

Questions & Answers
Nursing/Skilled Nursing Facilities Provider Call
Wednesday, September 8th, 2021
1:00 PM – 2:30 PM

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

Testing:

1. Q: If a staff member's children got COVID and the staff member was out of work with her children for over a week and then was tested outside our facility, are we still liable for doing outbreak testing when she was not in the facility?

A: If the staff member has not worked and has not been in the facility in over a week, outbreak testing would not be triggered.

2. Q: We are experiencing issues obtaining antigen testing, please offer suggestions. How would we prioritize if we are in outbreak testing or if our county positivity rate mandates testing twice weekly? Would you perform PCR on all of these tests?

A: This is one reason the Reference Labs are going to be key. In the guidance it does specifically say that testing is according to the abilities at times within reason. It may be important to have a discussion with LTC for assistance. You should contact the manufacturer or distributor for antigen testing supplies.

3. Q: Should we be COVID testing the staff that has been vaccinated?

A: Refer to the [NH Testing Grid](#) and focus on the "symptomatic." It also says "Fully vaccinated staff are no longer required to be routinely tested." For outbreak testing, all staff and residents (regardless of vaccination status) should be tested. This guidance can be found in [QSO-20-38-NH Revised](#).

4. Q: During outbreak testing, a dietary aide with no direct contact with residents tests positive, does this reset the 14 days?

A: Yes. Even though that person may not have had contact with residents, other staff they came in contact with may have. Also consider what areas they may have entered within the facility, such as the restroom, dining room and hallways. Refer to the [NH Testing Grid](#) which reads "For outbreak testing, all staff and residents (regardless of vaccination status) should be tested immediately, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result." Guidance can also be found in [QSO-20-38-NH Revised](#).

5. Q: We heard there are no testing supplies at OSDH but did not hear where the Reference Labs are.

A: You can locate the *List of Reference Labs* on the [LTC COVID-19 Resources Provider Guidance](#) webpage.

6. Q: If we are in outbreak and our county is red, do we continue to test two times a week? Only unvaccinated or all?

A: Refer to the [NH Testing Grid](#) which reads *"For outbreak testing, all staff and residents (regardless of vaccination status) should be tested immediately, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result."* Guidance can also be found in [QSO-20-38-NH Revised](#). For residents or staff who become symptomatic, they should be tested immediately.

Quarantine:

7. Q: I know the guidance for vaccinated residents, newly admitted or returned from the hospital, is that they do not go to the COVID hall for 14 days. Because there are breakthrough COVID-19 cases in our community I feel like I should develop a policy for every new admit or returned resident to go to the observation hall for 14 days. Would this be considered a violation of Resident's Rights?

A: It depends. For the fully vaccinated resident, consider their level of exposure and what they could be exposed to in your community. This is a great discussion to have with your Infection Preventionist (IP) and with LTC or Jeneene Kitz. Just because they are being admitted or returning does not mean they should be placed in quarantine or the COVID unit.

8. Q: Can we discuss the discrepancy in the requirements for LTC Providers vs other health care entities in regards to whether or not an employee has to quarantine. For instance, the CDC says that if a staff member is vaccinated, they do not need to quarantine unless they develop symptoms. A large hospital in NE Oklahoma does in fact follow this policy. Yet, NH are required to quarantine their staff regardless of their vaccination status if they have been exposed. Why is LTC held to a higher standard? Our residents are going to these hospitals. What is the difference? Please clarify where to find information on allowing vaccinated staff to return to work if exposed.

A: Remember your regulatory guidance from CMS. In a previous call, we noted that CMS does direct you to the CDC guidance in [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) which reads, *"3. Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents...Fully vaccinated HCP with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure."* Additional guidance can also be located in the CDC [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2](#) which clarifies that asymptomatic HCP who are fully vaccinated

and have a higher-risk exposure do not need to be restricted from work. We found no current guidance that says asymptomatic fully vaccinated staff must generally be quarantined after an exposure.

NHSN/PHIDDO Reporting:

9. Q: On the drop down to add a resident for COVID test results, it only shows resident, not staff. How do I add a staff member?

A: To be able to better assist you, please reach out to Jeneene Kitz at 405-426-8735 or email her at jeneenek@health.ok.gov.

10. Q: I was told at one point that we only had to report positives to PHIDDO.

A: Originally only positives were reported. As part of the CLIA Certificate of Waiver requirements, both positive and negative results must be reported. This also allows Acute Disease Services (ADS) to be able to see the bigger picture of what is going on. NHSN also requires both positives and negatives to be reported.

11. Q: We were told in the past we entered into NHSN only if we had level 3 access. Now are you saying we need to be entering the same data into both NHSN and PHIDDO?

A: You only need to utilize one platform. If you have no backup person with Level 3 access in your facility to report to NHSN, it becomes the responsibility of someone else in your facility to make sure the Point of Care (POC) testing gets reported, and you have now become non-compliant with reporting POC testing. If you report to NHSN, you do not have to report to PHIDDO. PHIDDO would be the backup plan when you do not have access to NHSN.

12. Q: If we are testing a new hire before doing paperwork - NOT an employee yet and they are positive, where do we report this?

A: You are testing under the CLIA Certificate of Waiver and are considered a lab. As a lab, you have to report all results no matter who you are testing, for example a visitor. If they are not technically an employee, and if you are reporting through NHSN, there is an option you can use to report a visitor's result. If you do not report them through NHSN, they will need to be reported through PHIDDO.

13. Q: Tony McCord has said to only report Positives to PHIDDO in a recent email. He may need to clarify.

A: Tony replied that all testing results are required to be reported. If you received that communication, please send it back to him so he can clarify it.

14. Q: How do you get a level 3 for reporting to PHIDDO?

A: The Level 3 Grade Card is in reference to NHSN and can be obtained through <https://www.cdc.gov/nhsn/ltc/enroll.html>. PHIDDO only requires a login/password by contacting ADS and Tony McCord at 405.426.8710.

Form 283/Incident Report:

15. Q: Can we get the link to the Incident Report?

A: <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/forms/ltc-form-odh-283-fillable-incident-report-form.pdf>

16. Q: Regarding Form 283 and notification, could you please clarify "Suspected Criminal Act" and what that means. Confusion exists with contacting local police and sometimes becomes a source of irritation for them when they say we really did not need to notify them. I understand that Physical Harm with Suspected Criminal Act is a reason to involve police. But what about situations where altercations take place between confused residents, or lost or missing items, or allegations of verbal abuse/shouting that are not necessarily a violation of law.

A: Review Appendix PP – F608

Definitions...

“Crime”: Section 1150B(b)(1) of the Act provides that a “crime” is defined by law of the applicable political subdivision where the facility is located. A political subdivision would be a city, county, township or village, or any local unit of government created by or pursuant to State law.

Guidance...

NOTE: Each State and local jurisdiction may vary in what is considered to be a crime and may have different definitions for each type of crime. Facilities should consult with local law enforcement to determine what is considered a crime.

Review Licensure Chapter 675: 310:675-7-5.1. Reports to state and federal agencies L619(g) Reporting criminal acts...*A facility that is not clear whether the incident should be reported to local law enforcement should consult with local law enforcement.*

Refer to the Agenda and Key Guidance document for examples of possible crimes.

17. Q: Can we get the regulation posted on the reporting for APS or Police?

A: Federal: In the SOM Appendix PP-F608 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.12(b) The facility must develop and implement written policies and procedures that:

§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.

(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.

(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.

(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.

(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.

(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.

Licensure Chapter 675: 310:675-7-5.1. Reports to state and federal agencies

L619(g) Reporting criminal acts. The facility shall report *situations arising where a criminal intent is suspected. Such situations shall also be reported to local law enforcement* [63 O.S. §1-1939(l)(1)(d)].

Where physical harm has occurred to a resident as a result of a suspected criminal act, a report shall immediately be made to the municipal police department or to the sheriff's office in the county in which the harm occurred. A facility that is not clear whether the incident should be reported to local law enforcement should consult with local law enforcement.

18. Q: If we are in outbreak testing mode due to a staff COVID positive (+), do we have to resend a 283 for all additional positives throughout the outbreak testing period?

A: Yes, you need to report all positive test results throughout the outbreak testing period on Form 283. On the last call we asked for you to report all positives from the same day on one Form 283 instead of submitting individual 283s for each positive to allow better tracking of what is happening in your facility.

Survey:

19. Q: Why are you all not doing annual surveys when homes have 10+ complaints? The complaints are taking several days or even weeks. Seems it would be better for you all and the facilities to get the annuals completed.

A: Be aware that we had to follow the rules set upon us by CMS and have not been in the facilities for some time. We are also having the same concerns as you are with a staffing shortage. We are working as quickly as we can to get the recertifications and the complaints, which just keep coming, done.

20. Q: Due to staffing shortages affecting all of us, why are surveyors citing insufficient staffing tags if it is not related to harm?

A: It is a Federal Regulation.

21. Q: Are Infection Control focused surveys still being completed?

A: Yes.

Miscellaneous:

22. Q: We all have staffing contingency plans per regulations. I have already had a significant loss of staff with the announcement of the COVID-19 vaccine mandate. Worse case scenario staffing plan A and plan B are exhausted, what is the guidance? Will there be resources in place when facilities are left with no one to care for the residents?

A: We have no details on the specifics of this mandate and we are monitoring for their release. We are looking into if facilities may have access to the Reserve Corp through OSDH, keeping in mind they are volunteers. We understand your frustration and anxiety. Once we have more details, we will share it with you.

23. Q: What percentage of residents who have currently tested positive were fully vaccinated? 100% of our residents who have recently tested positive were fully vaccinated. What is the statewide trend for residents who are vaccinated and now testing positive?

A: The information may be found on the [Data.CMS.gov COVID-19 Nursing Home Data](https://data.cms.gov/covid-19/nursing-home-data) webpage.

24. Q: Can we update our CLIA numbers?

A: Please contact Medical Facilities at 405.426.8470 or medicalfacilities@health.ok.gov

25. Q: I have emailed the LTC email with a question not related to COVID about a week ago and have not heard back. Is Autistic disorder an appropriate diagnoses for an antipsychotic?

A: Please email LTC@health.ok.gov. We will monitor the emails for your question and we will get this answered for you.

26. Q: Do county positives rates affect visitation?

A: Refer to the [NH Visitation Grid](#). In regards to the County Positivity Rates, it says visitation should be limited due to a high risk of COVID-19 transmission for unvaccinated residents if the nursing home's COVID-19 county positivity rate is >10% (Red) **and** <70% of residents in the facility are fully vaccinated. Compassionate care visits should always be allowed. Additional guidance can be located in [QSO-20-39-NH Revised](#).

27. Q: Where do you find the grids you refer to?

A: The grids can be located on the LTC - LTC COVID-19 Resources - Provider Guidance page at <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>

28. Q: Is it required to have a door screener or will we be ok if an employee is screening each visitor?

A: Look at your facility's policies and procedure. The door screener does not have to be a healthcare personnel, they just have to be properly trained in the screening process.

29. Q: If trained, can the employees screen themselves in when coming into work, or is there a screener required?

A: Consider the risks. What is the possibility someone may not appropriately screen themselves or provide inaccurate data to be able to continue working? How will it be documented? Look at your policies and procedures.

Links provided in the Q&A chat box or in Q&A:

Telligen QIN/QIO contacts - www.telligenqinqio.com

Telligen RCA and PDSA link to register: www.telligenqinqio.com/events/

Monoclonal Antibody Links from Elyce Holloway

OSDH Dashboard -

<https://osdh.maps.arcgis.com/apps/dashboards/482ed39d24bc4ae597ce0e0a7f1193b7>

HHS Locator Tool - <https://protect-public.hhs.gov/pages/therapeutics-distribution>

NICA Locator Tool - <https://covid.infusioncenter.org/>

CDC - NHSN Level 3 access - <https://www.cdc.gov/nhsn/ltc/enroll.html>

CDC - Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC - Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

CMS - QSO-20-38-NH Revised - <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

CMS - QSO-20-39-NH Revised - <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CMS - Data.CMS.gov COVID-19 Nursing Home Data - <https://data.cms.gov/covid-19/covid-19-nursing-home-data>

OSDH - LTC COVID-19 Resources Provider Guidance webpage - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>

OSDH – NH Testing Grid - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/20210802%20NH%20Testing%20Grid%20LA-OK%20210802%20DA.pdf>

OSDH – NH Visitation Grid - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/20210802%20NH%20Visitation%20Grid%20LA-OK%20210802%20DA.pdf>

OSDH - LTC Contacts - email: ltc@health.ok.gov phone: 405.426.8200
NEW Fax # for Form 283 Incident Reports: 1-866-239-7553

OSDH – Medical Facilities contact (CLIA) – email: medicalfacilities@health.ok.gov
phone number: 405.426.8470

OSDH – Acute Disease Services (ADS) contacts – phone: 405.426.8710
Jeneene Kitz phone 405.426.8735 email jeneenek@health.ok.gov
Tony McCord phone: 405.426.8710