

FREQUENTLY ASKED QUESTIONS

Infection Prevention/Control: What your SNF needs to do NOW

On Tuesday, June 23, 2020, SimpleLTC and Briggs Healthcare hosted a live [webinar](#) on infection prevention/control, covering the COVID-19 reporting requirements and strategies to audit and improve your existing Infection Prevention and Control Program. Based on questions asked, **Mary Madison** prepared this follow-up FAQ document.

1. Can you expand on what the definition on Directed Plan of Correction? How is that different from plan of correction?

I did more digging following the webinar and this is what I learned:

- DPoC – Directed Plan of Correction
- Chapter 7 of the State Operations Manual - §7500:
This remedy provides for directed action(s) from either the State or CMS RO that the facility must take to address the noncompliance or a directed process for the facility to more fully address the root cause(s) of the noncompliance. Achieving compliance is ultimately the facility's responsibility, whether or not a directed plan of correction is followed. A directed plan of correction is one of the category 1 remedies the State or regional office can select when it finds a facility out of compliance with Federal requirements. A directed plan of correction should address all of the elements required for a facility-developed plan of correction. For example, a directed plan of correction may be appropriate when a facility's heating system fails. The directed plan of correction would specify that the heating system must be repaired or replaced within a specific time frame. If the cause of the noncompliance was a specific structural problem, the facility could be directed to implement identified structural repairs such as a new roof, or renovations such as replacement of rusted sinks in common bathrooms.

2. Does preferred reporting to NHSN daily include weekends?

Yes. NHSN reporting always includes weekends.

3. In total deaths in NHSN module, do we have to add the previous number reported to the current number being reported weekly?

No. Do not add or enter cumulative death data. Each submission of such data should reflect the data since your previous submission to NHSN. Each submission will show new data. For additional reference, go to:

<https://www.cdc.gov/nhsn/pdfs/covid19/lctf/fac-guide-covid19-508.pdf>.

See also my answer to questions #8 and #16.

4. Will the same rules apply for Infection Control surveys for comprehensive home care facilities regarding IC deficiencies?

I have reached out to a colleague for more specific information. In the interim (until I receive that info), I refer you to this document: [OSO-20-18-HHA](#). The original carries a date of March 10, 2020 with currently one revision on April 23, 2020. This may also be useful to you: [Appendix B - Guidance to Surveyors: Home Health Agencies \(SOM\)](#).

5. Can facility take new admissions if they still have some residents who are positive for COVID-19 and are still placed on the COVID unit?

You should only take new admissions if you are able to provide (staffing, equipment, etc.) the care needed by each resident. Depending on your state or local requirements/guidance, most facilities are quarantining/isolating new admissions for 10-14 days; it could also depend on COVID-19 testing done immediately prior to their discharge from the hospital, another facility or from home. Some states require this.

A reference that may be helpful to you is [Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes ... Version 3 - June 2020](#).

6. LTS – long-term stay facilities...is that information specific to all congregated settings, assisted living, skilled and foster care or is it just Nursing Home data?

Please see my answer for Question #11, specifically the insert that speaks to CMS COVID-19 NHSN Reporting Requirements for Nursing Homes.

7. Can you touch base on how to complete the NHSN data reporting?

Here are some online resources to guide you through NHSN data reporting:

- <https://www.cdc.gov/nhsn/pdfs/covid19/lctf/fac-guide-covid19-508.pdf>
- <https://www.youtube.com/watch?v=-bR3CvqT9cw> and <https://www.cdc.gov/nhsn/pdfs/covid19/lctf/lctf-covid19-module-508.pdf>
- <https://www.cdc.gov/nhsn/lctf/covid19/index.html>
- <https://www.cdc.gov/nhsn/pdfs/covid19/lctf/faq-cms-datarelease-508.pdf>

You can also find links/access to these resources on page 1 of [NHSN LCTF Guide to Using the COVID-19 Module...June 2020](#):

Training:

COVID-19 Module [Training slides](#) and a [recorded webinar](#) are available on the LCTF COVID-19 [webpage](#)

8. On the first tab of the NHSN reporting where it asks total deaths, is that asking from last reporting period or do you keep track and always report total death number regardless?

You will record total deaths from your previous report – the most recent previous report. For example, if you provided on May 8th at 10am that there were 8 deaths (any cause), your May 15th report would reflect that you had 2 total deaths from May 8th at 10:01am to 10am on May 15th.

9. Are these audit tools available online?

Yes, they are available online:

- [COVID-19 Preparedness Checklist](#)
- [COVID-19 Focused Survey for Nursing Homes](#)

10. What does the COVID warning notice?

I am not sure what you're asking. Please provide some additional details and I will be happy to respond.

11. Can CMS cite us based on our answers on NHSN? For instance, the shortages in staffing, or PPE? Of course, we should have other avenues in place, but if you are in a highly infected area, such as Washington state, even with your attempts you may not be successful together resources.

NHSN shares the data you submit with CMS. NHSN has reminded us since early May that they collect the data – CMS is responsible for fielding any enforcement-related questions. CMS can and will cite F884 and F885 for failure to report COVID-19 data as well as failure to inform residents, representatives, etc. as found in [QSO-20-29-NH](#).

Centers for Medicare and Medicaid (CMS) COVID-19 NHSN Reporting Requirements for Nursing Homes

The reporting requirements for nursing homes became effective on May 8, 2020, when CMS published their [interim final rule with comment](#). CMS memo [QSO-20-29-NH](#) provides additional information for nursing homes to meet COVID-19 reporting requirements including details about a grace period prior to enforcement. CMS is only collecting nursing home (i.e., skilled nursing facility and/or nursing facility) data and **not assisted living or developmental disability facility types**.

For CMS enforcement-related questions, please email: DNH_Enforcement@cms.hhs.gov. For other questions or concerns regarding CMS memo QSO-20-29-NH, please email: DNH_TriageTeam@cms.hhs.gov.

The above information re: enforcement related questions is found here:
<https://www.cdc.gov/nhsn/pdfs/covid19/lctf/cms-covid19-req-508.pdf>.

12. How do I access the forms?

If you're referring to the 2 surveillance forms I showed on slides #50 and #51, they can be accessed via the hyperlink on each slide. You can also access them at [LTC Respiratory Surveillance Line List](#) and [Start of Shift Daily Employee Screening Log: COVID-19](#). Both are also available in digital format. You'll find that information at each website page.

If you are asking about the webinar handouts which include the COVID-19 Survey Resource Documents, go to <https://www.simpleltc.com/infection-prevention-control-webinar-blog/> to retrieve them.

13. I listened to NHSN WebEx and they recommended at least twice a week reporting if the census is too low. At present, I am reporting twice a week. Would that be okay?

Yes, twice weekly reporting your COVID-19 data to NHSN is just fine. You are required to submit data, at a minimum of every 7 days.

14. If I have been submitting the wrong data under total deaths due to not starting with clean slate, how do I correct this? I have been reporting total deaths on each report.

The answer to correcting submitted NHSN data is found in this document: <https://www.cdc.gov/nhsn/pdfs/covid19/ltc/faq-cms-datarelease-508.pdf> and are:

5. My data on CMS' website are incorrect. How do I fix data submission errors?

Facilities may correct their data in the NHSN COVID-19 module at any time by simply accessing the applicable calendar day, and then replacing the incorrect data with correct data. You must then choose save before exiting the screen to retain your changes. The updated data will be sent to CMS on the following Monday in the next NHSN data submission. Please keep in mind the 11-day delay referenced in Question 3.

6. If I correct my data in NHSN, will CMS receive the corrections?

Yes. However, the updated data will not be sent to CMS until the following Monday in the next data submission to CMS. Please keep in mind the 11-day delay referenced above in Question 3.

You can also follow these steps/access additional information found on slide #43 of <https://www.cdc.gov/nhsn/pdfs/covid19/ltc/covid19-dq-508.pdf>:

What if my Data is Showing as Incorrect on the Centers Medicare and Medicaid Services (CMS) Website?

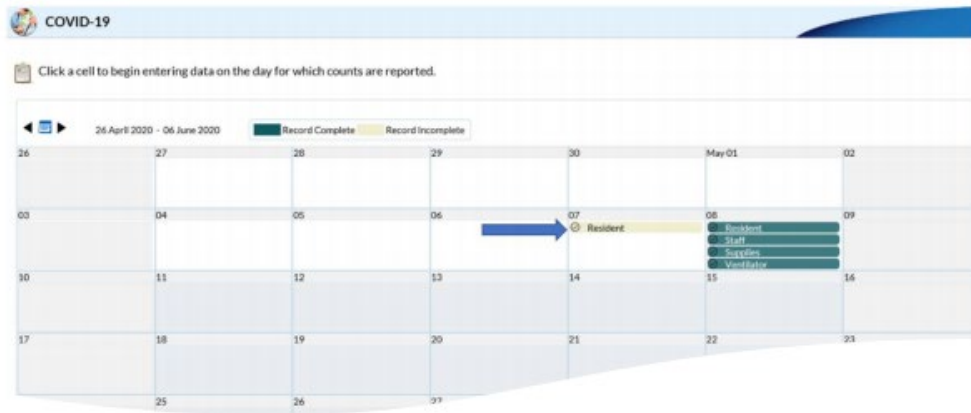
- Make sure you are looking at the correct time frame
- Login to NHSN and verify the number with the dates from CMS website
- FAQ for CMS data: <https://www.cdc.gov/nhsn/pdfs/covid19/ltc/faq-cms-datarelease-508.pdf>
- Detailed information about how CMS processed NHSN data should be directed to :
 - <https://data.cms.gov/Covid19-nursing-home-data>
 - NH_COVID_Data@cms.hhs.gov

15. How do we go about our NHSN report has been received?

There are visual cues as to the status of your NHSN data report. This is found on pages 15 and 16 of the [NHSN LTCF Guide](#):

Complete and Incomplete Data:

The below calendar is an example of what the calendar will look like once data are saved in one or more of the pathways. Green indicates “**Record Complete**” and tan/yellow indicates “**Record Incomplete**.” Dates with white spaces means there were no data saved in any pathway for that day.



16. I'm not clear about the death reporting as well. Can you please clarify?

Deaths are reported as 2 separate line items (see below). Total deaths for all causes, including COVID-19 are reported for residents physically in your facility as well as residents that have been transferred temporarily to a hospital and died there. The next line item is only for the COVID-19 deaths – suspected or lab positive – who died in your facility or died following an anticipated temporary transfer to a hospital. Both are numbers of each since the last time you reported this data to NHSN. You do not add to the previous count. Each report to NHSN provides new counts. (Refer also to my answer to question #8.)

Resident Impact

| | |
|-------|---|
| _____ | ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19 |
| _____ | CONFIRMED: Residents with new laboratory positive COVID-19 |
| _____ | SUSPECTED: Residents with new suspected COVID-19 |
| _____ | TOTAL DEATHS: Residents who have died in the facility or another location |
| _____ | COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location |