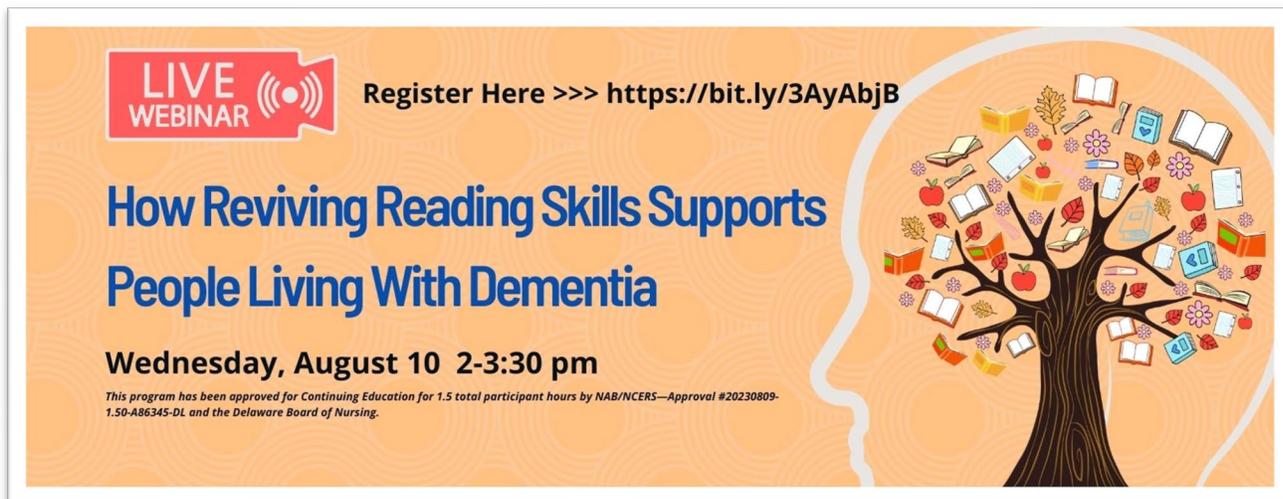


**UD RN Refresher Course for Fall 2020 ...
register by Aug 1 and save 10% with code EBIRD. [Link here](#)**



The banner features a central illustration of a tree whose branches and leaves are composed of various educational icons such as books, pencils, and papers. This tree is set within the silhouette of a human head, symbolizing the connection between reading and cognitive health. The background is a light orange with a subtle pattern of concentric circles.

LIVE WEBINAR Register Here >>> <https://bit.ly/3AyAbjB>

How Reviving Reading Skills Supports People Living With Dementia

Wednesday, August 10 2-3:30 pm

This program has been approved for Continuing Education for 1.5 total participant hours by NAB/NCERS—Approval #20230809-1.50-A86345-DL and the Delaware Board of Nursing.

REGISTER: <https://www.dhcfa.org/wp-content/uploads/sites/314/2022/07/Experiential-Dementia-Care-Webinar-8.10.22.pdf>

ARPA Recipients: Please get your compliance documents into the Governor's Office and cc DHCFA

FRIDAY ROUNDUP JULY 29, 2022

BREAKING NEWS: CMS FINALIZES 2.7% PAY INCREASE, TWO YEAR PHASE-IN FOR PDPM DECREASE

Federal Advocacy at work. CMS announced today the final rule. There is a lot to digest and more to come from CMS and the Biden administration. This is a direct result of the advocacy of many who sent comments to CMS.

The final rule is scheduled to be published on August 3, 2022, at the *Federal Register's* Public Inspection Desk and will be available under "Special Filings," at <https://www.federalregister.gov/public-inspection/2022-16457/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

- CMS News Release: [Fiscal Year \(FY\) 2023 Skilled Nursing Facility Prospective Payment System Final Rule \(CMS 1765-F\) | CMS](#)
- Additional information is available at: <https://www.cms.gov/newsroom/press-releases/cms-acts-improve-safety-and-quality-care-nations-nursing-homes>

AHCA will be providing more details.

CMS RELEASES UPDATED FIVE-STAR RATINGS, INCORPORATES PBJ STAFF TURNOVER MEASURES

Yesterday, [CMS released updated Five-Star](#) ratings that incorporated PBJ staff turnover measures and modified the scoring of Overall ratings. The AHCA/NCAL research team has summarized the impact for the nation and states in the attached report ([web link](#) as well).

Attached: *Impact of Adding Payroll-Based Journal (PBJ) Turnover Measures to Five-Star – The Center for Health Care Policy Evaluation in Long-Term Care*

CMS made two substantial changes in how Five-Star ratings are calculated in July 2022. First, they added three turnover measures and one weekend staffing measure to the Staffing component. Second, they altered the calculation of the Overall rating to only allow five-star Staffing nursing homes to gain a star in their Overall rating. Previously, four- and five-star Staffing homes could gain an Overall star. These two changes during the worst workforce shortage in the past 29 years for the nursing home industry resulted in substantial decreases in Staffing and Overall ratings. Nearly a third of nursing homes had a lower Staffing rating and a quarter had a lower Overall rating in July 2022 compared to June 2022. A summary of the changes to the methodology can be found in this [Fact Sheet](#), and the details of the methodology can be found in the [Five Star Rating Technical Users' Guide](#).

For a fact sheet on the July 2022 Updates to the Care Compare Website, please visit: <https://www.cms.gov/newsroom/fact-sheets/updates-care-compare-website-july-2022>

NHSN Clarifies Definition of Up-to-Date VAX in COVID-19 VAX Modules

In June 2022, the National Healthcare Safety Network (NHSN) began using the updated definition of up-to-date COVID-19 vaccination issued by the Centers for Disease Control and Prevention (CDC). All facility types reporting data through the COVID-19 Vaccination Module must use the updated definition.

Up to date COVID-19 vaccination includes:

- An individual who has received all doses in the primary series and all recommended booster doses, when eligible.
- Most individuals who are 50 years and older and have received a second booster dose.
- Reporting of up-to-date vaccination status is summarized in the table below.

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of June 27, 2022 through September 2, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria*:	
If Under 50 Years:	If 50 Years and Older:
<p>Received at least one booster dose</p> <p>or</p> <p>Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose. This includes:</p> <ul style="list-style-type: none"> a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago. b) Those who received a single dose of Janssen less than two months ago. 	<p>Received second booster dose (or received first booster dose less than 4 months ago and not yet eligible for a second booster dose)</p> <p>or</p> <p>Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose. This includes:</p> <ul style="list-style-type: none"> a) Those who completed their 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago. b) Those who received a single dose of Janssen less than two months ago.

*Individuals with a moderately to severely immunocompromising condition are considered up to date in the following cases

1. Received an additional dose less than three months ago, if primary series was the Moderna or Pfizer-BioNTech COVID-19 vaccine; or
2. Received an additional dose less than two months ago, if primary series was the Janssen COVID-19 vaccine; or
3. Received an additional dose and one booster dose less than four months ago; or
4. Received a second booster dose.

If data does not reflect the updated definition, facilities are encouraged to go back into NHSN and update their data.

[Read more on the AHCA website](#)

DPH Update – COVID and Monkeypox – Community Levels Now HIGH

The Centers for Disease Control and Prevention (CDC) raised Delaware’s COVID-19 community levels to the High category (red) in all three counties on July 28, 2022.

As a result, the Division of Public Health (DPH) is asking Delawareans to follow the CDC’s key strategies at this level of community spread:

- Wear a well-fitting mask in indoor public settings, regardless of vaccination status.
- Stay home if you are sick and get tested if you have symptoms or were exposed to someone with COVID-19. Visit de.gov/gettested for testing locations.
- Get vaccinated and boosted when you are eligible to provide increased protection against severe illness and hospitalization.
- If you have household or social contact with someone at high risk for severe disease, self-test before being around them and wear a mask when indoors with them.
- Turn to reliable sources for information and treatment options including de.gov/coronavirus.

- If you are immunocompromised or at high risk for severe disease, contact your health care provider to determine any additional precautions or treatments for which you may qualify.

One primary indicator in determining community levels is the number of hospitalizations resulting from COVID-19. Over the past week, Delaware's COVID-19 hospitalizations rose 22% from 129 to 165 hospitalizations, with 12 patients in critical condition as of July 29. Of significant concern for DPH is the increase in the number of youth (under 18 years of age) who required hospital admission, including at least 16 children under age 5. Vaccines are now available for all persons starting at 6 months of age, and vaccination is highly effective at preventing serious illness, hospitalizations and death.

In addition, the seven-day average of cases steadily increased with a 20% positivity rate in lab-confirmed tests and 523 new positive cases on July 29. While these reported case numbers are high, at-home test results are not reported to DPH, meaning the incidence of illness in the community is likely much greater

DPH thinks there may be an additional bump in case numbers and the COVID-19 Community level due to the circulating BA.4 and BA.5 variants. Variants (all Omicron) account for 78% of all sequenced test results right now. BA.2 is still in play, BA.4 accounts for nearly 20% of variant-positive sequenced results, and BA.5 more than 60%. That's why getting vaccinated and boosted now – and not waiting for an updated version of the vaccine in the fall – is so important. Get all the protection you can get now, and you'll still be eligible for an updated vaccine in the fall!

Booster Eligibility

You are eligible for a booster dose if you:

- Are 5+ and it has been 5 months since your second dose of Pfizer.
- Are 18+ and it has been 5 months since your second dose of Moderna.
- Are 18+ and it has been 2 months since your initial dose of Johnson & Johnson.
- Got an additional/third dose of Pfizer or Moderna because you have certain immunocompromising conditions.
- You can get your second booster (fourth) dose **four months** after receiving your initial booster if you are 50+ or are immunocompromised.

Resources:

- :15 and :30 COVID-19 preparedness English and Spanish videos are on Dropbox here for your use: https://www.dropbox.com/sh/u6iytjowegf5aiz/AADy-DnRrpsbt_5vWngzc7Dba?dl=0
- Reminder that resources including social, digital, fliers etc. are available for our One Step Ahead of COVID-19 campaign at: <https://covidmaterialsde.com/resources/preparedness-campaign>.

Monkeypox

DE has announced the first three cases of Monkeypox (MPX) in the state via press releases: [1st](#) , [2nd](#) & [3rd](#)

Resources:

- Please share the attached fact sheets with your communities
- DPH has a monkeypox webpage – de.gov/monkeypox. Share the link with your organizations and communities so everyone can stay updated.
- Visit DPH social channels for info on the disease – Facebook (@DEPublicHealth), Instagram (@depublichealth), DHSS Twitter (@Delaware_DHSS)
- Monkeypox hot line for general questions – 1-866-408-1899 or DPHCall@delaware.gov

Key Points:

- Monkeypox (MPX) is different than COVID. It is spread by close, personal and intimate contact with someone with lesions/blisters or with their bedding, linens or utensils. It is not spread by airborne droplets (unless you are right in someone's face or kissing) or simply by being within 6 feet of someone.

- Vaccines are only for those who have been exposed through close personal contact to someone with MPX. Vaccines are not for those who are confirmed to have the disease. Vaccines are also not for the general public.
- Testing must be arranged through a medical provider. There are no walk-in testing sites.
- Antivirals are available as treatment for those who have MPX. However, not everyone with MPX needs this treatment. Many individuals with MPX heal on their own without any treatment. Treatments are reserved for those with the most serious symptoms or those at-risk for the most severe outcomes.

What should you do if you think you have Monkeypox or have been exposed to someone who has the disease?

- Call your medical provider to discuss your concerns
- If you do not have a medical provider, call the MPX hot line at 1-866-408-1899 and you can be connected to someone to discuss your concerns, and arrange for testing at a DPH clinic. **Do not just show up unannounced at a DPH clinic.** Additionally, DPH does not recommend going to the ER for testing unless you are in serious medical distress.

If you have a rash, isolate at home until your rash is healed and a new layer of skin has formed. Those with MPX should not share a room, bedding, towels, or utensils with others.

Federal: [COVID-19: Renewal of Determination that a Public Health Emergency Exists \(hhs.gov\)](https://www.hhs.gov/coronavirus/2022-05-05-renewal-of-determination-that-a-public-health-emergency-exists)
All waivers that are still in effect remained, including the Hospital stay. Here is a link to where you can find information on all the waivers, [here](#)

DELAWARE MEDICAL ASSISTANCE PROGRAM NOTIFICATION

Important Update: Current In-Network Managed Care Organization-Only Provider (MCOP) Screening and Enrollment is Here!

In compliance with [42 CFR 438.602](#) and [42 CFR Part 455](#), subparts B and E and the [21st Century Cures Act](#), Delaware Medicaid will screen current and prospective providers according to the Centers for Medicare & Medicaid Services (CMS) guidelines.

The process for screening and enrolling all Managed Care Organization-Only Providers (MCOPs) consists of 3 phases:

- Phase I - Pilot
- Phase II - Newly Enrolling MCOPs
- Phase III - Current In-Network MCOPs

Phase III - Current In-Network MCOPs is Live

Effective June 6, 2022, current In-Network MCOPs will start receiving registration letters for screening and enrollment from DMAP. If you have multiple National Provider Identifiers (NPIs), taxonomies, or service locations, you will receive separate letters. A different letter will be sent for each combination of NPI, taxonomy, and service location. To avoid adverse action, you will need to take action by the due date on each letter. Check out the [Provider Portal Announcements](#) for more information.

To ensure the letters get to you, please update your contact information with Highmark Health Options (HHO) and AmeriHealth Caritas (AHC) via your MCO Provider Portal now! Contact information includes phone numbers, point of contact names, email addresses, and addresses (mailing, service location, billing,

credentialing, and enrollment). Addresses should include floor and suite numbers.

As a reminder, the [Social Security Act §1932\(d\)\(6\)\(A\)](#) mandates that "a state shall require that, in order to participate as a provider in the network of a managed care entity that provides services to, or orders, prescribes, or certifies eligibility for services for, individuals who are eligible for medical assistance under the State plan under this title (or under a waiver of the plan) and who are enrolled with the entity, the provider is enrolled consistent with section 1902(kk) with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider's identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the State license or certification number of the provider."

Read the Rule: <https://www.govinfo.gov/content/pkg/FR-2016-05-06/pdf/2016-09581.pdf>

Need Assistance?

- **Call Us:** Provider Services at 1-800-999-3371; Option 0, then Option 4
- **Message Us:** Secure Correspondence: Log in to the [Provider Portal](#)

Email* Us: delawarepret@gainwelltechnologies.com - *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox

[Travel Nurse Legislation](#)

Travel Nursing Agency Transparency Study Act: <https://www.congress.gov/bill/117th-congress/senate-bill/4352/cosponsors?s=1&r=7&overview=closed> and <https://www.ahcancal.org/News-and-Communications/Blog/Pages/AHCANCAL-Endorses-Travel-Nursing-Agency-Transparency-Study-Act.aspx>

[CMS UPDATES](#)

Centers for Medicare & Medicaid Services (CMS) released the [latest enrollment figures](#) for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). As of April 2022, 64,449,451 people are enrolled in Medicare. This is an increase of 88,177 since the last report.

34,879,219 are enrolled in Original Medicare.

29,570,232 are enrolled in Medicare Advantage or other health plans. This includes enrollment in Medicare Advantage plans with and without prescription drug coverage.

50,011,957 are enrolled in Medicare Part D. This includes enrollment in stand-alone prescription drug plans as well as Medicare Advantage plans that offer prescription drug coverage.

Over 12 million individuals are dually eligible for Medicare and Medicaid, so are counted in the enrollment figures for both programs.

Detailed enrollment data can be viewed here: <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

July 19 CMS Administrator's National Stakeholder Call Recording and Transcript Now Available

Thanks again to all those who attended the National Stakeholder Call with the CMS Administrator on July 19. In case you missed it, here's the link to the call recording and transcript: [CMS National Stakeholder Calls](#).

The call featured CMS Administrator Chiquita Brooks-LaSure and her leadership team, who provided updates on CMS' recent actions and how CMS cross-cutting initiatives ([CMS Strategic Plan](#)) are improving quality of care and expanding access to health coverage. Guest speaker Tom Coderre, Deputy Assistant Secretary from the Substance Abuse and Mental Health Services Administration (SAMHSA), reviewed SAMHSA's Suicide & Crisis Lifeline and the new 988 dialing code. CMS serves the public as a trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes as we engage the communities we serve throughout the policymaking and implementation process.

CMS Seeks Public Feedback to Improve Medicare Advantage

CMS is asking for input on ways to achieve the agency's vision so that all parts of Medicare are working towards a future where people with Medicare receive more equitable, high quality, and person-centered care that is affordable and sustainable.

CMS encourages the public to submit comments to the Request for Information. Feedback from plans, providers, beneficiary advocates, states, employers and unions, and other partners to this Request for Information will help inform the Medicare Advantage policy development and implementation process.

The Request for Information can be accessed from the Federal Register at:

<https://www.federalregister.gov/public-inspection/2022-16463/request-for-information-medicare-program>

FROM CORINNA GETCHELL, DHCQ, in a 7/27/22 email

Reporting of Negative POC Test Results No Longer Required:

The understanding is that the reporting of AG negatives are no longer required, PCR negatives still must be reported.

Testing sites must report data for all positive diagnostic and screening testing completed for each individual test. As of April 4, 2022, reporting of negative results for non-NAAT tests (rapid or antigen test results) is no longer required. These data must be reported daily, within 24 hours of test completion, to the appropriate state, tribal, local, or territorial public health department based on the individual's residence. (See considerations for reporting in the [frequently asked questions](#) below.)

<https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html#:~:text=Does%20HHS%20require%20the%20reporting,results%20for%20non%2DNAAT%20tests.>

More CNA Training Opportunities

Echotech School of Health Sciences and Technology (NATCEP# 1000)

August 29, 2022 --- 9:00 am to 2:30 pm / 4:00 pm to 9:00 pm

October 10, 2022 ---9:00 am to 2:30 pm / 4:00 pm to 9:00 pm

November 21, 2022 --- 9:00 am to 2:30 pm / 4:00 pm to 9:00 pm

January 2, 2023 ---9:00 am to 2:30 pm / 4:00 pm to 9:00pm

The contact information for Echotech is: Jude Mua, Director, 240 N. James Street, Newport, DE 19804. The office telephone is (302) 998-8166. The email is mkjude@yahoo.com.

Delaware Skills Center (NATCEP# 9984)

August 22 - September 30, 2022 M-F
October 3 - November 10, 2022 M-F
November 14 – December 22, 2022 M-F
January 3 – February 10, 2023 M-F
February 21 – March 31, 2023 M-F
April 11 – May 19, 2023 M-F

The Director is Susan Anderson, MSN, RN, with contact telephone: (302) 345-6183 and email: susan.anderson@nccvt.k12.de.us.

The NATCEP website is: www.deskillscenter.org

AHCA: FOCUS F-TAG OF THE WEEK

Each week through October, AHCA will be focusing on a particular F-tag(s) to help providers break down the Phase 2 updates and Phase 3 new guidance.

§483.45-Pharmacy Services

CMS has revised the [§483.45-Pharmacy Services guidance](#). Changes include the following:

- **F755-Pharmacy Services:** CMS provided clarification language related to the disposal of Fentanyl patches.
- **F757-Drug Regimen is Free from Unnecessary Drugs:** CMS added language related to antibiotic stewardship and F881.
- **F758-Free from Unnecessary Psychotropic Medications/PRN Use:** CMS provided clarification of other classes of drugs not listed in the regulation and how they are affected by the psychotropic medication requirements. CMS also added language on potential misdiagnoses, such as schizophrenia, in order to prescribe antipsychotics.

Detailed information can be found in the [Appendix PP-State Operations Manual](#).

A full summary is attached.

NEW ahcanceled TRAINING TO BENEFIT STAFF

Educate.ahcanceled.org/LessStress

Self-Care: The Secret to Surviving (30 minutes) all staff - \$25/members

This is an abbreviated course that includes an interactive quiz to help individuals measure their stress levels followed by strategies that can be individualized to cope with that stress. Managers and supervisors are encouraged to make this course available to staff members experiencing stress and to use the course as a preventative educational tool to help employees cope with inevitable work stresses. (No CE's available).

Improving Staff Resiliency and Retention: An Action Plan that Works - \$199/members, Additional Discounts for Groups of 26+

3.50 NAB, 3.0 CE's Nurses

This course is aimed at reinvigorating individual passion for long-term care by providing the tools and resources needed to decrease perceived stress levels and help other team members do the same to aid with staff retention. After attending this session, participants will be able to:

- Identify stressful situations within their environment.
- Employ stress reduction techniques that work.
- Decrease their overall perceived stress levels.

SAVE THE DATE



dhcfa
DELAWARE HEALTH CARE FACILITIES ASSOCIATION
FALL EDUCATION CONFERENCE & TRADE SHOW
THURSDAY, SEPTEMBER 29, 2022
8 AM - 4:15 PM
MODERN MATURITY CENTER, DOVER, DE
www.dhcfa.org

Sponsors

- Christiana Care Home Health
- Brookside Labs
- Choice MedWaste
- ZONO Technologies

Sponsorships and exhibit space available

Featured Education Session:
AGE-u-cate
Training Institute
Dementia Live! Tabletop Exercise
Registration opening August 15

TESTING REQUIREMENTS

DPH COVID-19 Testing Guidance based on CMS's revised guidance. [DPH-LTC-COVID-19-Testing-Guidance-3.8.22.pdf](#) (delaware.gov)

PLEASE NOTE: As per page 8 of the DPH guidance document linked above, residents CAN be tested via POC.

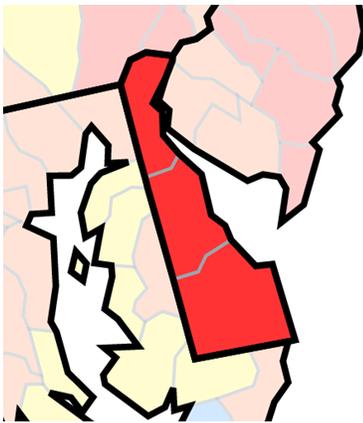
“Up to Date” means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. Current recommendations can be found at: [Stay Up to Date with Your Vaccines | CDC](#)

Routine testing for staff who are up to date on all recommended COVID-19 vaccination doses is no longer required.

Using information posted on <https://covid.cdc.gov/covid-data-tracker/#county-view>, the Delaware counties' **level of community transmission** as of **July 25, 2022** are listed in the table below:

County	Current Level of Community Transmission based on CDC COVID-19 Integrated County View	Minimum Frequency of Routine Testing for Staff Who Are Not Up To Date With All Recommended COVID-19 Vaccine Doses
Kent County, DE	High	Twice a week
New Castle County, DE	High	Twice a week
Sussex County, DE	High	Twice a week

The metrics used for routine testing of staff who are not “up to date” on COVID-19 vaccination are based on **level of community transmission in each county**. This is not to be confused with the CDC’s [community level](#) data which does not apply for LTC routine testing!



The **UPDATED** testing guidance for Delaware is posted here: <https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2022/06/DPH-LTC-COVID-19-Testing-Guidance-6.3.22.pdf>

Facilities can choose to use Curative. If they do choose to use Curative, the insurance information must be completed for those that are insured or for those that are uninsured, that section will have to be completed. If you do use Curative, a reference you may find beneficial is: [What Happens When COVID-19 Emergency Declarations End? Implications for Coverage, Costs, and Access | KFF](#)

Please note that facilities can use POC/antigen testing to fulfill the testing requirements.

DELAWARE HEALTH UPDATE

#482: Monkeypox Testing, Vaccine, Antivirals: See attached for Summary, Background, Case Definition, Clinical Presentations of Confirmed Cases to Date, Assessment, Testing, Vaccine and Antivirals, Public Health Guidance.

Local Emergency Management Contacts:

https://www.dhss.delaware.gov/dhcq/files/local_emergency_management_contacts_12132018.pdf

WORKFORCE

Recorded Webinar for AHCA Members Only

Employee Retention Tax Credit (ERTC) – An Overview and Insights on Updated Program Eligibility
<https://educate.ahcancal.org/products/employee-retention-tax-credit-ertc-an-overview-and-insights-on-updated-program-eligibility>

Link to CNA Training Schools on DHCFA Website
<https://www.dhcfa.org/member-resources/workforce/cna-training/>
Login: providermember pass: LTCquality19



GET READY FOR NATIONAL ASSISTED LIVING WEEK 2022

[Click here to access resources](#)



or details and registration: www.AHCAconvention.org



2023 National Quality Award applications are available for members to download and begin to review.

The AHCA/NCAL National Quality Award Program has opened its 2023 year three months earlier than previous years to give providers more time to work on their applications.

[Everything you need to know including applications are here.](#)

DIVISION OF HEALTH CARE QUALITY (DHCQ)

TOP DEFICIENCIES CITED as of JULY 15, 2022

RANK	FTag #	Tag Description	Group
1	812	Food Procurement/Store/Prepare/Sanitary	483.60 Food and Nutrition Services
2	657	Care Plan Timing and Revision	483.21 Comprehensive Resident Centered Care Plan
3	880	Infection Prevention and Control	483.80 Infection Control
4	684	Quality of Care	483.25 Quality of Care
5	656	Develop/Implement Comprehensive Care Plan	483.21 Comprehensive Resident Centered Care Plan
6	677	ADL Care Provided for Dependent Residents	483.24 ADL Care Provided for Dependent Residents
7	756	Drug Regimen Review, Report Irregular Act On	483.45 Pharmacy Services
8	641	Accuracy of Assessments	483.20 Resident Assessments
9	761	Label/Store Drugs and Biologicals	483.45 Pharmacy Services
10T	689	Free of Accident Hazards/Supervision/Devices	483.25 Quality of Care
10T	842	Resident Records Identifiable Information	483.70 Administration

ALSO:

With the high number of infection control tags, the Division is looking at more training on the topic. It is the opinion of the director, that COVID-19 is here to stay and is going to need to be treated like any other infectious disease and facilities will need to put reliable infection prevention tools in place.

Attached: Facility checklist for COVID-19 survey expectations 7.18.22

May 15-July 15, 2022 Survey Activity

- NH - two recertification surveys and 2 complaint surveys. During the complaint surveys 15 complaints were investigated. PLEASE NOTE: Some complaint surveys can come from self-reported incidents
- ALF - two annual surveys and one complaint survey (with 9 complaints)
- Facilities that are closed: Weston Highfield is closed completely including its Rest Residential beds.

SUGGESTIONS FOR SURVEY AWARENESS in BOTH SNF and ALF ENVIRONMENTS

Be aware of complaints lodged. Surveyors are reviewing those incidents closely.

Be sure to have copies of:

- Facility assessment
- QAPI
- Hospice contracts
- Hospital transfer records
- Access to clinical pathway

COVID vaccination:

- Verification of education provided to staff who refused vaccine.
- For those staff who have medical or religious exemptions, a review of documentation to ensure it is in place and corresponds to reported numbers.
- Surveyors' significant review of vaccine data.
- Verification of screening of staff and visitors.
- Checking to see if someone was working during the time, they were positive.
- Checking to see if someone was working during the time, they were unvaccinated.
- Testing frequency as required by the state.
- Copies of vaccination cards
- Verification of offering vaccine to residents, and if needed declination forms

Other Vaccination requirements:

- Influenza and Pneumococcal records

Other (New items in **Bold**):

- **Train your staff not to respond to baiting by a surveyor's tactics to intimidate them to act inappropriately (i.e., exiting a COVID unit against protocol because the surveyor as an authority figure requests it)**
- **Soap dispensers. If the batteries are not working that is something the surveyors are looking at for potential tags.**
- **Resident Assessment – UAI not signed off in 30 days, annual not signed off etc. back in 2020 and 2021, then lack of reporting to the state again the previous DON in 2021 when they called 911 they did not do a state reportable and a potential tag for falls not doing documentation for interventions**
- Review status of dumpster – recent tag for hole in dumpster
- High level tag received for inconsistencies in location of up to date "code status"
- High level tag received for lack of emergency supply of materials for trach and/or dialysis resident (appropriate size of any needed materials – within in immediate reach and clearly marked as belonging to that resident)
- Accurate care plan, accurate notations
- Proof of required dementia training.
- Documentation for use of psychotropic medication
- Review of ADL Care
- Boosters are given to residents.

- Requirements for TB and immunizations.
- All staff fit tested for N95 masks
- Bed Hold Policies and Return to Facility
- Observation of proper mask wearing (masks much cover nose and mouth).
- Completeness of resident service agreements.
- Observation of staff encouraging residents to wear masks appropriately
- PASSAR procedures and documentation
- Review of appropriate discharge procedures including notification and time limits
- Resident Rights, re: dignity and respect, call bell not in reach, failure to notify guardian, wall damaged
- Admission/Transfer/Discharge, re: ensure resident returned to facility
- Resident Assessment, re: accurately assess oral health
- Compressive Resident Care Plans, re: develop care plan for resident with broken teeth, re: inaccurate care plan for resident who is unvaccinated, missing intervention for resident with Chronic Kidney disease
- Quality Of Care, re: missing communication from dialysis unit
- Pharmacy Services, re: insulin pen missing expiration date
- Food and Nutrition, re: accommodate food preferences, missing assistive devices
- Administration, re: accuracy of clinical record, unclear CNA documentation for shower/bed bath, clinical order was not revised after discharge
- Kitchen:
 - Cleanliness of screen over stove
 - Fly traps
 - Accessibility of kitchen sink
 - Avoiding using any moisture trapping materials in food storage racks
 - Handwashing sink didn't have a sign, food with mold in walk in, water pooling on floor of refrigerator
 - Appropriate trash containers

MMWR Weekly No. 29

Emerging Infectious Diseases Report – attached

- **Note: 3 cases of Monkeypox in Delaware**

CDC VIRTUAL WORKSHOP

Drug Development Considerations for the Prevention of Healthcare-Associated Infections
co-hosted by CDC and FDA
August 30, 8:30 am – 5 pm

Discussions are planned around the following topics/areas:

- The current state of development of pathogen-directed products used to prevent healthcare-associated infections
- Evidence supporting decolonization and pathogen reduction (in colonized patients) as a strategy to prevent infection and transmission of antimicrobial-resistant healthcare-associated pathogens
- Antimicrobial resistance threats as potential targets for decolonization and pathogen reduction

- Challenges and potential approaches to drug development and registration of products for the prevention of healthcare-associated infections

SPONSOR and ASSOCIATE NEWS

Sponsor News:

[Harmony Healthcare International published blog on RoP Phase 3](#)

New Associate Members:

AGE-u-cate

Contact Laura Ellen Christian 817-857-1157 x 217 or lauraellen.christian@ageucate.com

For CMP programs, contact Julie Boggess 817-857-1157 x 216 or Julie.boggess@ageucate.com

Julie is teaching our August 10 webinar [How Reviving Reading Skills Supports People Living With Dementia](#)

