Nursing Facility Supports Program Guidance

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1 Executive Summary

Nursing Facility Supports Program
Long-term care facilities in Rhode Island have been profoundly impacted by the current COVID-19 pandemic. Beginning in March 2020, the additional resources needed to combat the virus have resulted in unexpected cost increases for Rhode Island long-term care facilities. The State recognizes that Rhode Island's long-term care providers will require various levels of support, including financial assistance, to support infection control practices, staffing, and maintaining high quality level of care for Rhode Islanders.

In line with the State's priorities related to COVID-19 response, recovery, and emergency preparedness and our goals to improve equitable health outcomes, the State is establishing a **mutual partnership program** with Rhode Island's long-term care facilities to ensure resilience for the current pandemic crisis.

This partnership is intended to encourage collaboration between the State of Rhode Island and its long-term care facilities in achieving COVID-related resiliency goals. It provides financial relief and support in light of the significant impact of COVID-19 on facilities' financial stability. This relief comes in the form of grant awards, conditional on cooperative efforts to improve resilience, readiness, and sustainability amidst the COVID-19 public health emergency.

2 Program Overview

2.1 Program Description

The **Nursing Facility Supports Grant Program** is established as a partnership program to provide additional financial assistance for long-term care facilities in Rhode Island. These grant funds are an additional measure to be used as secondary to other federal coronavirus relief funding received by long-term care facilities, and other funding resources made available by the State over the duration of the COVID-19 response.

The **Nursing Facility Supports Grant Program** will distribute a total of up to $7 million in funding across nursing facilities in Rhode Island based on the number of licensed public pay beds in each facility. These funds shall be used to increase the immediate operational resiliency of RI Nursing Homes, to help facilities pay for personal-protective equipment, and other infection control measures. Facilities will need to complete a set of deliverables demonstrating their commitment to infection control and reducing infection risk.

This document is intended to provide an overview of the goals of the program, the application process and eligibility and evaluation criteria.

As the program and its performance are reassessed over time, more funds may be added later to appropriately assist long-term care facilities' efforts to progress against their plans. The State will work with all relevant stakeholders to make this determination.

2.2 Program Objectives

The main goal of this program is to increase the immediate operational resiliency of RI Nursing Homes.

The primary program objectives can be described as follows:

1. Bolster capacity of Nursing Homes to mitigate/prevent effects of pandemic by meeting operating requirements for infection control.
2. Reduce infection risk for low-acuity ambulatory COVID-negative Medicaid beneficiaries by ensuring access to care in the most appropriate setting.
3. Ensure right services provided in the most appropriate setting to meet changes in needs/preferences resulting from COVID by facilitating access to alternative settings.

2.3 Total Funding and Allocation Methodology

The program will inject needed funding to increase the immediate operational resiliency of RI Nursing Facilities. The total available funding for the Nursing Facility Supports program is up to $7 million. The methodology outlined below is intended to define an equitable and fair means of allocating funds across RI Nursing Facilities in support of the State's response to COVID-19.

Funding will be allocated across all participating facilities on a per-bed basis, to be distributed upon completion of an online application.

- The State expects that all 83 nursing facilities with public pay beds will be eligible for funding.
- Based on the total number of 8,670 public pay beds currently licensed by RIDOH, if all current facilities with public pay beds choose to participate, that would amount to approximately $800 per licensed bed.
- The number of currently licensed public pay beds is listed in Attachment A.

3 Program Details

3.1 Funding and Application Dates

Key dates for Nursing Facility Supports program are as follows:

- **July 3, 2020**: Applications available online at EOHHS website.
- **August 3, 2020 at 5PM**: Applications due to the State.
- **July 31, 2020**: Funds will begin to be disbursed to facilities
- **Within 30 Days of Receiving Grant Funds:** Deliverables are due to the State

3.2 Eligible Applicants

Grant funding through the Nursing Facility Supports Program is restricted to Nursing Homes licensed in the State of Rhode Island that meet the following base criteria:

1. Licensed by Rhode Island Department of Health (RIDOH) and in good standing
2. Not an identified Medicare "Special Focus Facility (SFF)", as specified in Table A, B, or E of the SFF listing[1] as of the June 2020 SFF list from Medicare.gov.
3. Up to date with submission of 2019 BM-64 Cost Report & Related Documents, which are due by the extension deadline of June 30, 2020.

3.3 Program Application Requirements

In order to receive funding from this program, eligible nursing facilities must submit a completed application to the State. The application includes the following requirements:

1. Signed agreement of commitment to engage with the State and other entities in collaborative efforts to advance the operational resiliency program objectives related to COVID-19 (as described above).
2. Signed agreement to the accuracy of the number of licensed public-pay beds for the Applicant facility, as listed in Attachment A of this guidance.
3. Signed attestation of infection control competency, including the following pieces:
    - Commitment to perform a facility self-assessment using the **CDC COVID-19 Preparedness Checklist,** as modified by RIDOH and listed in Attachment B.
    - Commitment to develop a **Comprehensive COVID-19 Response Plan**
    - Commitment to create, if needed, a **Plan of Correction and Progress Report**
    - Commitment to identify key staff for the positions of **COVID-19 Response Coordinator** and **COVID-19 Communication Lead**
4. Signed agreement to additional attestations as follows:
    - Applicant agrees to conduct a full review of all slips/segments from 2018 to the present for cases that do not have a corresponding LTSS case or pending application. The State will provide a list

[1] The Medicare Special Focus Facility Program (SFF) identifies facilities that have either: (1) More problems than other nursing homes (about twice the average number of deficiencies), (2) More serious problems than most other nursing homes (including harm or injury experienced by residents), and (3) A pattern of serious problems that has persisted over a long period of time (as measured over the three years before the date the nursing home was first put on the SFF list). See https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandComplianc/downloads/sfflist.pdf for additional details.

of these slips to all facilities by July 17, 2020. If proof of application is not provided by August 31, 2020, Applicant understands that the slips will be closed out and reimbursement will not be paid. Only slips and segments sent to homes that are not linked to an application are subject to this attestation.

- Applicant agrees to ensure that every member of their business office has reviewed the Medicaid Segment Training manual and establish a procedure for training new administrative officers in the business office as needed. The Medicaid Segment Training manual will be available on the EOHHS website by July 13, 2020.
- Applicant hereby affirms and acknowledges beneficiaries' right to person centered options counseling. For existing residents must act in accordance with the nursing home transition standards established by the State and must provide information to each resident on how to contact the State long term care ombudsman.
- Applicant agrees to abide by the RI Re-opening guidance for businesses for Congregate Care Settings as issued by the State and as available at https://health.ri.gov/publications/guidance/Guidance-for-Nursing-Home-and-Assisted-Living-Visitation.pdf

Applicants must agree to all four elements listed above in order to be eligible to receive this funding.

3.4 Eligibility for Funding

A Nursing Facility Supports Program Evaluation Committee shall be established by the Secretary of EOHHS. The Committee's objective is to review applications in order to determine whether submitting facilities meet the eligibility criteria set forth by EOHHS and make recommendations to the Secretary as to eligible Applicants. Committee recommendations on eligibility can result in the following outcomes:

- Eligible
- Additional information required
- Ineligible

If an Applicant is deemed "ineligible", a notification will specify the reason(s) for disqualification, based on the criteria provided. If additional information is required, Applicant will have five (5) business days to respond with sufficient evidence to be deemed eligible.

As soon as evaluation of all Applicants is completed, funds will be disbursed in accordance with the funding allocation methodology described above.

3.5 Required Deliverables

Nursing facilities must submit two deliverables to RI EOHHS within 30 days of receiving funds. Facilities must email both deliverables to OHHS.LTSSResiliency@ohhs.ri.gov. The subject of this email must follow this format: [Facility Name]: Deliverables. If the deliverables are not submitted within 30 days of receipt of funds, the facility will be considered in violation of the grant agreement at which point RI EOHHS may begin the process of recouping all or a portion of the funds awarded by reducing future payments to the facility. The State

will determine if the full award or a portion of the award must be recouped based on the State's assessment of the unique circumstances of each violation of the grant agreement.

Deliverable #1: Completed COVID-19 Preparedness Checklist
Facility must provide a written self-assessment using the CDC COVID-19 Preparedness Checklist demonstrating that the facility has marked all elements of the checklist as "completed".

Deliverable #2: Targeted Transition Report

Facility must provide a written transition report that verifies that Section Q of the Minimum Data Set (MDS) has been completed for all current residents and that residents who have answered "yes" to Question Q0500 Return to Community have been notified of their options for transition in a person-centered manner in accordance with RIGL 40-8.9-9 (g). In addition, the facility must refer the names of all existing residents who respond in the affirmative to Question Q0500 to the Office of Community Programs, of the EOHHS within seven days of the date of the grant. All such responses by newly admitted residents must be made within 48 hours of the administration of the MDS. The state will verify the timeliness of referrals by reviewing the MDS at regular intervals during the grant period.

3.6 Application Instructions

In order to enter into this partnership, and as a condition of the initial grant, nursing facilities must submit a completed application to the State by the due date listed above.

Application documents will be completed and submitted online via the EOHHS website. Please refer to the application for detailed instructions on completion. Applicant may not edit an application after it has been submitted. In the event that an Applicant has made errors in a submitted application, Applicant must submit another complete application and notify OHHS.LTSSResiliency@ohhs.ri.gov to specify which application EOHHS should review.

Detailed questions and answers regarding this program will be provided in a separate FAQ document which will also be available on the EOHHS website. All additional questions should be directed to: OHHS.LTSSResiliency@ohhs.ri.gov.

3.7 Eligible Uses of Funds

Funds received through the Nursing Facility Support Program must be applied toward the following eligible uses:

- Payroll expenses specifically related to COVID-19, including: employee wages, including overtime, shift incentive payments, staff retention payments
- New costs related to COVID-19, including: PPE, cleaning supplies, screening of patients and visitors, and infection control measures
- Other COVID-19 related expenditures that are eligible for the use under the terms applicable to the Coronavirus Relief Fund, Section 601 of the Social Security Act, as added pursuant to Section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136) and associated federal CRF requirements and guidance.

Once funds are disbursed, providers are instructed to keep detailed and complete financial records demonstrating that funds received through the Nursing Facility Support Program are spent in accordance with these requirements, as recipients of these funds will be subject to audit. In the event of an audit, if the facility is found to have used funds for ineligible expenses, the facility will be considered in violation of the grant agreement at which point RI EOHHS may begin the process of recouping all or a portion of the funds awarded by reducing future payments to the facility. The State will determine if the full award or a portion of the award must be recouped based on the State's assessment of the unique circumstances of each violation of the grant agreement.

4 In Closing

As the program and its performance are reassessed over time, more funds may be added later to appropriately assist long-term care facilities' efforts to progress against their plans. The State will work with all relevant stakeholders to make this determination.

The current pandemic represents a clear hardship for the State's LTSS system that requires broad cooperation to overcome; it is also clear that the situation will continue to present challenges as it evolves. This partnership represents an opportunity to extend that cooperation to build strong resilience for the current crises and improve health outcomes for all Rhode Islanders in need of long term services and supports.

The State of Rhode Island looks forward to working with critically important nursing homes and stakeholders to establish and carry out this partnership.

Attachment A: Licensed Public Pay Beds in RI Nursing Facilities

Facility Name	Licenced Public Pay Beds
ALPINE NURSING HOME INC	60
APPLE REHAB CLIPPER	60
APPLE REHAB WATCH HILL	60
AVALON NURSING HOME	31
BALLOULIFE COMMUNITIES	43
BANNISTER CENTER FOR REHABILITATION AND HEALTH CARE	161
BAYBERRY COMMONS	110
BERKSHIRE PLACE	220
BETHANY HOME OF RHODE ISLAND	33
BRENTWOOD NURSING HOME	96
BRIARCLIFFE MANOR	122
CEDAR CREST NURSING CENTRE INC	156
CHARLESGATE NURSING CENTER	120
CHERRY HILL MANOR	172
CRA-MAR MEADOWS	41
CRESTWOOD NURSING & REHABILIATION CENTER, INC	76
CRYSTAL LAKE REHABILITATION AND CARE CENTER	71
EASTGATE NURSING & REHABILITATION CENTER	68
ELDERWOOD AT RIVERSIDE	57
ELDERWOOD OF SCALLOP SHELL AT WAKEFIELD	80
ELMHURST REHABILITATION AND HEALTHCARE CENTER	206
ELMWOOD NURSING AND REHABILITATION CENTER	70
EVERGREEN HOUSE HEALTH CENTER	160
FRIENDLY HOME INC THE	126
GOLDEN CREST NURSING CENTRE	152
GRACE BARKER NURSING CENTER	86
GRAND ISLANDER CENTER	146
GRANDVIEW CENTER	72
GREENVILLE SKILLED NURSING AND REHABILITATION	131
GREENWOOD CENTER	130
HALLWORTH HOUSE	57
HARRIS HEALTH CARE CENTER NORTH	32
HARRIS HEALTH CENTER LLC	31
HATTIE IDE CHAFFEE HOME	60
HEATHERWOOD REHABILITATION AND HEALTH CARE CENTER	114
HEBERT NURSING HOME	133
HERITAGE HILLS NURSING & REHABILITATION CENTER	100
HOLIDAY RETIREMENT HOME INC	170
HOPKINS MANOR LTD	200

Attachment A, continued

Facility Name	Licenced Public Pay Beds
JEANNE JUGAN RESIDENCE	49
JOHN CLARKE RETIREMENT CENTER THE	60
KENT REGENCY CENTER	153
KINGSTON CENTER FOR REHABILITATION AND HEALTH CARE	55
LINN HEALTH & REHABILITATION	84
MANSION NURSING AND REHAB CENTER	62
MORGAN HEALTH CENTER	120
MOUNT ST RITA HEALTH CENTRE	98
OAK HILL CENTER FOR REHABILITATION & HEALTH CARE	129
OAKLAND GROVE HEALTH CARE CENTER	178
ORCHARD VIEW MANOR	166
OVERLOOK NURSING AND REHABILITATION CENTER	100
PAWTUCKET SKILLED NURSING AND REHABILITATION	154
RESPIRATORY AND REHABILITATION CENTER OF RI	210
RIVERVIEW HEALTHCARE COMMUNITY	190
ROBERTS HEALTH CENTRE INC	66
ROYAL MIDDLETOWN NURSING CENTER	50
ROYAL OF WESTERLY NURSING CENTER	66
SAINT ELIZABETH HOME EAST GREENWICH	168
SAINT ELIZABETH MANOR EAST BAY	133
SCALABRINI VILLA	120
SCANDINAVIAN HOME INC	74
SILVER CREEK MANOR	128
SOUTH COUNTY NURSING AND REHABILITATION CTR	120
SOUTH KINGSTOWN NURSING AND REHAB CTR	112
ST ANTOINE RESIDENCE	260
ST CLARE HOME	60
STEERE HOUSE NURSING AND REHABILITATION CTR	120
STILLWATER ASSISTED LIVING AND SKILLED NURSING COMMUNITY	80
SUMMIT COMMONS REHABILITATION AND HEALTH CARE CENTER	146
SUNNY VIEW NURSING HOME INC	57
TOCKWOTTON ON THE WATERFRONT	52
TRINITY HEALTH AND REHABILITATION CENTER	185
VILLAGE HOUSE NURSING & REHABILITATION CENTER	95
WARREN SKILLED NURSING AND REHABILITATION	63
WATERVIEW VILLA REHABILITATION AND HEALTH CARE CENTER	132
WEST SHORE HEALTH CENTER	145
WEST VIEW NURSING & REHABILITATION CENTER	120
WESTERLY HEALTH CENTER	106
WOODPECKER HILL HEALTH CENTER	41
WOONSOCKET HEALTH CENTRE	150

Attachment B – RIDOH Modified CDC COVID-19 Infection Control Checklist for Nursing Homes

[See next page]

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at www.cdc.gov/COVID-19. Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

A preparedness checklist for hospitals, including long-term acute care hospitals is available.
https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

1. Structure for planning and decision making

	Completed	In Progress	Not Started
▪ COVID-19 has been incorporated into emergency management planning for the facility.	☐	☐	☐
▪ A multidisciplinary planning committee or team* has been created to specifically address COVID-19 preparedness planning.	☐	☐	☐

List committee's or team's name:

**An existing emergency or disaster preparedness team may be assigned this responsibility.*

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	Completed	In Progress	Not Started
cont.			
▪ People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator. **Insert name(s), title(s), and contact information:**	☐	☐	☐
▪ Members of the planning committee include the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.) ▪ Facility administration ▪ Medical director ▪ Director of Nursing ▪ Infection control ▪ Occupational health ▪ Staff training and orientation ▪ Engineering/maintenance services ▪ Environmental (housekeeping) services ▪ Dietary (food) services ▪ Pharmacy services ▪ Occupational/rehabilitation/physical therapy services ▪ Transportation services ▪ Purchasing agent ▪ Facility staff representative ▪ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff including consultant services, union representatives)	☐	☐	☐
▪ The facility's COVID-19 response coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other COVID-19 plans. **Insert groups and contact information:**	☐	☐	☐

2. Development of a written COVID-19 plan.

	Completed	In Progress	Not Started
▪ A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff.	☐	☐	☐
▪ Relevant sections of federal, state, regional, or local plans for COVID-19 or pandemic influenza are reviewed for incorporation into the facility's plan.	☐	☐	☐
▪ The facility plan includes the Elements listed in #3 below.	☐	☐	☐
▪ The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.	☐	☐	☐

3. Elements of a COVID-19 plan.

	Completed	In Progress	Not Started
General:			
▪ A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow.	☐	☐	☐
▪ A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/index.html.	☐	☐	☐
Insert name, title, and contact information of person responsible.			
▪ The facility has a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.	☐	☐	☐
▪ The facility has a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see CDC guidance on respiratory surveillance: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf.	☐	☐	☐
▪ The facility has infection control policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html.) For recommended Transmission-Based Precautions for residents with suspected or confirmed COVID-19, the policies refer to CDC guidance; see: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.	☐	☐	☐
▪ The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) and additional long-term care guidance (available here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html).	☐	☐	☐
Facility Communications:			
▪ Key public health points of contact during a COVID-19 outbreak have been identified. (Insert name, title, and contact information for each.)	☐	☐	☐
Local health department contact:			
State health department contact:			
State long-term care professional/trade association:			

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cont.	Completed	In Progress	Not Started
▪ A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak. **Insert name and contact information:**	☐	☐	☐
▪ Key preparedness (e.g., Healthcare coalition) points of contact during a COVID-19 outbreak have been identified. **Insert name, title, and contact information for each:**	☐	☐	☐
▪ A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.)	☐	☐	☐
▪ Contact information for family members or guardians of facility residents is up to date.	☐	☐	☐
▪ Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.	☐	☐	☐
▪ A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list.	☐	☐	☐
▪ A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak.	☐	☐	☐
Supplies and resources:			
The facility provides supplies necessary to adhere to recommended IPC practices including:			
▪ Alcohol-based hand sanitizer for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).	☐	☐	☐
▪ Sinks are well-stocked with soap and paper towels for hand washing.	☐	☐	☐
▪ Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and required personal protective equipment (PPE).	☐	☐	☐
▪ Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal.	☐	☐	☐
▪ Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided. **continue on next page**	☐	☐	☐

cont.

	Completed	In Progress	Not Started
▪ Facilities should have supplies of facemasks, respirators (if available *and* the facility has a respiratory protection program with trained, medically cleared, ~~and fit-tested~~ HCP), gowns, gloves, and eye protection (i.e., face shield or goggles).	☐	☐	☐
▪ Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.	☐	☐	☐
▪ Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. ▪ *Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.*	☐	☐	☐
▪ The facility has a process to monitor supply levels.	☐	☐	☐
▪ The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Contact information for healthcare coalitions is available here: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx	☐	☐	☐
Identification and Management of Ill Residents:			
▪ The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and ~~daily~~ **once per shift** during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions.	☐	☐	☐
▪ The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel. CDC has resources for performing respiratory surveillance in long-term care facilities during an outbreak, see: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf	☐	☐	☐
▪ Plans developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.	☐	☐	☐
▪ The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions.	☐	☐	☐
▪ The facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.	☐	☐	☐
Considerations about Visitors:			
▪ The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection.	☐	☐	☐
▪ The facility has criteria and protocol for when visitors will be limited or restricted from the facility.	☐	☐	☐

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cont.	Completed	In Progress	Not Started
▪ Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation).	☐	☐	☐
For more information about managing visitor access and movement in the facility see: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html			
Occupational Health:			
▪ The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home.	☐	☐	☐
▪ The facility instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.	☐	☐	☐
▪ The facility has a process to actively screen HCP for fever and symptoms when they report to work.	☐	☐	☐
▪ The facility has a process to identify and manage HCP with fever and symptoms of respiratory infection.	☐	☐	☐
▪ The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP. (See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)	☐	☐	☐
▪ The facility has a respiratory protection plan that includes medical evaluation, training, ~~and fit testing~~ of employees.	☐	☐	☐
Education and Training:			
▪ The facility has plans to provide education and training to HCP, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for, COVID-19. Consultant HCP should be included in education and training activities.	☐	☐	☐
▪ A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance).	☐	☐	☐
Insert name, title, and contact information:			
▪ Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents (e.g., available through state and federal public health agencies such and through professional organizations), and a plan is in place for obtaining these materials.	☐	☐	☐

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cont.

	Completed	In Progress	Not Started
▪ Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, including: ▪ Signs and symptoms of respiratory illness, including COVID-19. ▪ How to monitor residents for signs and symptoms of respiratory illness. ▪ How to keep residents, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency. ▪ Staying home when ill. ▪ HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact).	☐	☐	☐
▪ See: "Strategies to prevent the spread of COVID-19 in long-term care facilities," available at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html	☐	☐	☐
▪ The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis.	☐	☐	☐
▪ Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic.	☐	☐	☐
Surge Capacity:			
Staffing			
▪ A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.	☐	☐	☐
▪ A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak.	☐	☐	☐
Insert name, title, and contact information: ☐			
▪ ~~Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.~~	☐	☐	☐
▪ The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.	☐	☐	☐

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cont.	Completed	In Progress	Not Started
Consumables and durable medical equipment and supplies			
▪ Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week outbreak.	☐	☐	☐
▪ Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements.	☐	☐	☐
▪ A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources.	☐	☐	☐
▪ A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources.	☐	☐	☐
▪ A process is in place to track and report available quantities of consumable medical supplies including PPE.	☐	☐	☐
Postmortem care:			
▪ A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents.	☐	☐	☐
▪ An area in the facility that could be used as a temporary morgue has been identified.	☐	☐	☐
▪ Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.	☐	☐	☐