

POC/EPOC AND DPOC NHCA & LEADING AGE JULY 15, 2020

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PROGRAM MANAGER LTC FACILITIES


AGENDA

- EPOC/POC REQUIREMENTS
- NEW DPOC REQUIREMENTS FOR F880 COVID 19 FOCUSED INFECTION CONTROL SURVEYS
- CONTINUED COVID 19 FOCUSED INFECTION CONTROL SURVEYS (QSO-20-31 ALL)

POC/EPOC REQUIREMENTS MUST INCLUDE :

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;

POC/EPOC REQUIREMENTS MUST INCLUDE :

- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The PoC must be integrated into the quality assurance system. At the revisit, the quality assurance plan will be reviewed to determine the earliest date of compliance. If there is no evidence of the quality assurance being implemented, the earliest correction date will be the date of the revisit; and
 - Include dates when corrective action will be completed. **The corrective action completion dates must be written in the completion date column within acceptable time frames.** If the PoC is unacceptable for any reason, you will be notified in writing by this office. If the PoC is acceptable, you will be notified via ePOC. Please note that the facility is ultimately accountable for compliance, and that responsibility is not alleviated in cases where notification regarding the acceptability of the facility's PoC is not made timely. **The PoC will serve as the facility's allegation of compliance.**
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DIRECTED PLANS OF CORRECTION (DPOC) QSO 20-31-ALL

- **Enhanced Enforcement for Infection Control Deficiencies**
- While CMS infection control deficiencies have been an ongoing compliance concern, the COVID-19 pandemic highlights the imperative that nursing home staff adhere to these fundamental health and safety protocols. Due to the heightened threat to resident health and safety for even low-level, isolated infection control citations (such as proper hand-washing and use of personal protective equipment (PPE), CMS is expanding enforcement to improve accountability and sustained compliance with these crucial practices. In addition to enhanced enforcement, CMS is also providing Directed Plans of Correction, including use of Root Cause Analysis, to facilitate lasting systemic changes within facilities to drive sustained compliance.

DIRECTED PLANS OF CORRECTION (DPOC)

QSO 20-31-ALL

- **Enhanced Enforcement for Infection Control Deficiencies**
- **Directed Plan of Correction:**
- In accordance with Federal regulations at 42 CFR §488.424, a Directed Plan of Correction is imposed on the facility. In accordance with 42 CFR § 488.402(f), this remedy is effective 15 calendar days from the date of the enforcement letter. The DPOC may be completed before or after that date. The effective date is not a deadline for completion of the DPOC. However, the State Agency will not conduct a revisit prior to receipt of documentation confirming the DPOC was completed in accordance with the specifications described in this notice.

DIRECTED PLANS OF CORRECTION (DPOC)

QSO 20-31-ALL

- **Enhanced Enforcement for Infection Control Deficiencies**
- **Directed Plan of Correction:**
- Training option(s) which are the most appropriate for the type of noncompliance cited. For example:
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- Sparkling Surfaces - <https://youtu.be/t7OH8ORr5lg>
- Clean Hands - <https://youtu.be/xmYMUly7qiE>
- Closely Monitor Residents - <https://youtu.be/IZbTINjv6xA>
- Keep COVID-19 Out! - <https://youtu.be/7srwrF9MGdw>
- Lessons - <https://youtu.be/YYTATw9yav4>

DIRECTED PLANS OF CORRECTION (DPOC)

QSO 20-31-ALL

- **Enhanced Enforcement for Infection Control Deficiencies**
- **Directed Plan of Correction:**
- Please send all documentation to the State Agency at the following:
- Connie Vogt, RN, BSN at dhhs.healthcarefacilities@Nebraska.gov. In the Subject Line please put: DPOC
- For states participating in the ePOC program, the DPOC may be added as an attachment.
- **Imposition of this DPOC does not replace the requirement that the facility must submit a complete POC for all cited deficiencies, within 10 days after receipt of the Form CMS 2567. Please see the attached instructions (DPOC attachment) for detailed guidance.**

Non-compliance for an Infection Control deficiency when none have been cited in the last year (or on the last standard survey):

Therefore, substantial non-compliance (D or above) with any deficiency associated with Infection Control requirements will lead to the following enforcement remedies:

- • o Nursing homes cited for current non-compliance that is not widespread (Level D & E) - *Directed Plan of Correction*
- o Nursing homes cited for current non-compliance with infection control requirements that is widespread (Level F) - *Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies.*

NON-COMPLIANCE FOR INFECTION CONTROL DEFICIENCIES CITED ONCE IN THE LAST YEAR (OR LAST STANDARD SURVEY):

- o Nursing Homes cited for current non-compliance with infection control requirements that is not widespread (Level D & E) -*Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, Per Instance Civil Monetary Penalty (CMP) up to \$5000 (at State/CMS discretion)*
- o Nursing Homes cited for current non-compliance with infection control requirements that is widespread (Level F) -*Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, \$10,000 Per Instance CMP*

NON-COMPLIANCE FOR INFECTION CONTROL DEFICIENCIES CITED TWICE OR MORE IN THE LAST 2 YEARS (OR TWICE SINCE SECOND TO LAST STANDARD SURVEY):

- Nursing homes cited for current non-compliance with Infection Control requirements that is not widespread (Level D & E) -*Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, \$15,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$15,000)*

NON-COMPLIANCE FOR INFECTION CONTROL DEFICIENCIES CITED TWICE OR MORE IN THE LAST 2 YEARS (OR TWICE SINCE SECOND TO LAST STANDARD SURVEY):

Nursing homes cited for current non-compliance with Infection Control requirements that is widespread (Level F) -*Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, \$20,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$20,000)*

NH CITED FOR NON-COMPLIANCE WITH INFECTION CONTROL AT HARM LEVEL

- (Level G, H, I), regardless of past history -*Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with **30** days to demonstrate compliance with Infection Control deficiencies.* Enforcement imposed by CMS Location per current policy, but CMP imposed at highest amount option within the appropriate (non-Immediate Jeopardy) range in the CMP analytic tool.

NH CITED FOR NON-COMPLIANCE WITH INFECTION CONTROL AT IMMEDIATE JEOPARDY LEVEL

- Immediate Jeopardy Level (Level J, K, L) regardless of past history –In addition to the mandatory remedies of Temporary Manager or Termination, *imposition of Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 15-days to demonstrate compliance with Infection Control deficiencies.* Enforcement imposed by CMS Location per current policy, but CMP imposed at highest amount option within the appropriate (IJ) range in the CMP analytic tool.

CONTINUING COVID 19 FIC SURVEYS PER QSO-20-31 ALL

- FIC (FOCUSED INFECTION CONTROL SURVEYS)
- Perform on-site surveys (with-in 30 days of this memo) of nursing homes with previous COVID-19 outbreaks defined as:
 - Cumulative confirmed cases/bed capacity at 10% or greater or
 - Cumulative confirmed plus suspected cases/bed capacity at 20% or greater or
 - Ten or more deaths reported due to COVID-19.
- This first round will be completed by 7/31/202 by a joint team of CMS and State of Nebraska Survey Teams

CONTINUING COVID 19 FIC SURVEYS PER QSO-20-31 ALL

- Perform on-site surveys (*within three to five days of identification*) of any nursing home with:
 - 3 or more new COVID-19 suspected and confirmed cases in the since the last National Healthcare Safety Network (NHSN) COVID-19 report,
 - **or** 1 confirmed resident case in a facility that was previously COVID-free.
 - State Survey Agencies are encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.

CONTINUING COVID 19 FIC SURVEYS PER QSO-20-31 ALL

- Starting in FY 2021, perform annual Focused Infection Control surveys of 20 percent of nursing homes based on State discretion or additional data that identifies facility and community risks.
- **Additional COVID Activities**
- CARES Act funds may also be used for State-specific interventions (such as Strike Teams, enhanced surveillance, or monitoring of nursing homes). In addition, in August 2020, State Survey Agency priorities may also be informed by recommendations from the *Coronavirus Commission for Safety and Quality in Nursing Homes*.