



JUSTICE IN AGING

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LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

COVID-19: ADVOCATING FOR NURSING HOME RESIDENTS, PART VII

June 5, 2020

Agenda

- I. Introduction and housekeeping
- II. CMS Memo – Infection Control, Expanded Surveys, State Performance, Enhanced Enforcement of Facilities with Infection Control Deficiencies
- III. Review of newly released COVID data
- IV. Q&A/Discussion

Presenters

- Toby Edelman, Senior Policy Attorney, Center for Medicare Advocacy
- Richard Mollot, Executive Director, Long Term Care Community Coalition



Center for
Medicare Advocacy

NEW CMS GUIDANCE ON SURVEYS, ENHANCED ENFORCEMENT



- “COVID-10 Survey Activities, CARES Act Funding, Enhanced Enforcement for Infection Control deficiencies, and Quality Improvement Activities in Nursing Homes,” QSO-20-31-All (June 1, 2020), <https://www.cms.gov/files/document/qso-20-31-all.pdf>.

OPPORTUNITIES FOR STATE ADVOCACY

- Discuss as we go through the new Survey & Certification guidance.

BACKGROUND

- CMS says states have conducted focused infection control surveys in 53-54% of all nursing facilities since March 23, 2020 (state range of 11%-100%).
 - March guidance, QSJO-20-20-All (Mar. 23), described “targeted infection control surveys.”
 - Said: do not enter facility if insufficient PPE, but “obtain information necessary remotely, to the extent possible.”

BY JULY 31, 2020

- States must conduct focused infection control surveys, on-site, in 100% of facilities.
- If states fail to conduct all surveys, they must submit corrective action plan to CMS.
- If states fail after 30-grace period (Aug. 30), their additional funding under CARES Act may be reduced by up to 10%.

CARES ACT (CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT)

- CMS Press Release (June 1, 2020) says CARES Act provides an additional \$80 million for survey activities.
- CMS will distribute the CARES Act money to states “based on performance-based metrics.”

ADDITIONAL COVID-19 RELATED SURVEYS (3 TYPES)

- 1. By July 31, states must conduct surveys, on-site, at facilities with “previous COVID-19 outbreaks,” defined as
 - Cumulative confirmed cases/bed capacity: 10% or more
 - Cumulative confirmed + suspected cases/bed capacity: 20% or more
 - 10 or more deaths from COVID-19.

ADDITIONAL SURVEYS (#2)

- 2. states must conduct on-site survey within 3-5 days if
 - 3 or more new COVID suspected and confirmed cases since last weekly report to CDC, or
 - 1 confirmed resident case in a nursing facility that was previously COVID-free.

ADDITIONAL SURVEYS (#3)

- Beginning FY2021 (Oct. 1, 2020), states must conduct annual Focused Infection Control surveys at 20% of facilities (based on state discretion).

POSSIBLE PENALTY FOR FAILURE TO CONDUCT THESE SURVEYS

- Possible forfeiture of up to 5% of a state's CARES Act allocation, annually.

EXPANDED SURVEY ACTIVITIES

- States may expand the types of surveys they do (before Phase 3 of Reopening guidance), if they choose, including:
 - Complaints non IJ, but high
 - Revisits at facilities that removed IJ but remained out of compliance
 - Special Focus Facilities and candidates for SFF program.

PRIORITIES FOR MORE ROUTINE SURVEYS (WHAT STATES “SHOULD” DO)

- Abuse or neglect
- Infection control
- Violations of transfer/discharge
- Insufficient staffing or competency
- Other quality of care issues (falls, pressure ulcers)

ENHANCED ENFORCEMENT

- Very confusing part to me.
- Of course, enforcement is based on citing deficiencies in the first place (if no deficiency, there's nothing to enforce).
- CMS continues to describe, as “low-level, isolated infection control citations,” proper hand-washing, use of PPE.

ENHANCED ENFORCEMENT

- CMS describes levels of enforcement, based on
 - whether facility had been cited before with infection control deficiency and
 - level of noncompliance in current survey (e.g., where on enforcement grid the deficiency is cited – no harm, harm, immediate jeopardy) and
 - Scope of deficiency (isolated, pattern, widespread).

FACILITY CITED WITH NONCOMPLIANCE IN THIS SURVEY ONLY

- If D or E: directed plan of correction (DPOC).
- If F (widespread): DPOC, denial of payment for new admissions (DPNA), with 45 days to correct.
 - Not clear to me whether DPNA is imposed before or after correction period.

FACILITY CITED WITH DEFICIENCY IN THIS SURVEY AND ONCE IN LAST YEAR

- If D or E: directed plan of correction (DPOC); DPNA, with 45 days to demonstrate compliance; and, at CMS discretion, per instance civil money penalty (CMP) up to \$5000.
- If F (widespread): DPOC; DPNA, with 45 days to demonstrate compliance; per instance CMP of \$10,000.

FACILITY CITED WITH NONCOMPLIANCE IN THIS SURVEY AND TWICE OR MORE IN LAST YEAR

- If D or E: DPOC, DPNA, with 30 days to demonstrate compliance, and (at CMS/state discretion) per instance CMP of up to \$15,000 (or per day CMP).
- If F: DPOC, DPNA, with 30 days to demonstrate compliance; per instance CMP of \$20,000 (or per day CMP).

FACILITY CITED WITH HARM-LEVEL DEFICIENCY

- Regardless of facility's history: DPOC; DPNA, with 30 days to demonstrate compliance; and CMPs according to CMP analytic tool.
 - S&C: 17 -37-NH (Jul. 7, 2017),
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-37.pdf>,

FACILITY WITH IMMEDIATE JEOPARDY DEFICIENCY

- Regardless of facility history: DPOC; DPNA with 15 days to demonstrate compliance; and CMP according to CMS analytic tool.

CONCERN

- Facilities not cited with infection control deficiencies during focused infection control surveys.
 - Kentucky (discussed last week):
 - 2019: 102 of 285 facilities (36%) cited with infection control deficiencies.
 - Now, 2 of 154 facilities cited with infection control deficiencies; if 36%, 55 facilities would have been cited infection control deficiencies.

CMS DATA

RELEASED JUNE 4, 2020

- 5743 infection control surveys
 - 163 (<3%) cited infection control deficiencies
 - 1 immediate jeopardy (Ohio)
 - 1 actual harm (Florida)
 - 161 no-harm deficiencies

QUALITY IMPROVEMENT ORGANIZATIONS

- Weekly trainings on infection control.
- Work with 6000 small rural facilities.
- Technical assistance to 3000 low performing facilities with infection control challenges.
- States may request assistance for facilities with outbreak.



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Federal Nursing Home COVID Data

Richard Mollot, Executive Director
Long Term Care Community Coalition
www.nursinghome411.org



COVID-19 Reporting Requirements – Quick Review

As of May 8, 2020 nursing homes have been required to...

- Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either
 1. A single confirmed infection of COVID-19 or
 2. Three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.
- This information must—
 1. **Not include** personally identifiable information;
 2. **Include** information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
 3. Include any cumulative updates for residents, their representatives, and families...
 - a) At least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either:
 - each time a confirmed infection of COVID-19 is identified, or
 - whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
- Report a range of data related to COVID-19 to the CDC.

Residents
&
Families

CDC



As of June 1, CMS started reporting **state-level** information to the public.

The Public

STATE	Total Nursing Home Resident Cases	Nursing Home Resident COVID-19 Cases per 1,000 NH Residents	Total Nursing Home Resident COVID-19 Deaths	Nursing Home Resident COVID-19 Deaths per 1,000 NH Residents	Total Nursing Home Staff Cases	Total Nursing Home Staff Deaths	Total Nursing Home Staff Deaths per 1,000 NH Residents	Total Nursing Homes	Total Nursing Home Surveys	Percentage Nursing Homes Surveyed
National	60439	62	25923	27.5	34442	449	0.5	15412	8332	54.10%
Alabama	789	58.2	294	18.4	619	7	0.4	228	53	23.2
Alaska	1	4.4	0	0	1	0	0	19	7	36.8
Arizona	227	55.4	88	18.6	372	1	0.1	143	69	48.3
Arkansas	237	23.6	67	6	151	0	0	227	128	56.4
California	2725	51	1169	23	1879	15	0.2	1194	1131	94.7
Colorado	770	66.3	384	28.1	552	3	0.2	227	227	100
Connecticut	3459	236.1	1495	125	1369	5	0.3	215	212	98.6
Delaware	522	155.8	125	37.4	168	2	1	46	41	89.1
District of Columbia	179	255.4	53	131.2	129	2	0.8	18	4	22.2
Florida	2040	39.8	847	17.9	1161	9	0.2	698	535	76.6
Georgia	2444	94.9	431	18.6	1023	11	0.4	358	64	17.9
Hawaii	0	0	0	0	0	0	0	44	16	36.4
Idaho	54	20.9	32	12.7	41	4	2.4	82	11	13.4
Illinois	4689	100.7	1913	42.9	3379	44	1.2	722	313	43.4
Indiana	1841	79.2	1141	41	838	8	0.3	534	270	50.6
Iowa	507	29.7	154	8.8	315	9	0.6	434	67	15.4
Kansas	133	7.9	189	14.1	107	1	0.1	331	148	44.7
Kentucky	490	33.8	150	11.8	263	3	0.2	285	242	84.9
Louisiana	1489	81.5	620	35.4	859	9	0.5	278	205	73.7
Maine	100	23	22	5	101	8	0.6	93	23	24.7
Maryland	2075	118.1	537	33.6	993	4	0.3	226	37	16.4



As of June 4, CMS started reporting **facility-level** information to the public.

HOWEVER (important notes from CMS):

This is preliminary data and may be subject to fluctuations as facilities are given the opportunity to submit and correct their data.

The first deadline for reporting data was Sunday, May 17, 2020.

As the number of facilities reporting increases each week, it will increase the reported number of COVID-19 cases, suspected cases, and deaths each week.

Additionally, facilities may opt to report cumulative data on their first collection date retrospectively to January 1, 2020.

Due to these factors, the number of cases, suspected cases, and deaths reported by some facilities' first data submission may be higher because it reflects data over a longer length of time, rather than in the last seven days.

As a result, the first few weeks of data posted on this site are impacted by a change in the number of facilities reporting each week, and facilities reporting cumulative numbers in their first data submission, in addition to the actual number of cases, suspected cases, or deaths that occurred in the seven days preceding the weekly reporting deadline.





Facility-Level Data for the Public

COVID-19_Nursing_Home_Dataset June 4 2020.xlsx

Week Ending	Provider Name	Provider Address	Provider City	State	Zip Code	Submitted Data	Passed Quality Assurance Check	Residents Weekly Admissions COVID-19	Residents Total Admissions COVID-19	Residents Weekly Confirmed COVID-19	Residents Total Confirmed COVID-19
5/24/20	ARBOR WOODS HEALTH AND REFORM	515 2ND AVENUE N	EUTAW	AL	35481	N					
5/31/20	GREENE COUNTY NURSING HOME	509 WILSON AVE	EUTAW	AL	35462	N					
5/24/20	PROVIDENCE SEWARD MEDICAL CENTER	2203 OAK STREET (P)	SEWARD	AK	99664	Y	Y	0	0	0	0
5/31/20	ANDALUSIA MANOR	670 MOORE RD	ANDALUSIA	AL	36420	N					
5/31/20	LA CANADA CARE CENTER	7970 NORTH LA CAN	TUCSON	AZ	85704	N		0	0	0	0
5/31/20	MOUNTAIN VIEW CARE CENTER	1313 WEST MAGEE	TUCSON	AZ	85704	N		0	1	0	3
5/31/20	WINSLOW CAMPUS OF CARE	826 WEST DESMOND	WINSLOW	AZ	86047	N		0	0	0	0
5/31/20	NEURORESTORATIVE	5301 EAST THOMAS	PHOENIX	AZ	85018	N					
5/24/20	SOMERSET SENIOR LIVING AT	1401 PARK AVENUE	HOT SPRINGS	AR	71901	N					
5/24/20	CRESTPARK HELENA, LLC	116 NOVEMBER DR	HELENA	AR	72342	N					
5/31/20	SOUTH PENINSULA HOSPITAL	4300 BARTLETT STRE	HOMER	AK	99603	Y	Y	0	0	0	0
5/31/20	DEWITT NURSING HOME	1605 SOUTH MADISON	DE WITT	AR	72042	N					
5/24/20	SEACREST CONVALESCENT HOME	1416 WEST 6TH STR	SAN PEDRO	CA	90732	N					
5/24/20	BERKLEY WEST CONV HOSP	1623 ARIZONA AVEN	SANTA MONICA	CA	90404	N					
5/31/20	SEAPORT 17TH CARE CENTER	1330 17TH STREET	SANTA MONICA	CA	90404	N					
5/24/20	COUNTRY VILLA PLAZA CONV	1209 HEMLOCK WA	SANTA ANA	CA	92707	N					
5/31/20	KEARNY MESA CONVALESCENT	7675 FAMILY CIRCLE	SAN DIEGO	CA	92111	N					
5/24/20	MARIN POST ACUTE	234 N. SAN PEDRO R	SAN RAFAEL	CA	94903	N					
5/24/20	ALDERSON CONVALESCENT HOME	124 WALNUT STREET	WOODLAND	CA	95695	N					
5/24/20	SANTA MARIA CARE CENTER	820 W COOK ST	SANTA MARIA	CA	93458	N					
5/31/20	JURUPA HILLS POST ACUTE	6401 33RD STREET	RIVERSIDE	CA	92509	N					
5/24/20	BRENTWOOD HEALTH CARE	1321 FRANKLIN STR	SANTA MONICA	CA	90404	N					
5/31/20	FOUR SEASONS HEALTHCARE	5335 LAUREL CANYON	NORTH HOLLYWOOD	CA	91607	N		0	20	0	6
5/24/20	GLADSTONE CARE AND REHAB	435 E. GLADSTONE A	GLENDORA	CA	91740	N					
5/31/20	ALCOTT REHABILITATION HOME	3551 WEST OLYMPIC	LOS ANGELES	CA	90019	N					
5/31/20	CYPRESS GARDENS CARE CENTER	9025 COLORADO AV	RIVERSIDE	CA	92503	N		0	0	0	0
5/31/20	COUNTRY VILLA SHERATON	9655 SEPULVEDA BL	NORTH HILLS	CA	91343	N					
5/24/20	BETHANY NURSING & REHAB	5301 W FIRST AVE	LAKEWOOD	CO	80226	N					



Reported Data Include...

- Week of reporting
- Facility name
- State, city, zip code
- Whether it submitted data
- Resident weekly admissions (covid & total)
- Resident weekly & total confirmed covid
- Resident weekly & total suspected covid
- Resident weekly & total covid deaths
- Resident weekly & total all deaths
- Resident access to testing
- Staff weekly & total confirmed covid
- Staff weekly & total suspected covid
- Staff weekly & total covid deaths
- Staffing shortages (as identified by provider)
- PPE supplies
- Residents with new confirmed covid cases per 1,000 residents
- Residents with new suspected or confirmed covid who died in the facility or another location per 1,000 residents

A screenshot of a data table with multiple columns and rows, likely representing the reported data. The table is tilted and shows various columns with headers and data entries.



Additional info & resources of interest on

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Reported
as of
5/31/20

Residents Cases and Deaths



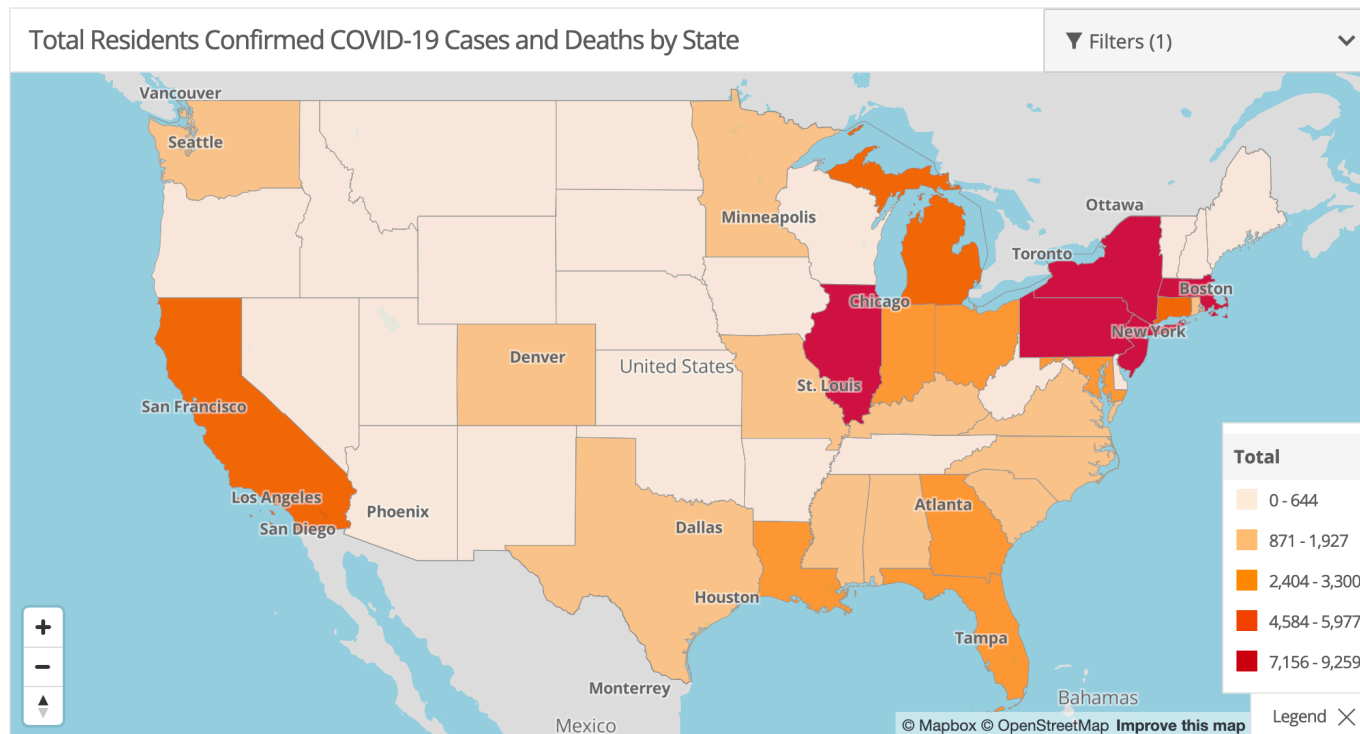


Additional info & resources of interest on

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Total Residents Cases and Deaths by State

You can use the Filters to choose different data to display on the map. The default filter is set to "Total Residents Confirmed COVID-19 Cases".



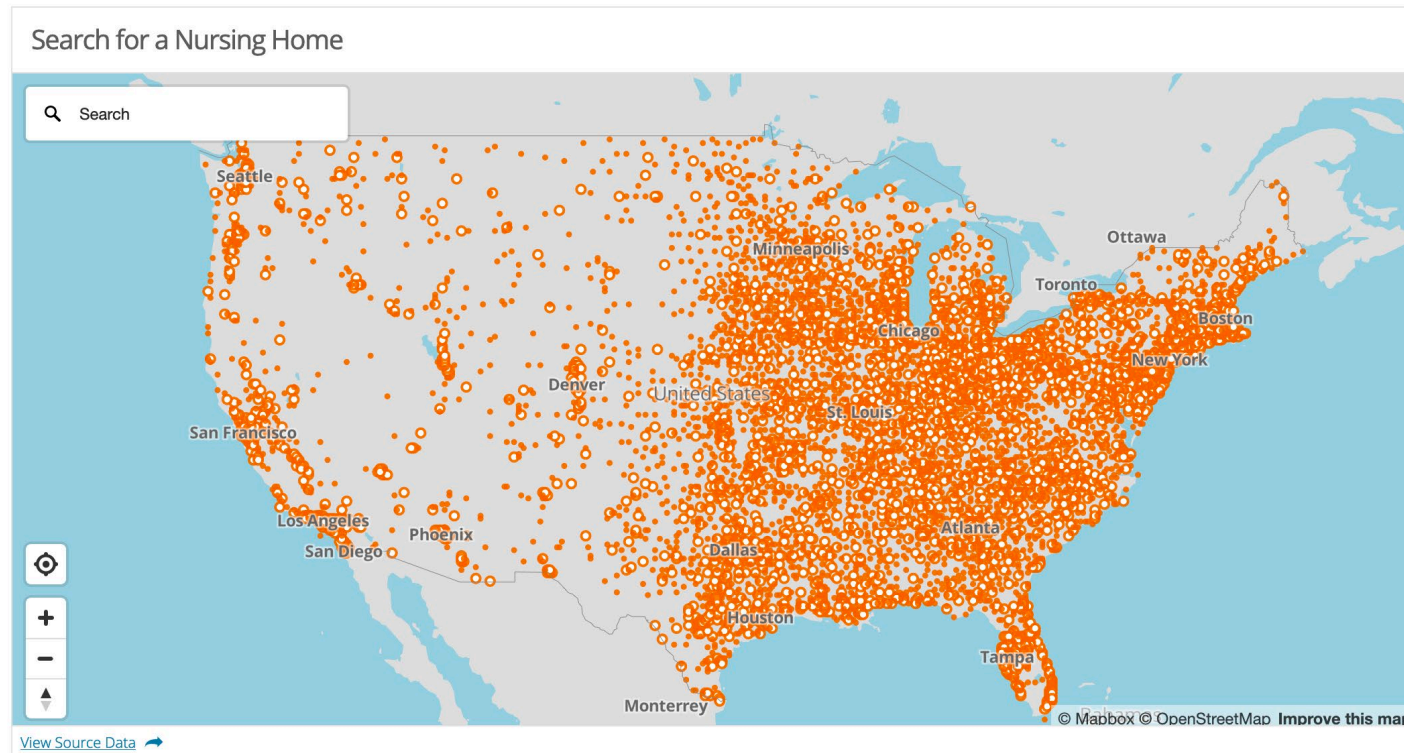


Additional info & resources of interest on

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Search for a Nursing Home

You can find a Nursing Home by using the Search box or by zooming in on the map. You can click one of the dots to show data about the Nursing Home. Please note certain providers may not be displayed.



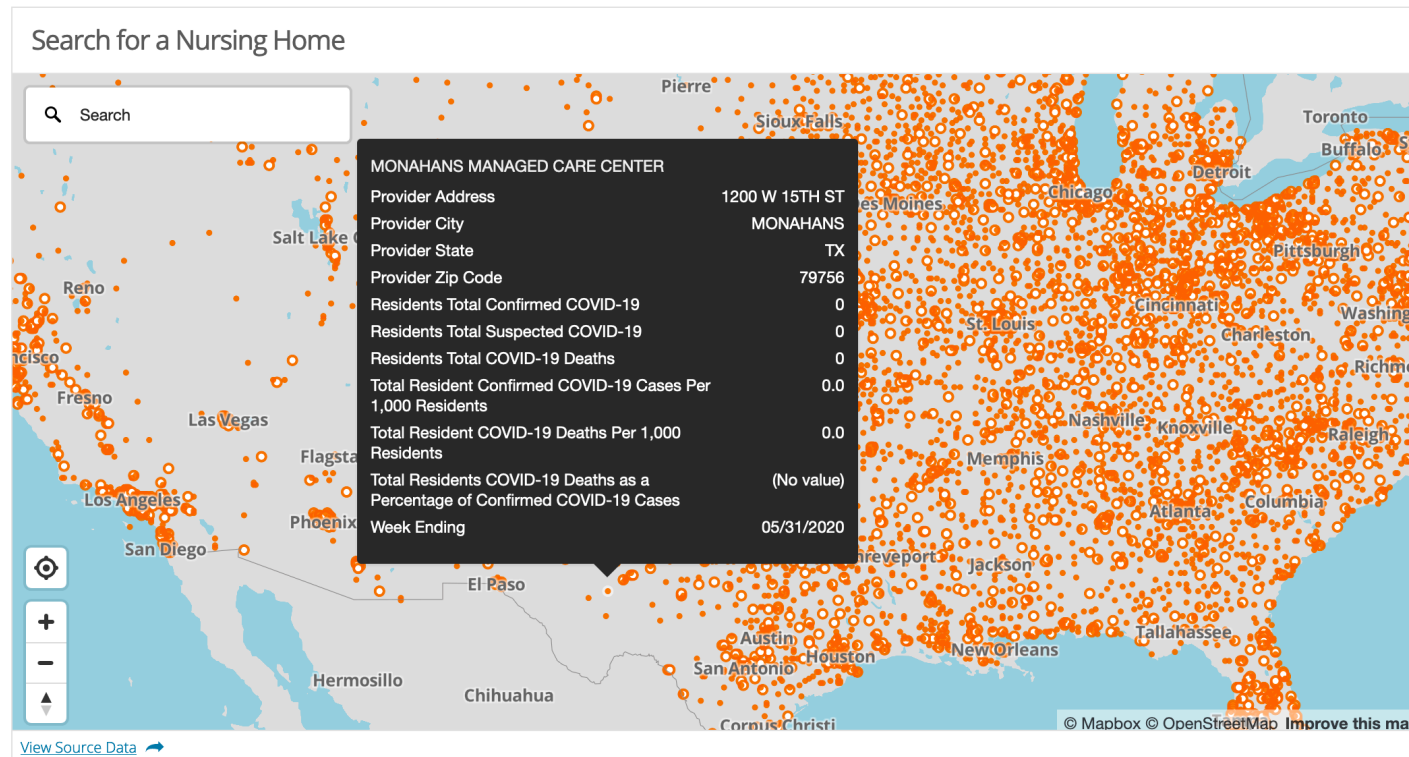


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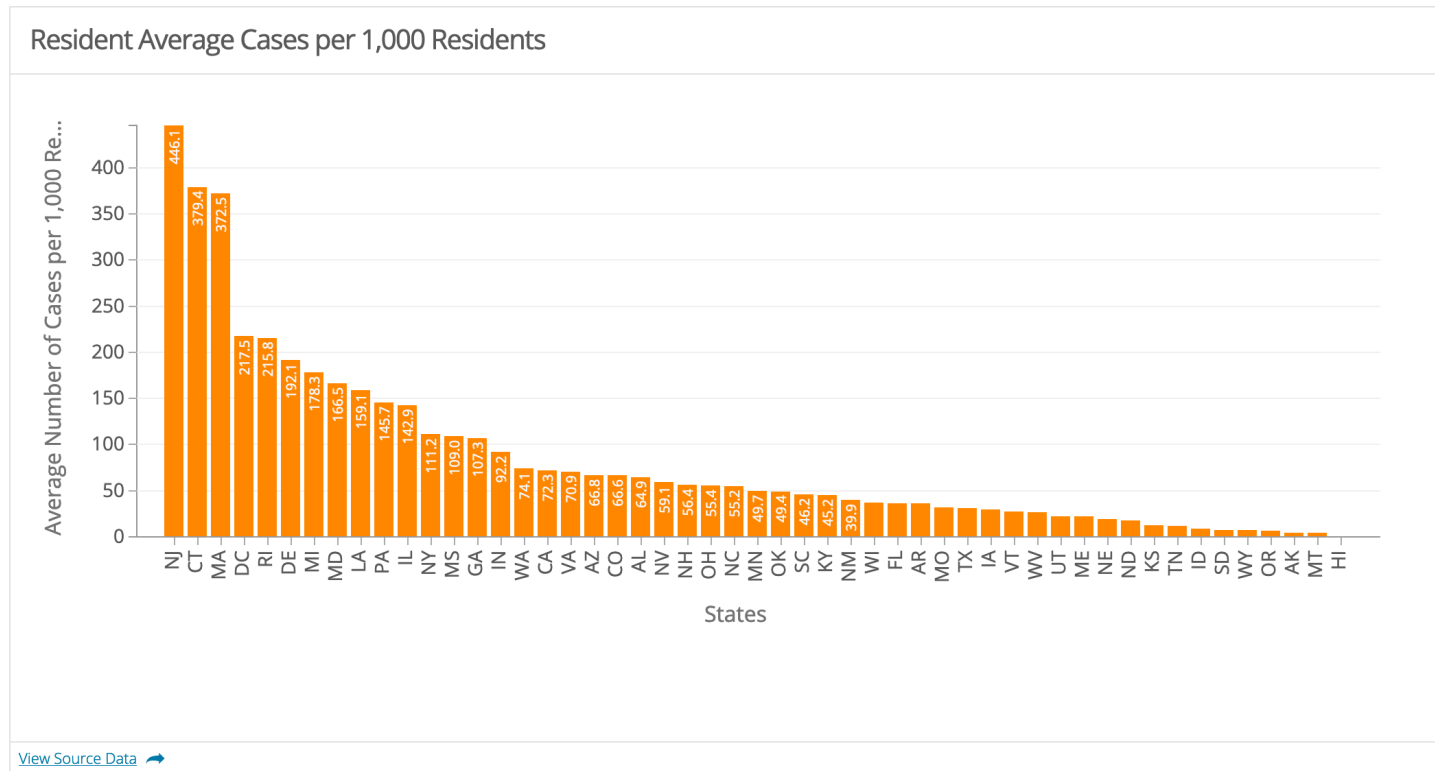


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Reported
as of
5/31/20

Resident Cases and Deaths per 1,000 Residents

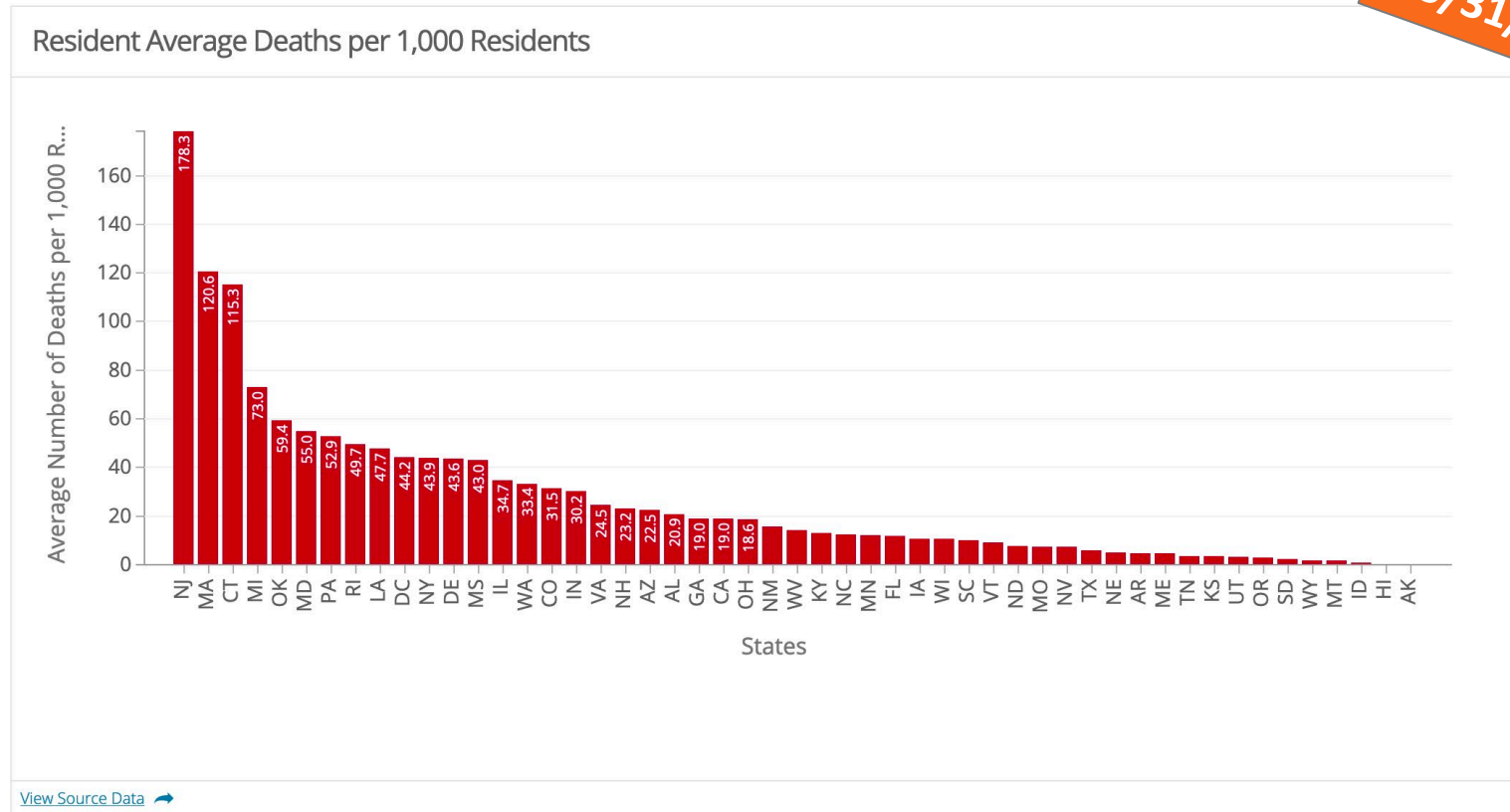




Additional info & resources of interest on

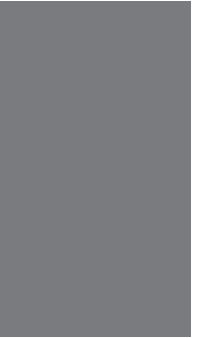
<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Reported
as of
5/31/20





Coronavirus Resource Center



[NURSINGHOME411.ORG/CORONAVIRUS/](https://nursinghome411.org/coronavirus/)

The screenshot shows the website's navigation menu with four tabs: "COVID-19 Resources", "News & Reports", "Data", and "Federal Guidance". Below the menu is a vertical list of five purple buttons with white text, each representing a resource. To the right is a featured article titled "Nursing Homes Were a Disaster Waiting to Happen" by Richard Mollot, dated April 28, 2020. The article includes a sub-header "Opinion", a lead paragraph, and social media sharing icons.

COVID-19 Resources **News & Reports** **Data** **Federal Guidance**

- LTCCC'S EMERGENCY ACTION PLAN FOR NY STATE
- LTCCC'S NEW YORK TIMES OP-ED: NURSING HOMES WERE A DISASTER WAITING TO HAPPEN
- ISSUE ALERT: INFECTION CONTROL & PREVENTION
- MARCH 2020: NEW GUIDANCE ON NURSING HOME HEALTH INSPECTIONS SEVERELY LIMITS OVERSIGHT AND ENFORCEMENT
- MARCH 2020 STATEMENT: CORONAVIRUS & NURSING HOME VISITATION

Opinion

Nursing Homes Were a Disaster Waiting to Happen

Long before Covid-19, poor care and lax standards were widespread and well known.

By Richard Mollot
Mr. Mollot is the executive director of the Long Term Care Community Coalition.

April 28, 2020

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- Coronavirus resources & updates;
- Fact sheets on nursing home resident rights;
- Data on staffing, infection control violations, and ratings for all U.S. nursing homes;
- Forms & tools for resident-centered advocacy;
- Dementia Care Advocacy Toolkit;
- And more!

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QA



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