

**PADONA UPDATES February 7, 2022**



**Happy Valentine's Day to all our PADONA members from your association and Board of Directors! It is our honor and pleasure to extend to you – our most valued persons – early and heartfelt wishes. PADONA appreciates, respects and admires each and every one of you, not just on Valentine's day, but throughout the year. This just gives PADONA one more opportunity to say it out loud to our members and supporters.**

**YOU are the heart of PADONA and you are also the heart of your nursing departments, your facilities and your organizations. Because of you and all you do each day and in every way, your residents, their families, your staff and your organizations continue to experience the beating of their hearts. It is also because of you and your unwavering support that PADONA continues to demonstrate a beating and vibrant heart for nursing leadership and nursing leadership education.**

**PADONA is excited to provide the Annual Education Convention in Hershey at the Hotel Hershey as an in-person event to enjoy education, networking and friendship! AND for those who are unable to attend the in-person Annual Convention at the Hotel Hershey, PADONA will also be offering a virtual educational opportunity! The opportunity to attend the education sessions from your office and receive nursing continuing professional development contact hours for the education. It is the best of both worlds available to PADONA members.**

**PADONA thanks each of our members for the gift of your support and membership. We recognize these times have been difficult but you have maintained your membership in your nursing administration association. We are grateful, inspired and humbled by you, all you do and have done, and your support.**

**PADONA is grateful for the opportunity to be your organization and to serve you! Your membership and support of PADONA is appreciated and we appreciate you!**

**It is our pleasure to serve you and assist you!**

## **PADONA Annual Education Convention**

**PADONA** will host the **34<sup>th</sup> Annual Convention from March 29 until April 1 at the Hotel Hershey in Hershey, Pennsylvania.**

**This convention is scheduled as an in-person event!** There are guidelines that will be adhered to related to the state and federal regulatory requirements and our obligation to our members as an association of healthcare professionals. All attendees are asked and expected to adhere to these requirements (see requirements notice immediately after this article). PADONA does reserve the right to transition the in-person event to a virtual event if that becomes necessary based on the status of the virus/pandemic and requirements related to in-person large gatherings.

The Annual Convention includes a very comprehensive agenda of relevant and timely educational topics presented by industry leaders. **The Annual Convention provides two tracks of education for attendees. One track provides an increased focus on the administrative areas of the nurse leader role while the other track provides an increased focus on the clinical aspects of the nurse leader role. You must select your track at the time of registration.** Many of the educational sessions will be presented as crossover education in both tracks, such as the presentation from Susan Williamson from the Department of Health which is applicable to both the administrative and clinical aspects of the nurse leader role.

Attending the PADONA **Annual Convention** each year will provide all of the Nursing Continuing Professional Development contact hours needed for the renewal of your nursing license as well as hours for your administrator license and can be used toward renewal of your CNDLTC certification (if you are certified).

Attendees will be required to attend the full sessions to receive the nursing professional continuing development contact hours. The **Annual Convention** agenda begins with pre-conference education sessions on Tuesday March 29 in the evening. Wednesday and Thursday March 30 and 31 will be full days of education in each of the two tracks, and Friday April 1 is a half day of education.

The **34<sup>th</sup> Annual Convention** also provides the opportunity for nurse leaders to meet with vendors of products and services that are used and needed in Long Term Care facilities. Even if you are not the decision maker, you have the opportunity to bring the vendor information and product information back for the decision makers.

The **Annual Convention** is not intended to be all work for our nurse leaders; there will be networking and opportunities to celebrate. PADONA is anxiously anticipating a celebration of nursing, of nurse leaders and most importantly of YOU!! PADONA members who are hard-working, dedicated and extraordinary nurse leaders in the Pennsylvania Long Term Care facilities. We have witnessed over the 34 years of the PADONA annual conventions that nurse leaders can celebrate! You work hard and you have been phenomenal through the pandemic and now it's time to CELEBRATE!!

### **NOTE:**

***PADONA is requiring all speakers, exhibitors, and attendees to the 2022 conference to be fully vaccinated and boosted. You will be required to show proof of vaccination upon registration at the event. If you are unable to produce proof that you meet our vaccine requirement, you will not be permitted to attend.***

## **PADONA Annual Convention Can Also Be Attended Virtually!!**

PADONA has been receiving many requests related to the Annual Convention being provided in-person only. There are a variety of reasons for some members to be unable to attend the Annual Convention as an in-person event. Please review the information below which also should have been in your email as a PADONA Updates earlier this week.

PADONA is pleased to offer a virtual option to our annual Spring Convention. We understand the current environment may not afford some of our members the opportunity to attend our convention. So, we are bringing the convention to you!

You will be able to virtually attend our conference sessions via our online webinar platform. The **CLINICAL TRACK** Conference sessions will be streamed live for virtual attendees. The Administrative Track will not be accessible for virtual attendance. The optional pre-conference sessions will not be accessible to virtual attendees.

PADONA, as an approved provider of nursing continuing professional development contact hours through PSNA, is offering 14.25 contact hours for nurses and administrators who attend each offered virtual session and complete an evaluation of the Convention. Remember, you are able to obtain all of your required hours of nursing continuing professional development continuing education simply by attending the convention each year! This educational offering has been reviewed by the National Continuing Education Review Service (NCERS) of the National Association of Long Term Care Administrator Boards (NAB) for approval for 14.25 clock hours and 14.25 participant hours. Virtual attendees will be required to login to the webinar platform on the same day and time as the scheduled sessions in order to participate virtually and receive credit hours. As required by the credentialing organizations, we will be utilizing a dual verification process to track webinar attendance for credit hour purposes. Virtual attendees who meet our attendance and evaluation requirements will receive applicable NHA and RN credit hours.

### **The cost for virtual conference attendance:**

Full Conference Participation - Member:	\$475
Full Conference Participation – Non-Member:	\$575
Daily Rate– Member:	\$175
<i>(Wednesday, Thursday, Friday)</i>	
Daily Rate – Non-Member:	\$225
<i>(Wednesday, Thursday, and Friday)</i>	

### **Registration:**

You can register for the virtual conference on our website or by completing the virtual conference registration form and remitting payment. Please contact Candace Jones at [cjones@padona.com](mailto:cjones@padona.com) for registration questions.

***PADONA is an approved provider, with distinction, of Nursing Continuing Professional Development contact hours by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.***

**Education Program Title:** You Have Vaccine Mandate Questions – We Have Answers

**DATE:** Tuesday, February 8, 2022

**TIME:** 11:30 am – 12:30 pm

**COST:** \$35 for members and \$55 for non-members

**Description of the Professional Practice Gap:** The recent decision by the Supreme Court to allow the vaccine mandate to be upheld for healthcare workers in facilities which receive Medicare and Medicaid Reimbursement has left some questions for nurse leaders related to what is an allowable religious exemption, will the surveyors check these, can I ask visitors to test at the door and other such questions. Guidance and directives have been plentiful but what is legally allowable and which decisions that you make will withstand a challenge by a staff member, surveyor or visitor? This session will provide answers to you for these and other vaccine mandate questions. **The session will be provided as a Q&A session and questions should be submitted in advance to [cjones@padona.com](mailto:cjones@padona.com).**

**Learning Outcomes:** At the completion of the education session:

1. 90% of learners will self-report a basic understanding of the directives of the vaccine mandate and who needs to be vaccinated.
2. 90% of learners will self-report understanding their risks if they are non-compliant with the mandate.
3. 90% of learners will self-report understanding of what the surveyors will evaluate when they come for the annual or infection control surveys.

**Presenter:** Paula Sanders is a Principal and Chair of Post & Schell's national healthcare practice and Chair of the Firm's COVID-9 Task Force. She focuses her practice exclusively on healthcare law. Ms. Sanders represents clients on both substantive and procedural aspects of health facility regulation and compliance, such as licensure and certification, OSHA, Medicare/Medicaid; compliance; payer audits; fraud and abuse, OIG investigations and voluntary disclosures. She is skilled in dealing with multiple regulatory and law enforcement agencies and coordinating an integrated response to their issues. Ms. Sanders' clients include continuing care retirement communities, long-term care facilities, assisted living providers, hospitals, hospices, home health agencies, drug and alcohol treatment facilities, and adult day care centers, as well as intellectual and developmental disability providers. Ms. Sanders has written and lectured extensively on topics affecting the health care industry. She speaks regularly before international, national and statewide organizations. Ms. Sanders is an appointed member of both the American Health Care Association's and LeadingAge's national legal committees.

**Support Organization:** Post & Schell, LLC offers litigation, regulatory compliance, business and transactional, and dispute resolution services for companies and individuals in highly regulated industries.

1.0 Nursing Continuing Professional Development contact hour will be awarded after completion of an online program evaluation which includes submission of your license number, attending the webinar for the entire 60 minutes and inclusion of the correct beginning and ending codes on the evaluation form.

PADONA is an approved provider, with distinction, of Nursing Continuing Professional Development contact hours by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Neither the presenter nor the planner have declared a conflict of interest.

## **PADONA Education Webinar Recordings**

If you have been unable to attend the PADONA webinars or the annual education convention completed in October, with education provided by experienced professionals on relevant topics, there is an opportunity for you to receive the information from the webinars. Additionally, if you have attended the webinars and believe that the relevant and timely information from the webinars would provide appropriate education for nursing or interdisciplinary team members or could be included in facility leadership meetings, the information is available to you for a small fee from PADONA.

Please go to the **PADONA website** to review the **educational webinar recordings** that are available for purchase for your education and for use with your team members. Every educational webinar provided by PADONA is recorded and available on the website with handouts and recording. There are no Nursing Continuing Professional Development contact hours available for the recorded education, but the timely and relevant education is available to you and your teams.

Why pay for other educational webinars when there is so much great education available from PADONA?! Also, with the reduction in costs related to the staff development position – these recordings are a way to continue to meet the educational needs of nursing team members.

Let PADONA help you educate your staff while you reduce your workload related to education by using the recorded webinars for staff education.

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## **PADONA Posts Staff Needs to Website**

If you are experiencing staffing needs, PADONA can assist. As a PADONA member, one of your benefits is that PADONA will post your ads for positions on our website without cost. If you are in need of a posting a staffing ad, please send the written ad to Candy Jones at [cjones@padona.com](mailto:cjones@padona.com) and it will be posted on the PADONA website. The PADONA website is where Pennsylvania nurses and nurse leaders go to look for available positions. We are here to help you fill those needed positions.

## **Pennsylvania Department of Health - Health Alert Network (HAN) Updates**

The Pennsylvania Department of Health has issued two additional HANs during the month of January related to COVID-19. There is a third HAN issued and it is related blood lead levels. Each of these HANs includes important information for Long Term Care provider facilities and for the care of the residents. The two HANs related to COVID-19 address work restrictions for healthcare personnel and return to work for healthcare personnel. PADONA is providing a summary from each of the issued HANs and the actual HANs are included as attachments for your review.

### **PA HAN 621 Issued January 25, 2022 Work Restrictions for Healthcare Personnel with Exposure to COVID-19 (this sounds familiar because it is a replacement for PA HAN 616 issued January 5, 2022)**

**This guidance replaces PA-HAN-616.** Information has been added to clarify the recommendations in consultation with CDC as well as to incorporate changes that have been made by CDC on January 21, 2022. Language has changed from using the term “boosted” in PA-HAN-616 to instead describe persons as being “up to date” with vaccine doses.

This guidance pertains only to the healthcare personnel and their need for work restriction. For guidance on isolation and quarantine in the community, please refer to PA-HAN-615 or its successor.

This update includes clarification that:

- **Being up to date** with all recommended COVID-19 vaccine doses includes persons who have completed a primary vaccine series at least 2 weeks prior but are not yet eligible for a booster shot per current CDC guidelines.
- **A person is considered up to date immediately after receipt of the booster dose; there is no waiting period following a booster.**
- In general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days do not require work restriction following a higher-risk exposure; however, it should be considered in certain circumstances.

### **PA HAN 622 Issued January 25, 2022 Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19**

Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions.

Updates include:

- Antigen testing is preferred if testing symptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days. If tests are in short supply, they should be prioritized to diagnose infection.
- Added additional information to strategies to mitigate healthcare personnel staffing shortages.



## Open Door Forum

The next CMS Long-Term Services and Supports Open Door Forum scheduled for:

Date: Wednesday, February 9, 2022

Start Time: 1:00 PM Eastern Time (ET);

Please dial-in at least 15 minutes before call start time.

Conference Leaders: Jodie Sumeracki, CMCS and Jill Darling, CMS Office of Communications

**\*\*This Agenda is Subject to Change\*\***

### 1. Opening Remarks

Chair – Jodie Sumeracki (CMCS)

Moderator – Jill Darling (OC)

- Announcements & Updates
  - Brief overview of several recent guidance documents and resources that impact LTSS including:
    - [Mobile Crisis State Health Official Letter](#)
    - Updates Regarding [Implementation of Section 9817 of the American Rescue Plan](#)
    - CMS Presentations from [National HCBS Conference](#) Availability

### III. Open Q&A

**\*\*DATE IS SUBJECT TO CHANGE\*\***

Next ODF: TBD

For questions, please email: [LTSS@cms.hhs.gov](mailto:LTSS@cms.hhs.gov)

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Open Door Participation Instructions:

This call will be Conference Call Only.

To participate by phone:

Dial: 1-888-455-1397 & Reference Passcode: 5109694

Persons participating by phone do not need to RSVP. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help.

Instant Replay: 1-800-391-9853; Passcode: No Passcode Needed

## Department Of Labor (DOL) Adding 100 Investigators to Look for Wage and Hour Violations

The U.S. Department of Labor announced on February 1st that its Wage and Hour Division will be adding 100 investigators to build out its enforcement team nationwide.

In fiscal year 2021, the division collected \$230 million in wages owed to 190,000 workers, and division representatives also conducted 4,700 outreach events to educate employers and workers about workplace rights and responsibilities, the department said.

“Adding 100 investigators to our team is an important step in the right direction. We anticipate significantly more hiring activity later in fiscal year 2022,” Acting Wage and Hour Administrator Jessica Looman said in a statement. “While appropriations will determine our course of action, we are optimistic we will be able to bring new talented professionals onboard to expand our diverse team.”

The investigators’ job is to determine whether employers are paying workers and affording them their rights as the law requires; helping ensure that law-abiding employers are not undercut by employers who violate the law; promoting compliance through outreach and public education initiatives; and supporting efforts to combat worker retaliation and worker misclassification as independent contractors.

In November, the Labor Department launched an ongoing education, outreach and enforcement initiative to ensure that employers pay caregivers “their rightful wages and honor all protections afforded them by law.”

At the time, a Labor Department spokesperson told the *McKnight’s Business Daily*: “With this initiative, the Department of Labor’s Wage and Hour Division will focus on care workers in senior living and care facilities, as well as other areas where care workers are employed. This would include compliance assistance efforts with the industry to explain what the law requires so that they understand what it is to be in compliance.”

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## **Health Officials Simplify Pneumococcal Vaccine Guidance**

The Centers for Disease Control and Prevention has published newly simplified recommendations for pneumococcal vaccination in the elderly and immunocompromised. Article can be found here: [https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm?s\\_cid=mm7104a1\\_w#contribAff](https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm?s_cid=mm7104a1_w#contribAff)

The changes, published Friday in the agency’s *Morbidity and Mortality Weekly Report*, and are an endorsement of a unanimous vote by the Advisory Committee on Immunization Practices that the guidance be clarified following a review of vaccine efficacy and cost issues.

For patients who have never received a pneumococcal conjugate vaccine (or for whom vaccination status is unknown), the CDC recommends that the vaccines PCV15 (Vaxneuvance) or PCV20 (Pevnar 20) be available to adults aged 65 years or older and to adults ages 19 through 64 years old with certain medical conditions or risk factors.

If PCV15 is used, it typically should be followed by a dose of PPSV23 (Pneumovax 23) one year later, the agency stated.

The new guidance also covers dosing schedules, vaccination for adults who were previously vaccinated with either PPSV23 or PCV13, and co-administration with other vaccines. A proposed amendment to lower the age for offering PCV20 to 50 years old was rejected by ACIP.

Pneumococcal vaccines protect against multiple streptococcus pneumoniae bacteria serotypes, which can cause pneumonia and respiratory failure. Two of the vaccines are relatively new. The Food and Drug Administration approved Pevnar 20 in June 2021 and Vaxneuvance in July 2021.



## **Wolf Administration Announces Long-Term Care Regional Support Sites**

### **To Help Relieve Strain On Healthcare Workers, Hospitals**

Leaders of the Pennsylvania departments of Health and Military and Veterans Affairs along with the Pennsylvania Emergency Management Agency announced on January 3rd four long-term care regional support sites to relieve pressure on hospitals and skilled nursing facilities due to a high number of patients with COVID-19.

“Establishing these long-term care support sites will benefit hospitals and nursing homes caring for high numbers of patients with COVID-19,” Acting Secretary of Health Keara Klinepeter said. “This collaborative effort between state agencies and the healthcare community is the next step in the Wolf Administration’s multi-layered approach to relieve the strain on healthcare workers and facilities.

“COVID-19 hospitalizations remain at historically high levels and healthcare workers need some support to get through this current surge,” Klinepeter said.

Regional support sites will open at the following skilled nursing facilities (SNF):

- Vincentian Home in Pittsburgh, Allegheny County,
- Lutheran Home in Hollidaysburg, Blair County,
- Springs at the Watermark in Philadelphia, and
- Clarview Nursing Home and Rehabilitation in Sligo, Clarion County.

DOH is continually working with hospitals to evaluate the need and stand up resources to meet the need for regional support. Staffing resources are anticipated to be deployed for approximately 90 days based on demand.

Each facility will receive clinical and non-clinical support staff to open up to 30 beds to allow for more rapid discharge of patients from hospitals, when clinically safe to do so, freeing additional acute care space to meet COVID demands. General Healthcare Resources (GHR) will provide clinical staff, including RNs, LPNs and CNAs; Pennsylvania National Guard will provide non-clinical staffing to support the facility’s existing staff; and PEMA will assist in the coordination.

“I am truly grateful for the continued service and sacrifice of all our soldiers and airmen,” said Maj. Gen. Mark Schindler, Pennsylvania’s adjutant general and head of the Department of Military and Veterans Affairs. “I am equally thankful to their families and employers who support them when they are called to serve. These missions are successful because of our partnership with the Department of Health and PEMA and our collaborative efforts demonstrate how government works together, in serving and supporting our communities, especially residents and the staff in long-term care facilities.”

“Our agency regularly works across all levels of government, and the public and private sector to lead collaborative planning efforts to respond to complex situations that present unique challenges such as the ongoing pandemic,” said PEMA Director Randy Padfield. “We’re pleased to continue to be involved in the planning and execution of this new initiative.”

DOH is contracting for clinical staff through GHR, which is focusing its staff engagement and recruitment on healthcare professionals from outside of Pennsylvania to avoid heightening current staffing limitations within the state.

This staffing assistance is separate from the state-directed strike teams currently deployed at Grand View Health in Bucks County and Crozer Health in the southeast, as well as [federal strike teams deployed](#) to hospitals in Scranton and York and extended into March.

## **Lawmakers Request Continued Telehealth Expansion for Medicare**

A letter signed by 45 members of Congress asked for continued federal funding for Medicare telehealth access as pending legislation aims to make it permanent.

A group of lawmakers cosigned a letter addressed to Congressional leadership requesting the expansion of telehealth services for Medicare beneficiaries in upcoming government funding legislation, as the COVID-19 pandemic continues to impact care.

Among the bipartisan list of signatories are Sens. Brian Schatz, D-Hawaii; Ben Cardin, D-Md.; Marco Rubio, R-Fla.; Rob Portman, R-Ohio; Elizabeth Warren, D-Mass.; Lindsey Graham, R-SC, along with Reps. Doris Matsui, D-Calif.; Peter Welch, D-Vt; and David Schweikert, D-Ariz.

“Telehealth has been a critical tool during the COVID-19 pandemic to ensure that patients continue to receive the health care they need while keeping health care providers and patients safe,” the letter reads. “An extension to maintain expanded coverage of Medicare telehealth services for a set period of time would provide much-needed certainty to health care providers and patients.”

Under the lawmakers’ request, the Medicare telehealth expansion would be added to legislation that is necessary to keep the government running after Feb. 18, when the latest continuing resolution expires.

The use of telehealth has grown since the onset of the COVID-19 pandemic, which continues to complicate in-person meetings and appointments. Despite the boom in virtual health care appointments, the letter notes that many health care providers have been reticent to invest in long-term telehealth benefits and coverage given the unexpected nature of the pandemic.

Deploying more telehealth resources is also expensive, with funding coming from emergency declarations approved by the Department of Health and Human Services. For funding to continue, these declarations must be approved every three months.

In addition to encouraging the renewal of the declaration, lawmakers advised to limit other bureaucratic barriers to telehealth access as officials work to collect data to better understand how Medicare telehealth options are being used nationwide.

“It is crucial that an extension not include unnecessary statutory barriers in accessing telehealth services during this data collection and analysis period,” the letter said.

Telehealth services were initially expanded during the onset of the pandemic in 2020 by the Trump Administration, which relaxed some provisions mandated in the Health Insurance Portability and Accountability Act of 1996, or HIPAA, primarily to expand telehealth benefits for Medicare beneficiaries regardless of their geographic location.

Pending legislation would make these changes permanent as the pandemic shows little signs of abating. Sen. Schatz introduced the CONNECT for Health Act of 2021 in April of last year to make the Medicare access expansion permanent. The bill currently has 61 cosponsors and bipartisan support. He originally introduced a version of the bill in 2016, earning newfound momentum in the wake of the COVID-19 pandemic.

A companion bill was introduced in the House of Representatives simultaneously by Rep. Mike Thompson, D-California.

## **CMS Releases New Tool for Improving Facility Air Quality**

Funding is now available for long-term care providers looking to make air quality upgrades to reduce the spread of COVID-19.

Facilities can apply for civil monetary penalty (CMP) reinvestment funds to purchase portable fans and air room cleaners with high-efficiency particulate air (HEPA) filters to increase or improve air quality, according to updated guidance released by the Centers for Medicare & Medicaid Services February 2. CMS staff had detailed the coming changes during a nursing home stakeholder call on the same day.

Providers can request a maximum of \$3,000 per facility, including shipping costs. CMS also detailed best practices for improving air quality to reduce COVID-19 risks during visitation, which included adding ultraviolet germicidal irradiation (UVGI) to heating, ventilation and air conditioning systems (HVAC).

“To avoid having multiple groups of people or multiple visitors for a resident within small rooms or spaces, designate special visitation areas that are outdoors when practical or in designated large-volume spaces with open windows and/or enhanced ventilation,” the guidance states. “Ensure proper maintenance of [a] HVAC system to ensure maximum outdoor air intake.”

CMS staff emphasized that there has never been “one single practice” that reduces the transmission of COVID-19 but rather a multitude of tactics and resources providers can use.

“All these things are the things that you know. It’s hand hygiene, it’s physical distancing, it’s masking and it’s also air flow,” Evan Shulman, director of CMS’ Division of Nursing Homes, said during the call Wednesday.

“We’re just trying to layer on top all of the practices that can help reduce the transmission of COVID-19, so we need to keep at them all,” he added.

The Centers for Disease Control and Prevention also released updated guidance on infection control and prevention recommendations for nursing homes and the information can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> .

## **CMS Allows Nursing Home Testing for Visitors But Says Facilities Must Provide the Tests**

Nursing homes that require testing as a condition of visitation must provide the testing options to do so, Centers for Medicare and Medicaid Services (CMS) officials announced this week. CMS addressed the issue after receiving a flurry of questions on the matter from state officials and operators across the country.

CMS also said COVID-19 tests will soon be on the way to nursing homes – provided by South Korean pharmaceutical company Celltrion. The American Health Care Association estimates the industry needs closer to 5 million tests per week, the article said; about 76% of nursing homes said they have adequate testing supplies, but restocking was becoming more difficult.

If a facility doesn't have tests available then the visit must still be permitted, according to CMS Division of Nursing Homes Director Evan Shulman, despite some states requiring facilities to test visitors prior to entry.

Shulman was one CMS official who answered questions from the nursing home industry in a February 2 stakeholder call. "CMS has communicated to states that they can have facilities test visitors prior to entry, however, they need to be provided by the facility and they need to be the 15-minute rapid test," Shulman said. "We believe it's reasonable for facilities to test visitors prior to entry."

On visitation safety, Schulman said nursing homes can request to use civil monetary penalty (CMP) funds to purchase portable devices to improve airflow and air quality as another way to prevent viral transmission.

"It's hand hygiene, it's physical distancing, it's masking and it's also airflow. We're just trying to layer on top all of the practices that can help," Shulman said. "There has never been one single practice that reduces the transmission of COVID-19. It's always been a multitude of practices."

Visitation can occur with a nursing home resident's roommate safely distanced 6-feet away, Shulman added, but emphasized it would be better to conduct a visit when the roommate is not there.

Shulman also clarified that the term "visitors" doesn't just apply to friends and family, but to state ombudsmen as well.

The Centers for Disease Control and Prevention (CDC), which was also involved in the stakeholder call, said it updated its infection prevention guidance as it applies to nursing homes. For example, those with even mild symptoms of COVID must receive a viral test "as soon as possible," Kara Jacobs Slifka, medical officer for the agency, said. Slifka urged nursing home staff to follow up their negative rapid test with a nucleic acid amplification test, or NAAT – a PCR test is an example of such a test, the CDC representative said.

"CDC continues to recommend that asymptomatic residents with a close contact exposure should have a series of two viral tests for [COVID-19] immediately, although not less than 24 hours after their exposure, and then if that's negative again at five to seven days," Slifka said of resident testing.

Guidance was expanded on Wednesday to include newly admitted residents and residents who had left the facility for more than 24 hours, Slifka said on the call.

Slifka added that CDC updated its vaccine page to help nursing home management better understand quarantine and isolation requirements for health care personnel.

While the agency has said health care personnel can shorten their amount of time in isolation with a negative test, the same doesn't apply to residents.

“We recommend a 10-day isolation after symptoms have first appeared for residents who are infected with [COVID-19] who are either asymptomatic or who have had a mild to moderate illness and are not moderately to severely immunocompromised,” Slifka clarified.

Residents not “up to date” with vaccine doses who have had a close contact exposure should be placed in quarantine and cared for by staff in full protective personal equipment (PPE), Slifka said, even if a viral test comes back negative.

Individuals are considered “up to date” if they have received their primary and booster doses.

The CDC’s definition of “fully vaccinated” still refers to an individual’s primary series of COVID-19 vaccine doses, according to Slifka.



**Deaths from Diabetes Reach 100,000 For Second Year in a Row, Resulting in Calls for Federal Action**

The U.S. death toll from diabetes reached 100,000 in 2021 — matching the previous years’ record-breaking number, according to an exclusive analysis of federal data from Reuters.

Deaths related to the chronic disease rose 17% in 2020 and 15% in 2021 when compared to pre-pandemic 2019 levels, the news outlet reported. The estimate excluded COVID-19 deaths and was confirmed by the Centers for Disease Control and Prevention.

The National Clinical Care Commission, created by Congress, has released a new report advocating for a broad-based policy solutions that consider diabetes not only as a medical problem, but as a societal one. The report recommends promotion of healthier food consumption, paid maternal leave, the taxing of sugary drinks and expanded access to affordable housing, among other things.

It’s a “federal mobilization along the lines of the fight against HIV/AIDS,” Reuters investigators wrote.

“We aren’t going to cure the problem of diabetes in the United States with medical interventions,” William Herman, M.D., of the University of Michigan, told the news outlet. “The idea is to pull something together across federal agencies, so they are systematically talking to one another.”

The full story and report can be found here. <https://www.reuters.com/world/us/exclusive-us-diabetes-deaths-top-100000-second-straight-year-federal-panel-urges-2022-01-31/>

## **Surveyors Citing An Increased Number of Nursing Homes for Limiting Visitors**

The number of nursing homes cited across the country for impeding residents' right to have visitors increased 250% in the most recent survey cycle.

The number of deficiencies for F-563 given in the last cycle remained relatively low at 200, compared to more than 9,200 infection and prevention control citations in the same period.

But the rise from 57 the previous cycle and just 17 the one before that shows attention may be shifting, veteran observers say. Providers must continue to wade carefully as they attempt to protect patients' physical health during the pandemic — while also avoiding the isolation of their residents.

Some states, including California and New York, recently adopted policies that deny nursing home entry to would-be visitors who are unvaccinated or can't produce a negative COVID-19 test. Meanwhile, federal officials have maintained that nursing homes must allow visitation for residents "at all times." The guidance from the Centers for Medicare & Medicaid Services did not change significantly in the face of the omicron variant.

Data reviewed last week by StarPRO, an analytics and star-rating software firm, did not find that visitation deficiencies given since Jan. 1, 2021, strictly correlated to states that have since restricted visitor access.

North Carolina led the states, with 20 visitation rights deficiencies from surveys of 426 homes. In Wyoming, on the other hand, the deficiency was given only three times. But with just 36 surveys conducted statewide, the deficiency was given in nearly 10% of all inspected facilities.

"This is really more a function of COVID and people losing patience with the policies that are in place," explained Spencer Blackman, director of product and partner at StarPRO. "Especially with a new variant coming out, access that may have been given before is all of a sudden shut off. People get frustrated and can't see their loved ones. What will be interesting to see is how many of these are related to complaint surveys."

Whether the numbers continue to increase could be dictated by changing COVID conditions, Blackman added.

Consumer groups have vocally opposed new visitor restrictions, with National Consumer Voice for Quality Long-Term Care earlier this month polling families about facilities that were limiting access.

At the same time, several states instituted stricter rules as omicron sent case counts soaring.

In California, a health order requiring proof of vaccination, a booster shot, and a negative COVID test before entering any skilled nursing facility continues at least through Monday (Feb. 7).

In New York, Gov. Kathy Hochul (D) also required nursing home visitors to show proof of a negative test within 24 hours of their visit and wear a surgical mask, as opposed to a cloth one.

Connecticut, Maryland and Rhode Island also adopted more restrictive rules in mid-January.

## **CMS Memo States: 'Dramatic Staff Losses' Not Happening Due to Vax Requirements**

Declaring once again that “Vaccine requirements work,” Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure on Tuesday urged healthcare facility administrators to increase efforts to get workers vaccinated against COVID-19.

“We have seen that health care systems that implement vaccine requirements are not experiencing dramatic staff losses,” Brooks-LaSure wrote. “Vaccinated staff are instead more available to work since they are less likely to get sick.”

She said that providers “across the nation” have relayed “effective employee engagement strategies” that include 1-on-1 informational interviews and open panel discussions with clinicians to combat misinformation.

“It is paramount to the health and safety of America’s patients for health care facility workers to be vaccinated against COVID-19,” the CMS leader wrote. “No matter your current practices, my message to you is simple — now is the time to make sure health care workers are vaccinated. We are moving full speed ahead on implementing our vaccination rule in the District of Columbia, the territories, and all 50 states.”

The first deadline for compliance, among half the states, was last week. That will be followed by a first-shot deadline of Feb. 13 for more states and Feb. 19 for Texas.

It was not immediately clear what prompted the timing of the CMS leader’s letter, although it was issued one day after two governors requested limited waivers for rural and state-run providers.

She pointed administrators to CMS guidance released on Dec. 28, Jan. 14 and Jan. 20 for more information. Help is also available from CMS staff, she added.

The Omnibus Health Care Staff Vaccination rule was originally issued Nov. 5, 2021. It has been in effect nationwide since Texas withdrew its challenge shortly after the U.S. Supreme Court upheld the CMS worker mandate Jan. 13.

“Vaccine requirements work,” Brooks-LaSure emphasized.

“Increasing the uptake of COVID-19 vaccines, including the booster shot, is the most important tool you have against staffing shortages,” she added. “As COVID-19’s Omicron variant causes your capacity to be stretched to its limit yet again, the best thing you can do is immediately implement policies and procedures to ensure vaccination of your employees. And you can tell front-line heroes the truth: that vaccination is the best defense against this virus, and their patients need them to be healthy now more than ever.”

Nationwide vaccination rates of residents and staff averaged 87.3% and 81.6%, respectively, according to the latest CMS data (reported through Jan. 16).

### **Acute-Care Respiratory Readmissions for SNF Residents Rise Alongside Community Flu Rates**

When community influenza rates rise, acute-care readmissions follow suit for residents of skilled nursing facilities, according to a new study.

Investigators analyzed Medicare claims, plus climate and viral testing data for older adults who were hospitalized and then discharged to SNFs between 2012 and 2015. They found that increased community activity for certain influenza strains and respiratory syncytial virus (RSV) was linked to greater odds of cardiorespiratory rehospitalizations from these settings.

The data showed a 1% overall increase in readmission rates for every 5% increase in circulating influenza A(H3N2), influenza B and respiratory syncytial virus (RSV). And the numbers rose substantially higher during the respiratory virus season when compared to the off-season. During flu season, acute-care readmissions increased by approximately 6% for influenza A(H3N2), 3% for influenza B and 5% for RSV, the researchers reported.

The outlier was influenza A(H1N1pdm09), for which rehospitalization decreased when prevalence rose — both on- and off-season. This flu type tends to lead to greater severity in younger adults, and vaccination among SNF residents may be protective, the authors noted.

The takeaway? “The respiratory season is a particularly important period to implement interventions that reduce cardiorespiratory hospitalizations among SNF residents,” the authors wrote.

They recommend that SNF care providers surveille community viral activity and then employ infection control and prevention measures to match activity levels. Measures should include use of personal protective equipment, improving environmental cleaning measures, screening and testing residents and staff, and quarantining, they concluded.

The study was published in *JAMDA* and can be found here: [https://www.jamda.com/article/S1525-8610\(21\)01110-5/fulltext](https://www.jamda.com/article/S1525-8610(21)01110-5/fulltext)



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