



Indiana State
Department of Health

LONG TERM CARE NEWSLETTER

ISDH Long Term Care Newsletter
Issue 2020-03
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Today's Issue:

CMS Update

- **QSO 20-12-All – Suspension of Survey Activities**
- **QSO 20-14-NH –Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID- 19) in nursing homes (REVISED)**
- **QSO 20-17-All – Guidance for use of Certain Industrial Respirators by Health Care Personnel**

LTC Update

- **Limited Criminal History (LCH)**

Reminder

- **WASH YOUR HANDS...**

CMS Update

QSO 20-12-All – Suspension of Survey Activities

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the COVID-19 and other respiratory illnesses. CMS is suspending non-emergency inspections across the country, allowing inspectors to focus on the most serious health and safety threats like infectious diseases and abuse. CMS is issuing this memorandum to State Survey Agencies to provide important guidelines for inspection process in situations in which a COVID-19 is suspected.

Effective immediately, survey activity is limited to the following priority order:

- All immediate jeopardy complaints and allegation of abuse and neglect
- Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses
- Statutorily required recertification surveys

- Any re-visit necessary to resolve current enforcement actions
- Surveys of facilities / hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last 3 years
- Surveys of facilities / hospitals/ dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

For survey of facilities with complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illness refer to – Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Cases and Infection Prevention, Control and Immunizations.

[QSO-20-12-All: Suspension of Survey Activities including Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Cases and Infection Prevention, Control and Immunizations](#)

QSO 20-14-NH –Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID- 19) in nursing homes (REVISED 03/09/2020)

The Center for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America’s health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19. [QSO 20-14-NH – Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in nursing homes](#) contains information and guidance that is critical for nursing home during this time, it is recommended that this guidance be printed and shared with staff.

Guidance included:

- Monitor the CDC website for information and resources:
 - [Infection preventionist training](#)
 - [CDC Resources for Health Care Facilities](#)
 - [CDC Updates](#)
 - [CDC FAQ for COVID-19](#)
 - [Information on affected US locations](#)
- Guidance for Limiting the Transmission of COVID -19 for Nursing Homes:
 - How should facilities monitor or *restrict* visitors?
 - Limiting visitors and individuals: **Expanded recommendations**
 - Monitor or restrict health care facility staff
 - Transferring a resident with suspected or confirmed infection with COVID-19 to a hospital
 - Accepting a resident with a diagnosis of COVID-19 from a hospital
- Other Facility Considerations:
 - Review CDC guidelines for [Infection Prevention and Control Recommendation for Patients with Confirmed Coronavirus Disease 2019](#)
 - REINFORCE STRONG HAND-HYGIENE PRACTICES
 - Increase infection prevention signage
 - Medical equipment – proper cleaning, disinfecting and limit sharing
 - Avoid staff sharing- provide addition work supplies
 - Disinfect work place areas – nurse’s stations, phones, radios, (DON’T FORGET DOOR ACCESS KEY PADS)
- Will nursing homes be cited for not having appropriate supplies?
 - CMS is aware of a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain

supplies if the facility is having difficulty obtaining these supplies for reasons “outside of their control”. However, it is expected that facilities take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. Example: shortage of ABHR, would expect staff to practice effective hand washing with soap and water.

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Additional information is available: [QSO 20-14-NH – Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID- 19\) in nursing homes \(REVISED 03/09/2020\)](#)

QSO 20-17-All – Guidance for use of Certain Industrial Respirators by Health Care Personnel

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America’s health care facilities are prepared to respond to the threat of the COVID-19 and other respiratory illnesses.

This memorandum clarifies the application of CMS policies in light of recent Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) guidance expanding the types of facemasks healthcare workers may use in situation involving COVID-19 and other respiratory infections. The CDC have updated their Personal Protective Equipment (PPE) recommendations for health care workers involved in the care of patients with known or suspected COVID-19.

Additional information is available: [QSO 20-17-All – Guidance for use of Certain Industrial Respirators by Health Care Personnel](#)

LTC Update

Limited Criminal History (LCH)

The Indiana State Department of Health (ISDH) and Indiana State Police (ISP) have been working to clarify the options related to limited criminal history (LCH) checks and compliance with the requirements of IC 16-28-13-4(a).

Comparison of Indiana only limited criminal history & Indiana only fingerprint-based criminal history:

An *Indiana only limited criminal history* (LCH) is a field-to-field comparison (i.e. name/date-of-birth, place of birth, other names, etc.) against the Indiana Criminal History Repository. When using the LCH, if a field is submitted with errant data (i.e. a name is misspelled or a date transposed) by either the organization requesting the LCH or the law enforcement agency that made the arrest entry or if data presented is blatantly false (i.e. one arrest occasion the individual said they were born in Minnesota, and in another said they were born in Indiana), it will reject the search in the comparison and recommend a fingerprint search. Providing accurate data (understanding that it is only

as accurate as the applicant provides) in all LCH fields will provide a more reliable search of the LCH, however if the LCH cannot make a true one-to-one/field-to-field comparison the failsafe is a fingerprint-search against the repository.

An Indiana only fingerprint-based criminal history is a biometric/fingerprint-to-fingerprint comparison. Indiana's Criminal History Repository is based upon fingerprints taken upon arrest. Although the name submitted would be checked against the repository, the result would be based upon a fingerprint comparison, eliminating errors based on errant or false data. Since a person's fingerprints do not change, an Indiana only fingerprint-based criminal history is far less fallible. In summary, an Indiana only fingerprint-based criminal history is a better approach than the LCH.

Based on the above information, the ISDH recognizes that the Indiana fingerprint-based criminal history also complies with the requirements of IC 16-28-13-4(a). Indiana health facilities may obtain the Indiana fingerprint-based criminal history first rather than going through the LCH option that can yield an inconclusive result.