

Screening and Visitors

CMS released updated guidance on 03/09 related to screening visitors to nursing homes. Visitors who meet *any* of the criteria should be restricted from entering the nursing home. All nursing homes should be screening visitors, not just those in affected/adjacent counties. Facilities can decide how screening is done (staff screening visitors vs. visitors self-reporting on a questionnaire), but it must be *active* screening. Passive screening, such as simply posting signs, is not sufficient.

One criteria for restricting visitors is if the visitor resides in a community where community-based spread is occurring. Neither CMS nor CDC has defined “community” in terms of town vs. county. CMS recommends following up with the local health department to help determine how a nursing home should determine “community”.

Nursing homes are receiving pushback from state survey agencies and ombudsmen regarding restricting and/or limiting visitors, including for reasons such as PPE supply shortage. Many nursing homes have discussed imposing restrictions on visitors that are more stringent than what CMS has issued, such as restricting all visitors. CMS does not support this at this time and the nursing home may be subject to regulatory consequences.

If the nursing home chooses to restrict or limit visitors beyond CMS/CDC recommendations, they should be prepared to justify why they have gone above and beyond these recommendations. When limiting visitors, such as limiting to only end-of-life visits or visits that are essential for the resident’s well-being and care, nursing homes must use discretion and be prepared to justify any restrictions.

Supplies

CMS is aware that supplies are extremely limited and were notified that providers are having issues with visitors taking/hoarding supplies. CMS referred to CDC guidance for optimizing supply and alternative strategies when there are no supplies. Make sure members are aware of the new guidance released 03/10 related to the expanded list of acceptable respirators, strategies for optimizing supplies, and priorities for limited supplies.

Regarding issues related to space, such as lack of airborne infection isolation rooms, negative pressure rooms, and single-occupancy rooms, CMS referred to [CDC guidance](#) that includes strategies such as maintaining a 6-foot distance with good ventilation and barriers such as curtains as an alternative.

It was noted that some vendors are limiting providers’ PPE orders to the amounts ordered during the last quarter. Other providers are unable to admit new residents because they do not have the proper PPE and supplies to care for residents with or exposed to COVID-19. One alternative mentioned on the call was purchasing reusable (washable) gowns. If a provider chooses to do this, they need to ensure they are properly sanitizing the gowns.

Vendors

CMS was notified that vendors (Sysco) have been refusing to submit to required screens. It was reported that Qwest is not allowing staff to enter nursing homes with COVID-19 cases. CMS was unable to offer



solutions at this time beyond the recommendation in guidance to negotiate alternatives such as receiving supplies at a designated location.

Surveys

It was noted that some surveyors are refusing to submit to visitor screens. CMS acknowledged this and stated that they are discussing the issue with the state survey agencies. CMS also clarified that standard Life Safety Code surveys will continue unrestricted, as these surveys are mandated by statute and CMS does not have the authority to suspend these activities.

Telehealth

CMS is actively engaged in discussions related to how the use of telehealth can help mitigate COVID-19 transmission concerns. They are unable to provide any further information at this time.