HEALTHCARE QUALITY AND SAFETY BRANCH
BLAST FAX 2020-19

TO: All Facilities
FROM: Commissioner Renée D. Coleman-Mitchell, MPH
CC: Deputy Commissioner Heather Aaron, MPH, LNHA
    Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
    Donna Ortelle, Section Chief, Facility Licensing and Investigations Section
DATE: March 24, 2020
SUBJECT: Guidance from CMS regarding Prioritization of Survey Activities

All Centers for Medicare & Medicaid Services' (CMS) attachments are specific to COVID-19, they are:

1. QSO-20-20 ALL,
2. Summary of the COVID-19 Focused Survey for Nursing Homes,
3. Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers,
4. COVID-19 Focused Survey for Nursing Homes,
5. COVID-19 Focused Infection Control Survey: Acute and Continuing Care.
Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

DATE: March 20, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Prioritization of Survey Activities

Memorandum Summary

- The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America’s health care facilities are prepared to respond to the threat of the 2019 Novel Coronavirus (COVID-19).
- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary’s ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.
- During this three-week timeframe, only the following types of surveys will be prioritized and conducted:
  - Complaint/facility-reported incident surveys: State survey agencies (SSAs) will conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
  - Targeted Infection Control Surveys: Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
  - Self-assessments: The Infection Control checklist referenced above will also be shared with all providers and suppliers to allow for self-assessment and attestation of their Infection Control plan and protections.
Memorandum Summary Continued

- During the prioritization period, the following surveys will not be authorized:
  - Standard surveys for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICFs/IDDs), and hospices. This includes the Life Safety Code and Emergency Preparedness elements of those standard surveys; and revisits that are not associated with II.
  - Furthermore, for Clinical Laboratory Improvement Amendments (CLIA), we intend to prioritize immediate jeopardy situations over recertification surveys, and generally intend to use enforcement discretion, unless immediate jeopardy situations arise.
  - Finally, initial certification surveys will continue to be authorized in accordance with current guidance and prioritization.

Background

CMS is committed to taking critical steps to ensure America’s health care facilities, providers, and clinical laboratories are prepared to respond to the threat of the COVID-19 and other respiratory illness. Specifically, under section 1135(b)(5) of the Act, CMS is prioritizing and suspending certain federal and SSA surveys, and delaying revisit surveys, pursuant to federal requirements for the next three weeks, beginning March 20, 2020, for all certified provider and supplier types. Also, for Clinical Laboratory Improvement Amendments (CLIA), we intend to prioritize immediate jeopardy situations over recertification surveys, and generally intend to use enforcement discretion, unless immediate jeopardy situations arise. During this three-week timeframe, SSAs and CMS surveyors will prioritize and conduct surveys (including revisit surveys) related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (II) level, for all allegations, in addition to a review with a Focused Infection Control survey. Federal surveyors will perform targeted Infection Control surveys of facilities in those areas most in need of additional oversight, as identified through collaboration with the CDC and ASPR.

If state or federal surveyors are unable to meet the Personal Protective Equipment (PPE) expectations outlined by the latest CDC guidance to safely perform an onsite survey due to lack of appropriate PPE supplies, they are instructed to refrain from entering the provider, and obtain information necessary remotely, to the extent possible. Surveyors should continue the survey once they have the necessary PPE to do so safely.

The Focused Infection Control Survey is available to every provider in the country to make them aware of Infection Control priorities during this time of crisis, with the expectation that providers and suppliers will perform a self-assessment of their ability to meet these priorities. This document may then be requested by surveyors, if an onsite investigation takes place.

This shift in approach will allow health care providers time to implement the most recent infection control guidance from both CMS and the Centers for Disease Control and
Prevention (CDC). At the same time, we are doing our duty to protect patients from harm, and ensuring providers are implementing actions to prevent the spread of COVID-19.

Therefore, during the prioritization period, the following surveys will not be authorized:

- Standard surveys for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices. This includes the life safety code and Emergency Preparedness elements of those standard surveys;

- Revisits that are not associated with IJ. As a result, the following enforcement actions will be suspended, until revisits are again authorized:
  - For nursing homes – Imposition of Denial of Payment for New Admissions (DPNA), including situations where facilities that are not in substantial compliance at 3 months, will be lifted to allow for new admissions during this time;
  - For HHAs – Imposition of suspension of payments for new admissions (SPNA) following the last day of the survey when termination is imposed will be lifted to allow for new admissions during this time;
  - For nursing homes and HHAs – Suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at 6 months.

- For CLIA, we intend to prioritize immediate jeopardy situations over recertification surveys.

This announcement follows previous action to focus survey activity on infection control. On March 4, 2020, CMS announced a suspension of inspections for federal and state inspectors (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certifications/SurveyCertificationGenInfo/Policy-And-Suspension-Survey-Activities). This earlier announcement focused on immediate jeopardy complaints, complaints alleging infection control concerns – especially COVID-19 – statutorily required surveys, revisit surveys to resolve enforcement actions, initial certifications, inspections for facilities with histories of infection control deficiencies in the last three years, and inspections of facilities with histories of infection control deficiencies at low levels of severity. This action supersedes the March 4th announcement, and prioritizes surveys related to complaints and FRIs triaged at the IJ level, while suspending the other types of surveys.

**Prioritization of Surveys**

When conducting surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys necessary to verify removal of IJ which has been previously cited, surveyors and CMS Regional Offices should adhere to the following guidelines:

1. SSAs follow their normal process for triaging complaints and FRIs:
   a. If a complaint or FRI is triaged at the IJ level, the state should follow the normal policies and procedures for surveying the provider. For example, a survey of a long term care facility (LTC) would be conducted within two
business days of receipt of the allegation (State Operations Manual (SOM), Chapter 5, Section 5075.9).

b. If a complaint or FRI is triaged at the non-IJ level, the state would enter the allegation into the ASPEN Complaints/Incidents Tracking System (ACTS) per the instructions in the SOM Chapter 5. An onsite survey will not be conducted during the prioritization period. CMS will issue guidance related to these non-IJ complaints or FRIs in the next few weeks.

c. This normal complaint triaging process also applies to CIIA complaints.

2. For facilities that have been cited for IJ-level deficiencies and that surveyors have not verified that the IJ has been removed, surveyors would proceed as normal, and conduct a revisit survey to verify the IJ is removed.

a. If the revisit survey determines there is continuing noncompliance, but not at the IJ level, surveyors would not conduct another onsite revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over.

b. If a survey is conducted because a complaint or FRI was triaged at the IJ level, and the provider is cited for noncompliance, but not at the IJ level (e.g., Level 3 – actual harm), surveyors would not conduct a revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over.

c. For level-3 (LTC) or condition level (Non-LTC) citations (for which an onsite revisit survey would normally be conducted), the provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over. CMS will issue guidance on how to verify compliance with these citations in the next few weeks.

d. For level-2 (LTC) or standard level (non-LTC) citations, the provider may submit a POC, and providers and survey agencies could verify compliance through normal procedures through a desk review. The provider may delay submission of a plan of correction until this prioritization period is over.

e. For clinical laboratories, surveyors will conduct a revisit survey to verify removal of IJ once a credible allegation of compliance has been received.

3. Federal CMS and State Surveyors will conduct focused Infection Control surveys in areas deemed necessary through collaboration with CDC and ASPR. Please note this workload for SSAs is contingent on their ability to perform surveys based on PPE availability and fulfillment of other State Emergency Response responsibilities (such as staffing medical shelters or testing stations).

a. Revisit surveys: Surveyors will follow the same guidance for revisit surveys explained in section 2 above.

b. Enforcement actions will also follow the guidance for all other surveys during the prioritization period explained in section 4 below.

4. Enforcement Actions:
a. For pending enforcement cycles during the prioritization period where the provider is currently not in substantial compliance or has not had a revisit survey to verify substantial compliance, and a per day civil money penalty (CMP), or DPNA (for nursing homes) or SPNA (for HHAs) was imposed for noncompliance that occurred prior to the prioritization date of surveys: These remedies will be suspended (stopped) as of the start of the survey prioritization date. In other words, the CMP will stop accruing and the DPNA/SPNA will end as of the suspension date. Additionally, CMS will not impose any new remedies to address noncompliance that occurred prior to the start of the survey prioritization period. NOTE: This does not apply to unremediated IJs. Enforcement actions will proceed as usual per the SOM for unremediated IJ deficiencies. CMS will issue guidance on how to reconcile these actions in the next few weeks.

b. For pending enforcement cycles during the prioritization period where the provider is currently not in substantial compliance or has not had a revisit survey to verify substantial compliance, and for pending enforcement cycles with new noncompliance cited after the issuance of this memo, and a per day CMP, or DPNA (for nursing homes) or SPNA (for HHAs) was imposed for IJ level noncompliance (where the IJ has not been removed): Surveyors will follow normal policies and procedures for removing the IJ. CMS will also follow normal policies and procedures for imposing enforcement remedies for remediating the noncompliance. For example, for noncompliance cited at the IJ level, that has not been removed at the time of the survey exit, the CMS Office will impose an enforcement remedy (e.g., CMP, 23 day termination), and the state surveyors will conduct a revisit survey. On the revisit survey, surveyors will either verify substantial compliance, or cite noncompliance at a lower level if warranted.

i. If the IJ noncompliance is reduced and cited at level 3 (LTC) or condition level (non-LTC), an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. CMS will issue guidance on how to impose enforcement and verify compliance with these in the next few weeks (see 2.c.).

ii. If the IJ noncompliance is reduced and cited at level 2 (LTC) or standard level (non-LTC), facilities and survey agencies would verify compliance through normal procedures through a desk review (see 2.d.). However, CMS should not impose remedies during the prioritization period for any noncompliance that was identified before or after the start of the survey prioritization period, unless the noncompliance is an unremediated IJ.

c. The three-month mandatory DPNA and six-month mandatory termination (nursing homes) for not being in substantial compliance (for nursing homes and HHAs) will not take place, and be deferred for an evaluation at a later date. However, enforcement actions related to IJ remain and continue under normal procedures.

d. If CMS has previously imposed an alternative sanction (e.g., SPNA, CMP) on a HHA for noncompliance identified prior to the suspension, the six-month
mandatory termination will not take place, and be deferred for an evaluation at a later date.

e. For existing CLIA enforcement cases where a civil money penalty (CMP) per day of non-compliance was imposed, accrual of CMP will stop as of the survey COVID-19 suspension date. CMS will issue guidance on how to reconcile these actions in the next few weeks. Other CLIA enforcement actions that have been initiated will be handled on a case-by-case basis with consultation DCTIQ managers and staff.

5. If during an IJ complaint or FRI survey, the surveyor identifies that there is an active COVID-19 case in the facility:
   If the COVID-19 case is, or is not, related to the IJ, surveyors should report the case and facility to their agency, the state health department (to coordinate with the Centers for Disease Control and Prevention (CDC), and the CMS Regional Office. These agencies should coordinate and decide on any further actions that should be taken. The Infection Control focused survey process can be used to investigate noncompliance and ensure the provider takes steps to minimize transmission.

For onsite surveys that were started prior to the prioritization period and don’t fall under this guidance, survey teams should end the survey and exit the facility.

Lastly, any initial certification surveys remain authorized to increase the health care capacity of the country.

Note: While CMS’ directive applies to the CMS’ federal surveyors and state agency surveyors, CMS also urges other surveyors, including accrediting organizations (AOs), to follow suit. Additionally, CMS’ survey prioritization applies to surveys for compliance with federal regulations, not state surveys pursuant to state licensure.

Additional Instructions for Nursing Homes

We are disseminating the Infection Control survey developed by CMS and CDC so facilities can educate themselves on the latest practices and expectations. We expect facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a self-assessment of their ability to prevent the transmission of COVID-19. This document may be requested by surveyors, if an onsite investigation takes place. We also encourage nursing homes to share the results of this assessment with their state or local health department Healthcare-Associated Infections (HAI) Program. Contact information for each state’s health departments is identified on the Centers for Disease Control & Prevention’s (CDC’s) website at. https://www.cdc.gov/HAI/state-based/index.html.

Furthermore, we remind facilities that they are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, and when and to whom possible incidents of communicable disease or infections should be reported (42 CFR 483.80(a)(2)(i) and (ii)). CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (e.g., > or = 3 residents or HCP with new-onset respiratory symptoms within 72 hours). Local and state reporting guidelines or requirements may vary. Monitor the CDC website for information and resources to help prevent the

CMS will continue to evaluate the survey prioritization in light of the situation on the ground in areas with large numbers of COVID-19 cases, to determine if CMS needs to continue this past the initial three weeks.

**Contact:** Questions about this document should be addressed to QSOG_EmergencyPrep@cms.hhs.gov.

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management
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.

PLEASE NOTE: Complaints alleging Immediate Jeopardy to Patient Health and Safety will continue to be Investigated.

<table>
<thead>
<tr>
<th>Offsite Survey Activity</th>
<th>Onsite Survey Activity</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>• If the survey team plans to enter a facility 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.</td>
<td>• If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their SSA, the state health department, and CMS Regional Location to coordinate activities for the facility.</td>
<td>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: 1. Standard and Transmission-Based Precautions; 2. Resident care; 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</td>
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Summary of the COVID-19 Focussed Survey for Nursing Homes
Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers

This is a summary of the COVID-19 Focused Survey for acute and continuing care providers (Non-Long term care facilities). Surveyors should review the Focused Infection Control Survey tool in light of the established State Operations Manual Survey Protocol for more detailed information. Facilities can review the Focused Survey to determine CMS’s expectations for an infection prevention and control program during the COVID-19 pandemic.

**PLEASE NOTE:** Complaints alleging Immediate Jeopardy to Patient Health and Safety will continue to be Investigated.

<table>
<thead>
<tr>
<th>Offsite Survey Activity</th>
<th>Onsite Survey Activity</th>
<th>Provider Self-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If the survey team plans to enter a facility with an active COVID-19 case, the survey team should contact their State Survey Agency (SA), the state health department, and CMS Regional Location to coordinate activities for these facilities.</td>
<td>• If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their SA, the state health department, and CMS Regional Location to coordinate activities for the facility.</td>
<td>Facilities should utilize the COVID-19 Focused Survey as a self-assessment tool. Priority areas for self-assessment include all of the following:</td>
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<tr>
<td>• SAs should ensure surveyors are medically cleared, trained in the appropriate use of and have needed personal protective equipment (PPE) that could be required onsite.</td>
<td>• Surveyors will access the COVID-19 Focused Survey Protocol documents when assessing infection control issues during the COVID-19 pandemic.</td>
<td>1. Visitor entry (i.e., screening, restriction, and education);</td>
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<tr>
<td>• Conduct offsite planning to limit interruptions to care while onsite. Obtain information on:</td>
<td>• Limit the team to one to two surveyors.</td>
<td>2. Standard and Transmission-Based Precautions;</td>
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<td>o Facility-reported information;</td>
<td>• Surveyors should limit activities to those that are necessary to occur onsite (e.g., observations, some interviews).</td>
<td>3. Infection prevention and control standards, policies and procedures (patient care, hand hygiene, PPE, cleaning and disinfection, surveillance);</td>
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<td>o CDC, state/local public health reports;</td>
<td>• Adhere to all CDC guidance for infection prevention and control related to COVID-19.</td>
<td>4. Education, monitoring, and screening of staff; and</td>
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<tr>
<td>o Complaint allegations.</td>
<td>• While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy (IJ). Follow the interpretive guidance relevant to the area of concern, including Appendix Q and completion of an IJ Template (if indicated).</td>
<td>5. Emergency preparedness – staffing in emergencies.</td>
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<tr>
<td>• List key survey activities that will be conducted based on the above information and identify the records that will be reviewed.</td>
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<td>• Identify any processes that can occur offsite. This includes any phone interviews and documentation review, such as electronic medical records and policies and procedures.</td>
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<td>• Conduct any survey ext discussion with the facility by telephone and draft the CMS-2567 offsite.</td>
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Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers
I. Standard and Transmission-Based Precautions (TBP)

- Infection policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19
- Education, monitoring, and evaluating respiratory protection
- Visitor and Champions (if applicable)
- Quality of care processes, including those with COVID-19 (notifiable-positive case), if applicable
- Standard and transmission-based precautions
- Surveillance activities related to COVID-19, if implemented

Survey(s) Reviews for:

- Standardized services conducted on behalf of the facility
- The Infection Prevention and Control Program (ICP) must be facility-wide and include all departments and residents
- Precautions, in accordance with the guidance in Appendix Z of the State Operations Manual (SOM), for healthcare settings
- Appendix Z of the State Operations Manual and federal survey instructions
- Surveillance activities related to COVID-19

If surveillance activities related to infection prevention and control precludes [COVD-19]

- Standard or other comparable arrangements
- Infection Prevention and Control Periodic and/or Contact or other comparable arrangements

If required, the facility shall include the following language at the beginning of the survey:

"This survey tool provides a reference of the criteria associated with the transmission of COVID-19. Facilities are encouraged to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to OS&O manual released at [hyperlink] and other applicable guidance for best practices and recommendations. Any and all non-compliance with the transmission of COVID-19 will help facility in accordance with the transmission of COVID-19 as [hyperlink]."
COVID-19 Focused Survey for Nursing Homes

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 the local and state public health agency to notify them of the shortage, 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/hec/index.html and healthcare facilities is located at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/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 implementing appropriate hand hygiene?
☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and 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?
☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

(3/20/2020)
COVID-19 Focused Survey for Nursing Homes

- Support
  - The number of staff present during the procedure should be limited to only those essential for resident care and procedure.
  - Staff in the room should wear an N95 or higher-level respiratory protection and an isolation gown.

- Interventions, often including use of N95, should be performed cautiously. If performed, the following should occur:
  - Encounter procedures (e.g., inpatient procedures) that are likely to induce coughing (e.g., spirometry, bronchoscopy, etc.) should be performed with a respiratory protection device. Additional interventions if there are no COVID-19 cases in the facility or if COVID-19 transmission is not anticipated include a respiratory protection device. Additional interventions if there are no COVID-19 cases in the facility or if COVID-19 transmission is not anticipated include a respiratory protection device.

- For a resident with known or suspected COVID-19, if the resident is wearing a face mask, observation of the face mask shall be performed.

- Isolation gown (with the exception of reusable isolation gowns) that are supplied shall be processed following standard procedures and reused.

- Determining applicability of transmission-based precautions is imperative.

- Determine if appropriate transmission-based precautions are indicated:

- Do you know who to contact for replacement supplies?
- Do you know how to obtain PPE supplies before starting the procedure?
COVID-19 Focused Survey for Nursing Homes

- 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 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?

☐ Has the facility placed 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?
### 3. IPF Standards, Policies and Procedures

COVID-19 Focused Survey for Nursing Homes

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<th>Process/Restric.</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>4. Did the facility provide appropriate infection surveillance?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Interpretable staff (e.g., nurses and other medical staff) identify/record the communication protocol with local/state public health officials?</td>
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<td>Can applicable staff (e.g., nurses and other medical staff) determine the infection control process when residents are transferred from acute care hospitals to other settings?</td>
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<td>The facility has an infection control process when residents are discharged, and adequate hospital of other healthcare providers and obtaining pertinent notes such as discharge summary?</td>
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<td>The facility has a protocol for communicating the diagnosis, treatment, and isolation results when transferring a resident to an acute care hospital?</td>
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<td>The plan includes isolation and other procedures for the facility in an infectious disease (e.g., COVID-19)</td>
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<tr>
<th>5. Visitor Entry</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review for compliance of</td>
<td></td>
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</table>

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<table>
<thead>
<tr>
<th>6. Does the facility have a facility-wide PEP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference must be conducted as applicable including the review of pertinent policies/procedures as necessary.</td>
<td></td>
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<tr>
<td>Underdiagnosed respiratory illness and COVID-19?</td>
<td></td>
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<tr>
<td>Did the facility establish a facility-wide PEP including standards, policies, and procedures that are current and based on national standards for</td>
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</table>

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<table>
<thead>
<tr>
<th>7. Staff provide appropriate resident care?</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>
COVID-19 Focused Survey for Nursing Homes

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ 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?</td>
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</tbody>
</table>

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

6. Education, Monitoring, and Screening of Staff

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?</td>
<td></td>
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<tr>
<td>□ How does the facility convey updates on COVID-19 to all staff?</td>
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<tr>
<td>□ 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)?</td>
<td></td>
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<tr>
<td>□ If staff develop symptoms at work (as stated above), does the facility:</td>
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<tr>
<td>• Place them in a facemask and have them return home;</td>
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<tr>
<td>• Inform the facility’s infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and</td>
<td></td>
<td></td>
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<tr>
<td>• Follow the local health department recommendations for next steps?</td>
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</tbody>
</table>

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

7. Emergency Preparedness - Staffing in Emergencies

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 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?</td>
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<tr>
<td>□ 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)</td>
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</tbody>
</table>

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency? □ Yes □ No
Is there a process that occurs when a suspected case of COVID-19 is identified? Include immediate notification of facility leadership/physician contact.

Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and so the suspected COVID-19 case?

Unknown criteria:
- Assess
- Treatment
- Prevent

Perform hands hygiene after contact with respiratory secretions
Put on mask and gowns if during patient assessment, cover mouth/nose when coughing or sneezing, use and dispose of tissues, and

Are there points of emphasis when instructing the clinical team about deficiencies of respiratory infection to immediately
- Is signage posted at facility entrance with information re: infection control and screening procedures?

Prior to entering the facility:

Entering the Facility/Infection/Registration/Visitor Handing

Surveillance and facilities are needed to frequently review the CDC resources noted in previous menus for the most up-to-date and detailed


Additional, the General criteria of control and screening should be met:
- Contact provides COVID-19
- Contact providers should communicate decisions and actions. They are assessed by a combination of the facility's medical and infection prevention

COVID-19 Focused Infection Control Survey: Acute and Continuing Care
COVID-19 Focused Infection Control Survey: Acute and Continuing Care

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- Are facilities actively screening visitors (CDC currently recommends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient’s room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?
- Facilities should limit visitation.

Did the facility perform appropriate screening of visitors? □ Yes □ No (see appropriate IPC tags for the provider/supplier type)

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 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, CMS does 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 the local and state public health agency to notify them of the shortage, follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients.

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). If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact their respective CMS Location Office.

☐ Are staff performing the following appropriately:
- Safe injection practices,
- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection)?
Aerosol - Containment Procedures

Under normal respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis).

- A face mask, gloves, isolation gown, and eye protection are worn when caring for a patient with new or recent onset of symptoms of an
  • A fever, cough, shortness of breath or exposure to a communicable site in a clean, quiet care (body) environment.
  • Gloves are removed after contact with body fluids, mucous membranes or non-intact skin.
  • Gloves are removed after contact with body fluids or non-intact skin.
  • Gloves are worn in possible contact with body fluids or non-intact skin.
  • Determining if such procedures use and disposal PPE including but not limited to the following:

Personal Protective Equipment (PPE):

Did staff implement appropriate hand hygiene? □ Yes □ No (see appropriate IPC cues for the provider/supplier type)

Hand Hygiene:

Soap, water, and a sink are readily available in appropriate care locations.

Interpret appropriate signs to determine if hand supplies are readily available and who they contract for replacement supplies.

Correct touchless hand washing and/or dispensing...

Before performing a procedure such as an arterial line, insertion of an invasive device such as an intravenous device, and
A. Wearing personal protective equipment (e.g., gown, face mask), and
B. After contact with body fluids, mucous membranes, or objects and surfaces in the care environment:

Before and after contact with patients:

Shall perform hand hygiene (even if gloves are used) in the following situations:

- Upon entering a care area with soap and water is still expected.
- Before wearing gloves with soap and water before their hands are visibly soiled (e.g., body fluids, if there are shortages of ABHR, and
- Gloves are removed after contact with body fluids or non-intact skin.
- Alcohol-based hand rub (ABHR) for hand hygiene is available at each entrance and in all common areas.

Approved hand hygiene processes are followed.

Shall implement standard precautions (e.g., hand hygiene and the appropriate use of PPE).

COVID-19 PFOC Infection Control Survey: Acute and Continuing Care
COVID-19 Focused Infection Control Survey: Acute and Continuing Care

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- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infections aerosols. In particular, procedures that are likely to cause coughing (e.g., sputum induction, open suctioning of airways, nebulizing treatment) 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 a gown.
  - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
  - Aerosol-generating procedures (AGPs) should ideally take place in an airborne infection isolation room (AIIR), or private room with the door closed if AIIR is not available.
  - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant.
- Extended use of respirators, facemasks, and eye protection is permitted in times of shortages (follow national guidelines);
- PPE is appropriately discarded after care, prior to leaving room, followed by hand hygiene;
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines for COVID-19;
- In the event of PPE shortages, what procedures is the facility taking to address this issue?

☐ Interview appropriate staff to determine if PPE supplies are readily available and who they contact for replacement supplies.

Did staff implement appropriate use of PPE?  ☐ Yes  ☐ No (see appropriate IPC tags for the provider/supplier type)

Transmission-Based Precautions:

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:
  - Signage on the patient's room regarding need for transmission-based precautions.
  - PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
  - Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
  - When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
  - Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.
Infection Surveillance

COVID-19

Did the facility develop and implement an overall IPC program and policies including for non-invasive respiratory illnesses and providers, splinter type?

No (see appropriate IPC ICRs for the provider/splinter type) Yes

Concerns must be communicated as applicable including the review of pertinent policies and procedures as necessary.

Did the facility establish and maintain an IPC program for non-invasive respiratory illnesses and COVID-19?

Policy and Procedure:

Did the facility implement applicable transmission-based precautions?

No (see appropriate IPC ICRs for the provider/splinter type) Yes

If concerns are identified, expand the scope to include more patients with transmission-based precautions.

Interim applicable script to determine if type are severe or process/transmission-based precautions and how staff is monitored for compliance.

Specifically, applicable script to determine if type are severe or process/transmission-based precautions for transmission-based precautions and how staff is monitored for compliance.

Interim applicable script to determine if type are severe or process/transmission-based precautions and how staff is monitored for compliance.

COVID-19 Focused Infection Control Survey: Acute and Continuing Care
COVID-19 Focused Infection Control Survey: Acute and Continuing Care

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Did the facility provide appropriate infection surveillance? □ Yes □ No (see appropriate IPC tags for the provider/supplier type)

Education, Monitoring, and Screening of Staff
- Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the provider convey updates on COVID-19 to all staff?
- Does the provider have a process for screening all staff for fever and/or signs/symptoms of respiratory illness (i.e., actively take their temperature and document absence of respiratory illness)?
- If staff are ill at work (as stated above), does the provider:
  o have a process for staff to report their illness or developing symptoms;
  o place them in a facemask and have them return home for appropriate medical evaluation;
  o inform the facility’s infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
  o follow the local health department recommendations for next steps.
- Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency (e.g., if they start having substantial vacancies or quarantines)?

Did the facility provide appropriate education, monitoring, and screening of staff? □ Yes □ No (see appropriate IPC tags for the provider/supplier type)

The following sections are specific nuances to consider and assess when on survey.

Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Patient Care
- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19.
COVID-19 Focused Infection Control Survey: Acute and Continuing Care
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- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reusable acid and bicarbonate containers after the previous patient fully vacates the station.
- Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste

Isolation Considerations
- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.

<table>
<thead>
<tr>
<th>Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations?</th>
<th>□ Yes □ No (see Condition 42 CFR 494.30 and Tags V110-V148)</th>
</tr>
</thead>
</table>