

Summary of the COVID-19 Focused Survey for Nursing Homes

This is a summary of the COVID-19 Focused Survey for Nursing Homes and the Survey Protocol. Surveyors should review the Survey Protocol for more detailed information as well as the Focused Survey. Facilities can review the Focused Survey to determine CMS’s expectations for an infection prevention and control program during the COVID-19 pandemic.

| Offsite Survey Activity | Onsite Survey Activity | Facility Self-Assessment |
|--|--|---|
| <ul style="list-style-type: none"> • For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. • Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite. • Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: <ul style="list-style-type: none"> ○ Facility-reported information; ○ CDC, state/local public health reports; ○ Available hospital information regarding patients transferred to the hospital; and/or ○ Complaint allegations. • Identify survey activities that will be conducted offsite, such as: <ul style="list-style-type: none"> ○ Medical record review ○ Telephonic interviews, such as: <ul style="list-style-type: none"> ▪ Surveillance policies ▪ First onset of symptoms ▪ Communication to facility leaders and health officials ○ Policy/Procedure Review <ul style="list-style-type: none"> ▪ Infect. Control/Prev. Plan ▪ Emerg. Prep. Plan, including contingency strategies (e.g., staffing) • Conduct survey exit discussion telephonically and draft the CMS-2567 offsite. | <ul style="list-style-type: none"> • Limit the onsite team to one to two surveyors. • Identify onsite assignments for activities, such as: <ul style="list-style-type: none"> Resident Care Observations: <ul style="list-style-type: none"> ○ Hand hygiene practices ○ Proper use/discarding of PPE ○ Cleansing medical equipment ○ Effective Transmission-Based Precautions Environmental observations: <ul style="list-style-type: none"> ○ Signage at entrances and resident rooms ○ Screening (staff at shift change, entrances, limiting nonessential staff) ○ Hand hygiene stations Interviews: <ul style="list-style-type: none"> ○ Policy/Procedure knowledge ○ Surveillance for sign/symptoms ○ Notifying local health officials • Adhere to all CDC guidance for infection prevention and control related to COVID-19. • Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information. • Identify and arrange for interviews that can be done telephonically. • Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately. | <p>Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool. Priority areas for self- assessment include all of the following:</p> <ol style="list-style-type: none"> 1. Standard Precautions; <ol style="list-style-type: none"> a. Hand hygiene b. Use of PPE c. Transmission-Based Precautions 2. Resident care (including resident placement); 3. Infection prevention and control standards, policies and procedures; 4. Infection surveillance; 5. Visitor entry (i.e., screening, restriction, and education); 6. Education, monitoring, and screening of staff; and 7. Emergency preparedness – staffing in emergencies |

| INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE* | |
|--|--|
| <input type="checkbox"/> | 1. Census number |
| <input type="checkbox"/> | 2. An alphabetical list of all residents and room numbers (note any resident out of the facility). |
| <input type="checkbox"/> | 3. A list of residents who are confirmed or presumptive positive for COVID-19. |
| <input type="checkbox"/> | 4. Name of facility staff responsible for Infection Prevention and Control Program. |
| ENTRANCE CONFERENCE | |
| <input type="checkbox"/> | 5. Conduct a brief Entrance Conference with the Administrator. |
| <input type="checkbox"/> | 6. Signs announcing the survey that are posted in high-visibility areas. |
| <input type="checkbox"/> | 7. A copy of an updated facility floor plan, if changes have been made. |
| INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE* | |
| <input type="checkbox"/> | 8. The actual working schedules for licensed and registered nursing staff for the survey time period. |
| <input type="checkbox"/> | 9. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services). |
| <input type="checkbox"/> | 10. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 2 which is titled “Electronic Health Record Information.” |
| <input type="checkbox"/> | 11. Explain that the goal is to conduct as much record review offsite as possible to limit potential exposure or transmission. Determine what information can be reviewed offsite, such as electronic medical records (EMRs), or other records and policies/procedures. If offsite review of EMRs is not possible, surveyors will request photocopies (that can be made by surveyors instead of facility staff). If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc. |
| <input type="checkbox"/> | 12. Facility Policies and Procedures: <ul style="list-style-type: none"> • Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan. • Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies <p>NOTE– A comprehensive review of policies should be completed offsite.</p> |

*NOTE: The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.

ENTRANCE CONFERENCE WORKSHEET ELECTRONIC HEALTH RECORD (EHR) INFORMATION

Please provide the following information to the survey team within one hour of Entrance.

| | |
|--|--|
| Provide specific instructions on where and how surveyors can access the following information in the EHR (or in the hard copy if using split EHR and hard copy system). Surveyors require the same access staff members have to residents' EHRs in a read-only format. | |
| Example: Medications | EHR: Orders – Reports – Administration Record – eMAR – Confirm date range – Run Report |
| Example: Hospitalization | EHR: Census (will show in/out of facility) MDS (will show discharge MDS) Prog Note – View All - Custom – Created Date Range - Enter time period leading up to hospitalization – Save (will show where and why resident was sent) |
| 1. Infections | |
| 2. Hospitalization | |
| 3. Change of condition | |
| 4. Medications | |
| 5. Diagnoses | |

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

COVID-19 Focused Survey Protocol

Prior to Survey

Surveyors should have access to this protocol and survey tool on every survey in the event infection control concerns are identified while in the facility.

This survey protocol should be used in the following ways:

- Facilities **with** COVID-19: This survey protocol provides surveyors with a tool for a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.
- Facilities **without** COVID-19: In facilities with no active cases of COVID-19, the use of this survey protocol and focused review tool will help identify and correct deficient practices in order to prevent the transmission of the virus.
- If the survey team plans to enter a facility with an active COVID-19 case, or identifies an active COVID-19 case after entering a facility, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. 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 the survey until the health department or CDC has assessed the situation. As surveyors may enter a facility with confirmed or suspected COVID cases, or a facility requiring certain PPE in order to enter, SSAs should ensure surveyors have needed personal protective equipment (PPE) that could be required onsite.
- Refer to latest CDC guidance on use of Personal Protective Equipment at: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Ensure surveyors are:
 - Medically cleared; and
 - Trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

- Create a survey shell. Under Survey Properties:
 - Select U-COVID19 for stand-alone surveys focusing on Infection Control
 - a. Select I-COVID19 when infection control/COVID-19 focused surveys occur as an extension of another standard survey process (certification or complaint).
- NOTE: See QTSO Memo 2020-17 for details as needed.**
- Limit the team to one or two surveyors.
 - Conduct offsite planning based on available information from:
 - Facility-reported information;
 - CDC, state/local public health information if available (in some cases CDC or public health will have gone onsite prior to the SA/CMS);
 - Available hospital information regarding patients transferred to the hospital; and/or

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- Complaint allegations.
- Identify surveyors who are remaining offsite to receive information from the surveyors or facility staff while onsite. List key survey activities that will be conducted onsite and offsite, with a plan for doing as much offsite as possible. For example:
 - For onsite activities:
 - Prioritize observations to key areas and activities related to infection control;
 - Identify interviews that need to be conducted onsite, and make arrangements for those that can be conducted offsite telephonically; and
 - Identify the records that need to be reviewed onsite, and those that can be sent for offsite review.
 - For offsite activities:
 - Medical record reviews;
 - Telephonic interviews; and
 - Facility Policy/Procedure Reviews (e.g., Infection Control and Prevention Program, Emergency Preparedness Plan).
- Surveyors should add the following to their desktop:
 - COVID-19 Focused Survey Protocol
 - COVID-19 Focused Survey for Nursing Homes
 - Survey Resources folder
- Refer to and review latest CDC guidance on use of personal protective equipment and Standard and Transmission-Based Precautions based on the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Entrance Conference

- Notify the Facility administrator of the limited nature of the COVID-19 focused survey:
 - Prioritize observations on day one; and
 - Complete remaining observations and interviews on day two.
- Follow the COVID-19 Entrance Conference worksheet to request information.

Onsite Survey Activities

- Adhere to Standard and Transmission-Based Precautions and refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- Refer to the COVID-19 focused survey to guide your investigation and make compliance determinations.
- Document your investigation on an electronic or paper version of a surveyor notes worksheet and/or COVID 19 Focused Survey for Nursing Homes tool.
- While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy. Follow the interpretive guidance and CE pathways relevant to the area of concern.
- Be alert to situations that may create a likelihood for serious injury, harm, impairment, or death, use guidance in Appendix Q and complete an IJ Template.
- Determine what information can be reviewed offsite (e.g., electronic medical records, EP plan for staffing and other policies or photocopies). NOTE: Surveyors should limit photocopies to only

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those records necessary for confirming noncompliance or to support findings of deficient practice.

Concluding the Survey

- Conduct any survey exit discussion with the facility by telephone (unless requested in person by facility).
- Draft the CMS-2567 offsite. Include the term, “COVID-19” in the 2567 citation, ideally in the Deficient Practice Statement.

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Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

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. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

1. Standard and Transmission-Based Precautions (TBPs)

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

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not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect 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. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

- Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette,
 - Environmental cleaning and disinfection, and
 - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene

- Are staff performing hand hygiene 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)?
- 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 personal protective equipment (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?

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- Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

Personal Protective Equipment (PPE)

- Determine if staff 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.
- Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- 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 staff know how to obtain PPE supplies before providing care?
 - Do they know who to contact for replacement supplies?

Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2)

- Determine if appropriate Transmission-Based Precautions are implemented:
- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
 - For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
 - For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
 - For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
 - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. 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, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., 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).

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- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
 - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
 - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
 - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
 - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
 - Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
 - 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 bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
 - Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?
- Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? Yes No F880

2. Resident Care

- 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 their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- Has the facility cancelled group outings, group activities, and communal dining?

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- 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?
- For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, 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 transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- For residents who need to leave the facility for care (e.g. dialysis, etc.), did 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?

2. Did staff provide appropriate resident care? Yes No **F880**

3. IPCP Standards, Policies and Procedures

- Did the facility establish a facility-wide 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/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? Yes No **F880**

4. Infection Surveillance

- How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- How many residents and staff have been diagnosed with COVID-19 and 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?
- Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

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- Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

4. Did the facility provide appropriate infection surveillance? Yes No **F880**

5. Visitor Entry

- Review for compliance of:
 - Screening processes and criteria (i.e., 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/restrictions.
- 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., facemask) as supply allows? What is the facility's process for communicating this information?
- 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?

5. Did the facility perform appropriate screening, restriction, and education of visitors? Yes No **F880**

6. Education, Monitoring, and Screening of 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)?
- 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/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
 - Place them in a facemask 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; and

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- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

6. Did the facility provide appropriate education, monitoring, and screening of staff? Yes No F880

7. 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: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

Yes No E0024

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.