

GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association

FOR THE NEWS THAT MATTERS TO OUR MEMBERS



Surveys and Staff Support

Mary Gracey-White, RN, Director of Regulatory Compliance discusses the resumption of Recertification and Infection Control Surveys. Additionally, she reviews the importance of staff support and peer engagement.

Finance and Reporting

George Horowitz, GNYHCFA Financial Consultant, reviews the general and targeted distribution of CARES financing as well as post-payment notice of reporting requirements.

Life Safety Review

Notable contributions from Director of Health Life and Safety, John Kerney encourages facilities to review policies as CMS has restarted with regular surveys and New York City agencies are back conducting inspections.

August 27, 2020 Webinar Recap

Our latest webinar provided updates relating to PPE requirements and the Pandemic Preparedness Process. Please find a summary of topics discussed on page 6 & 7.

Upcoming Webinar

Our next webinar will take place on October 14, 2020. Please be sure to visit our website at www.gnyhcfa.org for additional information.

Employee Recognition

Junior Sentagil, Union Plaza Care Center

Junior is an immigrant from Dominican Republic. He has been employed at Union Plaza Care Center since 2000. Junior has worked as a Porter and performed all related tasks for that position. During his early years, there were the usual issues with attendance, however, he grew with time. Junior now likes to take on newer employees and teach them proper techniques and procedures required to complete tasks at hand. During this recent pandemic, which we are still dealing with, he was a true stalwart. His wife has a debilitating disability and her doctors were so concerned about her health, that they had given Junior a letter to stay home with her to try and reduce the risk of catching COVID. Instead, he proceeded to make other arrangements with family to watch over his darling spouse as he felt his duty was to the residents in our care. Throughout the pandemic, he did not miss a single day and was the go-to man for all of the heavy lifting. Junior would move residents for cohorting, terminal cleaning, and all special items we now expected of housekeeping during this pandemic. His action doing this was an inspiration to the rest of the department and aided the facility in keeping staff onsite with the can-do attitude.

Some words from Junior on the COVID battle:

Working at Union Plaza Care Center during the peak of the COVID outbreak was a life changing experience to see so much effort and resilience from my coworkers, to stand together and be there for those we cared for brought us all closer together. All were scared about what this new virus would bring and how it would affect us. We feared for our family safety, leaving our children home and coming into this environment where you didn't know if you were doing all you could to stop the spread or to bring it back to your loved ones. I had to deal with a heightened level of anxiety for any sign of sickness and plan contingencies for my family. We embraced a new level of vulnerability while appearing as heroes to those on the outside. We saw how our coworkers stayed vigilant and stayed, although we lost many to the fight. Now, as we brace ourselves for a resurgence, we know that Union Plaza and all of our colleagues will do our best to keep all safe.



Surveys and Staff Support

Mary Gracey-White, RN, Director of Regulatory Compliance, GNYHCFA

Recertification surveys have resumed along with continued Infection Control Surveys. Supporting staff and ensuring compliance 7 months in a pandemic is no easy feat even for the best of organizations. Supporting your staff that have performed so well during the pandemic is a key to being survey ready each day.

Provide updates and catch staff performing well rather than just focusing on the negative. Peer encouragement goes a long way in facilities to promoting a quality culture at the facility. As hard as it is to stay positive at this time, leadership still sets an example to all who come into the facility. Engage staff by providing updates, what is going right, what the facility needs to look at.

In recent surveys, the focus remains on Infection Prevention including staff interviews of how to wear and when to change facemasks that are still mandated in facilities. CDC recommends when staff take breaks and for any resident on Transmission-Based Precautions based on CDC guidance and before leaving the facility. As facemasks are PPE and are considered contaminated after use a staff member would have to discard their facemask and don a new one at the end of the shift. They can also remove a used mask at the facility exit, use alcohol-based hand sanitizer, and put on their own personnel mask as they exit. Leadership should provide guidance to staff on specific procedures of when and where to change masks. Working all day with a mask is challenging for both staff and residents. Acknowledge this with staff to promote correct use of masks as some staff may demonstrate “burnout” and not use PPE properly.

From a resident’s perspective, not being able to see a staff’s smile or try to read lips for the hard of hearing, masks are an obstacle. Facilities can ask their Activities Department to take a larger polaroid of a staff member and they can wear it as/or alongside an ID badge, especially on units for those residents living with dementia.

- Click [here](#) to review the Quality Improvement Organizations’ Presentation referencing the PPE Portrait Project, which prevents PPE from depersonalizing care.

Staff also need to know when a facility goes into crisis, PPE strategies and what that entails if another surge occurs. Resources for these covered topics can be found [here](#).

Further concerns and issues regarding COVID Testing will be covered at the GNYHCFA webinar in October. Please see GNYHCFA Memo 20-31 summarizing the CMS 20-38 testing requirements for the frequency of testing staff and resident testing based on community transmission.

CARES Financing and Reporting for Nursing Homes

George Horowitz, Financial Consultant, GNYHCFA

General and Targeted Distribution Post-Payment Notice of Reporting Requirements

Each recipient of a payment from the Provider Relief Fund (PRF) that used any part of that payment agreed to a set of Terms and Conditions (T&Cs) which, among other obligations, require each recipient to submit reports to the Department of Health and Human Services (HHS). The format and content of these reports are to be prepared in accordance with the guidelines specified by the Secretary of HHS in future program instructions directed to all recipients. The reporting system will become available to recipients for reporting on October 1, 2020.

In addition, organizations receiving money through the Provider Relief Funds (PRF) program are now subject to new audit requirements provided by the US Department of Health and Human Services (HHS). These reporting instructions will provide directions on reporting obligations applicable to any provider that received a payment from the following CARES Act/PRF distributions:

General and Targeted Distributions:

- Initial Medicare Distribution
- Additional Medicare Distribution
- Medicaid, Dental & CHIP Distribution
- Skilled Nursing Facilities Distribution

The reports will allow providers to demonstrate compliance with the T&Cs, including use of funds for allowable purposes, for each PRF payment. HRSA plans to provide recipients with Question and Answer (Q&A) Sessions via Webinar in advance of the submission deadline. Additional details will follow regarding the Q&A Sessions. Government reporting must be accurate and timely and incorrect data could result in penalties and fines.

Notice on Timing of Reports

The reporting system will become available to recipients for reporting on **October 1, 2020**.

- All recipients must report within 45 days of the end of calendar year 2020 on their expenditures through the period ending December 31, 2020.
- Recipients who have expended funds in full prior to December 31, 2020 may submit a single final report at any time during the window that begins October 1, 2020, but no later than February 15, 2021.
- Recipients with funds unexpended after December 31, 2020, must submit a second and final report no later than July 31, 2021.
- Detailed PRF reporting instructions and a data collection template with the necessary data elements will be available through the HRSA website soon be made available. Continue to check the [hhs.gov/provider relief](https://www.hhs.gov/provider-relief) page for the latest updates.

Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

As we are all aware, CMS has restarted with regular surveys. We must once again look at our records and logs for completeness. During the past 6 months, there may have been some delays in outside service inspections, although life safety inspections were not waived. Several items which may be affected, would be the semiannual inspection of fire range hood suppression system and fire alarm system. Review policies on testing of service workers who would be performing this work as they will be in the resident environment. Check to be sure any new medical devices have been added to the equipment log with proper inspection / service completed.

For our New York City members, please be aware that the City agencies are now back in the field conducting inspections for renewals of permits related to oxygen storage, elevators, generators, and other such items.

It is recommended for the requirements for the 60-day supply storage that we review the areas used for the storage and that they meet the hazardous requirements, smoke tight walls, self-closing positive latching doors and proper sprinkler clearance.

August 27 Webinar Recap

On August 27, 2020, Greater New York Health Care Facilities Association hosted a webinar to provide the latest updates relating to PPE requirements and the Pandemic Preparedness Process. Highlights from the webinar included conversation with Sandra Beattie of NYS Division of Budget, James Sherry of RedLand Strategies, and John Gibb of RedLand Strategies.

Sandra Beattie, Deputy Director, NYS Division of Budget

Ms. Beattie explained how the Division of Budget, along with their partners in Governor's Council and NYSDOH, started with a Demand model that needed to be looked at for hospitals, Nursing Homes and Assisted Care Facilities. They needed to establish how they would define mandatory requirements in the quantity by particular PPE. In order to do so, they looked at the Cumulative Demand from June through December 2020; the Surge Demand to analyze the demand of the hospital and Nursing Homes, what was self-reported into the DOH. At the same time, they were also conducting interviews with subject matter experts and reviewed European models.

Using a combination of the above, NYS made projections for what has come to be known as the 60-day requirements. Ms. Beattie reminded the audience that all we have is the experience we just went through collectively, and with that collective wisdom, they needed to rely on the new norm, post surge environment, that the professionals in the field have heightened awareness for treating a virus such as COVID. Ms. Beattie stressed that this requirement was intended to protect the patient and healthcare worker. Lastly, on the subject of storing 60-days of hand sanitizer (flammable liquid), Ms. Beattie indicated that this would require adherence to safety storage requirements established by CDC, that also follow NFPA guidelines.

James Sherry, Senior Vice President, RedLand Strategies

Mr. Sherry discussed the History of Pandemic. His key takeaways are as follows:

History is important to understand the present. Mr. Sherry took a look at the top 10 deadliest events in the United States over the past 270 years. 9 out of 10 events are Pandemic or Disease, over a 270-year history. The knowledge gained from those events is essential.

There is extreme value in planning and exercising. While Pandemic and Disease Events happen less frequently, they have major impacts. Tabletop exercises are imperative to prepare for such events. Each exercise has a designed scenario and asks people who fill roles what they need or wish they had. This helps get an honest point on the state of plans and capabilities.

August 27 Webinar Recap Continued

John Gibb, Strategic Emergency Management Advisor, RedLand Strategies

Mr. Gibb discussed the Pandemic Emergency Plan (PEP) Requirements, the preparedness cycle, the planning process and the importance of an After-Action Report.

Pandemic Emergency Plan (PEP) Requirements

- Communications Plan
- Infection Protection Plan
- 60-Day Supply of PPE
- Preserving a Resident's Place at the Facility
- State Template allowing facility specific procedures to be inserted (Annex E – 23 specific elements to be addressed)
- Plan for it to be accessible on facility website

Preparedness Cycle

Evaluate – Plan – Organize – Train – Exercise

After Action Review (AAR) – Things to think about

- Part of State DOH CEMP Template
- Is the timing right?
- Who should participate?
- Questions to ask – What was expected to happen? What occurred? What went well and why? What can be improved and how?
- How?

Ten Step Planning Process

1. Planning team
2. Hazard analysis
3. Risk reduction
4. Capability assessment
5. Response plan
6. Planning for Recovery
7. Stakeholder Involvement
8. Exercise to test the plan
9. Plan approval
10. Review and update

To access the presentations or for more information, please contact the Association.