

How to Survive an Infection Control Focused Survey

Wednesday, June 24, 2020

Dawn Carter, RN, ProCare Consultant, LeadingAge New York, Latham

Elliott Frost, LMSW, ProCare Consultant/Senior Policy Analyst, LeadingAge New York, Latham

Karen Puglisi, BSN, MHA, LNHA, RAC-CT, ProCare Consultant/Policy Analyst, LeadingAge New York, Latham

Suzanne English, RN, Director of Nursing, Lutheran Care and Rehabilitation Center, Jamestown

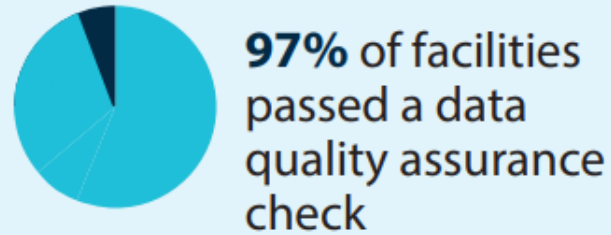
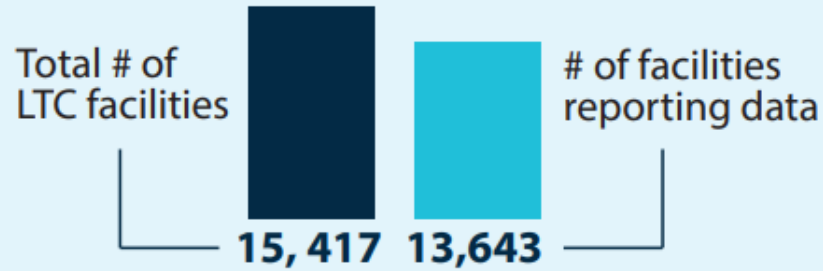
Infection Control Surveys are Coming

- ▶ Infection Control has been on the top of the 10 most cited deficiencies for several years.
- ▶ According to the Government Accountability Office, 82 percent of facilities surveyed between 2013 and 2017 were found to be out of compliance with Infection Control regulations. About half of that 82 percent had persistent issues and had been cited across multiple years. Because nursing homes were “ground zero” for Covid-19, CMS and state governments have added additional actions to ensure the health and safety of our residents.
- ▶ One action is to perform Infection Control Focused Surveys in all nursing homes receiving MC and MA funding by July 31, 2020.

Infection Control Surveys are Coming

- ▶ All nursing homes in NYS will have **at least 1** focused infection control survey completed prior to July 31, 2020.
- ▶ Some facilities may have additional surveys based on specific facility history of Infection Control citations, and data submitted through the NHSN reporting system.
- ▶ Moving forward, the DOH will be completing Infection Control Focused surveys in at least 20 percent of all NYS facilities annually.

Long Term Care Facility Reporting on COVID-19



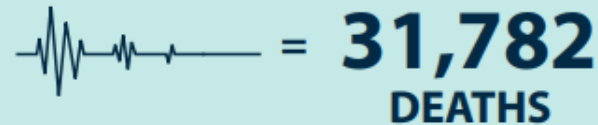
Total Resident Confirmed COVID-19 Cases Per 1,000 Residents

91.2

Total Resident COVID-19 Deaths Per 1,000 Residents

30.2

Total Confirmed resident cases and deaths (cumulative)



Note: Due to how some facilities submitted data, and since this is a new program, some data limitations exist and we caution users to consider these limitations when analyzing the data. More information can be found in the data dictionary on <https://data.cms.gov/Covid19-nursing-home-data>.

Data reported as of May 31, 2020

Infection Control (IC) Focused Surveys

All Nursing Homes will have **at least one** IC focused survey completed by July 31, 2020. Only 37 percent of NYS nursing homes (231 out of 619) have had an IC focused survey. If you have not yet had one, get ready you will.

In addition, CMS is also requiring health departments to implement additional Covid-19 survey activities across NYS to safeguard the health and safety of their residents.

- ▶ Perform on-site surveys of nursing homes with previous Covid-19 outbreaks:
 - ▶ Cumulative confirmed cases/bed capacity at 10 percent or greater; **or**
 - ▶ Cumulative confirmed cases **plus** suspected cases/bed capacity at 20 percent or greater; **or**
 - ▶ Ten or more deaths reported due to Covid-19.
- ▶ Perform on-site surveys of any nursing home with 3 or more new Covid-19 suspected and confirmed cases since the last submitted NHSN Covid-19 report, or 1 confirmed resident case in a facility that was previously Covid-19 free.
- ▶ Starting in FY 2021, NYS will perform annual IC focused surveys in 20 percent of nursing homes based on DOH discretion or additional data that identifies facility and community risks.

Top Ten Most Frequently-Cited Infection Control Deficiencies *NATIONWIDE*

Rank	Deficiency	F-Tag	Number of Times Cited	As a Percent of All Cites
1	Provide and implement an infection prevention and control program.	880	135	7.4%
2	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.	689	100	5.5%
3	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	812	83	4.6%
4	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	656	77	4.2%
5	Provide appropriate treatment and care according to orders, residents preferences and goals.	684	75	4.1%
6	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	761	51	2.8%
7	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.	584	44	2.4%
8	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.	657	44	2.4%
9	Provide care and assistance to perform activities of daily living for any resident who is unable.	677	42	2.3%
10	Provide appropriate pressure ulcer care and prevent new ulcers from developing.	686	40	2.2%

Infection Control Surveys Through 4/29/20

Expanded Survey Activities

- ▶ Complaint investigations that are triaged as Non-Immediate Jeopardy-High;
- ▶ Revisit surveys for any facility with a removed Immediate Jeopardy but remain out of compliance;
- ▶ Special Focused Facilities and Special Focus Candidate Facilities will begin to have full recertification surveys; and
- ▶ Nursing Homes and Intermediate Care facilities for individuals with Intellectual Disability that are greater than 15 months out will again be having full recertification surveys.

Expanded Survey Activities

When determining the order in which to resume routine survey activity, states will prioritize providers based on a history of noncompliance, or allegations of noncompliance, in the following areas:

- ▶ Abuse or neglect;
- ▶ Infection Control;
- ▶ Visitation of transfer or discharge requirements;
- ▶ Insufficient staffing or competency; or
- ▶ Other quality of care issues (falls, pressure ulcers, etc.).

Infection Control Surveys

F-880 Infection Prevention and Control Program

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- ▶ A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;
- ▶ Written standards, policies, and procedures for the program, which must include, but are not limited to:
 - ▶ A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
 - ▶ When and to whom possible incidents of communicable disease or infections should be reported.

Infection Control Focused Surveys

In addition to the normal information requested upon entrance into a facility, the following information is also being requested immediately upon entrance into the building:

- ▶ A list of key personnel, location, and phone numbers, including contracted staff (rehab services). They **also expect** the list to include the name(s) of staff responsible for notifying all residents, representatives and families of confirmed or suspected Covid-19 cases in the facility.
- ▶ The facility's policy regarding mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected Covid-19 activity in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if formal operations in the nursing home will be altered. **If** the system is dependent on the resident or representative obtaining the information themselves (website), you will need to provide the surveyor with the notification/information given to the residents, their representatives, and families informing them of how to obtain updates.
- ▶ The Facility Policies and Procedures requested will also include:
 - ▶ Infection Prevention and Control Program Policy and Procedures, to include:
 - ▶ The Surveillance Plan.
 - ▶ Emergency Preparedness Policy and Procedures to include Emergency staffing Strategies

Infection Control Focused Surveys

Areas to be reviewed on Survey:

- ▶ Overall effectiveness of the IPCP;
- ▶ Standard and Transmission-Based precautions;
- ▶ The Surveillance Plan;
- ▶ Visitor entry and facility screening practices;
- ▶ Education, monitoring, and screening practices of staff;
- ▶ Facility policies and procedure to address staffing issues during emergencies;
- ▶ How the facility informs residents, their representatives and families of suspected or confirmed Covid-19 cases in the facility.

Infection Control Focused Surveys

General Standard Precautions:

- ▶ Respiratory hygiene/cough etiquette;
- ▶ Environmental cleaning and disinfection;
- ▶ Reprocessing of reusable resident medical equipment.

Hand Hygiene:

- ▶ Is hand hygiene being performed per policy?
- ▶ Do staff perform hand hygiene:
 - ▶ Before and after meals;
 - ▶ After contact with objects and surfaces in the resident's environment;
 - ▶ After contact with blood and body fluids or visibly contaminated surfaces;
 - ▶ After removing PPE;
 - ▶ Before performing a procedure such as an aseptic task?

Infection Control Focused Surveys

PPE

- ▶ Are gloves changed and hand hygiene performed before moving from one contaminated body site to a clean body site during resident care?
- ▶ Is PPE appropriately removed and discarded after resident care? **Prior** to leaving the room followed by hand hygiene?
- ▶ If PPE is being extended/reused, is it done according to national and or local guidelines?
- ▶ Interviews will be done with staff to determine if PPE is available, accessible, and used by all staff.
- ▶ Is there sufficient PPE supplies available to follow IP and control guidelines? In the event of shortages, what procedures are the facility taking to address this issue?
- ▶ Do staff know how to obtain PPE supplies before providing care?
- ▶ Do staff know who to contact for replacement supplies?

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Infection Control Focused Surveys

Transmission-Based Precautions

Staff will be interviewed and observed for knowing and using the correct isolation precautions.

- ▶ Do they know the difference between Contact, Droplet, Airborne precautions?
- ▶ What type of precautions are followed for a resident with an undiagnosed respiratory infection?
- ▶ What type of precautions used for a resident with known or suspected Covid-19?
- ▶ What is the procedure used for a resident with known Covid-19 or suspected Covid-19 that could generate infectious aerosols such as those that could induce coughing such as sputum production or suctioning.

Is signage on the use of PPE posted in the appropriate locations in the facility?

Infection Control Focused Surveys

Resident Care

Are residents being cohorted and utilizing staff according to guidance?

If resident's have to leave their rooms in a facility that has Covid-19 positive cases, are residents wearing masks, performing hand hygiene, limiting their movement in the facility, and adhering to social distancing protocols?

Does the facility have a policy on and do staff know policies for transport to hospitals or outside appointments such as dialysis?

Was the required information, resident diagnosis and precautions needed to be taken, given to both the receiving hospital/or an outside care facility as well as the transportation company making the transfer, as well as having the resident wear a facemask during transport?

Infection Control Focused Surveys

Are the facilities IPCP standards, Policy and Procedures updated based on current national standards for undiagnosed respiratory illness and Covid-19?

Does the facility policy include when to notify local/state public health officials if there are clusters of respiratory illnesses or cases of Covid-19 that have been identified or suspected?

Infection Control Focused Surveys

Infection Surveillance

- ▶ Numbers of residents/staff in the facility with fevers, respiratory symptoms or other Covid-19 related symptoms.
- ▶ Number of residents/staff with a confirmed Covid-19 diagnosis and the date of the first confirmed case.
- ▶ Number of staff/residents that have been tested for Covid-19.
- ▶ Has the facility established/implemented a surveillance plan for identifying, tracking, monitoring and or reporting of fever, respiratory illnesses and or other signs/symptoms of Covid-19 and to immediately isolate anyone who is symptomatic?
- ▶ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require lab testing or an isolation type change?
- ▶ What is the process for communicating the diagnosis, treatment, lab testing when transferring a resident to an acute care facility or other healthcare facility and obtaining pertinent information when residents are returned?
- ▶ Can appropriate staff identify and describe the communication protocol with local/state public health officials.

Infection Control Focused Surveys

Visitor Entry

- ▶ What is the screening process?
- ▶ What is the restriction criteria?
- ▶ Is there signage posted at the facility entrance for screening and restrictions as well as a communication plan to alert visitors of the new procedures and restrictions?
- ▶ Do you only have 1 entry point?
- ▶ For those allowed to enter are they told:
 - ▶ To frequently perform hand hygiene;
 - ▶ To limit interactions with others in the facility, and surfaces touched;
 - ▶ To restrict their visit to the resident's room or other location designated by the facility;
 - ▶ Offered PPE;
 - ▶ To monitor for signs and symptoms of Covid-19 and appropriate actions to take if signs and/or symptoms occur.

Infection Control Focused Surveys

Education, Monitoring, and Screening of Staff

- ▶ Have the staff been educated (and documented) on Covid-19 symptoms, how is it transmitted, screening criteria, work exclusions?
- ▶ How does the facility convey updates on Covid-19 to all staff?
- ▶ Is the facility screening all staff at the beginning of each shift for fever and signs and symptoms of illness? Are temperatures being taken? Documenting the absence of illness?
- ▶ If staff develop symptoms at work, does the facility:
 - ▶ Place a facemask on them and have them return home?
 - ▶ Inform the facility's Infection Preventionist and include information on individuals, equipment, and locations the person came in contact with?
 - ▶ Follow current guidance about returning to work?

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Infection Control Focused Surveys

Reporting to Residents, Representatives and Families

- ▶ Did the facility inform all residents, their representatives, and family's by 5PM the following calendar day following the occurrence of a single confirmed Covid-19 infection or three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other?
- ▶ Did the information include mitigation actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.
- ▶ Is the facility providing cumulative updates to residents, their representatives, and families at least weekly or by 5PM the following calendar day following the occurrence of a single confirmed Covid-19 infection or three or more residents or staff with new onset of respiratory symptoms that occurred within 72 hours of each other?

DOH will be interviewing a **resident** and a **representative or family member** to determine whether they are receiving timely notification.

Infection Control Focused Surveys

Reporting to the DOH and the CDC

- ▶ Is this happening according to guidance?
- ▶ The surveyor will review CDC data files provided to CMS to determine if the facility is reporting at least once a week.
- ▶ Review of data files to determine if all data elements required in the National Healthcare Safety Network (NHSN) Covid-19 module are complete.

Infection Control Focused Survey Citations

Emergency Preparedness

- ▶ Has the facility developed a policy and procedure for ensuring appropriate staffing levels meet the needs of the residents during an emergency or a pandemic?
- ▶ Did the facility implement its planned strategy for ensuring staffing levels will meet the needs of the residents throughout the emergency/pandemic?

Infection Control Focused Survey Citations

Based on observations and interviews conducted during the COVID-19 focused survey, the facility did not ensure that infection control protocols were maintained to help prevent transmission of communicable diseases and infections. Specifically:

- 1) Several rooms were also observed with no contact/droplet precaution signs on their doors.
- 2) Staff members were observed on multiple occasions without the use of facemask on a unit designated by the facility as COVID-19 Presumptive and Non COVID-19 residents.
- 3) The facility did not follow the cohorting requirements documented in the Dear Administrator Letter (DAL) dated April 29, 2020 for 17 of 18 units reviewed.

Infection Control Focused Survey Citations

The surveyor noted that CNA #1 held a bag full of soiled linen and walked through the hallway. The surveyor noted that the CNA #1 leaned the bag of soiled linen against her uniform as she walked from the resident's room, past the nurses' station and into the soiled utility room. When interviewed on 03/10/20 at 11:38 AM, the CNA#1 stated that she received infection control in-service last month and sometime last year. When questioned about soiled transport, CNA #1 acknowledged that she leaned the bag of soiled linen on her body and added that it was because the bag was heavy.

Infection Control Focused Survey Citations

The surveyor then observed the WCCLPN clean up the dirty treatment supplies on the over-bed table with un-gloved hands and placed the dirty treatment supplies in the garbage receptacle inside the resident's room. She exited the room without washing her hands and stated she was done. She did not wash her hands after she left the room. On 3/2/20 at 10:39 AM, the surveyor interviewed the WCCLPN, who stated that she usually washed her hands for 30 seconds and sang Happy Birthday. She stated she was nervous and maybe did not wash her hands long enough. She also stated that she should have worn gloves to remove the treatment supplies from the over-bed table and then wash her hands. Lastly, she stated that she should not have touched the paper towel dispenser for the paper towels after washing her hands. On 3/2/20 at 10:55 AM, the surveyor interviewed the DON, who stated that all staff were expected to wash their hands for 20 seconds and not touch the paper towel dispenser when getting a towel to dry their hands.

Infection Control Focused Survey Citations

The surveyor then asked CNA #1 if it was normal practice to clean a resident's hands or offer wipes prior to the residents eating. CNA #1 stated usually. CNA #1 did not offer an explanation as to why wipes or sanitizer were not offered to the residents on that day. On 03/10/20 at 12:35 PM, the surveyor entered Resident #9's room and observed Resident #9 seated in a wheelchair waiting for his/her lunch to be delivered. When interviewed regarding hand hygiene prior to being served lunch, the resident stated that he/she was not usually offered hand hygiene. The surveyor asked Resident #9 if the dessert on the lunch tray was delivered covered or uncovered and the resident stated, no, always exposed to the germs.

Infection Control Focused Survey Citations

On 03/04/20 at 10:45 AM, the surveyor inspected the LTC, medication cart #1, in the presence of LPN #5. The surveyor observed a red, crystallized substance in the third draw in close proximity to a box of inhalation medication. The surveyor observed the bottom draw with a visibly soiled substance in close proximity to six bottles of medication and one single medication pour cup. LPN #5 stated the medication carts were cleaned twice a week but the nurses should clean their own carts as well. LPN #5 stated it was important to keep the medication carts clean because substances in contact could dissolve packaging and contaminate medications. LPN #5 stated she did not have a chance to clean her medication cart yet that day and had completed her morning medication pass with the soiled medication cart. During an interview with the surveyor on 03/10/20 at 9:40 AM, the Administrator stated she would expect if the medication cart was visibly dirty, the nurses should clean them. **The Administrator stated there was no specific policy, procedure or log for cleaning the medication carts or the medication refrigerator.**

Infection Control Focused Survey Citations

- ▶ Due to the heightened threat to resident health and safety for even low-level, isolated infection control citations (such as proper hand-washing and use of personal protective equipment (PPE), CMS is expanding enforcement to improve accountability and sustained compliance with these crucial practices.
- ▶ In addition to enhanced enforcement, CMS is also providing Directed Plans of Correction, including use of **Root Cause Analysis**, to facilitate lasting systemic changes within facilities to drive sustained compliance.

Enhanced Enforcement of Infection Control Deficiencies

For any substantial non-compliance (D level or above) deficiency associated with infection Control will lead to the following enforcement remedies:

- ▶ Non-compliance for an Infection Control deficiency when none have been cited in the last year (or on the last standard survey)
 - ▶ Nursing Homes cited for current non-compliance that is **not widespread** (Level D&E) will require a:
 - ▶ Directed Plan of Correction.
- ▶ Nursing Homes cited for current non-compliance with an Infection Control requirement that is **widespread** (Level F) will require a:
 - ▶ Directed Plan of Correction
 - ▶ Discretionary Denial of Payment for New Admission with 45 days to demonstrate compliance with Infection Control deficiencies

Enhanced Enforcement of Infection Control Deficiencies

For any non-compliance for Infection Control deficiencies cited **once** in the last year (or last standard survey)

Nursing homes cited for current non-compliance with infection control regulations that is **not widespread** (Level D&E) will require:

- ▶ Directed Plan of Correction;
- ▶ Discretionary Denial of Payment for New Admission with 45 days to demonstrate compliance with Infection Control deficiencies;
- ▶ Instance Civil Monetary Penalty (CMP) **up to \$5000** (at the state/CMS discretion).

Enhanced Enforcement of Infection Control Deficiencies

Nursing homes cited for current non-compliance with an Infection Control requirement that is **widespread** (Level F) will require:

- ▶ Directed Plan of Correction;
- ▶ Discretionary Denial of Payment for New Admission with 45 days to demonstrate compliance with Infection Control deficiencies;
- ▶ Instance Civil Monetary Penalty (CMP) \$10,000 per instance CMP.

Enhanced Enforcement of Infection Control Deficiencies

For any non-compliance for Infection Control Deficiencies **twice or more** in the last two years, or twice since second to last standard survey.

- ▶ Nursing homes cited for current non-compliance with infection control regulations that are **not widespread** (Level D&E) will require:
 - ▶ Directed Plan of Correction;
 - ▶ Discretionary Denial of Payment for New Admission with 30 days to demonstrate compliance with Infection Control deficiencies;
 - ▶ Instance Civil Monetary Penalty (CMP) \$15,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount **exceeds \$15,000**).

Enhanced Enforcement of Infection Control Deficiencies

For any non-compliance for Infection Control Deficiencies **twice or more** in the last two years, or **twice** since second to last standard survey.

- ▶ Cited for current non-compliance with Infection Control requirement that is **widespread** (Level F) will require:
 - ▶ Directed Plan of Correction;
 - ▶ Discretionary Denial of Payment for New Admission with 30 days to demonstrate compliance with Infection Control deficiencies;
 - ▶ Instance Civil Monetary Penalty (CMP) \$20,000 per instance CMP (or per day CMP may be imposed, as long as the total amount **exceeds \$20,000**).

Enhanced Enforcement of Infection Control Deficiencies

For current non-compliance with Infection Control Deficiencies cited at the **Harm Level (Level G,H,I) regardless of past history** the facility will require:

- ▶ Directed Plan of Correction;
- ▶ Discretionary Denial of Payment for New Admission with 30 days to demonstrate compliance with Infection Control deficiencies;
- ▶ Enforcement imposed by CMS Location per current policy, but CMS imposed at highest amount option within the appropriate (non-Immediate Jeopardy) range in the CMP analytic tool.

Enhanced Enforcement of Infection Control Deficiencies

Nursing homes cited for current non-compliance with Infection Control Deficiencies at the **Immediate Jeopardy Level** (Level J,K,L) regardless of past history, in addition to the mandatory remedies of Temporary Manager or Termination, they will have imposed:

- ▶ Directed Plan of Correction;
- ▶ Discretionary Denial of Payment for New Admission with 15 days to demonstrate compliance with Infection Control deficiencies;
- ▶ Enforcement imposed by CMS Location per current policy, but CMS imposed at highest amount option within the appropriate (Immediate Jeopardy) range in the CMP analytic tool.

Quality Improvement Organization (QIO) Support

- ▶ QIO's will provide education and training to every nursing homes in the country.
- ▶ QIO's will be providing assistance to nursing homes including a targeted focus on approximately 3,000 low-performing nursing homes who have a history IC challenges.
- ▶ States may also request QIO technical assistance specifically targeted to nursing homes that have experienced an outbreak.



Dawn Carter dcarter@leadingageny.org

Elliott Frost efrost@leadingageny.org

Karen Puglisi kpuglisi@leadingageny.org

THANK YOU!