



NEWS & VIEWS

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Prepares Candidates to
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New CO-Q Certificate Program Prepares Candidates to Implement and Maintain CMS Phase 3 Compliance and Ethics Program Requirements

**Candidates who successfully complete the NAB approved seven element program,
will also earn a total of 8.75 CE's.**

Med-Net Compliance, LLC is proud to announce the introduction of our Compliance Officer-Qualified Certificate Program to assist in preparing candidates to lead an effective Compliance and Ethics Program according to Centers for Medicare and Medicaid Services (CMS) Phase 3 compliance and ethics requirements. Upon successful completion of the program's curriculum and examination, Med-Net Compliance will award the Compliance Officer-Qualified (CO-Q) designation to participants.

The Compliance Officer-Qualified (CO-Q) designation can be earned by professionals who have demonstrated a high level of proficiency in the core standards of Compliance and Ethics Management. This designation is awarded through a comprehensive examination covering seven element compliance domains including: Standards, Policies, and Procedures; Program Administration; Screening and Evaluation of Employees, Physicians, Vendors, and Other Agents; Communication, Education, and Training; Monitoring, Auditing, and Internal Reporting Systems; Counseling and Discipline; and Investigations and Remedial Measures.

Candidates for the CO-Q designation are those who include compliance practices as an integral component of current or future professional responsibilities including: compliance officers, quality and risk management professionals, healthcare executives, and healthcare professionals with the requisite background.

For more information on the Compliance Officer-Qualified (CO-Q) Certificate Program, please go to the Med-Net Compliance website at:

COVID-19 Nursing Home "Hindsight" and CMS's COVID-19 Guidelines for Nursing Homes

By:
Louise Lindsey, Editor

The Coronavirus has been classified by many as a world-wide pandemic, and the U.S. has experienced the largest total number of cases. According to the COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), as of 9:31 a.m. Saturday, April 25, 2020, more than 900,000 people in the U.S. have contracted the disease and more than 50,000 people have died.

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

Early on, it had been acknowledged that the most vulnerable population segment was people age 65 and older and persons with underlying health conditions like diabetes, coronary disease, lung issues, etc. This realization was made graphically clear by the sad, disastrous effect COVID-19 wrought on a Washington nursing home where testing revealed that by March 9, 129 people were infected with the coronavirus including 81 residents, 34 staff including healthcare personnel, and 14 visitors. As of Sunday, March 22, there were 35 deaths in the facility.

Conditions and events occurred within the Washington nursing home that may be seen in "hindsight" to have contributed to the subsequent spread of COVID-19 within the facility and out into the community. They also can provide awareness red flags for nursing homes to help them avoid similar effects when faced with an infection crisis like COVID-19.

Washington Nursing Home COVID-19 Outbreak

Every year, in its ongoing effort to enrich the lives of its residents, the Washington nursing home provided a calendar of events that included themed parties, performances, and conveyed a welcoming atmosphere toward visitors. A major annual event for the facility was a Mardi Gras celebration. It was one of the facility's largest events and one that residents, staff members, and visitors most looked forward to every year. This year the event was scheduled for February 26, the day after Mardi Gras.

Ironically, on this same day, the nursing home was placed under orders to be in "scrub-down" mode due to a growing number of residents experiencing respiratory problems. Facility managers instructed the facility's two dining rooms to be closed immediately, and staff were ordered to wipe down all common spaces and halt group activities.

However, the Mardi Gras celebration was held as scheduled and dozens of residents, visitors, and staff shared cake and enjoyed the music provided by a local band. The only residents absent from the celebration were those with respiratory symptoms who were kept in their rooms. Within just a few days, nursing staff began calling in sick and the increasing illness of residents was precipitating more and more 911 calls. The facility's decision to not disappoint the residents by cancelling the event, even when there was a serious infection concern, became a prime example of the importance of not heeding the facility managers' orders to cease group activities, and how infectious the coronavirus was for the elderly and people with underlying health conditions.

The Centers for Medicare & Medicaid Services (CMS) Response to the Washington Nursing Home and General Guidance for Nursing Homes Regarding COVID-19 Outbreaks

On March 23, after an inspection at the Washington facility, CMS announced the findings it identified as coming from the epicenter of the 2019 Novel Coronavirus (COVID-19) outbreak in the state of Washington. To combat the further spread of COVID-19, CMS announced an enhanced, focused inspection process that was to be provided to all inspectors and facilities nation-wide. A critically important part of the focused inspection process included a self-assessment tool for nursing homes to use. CMS's Administrator issued this statement, "Today, we're issuing a call to action to nursing homes, hospitals, and the entire healthcare system: Don't wait to be inspected. Starting today, you can-and should-use CMS's self-assessment tool to ensure you're prepared to prevent the spread of Coronavirus." <https://www.cms.gov/newsroom/press-releases/cms-announces-findings-kirkland-nursing-home-and-new-targeted-plan-healthcare-facility-inspections>

The new targeted inspection process included existing components of CMS's infection control inspection process and added other actions based on the Centers for Disease Control and Prevention (CDC) and CMS's most recent guidance. This new process is to be used to assess if targeted facilities are prepared to meet CMS's infection control expectations for preventing the spread of COVID-19.

During the inspection, surveyors found three "Immediate Jeopardy" situations where the "facility failed to rapidly identify and manage ill residents, notify the Washington Department of Health about the increasing rate of respiratory infection among residents, and failed to possess a sufficient backup plan following the absence of the facility's primary clinician, who became ill."

This new targeted inspection plan expanded the March 4 CMS guidance that directed required inspections to focus on infection control and Immediate Jeopardy, and temporarily postponed routine inspections.

Notably, the Washington nursing home is not the only nursing home affected by COVID-19. Since the outbreak in that facility, nursing homes across the country have faced an increasing number of COVID-19 cases and a death rate that is higher than the national average of deaths.

Working in conjunction and at President Trump's direction, CMS and CDC issued guidance targeting nursing homes that included a directive prohibiting visitors. This went into effect on March 13, along with strict infection control and other screening recommendations. <https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19>

On April 2, CMS and CDC recommended the following immediate actions to keep patients and residents safe:

1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.
2. As long-term care facilities are a critical part of the healthcare system, and because of the ease of spread in long-term care facilities and the severity of illness that occurs in residents with COVID-19, CMS urges State and local leaders to consider the needs of long-term care facilities with respect to supplies of personal protection equipment (PPE) and COVID-19 tests.
 - Medicare is now covering COVID-19 testing when furnished to eligible beneficiaries by certified laboratories. These laboratories may also choose to enter facilities to conduct COVID-19 testing.
3. Long-term care facilities should immediately implement symptom screening for all.
4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
5. To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.

You can find the April 2, COVID-19 Long-Term Care Facility Guidance at:
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

CMS issued a memorandum on April 19 regarding "Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes. The following is taken from the April 19 CMS memorandum:

Facility Reporting

Currently, 42 CFR 483.80 and CDC guidance specify that nursing homes notify state or local health department about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other.

At present, these data are not collected by CMS, CDC, or the Federal Emergency Management Agency (FEMA). CMS and CDC will soon provide nursing homes with specific direction on standard formatting and frequency for reporting this information through the CDC's National Health Safety Network (NHSN) system. Currently, this information is provided optionally by nursing homes. The required collection of this information will be used to support surveillance of COVID-19 locally and nationally, monitor trends in infection rates, and inform public health policies and actions. This information may be retained and publicly reported in accordance with law.

Resident and Resident Representative Reporting

Resident and Resident Representative Reporting In addition to requiring reporting to CDC, in rulemaking that will follow, we will also be requiring that facilities notify its residents and their representatives to keep them informed of the conditions inside the facility. This is separate from the reporting required to CDC in that this information will be shared by the nursing home directly with residents and their representatives. At a minimum, once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, of three or more residents or staff with

new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours. Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered. This information must be reported in accordance with existing privacy regulations and statute.

In rulemaking that will follow this memorandum, failure to report resident or staff incidences of communicable disease or infection, including confirmed COVID-19 cases (or Persons Under Investigation for COVID-19), or provide timely notification to residents and their representatives of these incidences, as required, could result in an enforcement action against the nursing home by CMS.

The April 19, memorandum can be viewed at: <https://www.cms.gov/files/document/gso-20-26-nh.pdf>

The full CDC guidance to prepare nursing homes for COVID-19 can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

These actions are necessary to ensure federal, state and local public health surveillance systems, and residents and their representatives, have the most complete information on COVID-19 cases in nursing homes to mitigate the spread and impact of COVID-19 on our most vulnerable citizens.

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