

Questions & Answers
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call

Wednesday, January 18th, 2022

1:00 PM – 2:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

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

1. Q: Why is there a “submit form” button on the Form 283 online? What would happen if we used that instead of faxing the report in?

A: We are in the process of updating the Form 283 to make it easier to use and submit. The “submit form” button does not work at this time due to the program is still under revision. We will let you know when it has been updated and ready for use.

2. Q: Where could we find the reportable disease/conditions list?

A: Reportable disease/conditions information can be located on the OSDH Acute Disease Services webpages. The direct link to the list is [updated-reportable-condition-poster.pdf \(oklahoma.gov\)](#).

3. Q: Does the testing information on the call today apply to ICF/IID?

A: Reference [QSO-21-14-ICF/IID & PRTF Revised 06.03.2021 \(cms.gov\)](#) which reads in part, “Resident and staff testing should be conducted in accordance with applicable state, local, and facility policies, procedures, and CDC guidance...”

These recommendations of COVID-19 IPC are consistent with the current CDC guidance for nursing homes and congregate settings, such as ICF/IID and PRTFs, and should be followed except where they prevent a necessary accommodation...”

We recommend you follow the CDC guidance.

Also see Appendix J, §483.470(l) Standard: Infection Control, for infection prevention and control requirements.

4. Q: Is there a regulation by the state on lifting requirements in the state of Oklahoma? We were always taught as nurses that there needs to be two staff to operate a Hoyer or sit-to-stand lift. Can you clarify this for me? And also does that differ from ICF or LTC?

A: Consider the safety of the resident. You will want to refer to the resident assessment and the identified needs of the resident. You will also want to address whether the resident is a one-person or a two-person assist in the care plan. Any time you are using equipment, you will want to ensure you are following the manufacturer's recommendation for use.

5. Q: When will today's call be posted for review?

A: The call recordings, Key Guidance and Agendas, and Q&A documents are posted on the [LTC COVID-19 Provider Calls and Q&As](#) webpage by the end of the following week, usually on Wednesday.

6. Q: How do you sign up for the fit test training?

A: To sign up for the Respirator Fit Testing Train the Trainer, contact Kerry Cudd at 405.808.9217 or kerryc@health.ok.gov.

7. Q: When is the last date that the CNA in training can test?

A: Under the 1135 Covid Waiver, testing is allowed until April 5, 2023 or until the end of the PHE, whichever comes first.

8. Q: Upon outbreak, we have been doing tests on day 1 and then within 3-7 days until 14 days clear with no positives. Are we required to do the 1, 3, 5-day testing, or can we continue as we are?

A: [QSO-20-38-NH REVISED 09/23/2022 \(cms.gov\)](#) reads in parts,
*"Testing of Staff and Residents During an Outbreak Investigation...
Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known). Facilities have the option to perform outbreak testing through two approaches, contact tracing or broadbased (e.g. facility-wide) testing...
For further information on contact tracing and broad-based testing, including frequency of repeat testing, see CDC guidance "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic...](#)"*

The CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), revised 09/23/22, updated the recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms. The **Nursing Home** section reads in parts,

"Responding to a newly identified SARS-CoV-2-infected HCP or resident..."

- *The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility)*

approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

- *Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.*
 - *Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.*
 - *Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period..."*

We recommend you follow the CDC's current updated testing frequency of day 1, day 3, and day 5.

9. Q: Do you know how much longer we will have to do the visitor and employee screening? How much longer do staff have to continue wearing masks while at work?

A: SCREENING:

[QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#) no longer references "Screening" and directs the reader to the CDC guidance below. There is nothing that says you have to continue screening a certain way. Consider what is happening in your facility and in your community. Consider what you want your policy to look like and does it align with CDC guidance.

The CDC guidance in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) was revised on 09/23/22 to clarify that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility. It reads in part,

"Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection

- *Ensure everyone is aware of recommended IPC practices in the facility.*
 - *Post [visual alerts](#) (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Dating these alerts can let help ensure people know that they reflect current recommendations.*
- *Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:*
 - *1) a positive viral test for SARS-CoV-2*
 - *2) [symptoms of COVID-19](#), or*
 - *3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a [higher-risk exposure \(for healthcare personnel \(HCP\)\)](#).*
 - *For example:*

- *Instruct HCP to report any of the 3 above criteria to occupational health or another point of contact designated by the facility so these HCP can be properly managed.*
 - *The definition of higher-risk exposure and recommendations for evaluation and work restriction of these HCP are in the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).*
- *Provide guidance (e.g., posted signs at entrances, instructions when scheduling appointments) about recommended actions for patients and visitors who have any of the above three criteria.*
 - *Patients should be managed as described in Section 2.*
 - *Visitors with confirmed SARS-CoV-2 infection or compatible symptoms should defer non-urgent in-person visitation until they have met the healthcare criteria to end isolation (see Section 2); this time period is longer than what is recommended in the community. For visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at higher risk for transmission, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet any of the criteria described in Section 2 (e.g., cannot wear source control) ..."*

MASKING:

[QSO-20-39-NH REVISED 09/23/2022 \(cms.gov\)](#) reads in parts,
"Core Principles of COVID-19 Infection Prevention..."

- *Face covering or mask (covering mouth and nose) in accordance with CDC guidance...*

*If the nursing home's county COVID-19 community transmission is **high** [red], everyone in a healthcare setting should wear face coverings or masks.*

*If the nursing home's county COVID-19 community transmission is **not high** [orange, yellow, blue], the safest practice is for residents and visitors to wear face coverings or masks, however, the facility could choose not to require visitors wear face coverings or masks while in the facility, except during an outbreak. The facility's policies regarding face coverings and masks should be based on recommendations from the CDC, state and local health departments, and individual facility circumstances...*

Nursing homes should use the Community Transmission Level metric not the Community Level metric..."

The CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads in parts,
"Implement Source Control Measures..."

When SARS-CoV-2 Community Transmission levels are high, source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter patients.

- *HCP could choose not to wear source control when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms) if they do not otherwise meet the criteria described below and Community Levels are not also high. When Community Levels are high, source control is recommended for everyone.*

*When SARS-CoV-2 Community Transmission levels are **not** high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:*

- *Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or*
- *Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or*
- *Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or*
- *Have otherwise had source control recommended by public health authorities..."*

Consider the County Transmission Level (red, orange, yellow, blue) for your community and what is happening in your facility. Are you in outbreak or is something happening in the facility where the best practice would be to wear a mask? How are you protecting the residents and staff in your building? What does the facility's policy say? There is no one-size-fits-all answer.

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

CDC – County Transmission Level and map: https://covid.cdc.gov/covid-data-tracker/index.html#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Risk

CDC - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html

CMS - QSO-21-14-ICF/IID & PRTF Revised 06-03-21: <https://www.cms.gov/files/document/qso-21-14-icfiid-prtf-revised-06032021.pdf>

CMS - QSO-20-38-NH Rev 09/23/22: <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

CMS - QSO-20-39-NH Revised 09/23/22: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Nursing Home and LTC Facility Strike Team and Infrastructure Grant:

Project Coordinator – Kerry Cudd Email: kerryc@health.ok.gov Phone: 405.808.9217

Link for Learning Needs Assessment for Respirator Fit Testing: Enter this link into your URL <https://redcap.health.ok.gov/surveys/> and then you will be prompted to enter the following code: DD8M7X8MJ (code is not case sensitive)

Or

Open your camera and point at the QR code and click on the link which will pop up on your screen in yellow. The link will take you directly to the assessment.



OSDH Contacts:

HAI (Healthcare-Associated Infections):

Email: HAI@health.ok.gov

Main phone: 405.426.8735

Jeneene Kitz email: JeneeneK@health.ok.gov

Jeneene Kitz phone: 405.651.4846

Rhonda McComas email: Rhondamc@health.ok.gov

Health Facility Systems:

Lisa Hale - Administrative Programs Manager: Email: Lisa.Hale@health.ok.gov Phone: 405.871.6462

Website Address [Health Facility Systems \(oklahoma.gov\)](http://HealthFacilitySystems(oklahoma.gov))

OSDH Health Resources HealthResources@health.ok.gov

OSDH Health Facility Systems HFS@health.ok.gov

Phone: (405) 426-8175

Fax (405) 900-7571

Nurse Aide Registry (NAR):

Lindsey Jeffries - Supervisor

Main phone: 405.426.8150

Email: NAR@health.ok.gov

Website: <https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/nurse-aide-registry.html>

Long Term Care (LTC):

Main phone: 405.426.8200

Email: ltc@health.ok.gov

Website: <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service.html>

OSDH – LTC COVID-19 Resources webpage: <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources.html>

OSDH LTC COVID-19 Resources Provider Call and FAQ webpage:
<https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources/provider-calls-and-faqs.html>

OSDH – Updated Reportable Disease/Conditions List:
<https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/acute-disease-service/disease-information/disease-reporting/updated-reportable-condition-poster.pdf>

Telligen

Telligen QI Connect - please check out our website for resources and support:
www.telligenqiconnect.com

Menu of Telligen Services: www.telligenqiconnect.com/resource/menu-of-services/

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