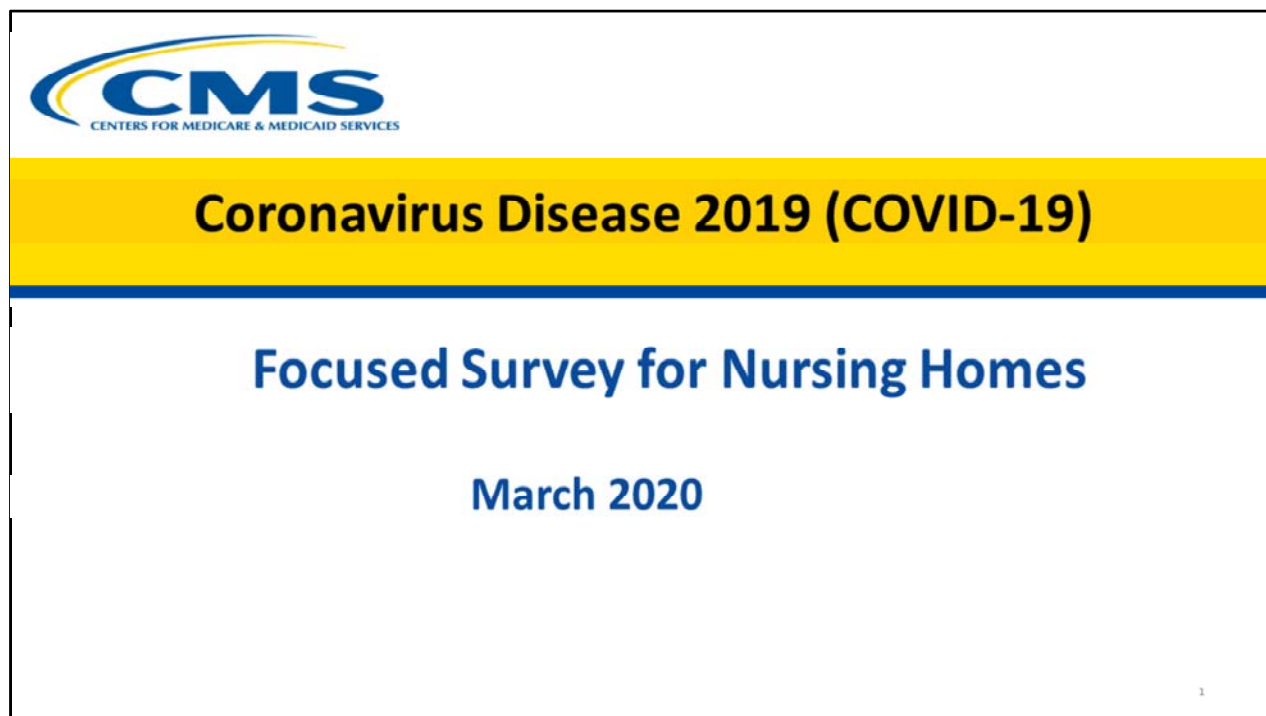


Link to video of COVID-19 LTC Surveyor Training: https://qsep.cms.gov/pubs/VideoInformation.aspx?id=274&cid=0CMSCovid19_LTC

Alternatively, go to <https://qsep.cms.gov/welcome.aspx>, click on "I am a provider," and find COVID-19 LTC-Surveyor Training listed under the letter "C".



Today, I will review the Coronavirus Disease 2019 or “COVID-19 Focused Survey for Nursing Homes”. In March of 2020 (March 23, 2020 QSO Memo #20-20-All, Prioritization of Survey Activities), CMS issued a QSO memo announcing the release of a focused survey that can be used to identify and correct deficient practices in order to control and prevent the transmission of the virus. Over the next several slides, I will discuss relevant documents and instructions related to this focused survey.

There are four documents associated with this training. The four documents include the Summary table, the survey protocol, the entrance conference form and the survey tool.

You will see each document as we go through the training. The four documents are located on this QSEP training site. The four documents available in this training will also be available in a subfolder of the survey resource folder on the CMS DNH website. The resource folder will also include Appendix Z (Emergency Preparedness).

Summary Table of COVID-19 Focused Survey

- COVID-19 Focused Survey Protocol
- COVID-19 Focused Survey/Facility Self-Assessment

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"> 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 Cleaning 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, 	<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"> Standard Precautions: <ol style="list-style-type: none"> Hand hygiene Use of PPE Transmission-Based Precautions

2

Let's start with the one-page, three-column Summary Table that provides highlights of the COVID-19 Survey Protocol and Focused Survey for Nursing Homes. The Survey Protocol helps surveyors prioritize survey activities, with an emphasis on performing as much offsite as possible, as well as what activities must be performed onsite. This will be discussed further in the next slide. Likewise, detailed information on the COVID-19 Focused Survey will be discussed in a few moments. The Summary Table provides highlights of both of these documents and also emphasizes that facilities should use the Focused Survey, in conjunction with the latest guidance from the Centers for Disease Control and Prevention or CDC, to perform a self-assessment of their ability to prevent the transmission of COVID-19.

COVID-19 Focused Survey Protocol

- Use the COVID-19 Survey Protocol in facilities **with** and **without** COVID-19
- Protocol is designed to:
 - Decrease potential for transmission of COVID-19
 - Lessen disruptions to the facility, and
 - Minimize exposure of the surveyor
- Surveyors must have needed personal protective equipment (PPE) and be medically cleared
- If COVID-19 is identified prior to or after entering a facility, the survey team should contact their State Survey Agency, the state health department, and CMS Regional Location
- Offsite preparation includes – limiting team to 1-2 surveyors and reviewing CDC guidance
- Use new Entrance Conference worksheet and Focused Survey tool onsite

3

Next, we will discuss the Survey Protocol. When used in facilities **with** COVID-19, this Survey Protocol will help surveyors prioritize survey activities while onsite and identify those survey activities which can be accomplished offsite. The protocol is designed to 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.

For facilities **without** COVID-19, the use of this Survey Protocol and Focused Survey Tool will help identify and correct deficient practices in order to prevent the transmission of the virus.

State Survey Agencies should ensure surveyors have the personal protective equipment that is needed for the facility being surveyed. Surveyors should also be medically cleared, trained in the proper use, removal and disposal of respirators,

and medical contraindications to respirator use.

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, the state health department, and CMS Regional Location to coordinate activities for these facilities. In some cases, the Focused Survey Tool can be used to investigate noncompliance and ensure the facility has taken steps to prevent transmission. In other cases, the health department or CMS Branch may ask the survey team to delay the survey until the health department or CDC has assessed the situation.

Offsite preparation for this survey includes limiting the survey team to one to two surveyors. When creating the shell in ACO, (if you are aware the facility has COVID-19 before entry), make sure to designate the survey as COVID19 under Survey Properties. You can refer to the QTSO Memo 2020-017 for directions on how to create the special survey in ACO. Offsite prep also includes obtaining information from the facility, the CDC, state and local public health departments, and hospitals, as appropriate. Surveyors should also review CDC guidance and plan to do as many survey activities offsite as possible. The COVID-19 documents are located in the survey resource folder at the CMS DNH page, the survey resource folder should be on your desktop computers for ease of use. If you determine that COVID-19 is in the facility after entry, once the survey is completed, adjust ACO so that the COVID-19 indicator is checked.

The COVID-19 Focused Survey that is created in ACO will not have a LTCSP survey shell, which means you should document your investigation notes either on an electronic or paper version of a surveyor notes worksheet and/or the COVID-19 Focused Survey tool which I'll discuss in a minute. Ensure all documentation is archived. CMS recommends attaching the documents to the survey shell in ACO.

Surveyors must use the COVID-19 Entrance Conference worksheet which we will discuss next.

COVID-19 Focused Survey Protocol Cont.

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 CLIC 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.

But before we review the Entrance Conference Worksheet, I want to share what the COVID-19 Focused Survey Protocol looks like.

Entrance Conference Worksheet

- Information needed from facility immediately upon entrance
- Entrance conference
- Information needed from facility within one hour of entrance
- Electronic health record (EHR) information

5

The Entrance Conference Worksheet has been adjusted for this focused survey and it will be used to request information from the facility, some of which is needed from the facility immediately upon entrance. This includes the census number, an alphabetical list of all residents and room numbers, a list of residents who are confirmed or presumptive positive for COVID-19, and the name of facility staff responsible for the facility's Infection Prevention and Control Program.

A brief Entrance Conference should be conducted. Notify the facility administrator of the limited nature of the COVID-19 focused survey while also requesting items on the Entrance Conference Worksheet. Request that signs announcing the survey be posted in high-visibility areas and also ask for a copy of an updated floor plan, if changes have been made.

Certain information is needed from the facility within one hour of entrance. Ask for the actual working schedules for licensed and registered nursing staff for the survey time period, along with a list of key personnel, their location and phone numbers.

Contract staff , such as rehab services are to be included in this list.

In addition, the facility will need to provide each surveyor with access to all resident electronic health records or EHRs, including specific information on how surveyors can access the EHRs outside of the conference room. The facility is to provide record information that includes: infections, hospitalization, change of condition, medications, and diagnoses. Additionally, the survey team will need the name and contact information for the facility's IT and backup IT for questions.

During the Entrance Conference, it should be explained that the goal is to conduct as much record review offsite as is possible and determine what information can be reviewed offsite. If offsite review of electronic health records is not possible, then surveyors will request photocopies. These photocopied can be made by the surveyor if the facility permits, however the surveyor should only request those photocopies needed to determine compliance or to support identified noncompliance. If the facility has an electronic health record system that may be accessed remotely, request remote access but if this is not an option, discuss with the facility the best way to get needed health record information.

Lastly, certain policies and procedures will be needed from the facility within one hour of entrance. Specifically, ask for the Infection Prevention and Control Program policies and procedures, to include the Surveillance Plan. Additionally ask for the Emergency Preparedness Policy and Procedure, including Emergency Staffing Strategies. A comprehensive review of policies should be completed offsite.

Entrance Conference Worksheet Cont.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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.

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And this is what the Entrance Conference Worksheet looks like.

COVID-19 Focused Survey for Nursing Homes

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;
- Resident care practices;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Policies and procedures to address staffing issues during emergencies.

7

Next, we will discuss the survey tool that will be used by surveyors to assess for compliance at tag F880, Infection Prevention and Control, as well as Emergency Preparedness tag E0024 (tag E24) for policies and procedures that address staffing during an emergency. Surveyors must be familiar with QSO memos related to COVID-19 and nursing homes as this will provide context to some of the sections of the survey such as visitor and staff entry and screening practices. CMS understands that information related to clinical presentation of COVID-19 is evolving as well as national guidance on infection prevention and control practices. We also understand that medical supplies such as personal protective equipment or PPE may be in short supply and facilities may need to follow national recommendations for optimization. Facilities experiencing shortages of PPE should reach out to their healthcare coalition to notify them of the shortage and surveyors will assess whether facilities are doing everything in their control to address this issue. In addition to QSO memos, surveyors should be familiar with guidance from the CDC, related to COVID-19 and healthcare professionals as well as healthcare facilities. Relevant websites are included in the survey tool. In addition, surveyors should be

aware of infection prevention and control guidance provided by state or local public health authorities to surveyed facilities.

If surveyors are citing for noncompliance related to COVID-19, they must include the term “COVID-19” in the Deficient Practice Statement or other place determined appropriate on Form CMS-2567.

During the survey, surveyors will focus review on the critical elements associated with the transmission of COVID-19.

These areas include:

- Standard and Transmission-Based Precautions;
- Resident care;
- Infection prevention and control standards, policies and procedures;
- Infection surveillance;
- Visitor entry;
- Education, monitoring, and screening of staff; and
- Staffing in emergencies.

In addition to use by surveyors, a facility can use the survey tool as a self-assessment of infection prevention and control practices to prevent the development and transmission of COVID-19.

COVID-19 Focused Survey for Nursing Homes Cont.

COVID-19 Focused Survey for Nursing Homes

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

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And this is what the COVID-19 Focused Survey for Nursing Homes looks like.

Conclusion

- Summary Table of COVID-19 Focused Survey
- COVID-19 Focused Survey Protocol
- Entrance Conference Worksheet
- COVID-19 Focused Survey for Nursing Homes

9

Today we have reviewed the COVID-19 Focused Survey for Nursing Homes, a survey that can be used to identify and correct deficient practices in order to control and prevent the transmission of the virus.

Documents and instructions related to this focused survey covered included:

The Summary Table which includes relevant information from the Survey Protocol and Focused Survey;

The COVID-19 Focused Survey Protocol which is to be used in facilities **with** and **without** COVID-19;

The Entrance Conference Worksheet used to request information from the facility; and

The COVID-19 Focused Survey for Nursing Homes which is the survey tool that will be used by surveyors to assess for compliance at tags F880 and E0024 related to infection prevention and control as well as staffing during an emergency. In addition, it can also be used by facilities for self-assessment.

Used together, these documents will help to create an effective method for the investigation of COVID-19.

Thank you.