

**Summary of October 7, 2020 meeting**  
**Between DPH and Nursing Homes and Assisted Living Services Agencies**  
**The notes below summarize information shared by DPH with Nursing Homes and Assisted Living Agencies on the weekly industry call. Information is subject to change week to week. Facilities should always consult DPH, CDC and CMS guidance for the most up-to-date information.**

**Nursing Homes:**

Survey findings over the last week.

- There were 58 visits conducted from 10/1 to 10/6.
- During these visits the following findings were noted:
  - Inappropriate use of PPE (i.e. N95 mask not used) and lack of social distancing during resident and patient testing
  - Inappropriate documentation of screening of staff
  - Social distancing measures were not observed in the rehabilitation area
  - Facility staff not following through with the screening tool to determine whether or not it was appropriate for a visitor to enter
  - One staff member not wearing a mask
  - Residents at an outside activity were not social distancing
  - Inappropriate use of PPE with dietary staff in an observation unit, ie. They spent an extra amount of time with a patient going over the menu and were not wearing the appropriate PPE.

**Nursing Home Outbreak Trends**

- The Department has seen an increase in community cases, particularly in New London County, the town of Windham, and surrounding Eastern Connecticut areas.
- Due to the increased community cases, the Department reached out to facilities in New London and Windham Counties and asked them to begin weekly testing of staff, who have not tested positive in the last 90 days, even if they are currently doing surveillance testing. This is a requirement of New London Co, and a recommendation for Windham Co.
- The Department recommends facilities consider developing a policy for testing visitors in the event there is a significant surge in their area. This plan should take into consideration the following:
  - Consider having Visitor tested within 72 hours of arriving at the facility as this is the approximate time of the incubation period.
  - Commercial PCR testing turn around times have averaged between 48 and 72 hours.
  - Facilities can use their antigen machines for screening of asymptomatic visitors taking into considerations the limitations of antigen testing.
  - Any on-site test needs to be ordered by a licensed practitioner who can counsel the individual prior to allowing them to enter the site (a negative antigen test does not necessarily rule-out COVID-19).
  - If the individual tests positive via antigen testing, the individual should be counseled on potentially seeking PCR confirmation.
  - If the medical director is the ordering provider, they should be aware of the responsibility to counsel the individuals who are being tested.

- The goal of this discussion is not to hinder visitation, but to make facilities aware that there is increased community rates of COVID in eastern Connecticut.
- Facilities need to be diligent in their initial screening of all staff and visitors entering the facility.
- Facilities should be familiar with the [CDC guidance for testing in nursing homes](#), along with the testing recommendations in the visitation guidance put forth by CMS.
- CMS requires that NHs in counties with test percent positivity between 5-10% test weekly, and over 10% test 2 times per week.
- While the current rate of positivity in New London and Windham County do not meet the thresholds set forth by CMS for testing, the Department believes it is important to begin the weekly testing, as we have seen that CMS's numbers are often time-lagged and aggregated over a large county. We don't want to wait until the CMS county positivity rate is met before alerting the facilities.

CMS Visitation Memorandum.

- The following are the Core principles of COVID-19 infection prevention as outlined in the [visitation guidance from CMS](#). The Department wants to be sure facilities are aware of these measures

Core Principles of COVID-19 Infection Prevention
<ul style="list-style-type: none"> <li>● Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms</li> <li>● Hand hygiene (use of alcohol-based hand rub is preferred)</li> <li>● Face covering or mask (covering mouth and nose)</li> <li>● Social distancing at least six feet between persons</li> <li>● Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)</li> <li>● Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit</li> <li>● Appropriate staff use of Personal Protective Equipment (PPE)</li> <li>● Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)</li> <li>● Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH)</li> </ul>

- The Department is seeing COVID fatigue as demonstrated by the findings during inspections. Following the above guidance is important to limiting the spread of COVID through the facility.
- It is important to discuss these principles with visitors, so they understand the measures that are in place to keep the residents safe.

- CMS is clear in their guidance for visitation that the core principles be followed and the visitation should be person-centered, and take into consideration the resident's physical, mental and psychosocial well-being and support their quality of life. This should all be considered in a visitation plan as part of the resident's care plan for each resident.
- While blanket visitation policies are a starting point, each resident needs a visitation plan to reflect their needs.
- When considering indoor visitation, the guidance provides specific information regarding incidence rates by county as follows:
  - Counties with a low incidence of 5% or less, indoor/outdoor visitation should take place according to the core principles of COVID-19 infection prevention
  - Counties with medium incidence of 5% - 10%, indoor/outdoor visitation should take place unless the facility is managing an outbreak, then only outdoor visitation can take place according to the core principles of COVID-19 infection prevention.
  - Counties with high incidence greater than 10% inside visitation should only take place for compassionate care visits according to the core principals of COVID-19 infection prevention.
- Lastly, wearing a mask is mandated even if a person has tested negative.

#### Commissioner's PPE Stockpile Order.

- A blast fax related to the Commissioner's Order of September 24, 2020 went out to facilities on October 7, 2020. This fax provided instructions for facilities to attest they have the appropriate PPE in a stockpile.
- Facilities should have enough reserve PPE and hand sanitizer to manage an outbreak of twenty percent (20%) of the facility's average daily census for a thirty (30) day period.
- Facilities need to check their inventory on a monthly basis to: (1) ensure they have enough PPE, and (2) replace expired or expiring PPE and store the stockpile on site or off site in an accessible place.
- The deadline to comply with the Order is October 16th.
- The attestation form will require facilities to attest to understanding the requirements of the order and the facility's obligations to continue to follow the order until the Governor rescinds the state's public health emergency order.
- There are currently 22 facilities who have already filled out the attestation.

#### PPE Online Ordering Portal.

- A blast fax with directions with instructions on ordering emergency PPE through the Department went out to all facilities on October 7, 2020.
- The Department has assigned staff to evaluate and complete all requests.
- If approved for emergency PPE, facilities will be notified with further instructions on obtaining the PPE.

#### **Nursing Homes and Assisted Living Services Agencies Joint Issues:**

#### Testing data.

- This week, there were 28,000 tests performed through the care partner program, with 20,000 staff being tested and 7600 residents.
- Over the course of the program, 286,000 tests have been performed, which is the largest single block of tests performed for a specific group in the state.
- There are 99 homes testing weekly for outbreak testing, and 113 homes surveillance testing.

#### Care partner issues.

- The department created a care partner complaint portal for facilities to file their complaints regarding testing with their care partners.
- This portal will allow a facility to open a “ticket” and fill out the complaint information, which will be automatically submitted to Department staff to review and manage.
- This portal will allow the Department to monitor and manage the complaint issues more efficiently.
- The portal will allow the Department to report on these issues in future weekly calls.
- To open a ticket, facilities should log into the Department’s page: <https://dph-cthelpdesk.ct.gov/Ticket>
  - Under system you need assistance with choose “FLIS- Healthcare Facilities Quality & Safety”
  - Under select a category choose: “nursing Home Care Partner COVID-19 testing issues or complaints”
  - Fill in the rest of the information and click on “submit” at the bottom of the page.

#### Program extension.

- The Care Partner and ALSA/MRC testing program has been extended through December 30, 2020. This is the date that Coronavirus Relief Funds (CRF) expire.
- The Department is working with Care Partners to extend their contracts.

#### Testing Guidance.

- CDC updated their FAQ page for testing in nursing homes that can be adapted for assisted living facilities, especially an ALSA with a memory care unit. Here is the link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>
- The FAQ updated guidance on testing frequency, interpreting antigen testing and false positive information.
- If a Care Partner is unavailable for immediate testing for a suspected outbreak, and the facility does not have a lot of antigen tests available, they should consider following the guidance put forward by CMS for conserving tests as follows:
  - Prioritize testing of residents and staff with signs or symptoms of COVID-19

- Facilities should conduct contact tracing and test asymptomatic residents and staff who have been potentially exposed
- Testing of asymptomatic staff in facilities without an outbreak should be considered a lower priority.

Facilities should consider twice weekly testing in outbreak mode if you have concerns that the contact tracing and cohorting are not effective. Twice weekly testing can catch infections sooner and separate infectious roommates from naïve roommates. This might be helpful during the first 2 weeks of an outbreak.

Review of the issue of false positive.

- The FAQ's from CDC regarding testing, include information about antigen false positives, but they do not provide information regarding false positives in PCR testing. This is because PCR testing is the Gold Standard.
- Most false positives under PCR testing have to do with lab error including contamination in the lab.
- CLIA certified labs are required to notify an individual if they suspect they have a potential false positive.

### **Assisted Living Services Agencies:**

ALSA Survey Findings. There were no findings this week.

Testing Reimbursement.

- Lita reiterated to facilities to submit their invoices ASAP.
- Invoices for testing completed between June 28 through August 31 are due by October 15, 2020.
- It is important to open any attachments from the testing vendors to see if the files are accessible/readable before forwarding the invoices to OPM for reimbursement.
- Contact information for OPM to submit invoices:

Manisha Srivastava

[Manisha.Srivastava@ct.gov](mailto:Manisha.Srivastava@ct.gov)

860-418-6317

Directions on submitting invoices can be found in the Tool Kit for ALSA/MCR facilities.

Link: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-75-ALSA-Staff-Testing-Tool-Kit.pdf>

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