LNHA Agency Liaison Meeting | AGENDA

May 19, 2020 | noon | LNHA Office

Committee members present:	Staff members present:
Jamie Shelton, Steven Boulware, Phyllis Chatelain, Dale Hewitt, Stephanie Marriott, Marcus Naquin, Tanya Procell, Lannie Richardson	Mark Berger, Wes Hataway, Karen Miller
Committee members absent:	**Guests present:**
Ron Goux, Scott Broussard, Jamie Copeland, Wayne Plaisance, Jack Sanders, Mike Scanlan, David Stallard	Cecile Castello

Call to order

Committee Chairman Jamie Shelton called the meeting to order and discussed the following topics with Cecile Castello, RN, director of the Health Standards Section at the Louisiana Department of Health (LDH).

Testing

LNHA noted that testing of all nursing facility staff and residents is being emphasized and encouraged by LDH. LNHA asked Mrs. Castello what occurs if a staff member or resident refuses testing? Mrs. Castello said this question has not arisen but residents have the right to refuse treatment. It is uncertain if this would qualify for involuntary discharge.

LNHA asked the other following questions regarding testing in nursing facilities and Mrs. Castello noted that the testing questions would be better suited for the LDH Office of Public Health (OPH) to answer as the protocols change frequently for testing and reporting. Mr. Berger mentioned that LNHA will forward the questions to Theresa Sokol, MPH, with OPH.

- In the LDH memo dated May 2, 2020, it states, “The 2 negative test strategy should be maintained in La for patients who are returning to congregate settings such as a nursing home or correctional facility.” Is this a requirement before returning a nursing facility patient to a non-COVID-19 unit/section? The symptom-based strategy was still listed on the document below that statement as being one of the options that could be utilized. Can the symptom-based strategy still be utilized?

- Currently, some residents are taking 25 days or more to receive two consecutive negative tests at least 24 hours apart. If the test-based strategy is used to remove a patient from isolation, at what point is the person not contagious anymore? The LDH memo from May 2, 2020, states, “Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.” Is there another parameter we can utilize, or does the resident have to stay in isolation until two negative tests are received?

- Can staff who are COVID-19 positive return to work under the Centers for Disease Control and Prevention (CDC) guidelines under the symptom-based strategy?

- If a facility is undergoing mass testing or surveillance testing and a resident refuses to be tested, is documentation in the care plan or medical record sufficient?

Ms. Castello referenced the CMS memo sent on May 18, 2020, discussing mitigation needed to prevent the transmission of COVID-19. The importance of testing and access to testing are discussed in the memo. Some facilities have raised concerns regarding receiving the number of test kits needed. This concern should be raised to regional medical offices in the field.

Visitation

LNHA asked if facilities can establish outdoor visitation for family members with proper supervision, personal protective equipment (PPE) and distance enforcement. Mrs. Castello noted that the CMS memo from May 18, 2020, addressing nursing facility reopening recommendations shows that nursing facilities should continue to enforce strict visitation policies. She advised that Louisiana is not at a point where nursing facilities can entertain a more relaxed environment.

Reporting

The Centers for Medicare & Medicaid Services (CMS) requires cumulative reporting. LNHA asked if the cumulative reporting reflects the total number of cases that have occurred in the facility or the total number that are present in the facility. Are facilities required to conduct cumulative reporting even if they never have a confirmed or suspected case? If a "suspected" case is reported but subsequent testing is negative, is that case still reported in cumulative testing?

Mrs. Castello noted for facilities to refer to the guidance directly in the CMS memo. If facilities need COVID-19 Module enrollment assistance, Mrs. Castello noted she could forward the reporting issue to the CMS Dallas Regional office, as needed. She also said comments or questions regarding the reporting requirements could be submitted to CMS.

Feeding Assistants Training

CMS has relaxed its requirements for feeding assistants training. LNHA asked if LDH recognizes the completion of AHCA's "Temporary Feeding Assistant" course as establishing competency?

Mrs. Castello cautioned that many issues may accompany this training and she would like to discuss in more detail with those interested in implementing this program. On the call, Mr. Berger inquired if the committee members would be interested in utilizing feeding assistants. The committee members voiced no interest, so Mr. Berger noted for LDH not to move forward in reviewing.

Mr. Shelton requested more detail regarding the AHCA "Temporary Nurse Aide" eight-hour online training. This temporary nurse aid position is available for facilities to utilize in the public health emergency and allows them to employ a direct service worker during this time. Mrs. Castello emphasized that this training does not mean the direct service worker will be considered a certified nursing assistant (CNA).

Personal Protective Equipment

The current CDC guidelines updated on April 13, 2020, state that facemasks and cloth face coverings should not be placed on young children under age two, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

LNHA asked if a resident cannot wear a mask due to one of the reasons listed or another valid reason such as severe dementia and may choke on or eat the mask etc., is the care plan the proper place to document the rationale for not placing a mask on the patient? If a resident refuses to wear a

mask, how should the situation be handled? Mrs. Castello confirmed that the care plan is the proper place to notate this issue.

Infection control survey trends

LNHA asked Mrs. Castello to note the recent trends in infection control surveys. Mrs. Castello stated the following:

- Refusing to be tested should be documented in the medical record. Facility staff should offer to test the resident multiple times if a resident refuses. It is the resident's right to accept or decline but LDH noted to be sure to document the discussion and the decision.

- CMS is conducting four to five onsite investigations per week at nursing facilities with a goal to conduct an onsite survey at every facility in the state. A surveyor must be on the facility's property for it to be considered an on-site investigation. Thus far, surveys have been mostly positive.

- The onsite visits are being conducted in accordance with the infection control worksheet.

- The only standard surveys being conducted at this time are for those facilities classified as a special focus facility. (Louisiana has one facility.)

Mr. Berger requested that Mrs. Castello mention the concerns in immediate jeopardies that were found in infection control:

  - Improper cohorting of residents

  - Residents were not isolated appropriately and residents with COVID-19 were residing in or visiting more than one unit.

  - Staff working on a hall of residents with COVID-19 residents were not only assigned to that hall.

  - Improper gathering of residents or staff without proper social distancing.

  - Breaks in infection control practices, such as donning, removing and storing the PPE.

Mrs. Castello noted that LDH is working to develop a user-friendly toolkit that will be an inclusive resource for nursing facilities that desire to learn more about staffing, personal protective equipment (PPE) and infection control, testing and reporting. It was disseminated to nursing facilities on May 22, 2020.