Nursing Facility Supports Program

Frequently Asked Questions

Additional FAQs will be added to address other areas of the NF supports program. The questions/answers below are focused on the infection control requirements.

What are the Infection Control Preparedness Requirements for Nursing Homes, as a condition of funding?

As a condition of funding through this program, every licensed nursing facility in Rhode Island will be required to attest to have the following in place within one week of application submission:

1. A completed **COVID-19 Preparedness Checklist for Nursing Homes,** based on the CDC COVID-19 Preparedness Checklist for Nursing Homes: (https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf), as modified by RIDOH (Attachment B of the application). All responses must be marked either "Completed" or "In Progress". This document will be retained at the facility and made available to RIDOH inspectors immediately upon request.

2. A written **COVID-19 Comprehensive Response Plan,** which includes, at a minimum, all items in the CDC COVID-19 Preparedness Checklist for Nursing Homes, as modified by RIDOH. This document will be retained at the facility and made available to RIDOH inspectors immediately upon request.

3. A completed, written **COVID-19 Plan of Correction and Progress Report** for any item on the **Preparedness Checklist**, as modified by RIDOH, that is not completed. This document will be retained at the facility and made available to RIDOH inspectors immediately upon request.

4. Staff assigned to 2 separate roles:
   o **COVID-19 Response Coordinator**, and
   o **COVID-19 Communication Lead**

What should be included in the COVID-19 Comprehensive Response Plan?

Every licensed nursing facility in Rhode Island should have a written **Comprehensive COVID-19 Response Plan**, focused on infection control in every part of the facility's operations. This plan should be based on guidance from the Center for Disease Control (CDC), the Centers for Medicare and Medicaid Services (CMS), and the Rhode Island Department of Health (RIDOH). At a minimum, the plan should include all elements of Section 3 (pp. 3-8) of *Coronavirus Disease 2019 (COVID-19)*

Preparedness Checklist for Nursing Homes and other Long-Term Care Settings.[1] Among the areas this plan should address are:

- o Rapid identification and management of ill residents
- o Considerations for visitors and consultant staff
- o Supplies and resources
- o Sick leave policies and other occupational health considerations
- o Education and training
- o Surge capacity for staffing, equipment and supplies, and postmortem care[2]

How will Nursing Facilities use CDC's COVID-19 Preparedness Checklist?

The **Preparedness Checklist** (https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf) is intended to be a facility self-assessment and includes both structural requirements (staffing and documentation of activities) as well infection control activities and policies. These requirements and infection control policies are based on guidance from CDC, which are consistent with CMS and RIDOH guidance. The requirements may change as new guidance comes forward from these agencies.

The infection control measures will allow the facility to assess compliance with infection control across multiple areas of the facility. The checklist measures are not a comprehensive test of every requirement based on State or Federal guidance. Instead, the checklist measures are indicators of effective infection control.

The checklist will be completed by each Nursing Facility within one week of application submission. Each licensed nursing facility in Rhode Island will complete the checklist based on current structure, policies, and practices at each facility. The self-administration of this checklist by nursing facilities will assist each facility in recognizing and addressing areas of concern. This checklist is consistent with guidelines from CDC, CMS and RIDOH at the time of the development of these competencies. These competencies may be updated and/or revised by the RIDOH if additional or revised guidance is released by RIDOH, CDC or CMS.

All managers should be made aware of the checklist expectations and results across all areas of the nursing facility in order to assure that areas needing improvement are broadly communicated, promptly addressed, and corrective actions are supported across all areas of the facility.

The COVID-19 Response Coordinator will assure that this checklist is repeated to measure full compliance with the Checklist requirements after the 30-day Plan of Correction deadline.

The infection control areas intended to be assessed by this Checklist include:

- o Visitor restrictions
- o Education, monitoring, and screening of healthcare personnel (HCP)
- o Education, monitoring, and screening of residents

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[1] https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

[2] https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html

- o Ensuring availability of PPE and other supplies
- o Ensuring adherence to recommended infection prevention and control (IPC) practices
- o Communicating with the health department and other healthcare facilities [3]

What modifications did RIDOH make to the CDC COVID-19 Preparedness Checklist?

RIDOH has made some modifications to the CDC **COVID-19 Preparedness Checklist,** as follows**:**

- On page 5, first bullet, deleted reference to fit-testing, based on updated CDC guidance
- On page 5, under heading **Identification and Management of Ill Residents**, first bullet, replaced "daily" with "once per shift".
- On page 6, under heading **Occupational Health**, 6th bullet, deleted reference to fit-testing, based on updated CDC guidance
- On page 7, under heading **Surge Capacity**, deleted 3rd bullet referencing consultation with legal counsel and State health departments.

What should be included in the COVID-19 Plan of Correction and Progress Report?

Licensed Nursing Facilities will use the completed **COVID-19 Preparedness Checklist** to self-identify any areas of concern and prompt an aggressive **COVID-19 Plan of Correction and Progress Report** to address all areas needing immediate improvement/correction that were discovered by the process of completing the **Preparedness Checklist**. This will support the implementation and maintenance of infection control best practices to successfully address COVID-19. Identifying areas needing improvement and implementing prompt infection control strategies will support the following goals:

- o Keeping COVID-19 out of the facility
- o Identifying infections as early as possible
- o Preventing spread of COVID-19 in the facility
- o Assessing and optimizing personal protective equipment (PPE) supplies
- o Identifying and managing severe illness in residents with COVID-19[4]

What is the role of the COVID-19 Response Coordinator?

Each facility shall appoint a **COVID-19 Response Coordinator** within one week of application submission, who will serve as the facility's infection control lead. This position is responsible and accountable for active, frequent monitoring of guidance from CDC, CMS and RIDOH; making updates to the COVID-19 response plan to address new guidance; and communicating the plan and updates to lead staff across all areas of the facility.

The Coordinator is responsible for implementation and monitoring of the **COVID-19 Comprehensive Response Plan** and of the **COVID-19 Plan of Correction and maintaining a Progress Report** to document actions that address any deficiencies identified through the administration of the **COVID-19 Preparedness Checklist**. This is critical to the success of each

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[3] https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html
[4] https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html

facility meeting every requirement to control the spread of the COVID-19 virus. The Coordinator is also responsible for making sure there is a designated point person for communication with the RIDOH, with other nursing facilities, and with hospitals.

As well, the Coordinator will be responsible for ongoing meetings with a **Multidisciplinary Support Team**, to include the **Communication Lead**. The multidisciplinary team should include managers from each area of operations, as well as leads from clinical areas. These meetings will assist the Coordinator in her/his responsibilities for implementing, monitoring and assuring that the **COVID-19 Plan of Correction** is communicated across the facility's staff, and that positive progress is being made in all areas of non-compliance.

The Coordinator will be responsible for assuring that this checklist is repeated to measure actual compliance with the Checklist requirements.

The **COVID-19 Response Coordinator** is also responsible for:
- o implementing, communicating and monitoring adherence to the facility's COVID-19 response plan,
- o actively monitoring Federal and State advisories and guidance, and documenting/communicating any resulting updates to the facility's COVID-19 Response Plan,
- o meeting regularly with the multidisciplinary team,
- o accurately measuring the facility's compliance with the Checklist,
- o promptly developing and implementing a Corrective Action Plan to address any areas of deficiency in the Checklist within 30 days, and
- o making sure there is a designated point person(s) for communication with the RIDOH, with other nursing facilities, and with hospitals.

What is the primary role of the COVID-19 Communication Lead?

Each facility shall appoint a **COVID-19 Communication Lead** within one week of application submission. This position is responsible and accountable for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility.