Policies and Procedures for Staffing Issues in Emergencies.
- ❑ While the **primary focus** is COVID-19, surveyors are instructed to **investigate** any other areas of **potential noncompliance** where there is likelihood of **IJ**.

© 2020 - W. H. HEATON

15

- A copy of this **COVID-19 Focused Survey Tool** is located in Handout #1, beginning on **page 21**.
- **IMPORTANT Note:** For the **purpose** of this Survey Tool, “**STAFF**” includes:
 - Employees;
 - Consultants;
 - Contractors;
 - Volunteers; and
 - Others who provide care and services to residents on behalf of the facility.
- Surveyors are **instructed** to be **alert** to situations that **may** create a **likelihood** for serious injury, harm, impairment, or death, and to use **Appendix Q** and complete an **IJ Template**. (See **Onsite Survey Activities** on **page 16** of Handout #1.)
- **Instructor Note:** Surveyor training slides that discusses the **use** of the *Focused Survey Tool* are located in Handout #1, beginning on **page 9**.
- A copy of **QSO Letter 20-14: Guidance for IC and Prevention of COVID-19 in Nursing Homes-REVISED**, is located in Handout #1, beginning on **page 43**.

General Standard Precautions

- ❑ Surveyors will **observe** the staff to **determine** if they are following general **standard precautions** appropriately, such as:
 - ❑ **Respiratory** hygiene/cough etiquette;
 - ❑ **Environmental** cleaning and disinfection; and
 - ❑ **Reprocessing** of **reusable** resident medical equipment in accordance with the manufacturer's instructions.

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 22**, section **entitled** “General Standard Precautions.”
- **NOTE:** While environmental cleaning and disinfection are **focused** primarily on **resident** equipment, be sure to **include your electronic equipment** such as computers, keyboards, telephones, tablets, etc., as they should also be kept cleaned to **reduce** the risk of COVID-19 transmission.
- **F880** regulations governing **Standard Precautions** are located in Handout #1, beginning on **page 64**.
- Surveyors are **instructed** to be **alert** to situations that **may** create a **likelihood** for serious injury, harm, impairment, or death, and to use **Appendix Q** and complete an **IJ Template**. (See **Onsite Survey Activities** on **page 16** of your handout.)
- **Instructor Note:** Surveyor training slides that discusses the **use** of the *Focused Survey Tool* are located in Handout #1, beginning on **page 9**.

Hand Hygiene

- ❑ The survey team will **observe** the following:
 - ❑ **Are** staff performing hand hygiene practices **when** indicated?
 - ❑ If alcohol-based hand rub (**ABHR**) is available, is it **readily accessible** and preferentially used by staff for hand hygiene?
 - ❑ If there are **shortages** of ABHR, are staff **performing** hand hygiene **using** soap and water instead?
 - ❑ Are staff washing hands with soap and water **when** their hands are **visibly soiled** (e.g., blood, body fluids)?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 22**, section **entitled** “Hand Hygiene.”
- **Instructor Note:** During the period **March 23 – March 30**, the COVID-19 Focused Survey found that **36%** of facilities did **NOT** follow proper **hand washing** guidelines.

Hand Hygiene-Continued

- ❑ Do staff **perform** hand hygiene (even if gloves are used) in the **following** situations:
 - ❑ **Before** and **after** contact with the resident;
 - ❑ **After** contact **with** blood, body fluids, **or** visibly contaminated surfaces;
 - ❑ **After** contact with **objects** and **surfaces** in the resident's environment.
 - ❑ **After** removing **PPE** (e.g., gloves, gown, facemask); and
 - ❑ **Before** performing a **procedure** such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?
 - ❑ **When** being assisted by **staff**, is resident hand hygiene **performed** after **toileting** and **before** meals?
- ❑ **NOTE:** Surveyors **will** interview staff to determine **if** hand hygiene supplies are readily **available** and who they **contact** for replacement supplies.

© 2020 - W. H. HEATON

18

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 22 and 23**, section **entitled** "Hand Hygiene."
- **Reminder:** During the period **March 23 – March 30**, the COVID-19 Focused Survey found that **36%** of facilities did **NOT** follow proper **hand washing** guidelines.

Personal Protective Equipment (PPE)

- ❑ Surveyors will **observe** staff to **determine** if they **appropriately** use **PPE including**, but not limited to, the following:
 - ❑ **Gloves** are **worn** if **potential** contact with blood or body fluid, mucous membranes, or non-intact skin;
 - ❑ **Gloves** are **removed after** contact with blood or body fluids, mucous membranes, or non-intact skin;
 - ❑ **Gloves** are **changed** and **hand hygiene** is performed **before** moving from a **contaminated** body site to a **clean** body site **during** resident care; and
 - ❑ An **isolation gown** is worn for **direct** resident contact **if** the resident has **uncontained** secretions or excretions.
 - ❑ If **PPE** is **appropriately** removed and discarded **after** resident care, **prior** to leaving the room (**except** in the case of extended use of PPE per national/local recommendations), **followed** by hand hygiene.

© 2020 - W. H. HEATON

19

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 22**, section **entitled** “Personal Protective Equipment.”
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraph #4**, on **page 96**.
- **Reminder:** During the period **March 23 – March 30**, the COVID-19 Focused Survey found that **25%** of facilities failed to demonstrate proper use **PPE**.
- **Instructor Notes:**
 1. **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.
 2. **CDC** and **OSHA** Guidelines for **Optimizing** the use of your **PPE** supplies and equipment are located in Handout #1, beginning on **page 79**.
 3. **CDC** has created a **Burn Rate Calculator**, in an EXCEL **spreadsheet**, that provides information to **plan** and **optimize** the use of PPE for response to COVID-19. All the **formulas** have been **pre-entered**. All you need to do is **enter** the **PPE** information. **Handout #2** contains the Excel spreadsheet and instructions for its use.
 4. **CMS** is aware that there is a **scarcity** of some supplies in certain areas of the country. State and Federal surveyors should **not** cite facilities for **not** having certain supplies (e.g., N95 respirators, gowns, masks, etc.).
 5. **However**, CMS expects facilities to take actions to mitigate any resource shortages and **show** they are taking **all appropriate steps** to obtain the necessary supplies as soon as possible. (See **paragraph #2**, CMS Memo located in Handout #1, **page 95**.)
 6. **If** a surveyor believes the facility **SHOULD** be cited for **not** having or providing the necessary supplies, the State Agency is instructed to contact the CMS Regional Location.

Personal Protective Equipment (PPE)-cont'd

- ❑ Surveyors will **observe** staff to **determine** if they **appropriately** use **PPE including**, but not limited to, the following:
 - ❑ If **PPE** use is **extended** or **reused**, is it done **according** to national and/or local **guidelines**?
 - ❑ If **PPE** is **reused**, is it cleaned, decontaminated, and/or maintained **after** and/or **between** uses?
- ❑ Surveyors will **interview** and **ask** staff the following **questions**:
 - ❑ Are there **sufficient PPE** supplies **available** to follow infection prevention and control guidelines?
 - ❑ In the event of **PPE shortages**, what **procedures** is the facility taking to **address** this issue?
 - ❑ Do **you** know **how** to obtain **PPE** supplies **before** providing care?
 - ❑ Do **you** know **who** to contact for **replacement** supplies?

© 2020 - W. H. HEATON

20

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 22**, section **entitled** “Personal Protective Equipment.”
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraph #4**, on **page 96**.
- During the period **March 23 – March 30**, the COVID-19 Focused Survey found that **25%** of facilities failed to demonstrate proper use **PPE**.
- **Reminders**:
 1. **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.
 2. **CDC** and **OSHA** Guidelines for **Optimizing** the use of your **PPE** supplies and equipment are located in Handout #1, beginning on **page 79**.
 3. **CDC** has created a **Burn Rate Calculator**, in an **EXCEL spreadsheet**, that provides information to **plan** and **optimize** the use of PPE for response to COVID-19. All the **formulas** have been **pre-entered**. All you need to do is **enter** the **PPE** information. **Handout #2** contains the Excel spreadsheet and instructions for its use.
 4. **CMS** is aware that there is a **scarcity** of some supplies in certain areas of the country. State and Federal surveyors should **not** cite facilities for **not** having certain supplies (e.g., N95 respirators, gowns, masks, etc.).
 5. **However**, CMS expects facilities to take actions to mitigate any resource shortages and **show** they are taking **all appropriate steps** to obtain the necessary supplies as soon as possible. (See **paragraph #2**, CMS Memo located in Handout #1, **page 95**.)
 6. **If** a surveyor believes the facility **SHOULD** be cited for **not** having or providing the necessary supplies, the State Agency is instructed to contact the CMS Regional Location.

Transmission-Based Precautions

- ❑ Surveyors will **observe** staff to **determine** if appropriate Transmission-Based Precautions are being implemented:
 - ❑ **For a resident on Contact Precautions:** Did staff put on gloves and isolation gown before contact with the resident and/or his/her environment?
 - ❑ **For a resident on Droplet Precautions:** Did staff put on a facemask within six feet of the resident?
 - ❑ **For a resident on Airborne Precautions:** Did staff put on an N95 or higher-level respirator prior to entering the resident's room?
 - ❑ **For a resident with an undiagnosed respiratory infection:** Did staff follow Standard, Contact, and Droplet Precautions (e.g., put on facemask, gloves, isolation gown) with eye protection when caregiving for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 23 and 24**, section **entitled** "Transmission-Based Precautions."
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraphs #4 and #5** on **pages 96 and 97**.
- **F880** regulations governing **Transmission-Based Precautions** are located in Handout #1, beginning on **page 66**. See **page 68** for implementing **Airborne** Precautions.
- A copy of **QSO Letter 20-17** Guidance for use of Certain Industrial Respirators by Health Care Personnel is located in Handout #1, beginning on **page 39**.
- **Reminders:**
 1. **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.
 2. **CDC** and **OSHA** Guidelines for **Optimizing** the use of your **PPE** supplies and equipment are located in Handout #1, beginning on **page 79**.
 3. **CMS** is aware that there is a **scarcity** of some supplies in certain areas of the country. State and Federal surveyors should **not** cite facilities for **not** having certain supplies (e.g., N95 respirators, gowns, masks, etc.). (See also **OSHA** guidance for Respirator Fit-Testing located in Handout #1, beginning on **page 93**.)
 4. **However**, CMS expects facilities to take actions to mitigate any resource shortages and **show** they are taking **all appropriate steps** to obtain the necessary supplies as soon as possible. (See **paragraph #2**, CMS Memo located in Handout #1 on **page 95**.)
 5. **If** a surveyor believes the facility **SHOULD** be cited for **not** having or providing the necessary supplies, the State Agency is instructed to contact the CMS Regional Location.

Transmission-Based Precautions-cont'd

- ❑ **For a resident with know or suspected COVID-19:** Did staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available? (Note: A facemask is an acceptable alternative if a respirator is not available.)
- ❑ **Additionally**, if there are COVID-19 cases in the facility, or sustained community transmission, did **staff** implement **universal** use of **facemasks** while in the facility (based on availability)?
- ❑ If COVID-19 is **identified** in the facility, did staff wear **all** recommended **PPE** (e.g., gloves, gown, eye protection and respirator or facemask) for the care of **all** residents on the unit (or facility-wide based on the location of affected residents), **regardless** of symptoms (based on availability)?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 23 and 24**, section **entitled** “Transmission-Based Precautions.”
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraphs #4 and #5** on **pages 96 and 97**.
- **F880** regulations governing **Transmission-Based Precautions** are located in Handout #1, beginning on **page 66**.
- **Reminders:**
 1. **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.
 2. A copy of **QSO Letter 20-17** Guidance for use of Certain Industrial Respirators by Health Care Personnel is located in Handout #1, beginning on **page 39**.
 3. **CDC** and **OSHA** Guidelines for **Optimizing** the use of your **PPE** supplies and equipment are located in Handout #1, beginning on **page 79**.
 4. **CMS** is aware that there is a **scarcity** of some supplies in certain areas of the country. State and Federal surveyors should **not** cite facilities for **not** having certain supplies (e.g., N95 respirators, gowns, masks, etc.). (See also **OSHA** guidance for Respirator Fit-Testing located in Handout #1, beginning on **page 93**.)
 5. **However**, CMS expects facilities to take actions to mitigate any resource shortages and **show** they are taking **all appropriate steps** to obtain the necessary supplies as soon as possible. (See **paragraph #2**, CMS Memo located in Handout #1 on **page 95**.)
 6. **If** a surveyor believes the facility **SHOULD** be cited for **not** having or providing the necessary supplies, the State Agency is instructed to contact the CMS Regional Location.

Transmission-Based Precautions-cont'd

- ❑ Are **objects** and **environmental surfaces** that are touched **frequently** and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathroom, etc.) cleaned and disinfected **daily** with an **EPA-registered** disinfectant for healthcare settings?
- ❑ Is **signage** on the use of **specific** PPE (for staff) **posted** in appropriate locations in the facility (e.g., outside the resident's room, wing, or facility-wide)?
- ❑ If **concerns** are **identified**, surveyors will **expand** the sample to **include** more **residents** on Transmission-Based precautions.
- ❑ If the survey team finds the facility did **not implement** appropriate Standard Precautions (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and Transmission-Based precautions (as appropriate), the facility will be cited at survey tag **F880**.

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 23 and 24**, section **entitled** "Transmission-Based Precautions."
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraphs #4** and **#5** on **pages 96** and **97**.
- **F880** regulations governing **Transmission-Based Precautions** are located in Handout #1, beginning on **page 66**.
- **Reminders:**
 1. **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.
 2. **If** a surveyor believes the facility **SHOULD** be cited for **not** having or providing the necessary supplies, the State Agency is instructed to contact the CMS Regional Location.

Quality of Resident Care Practices

- ❑ If there is sustained community transmission or case(s) of **COVID-19 in the facility**:
 - ❑ Is the facility **restricting** residents (to the extent possible) to their **rooms except** for medically necessary purposes?
 - ❑ If there is a case **in the facility**, and residents have to **leave** their room, are they:
 - ❑ Wearing a facemask;
 - ❑ Performing hand hygiene;
 - ❑ Limiting movement in the facility; and
 - ❑ Performing social distancing (efforts are made to keep them 6 feet away from each other).
 - ❑ If **PPE shortage** is an issue, **facemasks** should be **limited** to residents diagnosed **with** or having signs or symptoms of respiratory illness or COVID-19.

© 2020 - W. H. HEATON

24

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 24**, section **entitled** “Resident Care.”
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraphs #4** and **#5** on **pages 96** and **97**.
- **Instructor Note:**
 1. **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.
 2. **CDC** and **OSHA** Guidelines for **Optimizing** the use of your **PPE** supplies and equipment are located in Handout #1, beginning on **page 79**.

Quality of Resident Care Practices-cont'd

- Has the facility **cancelled** group outings, group activities, and communal dining?
- Has the facility **isolated** residents with **known** or **suspected** COVID-19 in a **private room** (if available), or taken **other actions** based on national (e.g., CDC), state, or local public health authority recommendations?
- If a resident developed severe symptoms of illness and **required transfer** to a hospital, did the facility:
 - Alert** emergency medical services and the **receiving** facility of the resident's **diagnosis** (suspected or confirmed COVID-19) and **precautions** to be taken by **facility** staff and the **receiving** staff?; and
 - Placed a **facemask** on the resident during the **transfer** (as supply allows)?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 24 and 25**, section **entitled** “Resident Care.”
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraphs #4** and **#5** on **pages 96** and **97**.

Quality of Resident Care Practices-cont'd

- ❑ For residents who need to **leave** the facility for care (e.g., dialysis, etc.), does the facility **notify** the **transportation** and **receiving** health care team of the resident's **suspected** or **confirmed** COVID-19 status?
- ❑ Does the facility have residents who must **leave** the facility **regularly** for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) **wear a facemask** (if available) **whenever** they **leave** their room, **including** for procedures **outside** of the facility.
- ❑ Surveyors will ask for documentation to support compliance with these resident care issues.
- ❑ If the survey team **finds** the facility did **not** provide **adequate** resident care as indicated in the Focused Survey Tool, they will **cite** the facility at **F880** as they **relate** to **infection control** issues. However, as mentioned earlier, the survey team will be alert for compliance issues that **may result** in citations at other tags.

© 2020 - W. H. HEATON

26

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 24 and 25**, section **entitled** "Resident Care."
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **paragraphs #4 and #5** on **pages 96 and 97**.
- **Instructor Note:** Page 2 of the Entrance Conference Worksheet contains the **Medical Record Information** surveyors will request access to within one (1) hour of entrance. This information is located in Handout #1, on **page 20**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, beginning on **page 9**.

IPCP Standards, Policies & Procedures

- ❑ Did the facility establish a **facility-wide** Infection Prevention and Control Program (**IPCP**) including standards, policies, and procedures that are **current** and **based** on national standards for **undiagnosed** respiratory illness and COVID-19?
- ❑ Does the facility's policies or procedures **include when** to notify local and/or state public health officials **if** there are **clusters** of **respiratory** illness or **cases** of COVID-19 that are **identified** or **suspected**?
- ❑ If **concerns** are **identified**, the survey team has been instructed to **review** pertinent policies and procedures.
- ❑ A **comprehensive** review of the facility's **IPCP** will be conducted **OFFSITE**.
- ❑ If the survey team finds the facility does **not** have a **facility-wide** IPCP including standards, policies, and procedures, the survey team will cite the facility at survey tag **F880**.

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 25**, section **entitled** "IPCP Standards, Policies and Procedures."
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **pages 95, 96, and 97**.
- **F880** regulations and guidelines governing the facility's **Infection Control Policies and Procedures** is located in Handout #1, beginning on **page 57**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, on **page 10**.

Infection Surveillance

- How many **residents** and **staff** in the **facility** have a fever, respiratory signs and/or symptoms related to COVID-19?
- How many **residents** and **staff** have been **diagnosed** with COVID-19?
- When was the **first case confirmed**?
- How many **residents** and **staff** have been **tested** for COVID-19?
- What is the **protocol** for determining **when** residents and staff **should** be tested?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 25**, section **entitled** “Infection Surveillance.”
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **pages 95, 96, and 97**.
- **F880** regulations and guidelines governing the facility’s **Surveillance Plan** is located in Handout #1, beginning on **page 59**.
- Regulations relative to the **Facility Assessment** as it **relates** to Infection Control is located in Handout #1, on **page 56**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, on **page 10**.

Infection Surveillance-cont'd

- Has the facility **established**, and/or **implemented**, a **surveillance plan**, based on a **facility assessment**, for:
 - Identifying** (e.g., screening);
 - Tracking**;
 - Monitoring** and/or or reporting of fever (at a minimum, vital signs are taken every shift);
 - Respiratory** illness;
 - Other** signs/symptoms of COVID-19; and
 - Immediately** isolating anyone who is symptomatic?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 25**, section **entitled** "Infection Surveillance."
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **pages 95, 96**, and **97**.
- **F880** regulations and guidelines governing the facility's **Surveillance Plan** is located in Handout #1, beginning on **page 59**.
- Regulations relative to the **Facility Assessment** as it **relates** to Infection Control is located in Handout #1, on **page 56**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, on **page 10**.

Infection Surveillance-cont'd

- ❑ Does the surveillance plan **include early detection, management** of a **potentially** infectious, symptomatic resident that **may** require laboratory testing and/or transmission-based precautions or PPE? (the facility's plan may include tracking this information in an infectious disease log).
- ❑ Does the facility have a **process** for **communicating** the diagnoses, treatment, and laboratory test results when **transferring** a resident to an acute care hospital or **other** healthcare provider?
- ❑ Does the process include **how** the facility **obtains** a discharge summary, lab results, current diagnoses, and infection or MDRO when residents are **transferred back** from the acute care hospital?
- ❑ The survey team will **ask appropriate staff** (e.g., nursing and unit managers) to **identify** and/or **describe** this **communication protocol**.
- ❑ The survey team will **also interview** staff to **determine** if infection control concerns are **identified, reported, and acted** upon.

© 2020 - W. H. HEATON

30

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 25 and 26**, section **entitled** "Infection Surveillance."
- See **also** COVID-19 LTC Facility Guidance **memo** located in Handout #1, **pages 95, 96, and 97**.
- **F880** regulations and guidelines governing the facility's **Surveillance Plan** is located in Handout #1, beginning on **page 59**.
- Regulations relative to the **Facility Assessment** as it **relates** to Infection Control is located in Handout #1, on **page 56**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, on **page 10**.

Visitor Entry and Screening Practices

- ❑ The survey team will **review how** the facility maintains **compliance** for:
 - ❑ **Screening** processes and criteria (e.g., screening questions and assessment of illness);
 - ❑ **Restriction** criteria; and
 - ❑ **Signage** posted at facility entrances for screening and restrictions as well as a **communication** plan to alert visitors of new procedures and/or restrictions.
- ❑ The survey team will ask **what** the facility's process is for **communicating** this information to those **permitted** entry.

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 26**, section **entitled** "Visitor Entry."
- See also **COVID-19** LTC Facility Guidance **memo** located in Handout #1, **paragraph #3, page 96**.
- **QSO Letter 20-14** contains **detailed** guidance for **visitation restrictions**. This letter is located in Handout #1, beginning on **page 43**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, on **pages 9 and 10**.

Visitor Entry and Screening Practices-cont'd

- For those **permitted entry**, are they instructed to:
 - Frequently** perform hand hygiene;
 - Limit** their interactions with others in the facility and surfaces touched;
 - Restrict** their visit to the resident's room or other location designated by the facility; and
 - Offered** PPE (e.g., facemasks) as supply allows.
- For those **permitted entry**, are they **advised to monitor** for signs and symptoms of COVID-19 and **appropriate actions** to take **if** signs and/or symptoms occur?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 26**, section **entitled** "Visitor Entry."
- See also **COVID-19** LTC Facility Guidance **memo** located in Handout #1, **paragraph #3, page 96**.
- **QSO Letter 20-14** contains **detailed** guidance for **visitation restrictions**. This letter is located in Handout #1, beginning on **page 43**.
- **Surveyor** Training slides that discuss this topic are located in Handout #1, on **pages 9 and 10**.
- Instructor Note: Surveyors will ask staff what the facility's process is for communicating visitor entry information

Education, Monitoring, and Screening Staff

- Is there **evidence** the facility has **provided education** to staff on **COVID-19** (e.g., symptoms, how it is transmitted, screening criteria, work exclusions, etc.)?
- How** does the facility **convey updates** on COVID-19 to all staff?
- Is the facility **screening all** staff at the **beginning** of their shift for fever and signs and/or symptoms of illness?
- Is the facility **actively** taking the staff's **temperature** and **documenting** absence of illness (or signs and/or symptoms of COVID-19)?

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 26**, section **entitled** “Education, Monitoring, and Screening of Staff.”

Education, Monitoring, & Screening Staff-cont'd

- ❑ If staff **develop** symptoms at **work**, does the facility:
 - ❑ **Instruct** them put on a **facemask** and have them **return home**?
 - ❑ **Inform** the facility's **Infection Preventionist** and **include** information on **individuals, equipment, and locations** the person **came into contact with**; and
 - ❑ Is the facility following **current** CDC guidance about infected staff **returning to work**.

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **pages 26 and 27**, section **entitled** "Visitor Entry."
- **Instructor Note: See Handout #4** – CDC Guidance for Return to Work.

Emergency Preparedness - Staffing in Emergencies

- ❑ **Policy Development:**
 - ❑ Does the facility have a **policy** and **procedure** for **ensuring staffing** to meet the **needs** of the residents when needed during an emergency, such as a **COVID-19** outbreak?
- ❑ **Policy Implementation:**
 - ❑ Did the facility **implement** its **planned** strategy for **ensuring staffing** needs of the residents?
 - ❑ If emergency staff was **not** needed, the survey team will mark this section as **“N/A.”**
 - ❑ If emergency staff **was** needed and the facility did **not develop** and **implement** policies and procedures for emergency staffing, the survey team will cite the facility at survey tag **E-0024**.

© 2020 - W. H. HEATON

35

- Information outlined in this slide has been **extracted** from the COVID-19 Focused Survey Tool. See Handout #1, **page 27**, section **entitled** “Emergency Preparedness – Staffing in Emergencies.”
- **Instructor Note:** **E-0024** regulations governing Policies and Procedures for Volunteers are located in Handout #1, **page 49**.

Question and Answer Session

- Encourage participants to ask questions to ensure they have an understanding of **how** the COVID-19 Focused Survey Process is conducted.
- **Remember: Handout #1** contains **all** the surveyor training slides, entrance conference forms, CDC and OSHA documents, F880 and E-0024 regulations, and relative QSO letters.