

# GREATER NEW YORK NEWS

Greater New York Health Care Facilities Association

FOR THE NEWS THAT MATTERS TO OUR MEMBERS



## Infection Control Survey Updates

Mary Gracey-White, RN, Director of Regulatory Compliance and Arlette Drigpaul, MSN, RN, examine Infection Control Survey updates and provide recommendations to further prevent the spread of COVID-19.

## Emerging SARS-CoV-2 Variants

Julia Balboni, GNYHCFA, explores the effectiveness of current COVID-19 vaccines against emerging SARS-CoV-2 variants and explains the State's prioritization to better detect variant cases.

## Life Safety Review

John Kerney, Life Safety Consultant, encourages facilities to review the revised CMS 20-31 memo regarding Infection Control deficiencies, and quality improvement activities in Nursing Homes.

## Upcoming Webinar

Save the date for our next webinar on **March 3, 2021**. Please be sure to visit our website at [www.gnyhcfa.org](http://www.gnyhcfa.org) for additional information.

# Employee Recognition

Forest Hills Care Center

**Forest Hills Leadership and Direct Care Staff worked as a team to combat COVID-19 for their residents, families and each other. Now, they are getting vaccinated as a team to defeat COVID-19.**

*Pictured:*

Salwander Bal, Director of Nursing (Top Left), Maria Lana Lazo, Dietary Assistant (Top Right), Dr. Mohammed Rahman, Medical Director (Bottom Left), Rochelle Rendor, RN, (Bottom Right)



*“We got ours, you should too!”*



## Infection Control Survey Updates

Mary Gracey-White, RN, Director of Regulatory Compliance, GNYHCFA, Arlette Driggpaul, MSN, RN, GNYHCFA

The New York State Department of Health (NYSDOH) has conducted 2,284 Focused Infection Control Surveys in all 613 New York State Nursing Homes between May 3-July 8, 2020. Just 7.4% (170) of surveys resulted in citations, only 11 of which were in the immediate jeopardy level. This is a testament to robust infection prevention and control programs and practices in nursing homes across the State. It is a validation of the dedication and commitment of nursing homes to residents and their loved ones, as well as to the staff.

The citations that we have reviewed generally have involved cohorting, PPE compliance including the appropriate way of wearing masks, proper implementation of Transmission Based Precautions and compliance with Covid 19 employee screening. As a reminder CMS had issued Memo 20-31 (found [here](#)) detailing enhanced penalties for noncompliance with infection control. The enhanced enforcement actions are more significant for nursing homes with a history of past infection control deficiencies, or that cause actual harm to residents or Immediate Jeopardy. In addition, CMS Memo 20-31 outlines when a State must conduct an IC survey including:

Nursing homes with previous COVID-19 outbreaks, defined as:

1. Cumulative confirmed cases/bed capacity at 10% or greater
2. Cumulative confirmed cases/bed capacity at 20% or greater
3. Ten or more deaths reported due to COVID-19. (start survey within three to five days of identification)
4. A facility with 3 or more new COVID-19 confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free, and other factors that may place residents' health and safety at risk. The IC Survey must start within 3-5 days of identification. Facilities that meet the criteria above to trigger an IC survey do not need to be resurveyed if an IC survey was conducted (as a stand-alone FIC survey or as part of a recertification survey) within the previous three weeks.

As we continue to work through this pandemic where circumstances and information rapidly evolve, it is important to foster evidence-based infection prevention and control strategies proven to prevent the spread and transmission of communicable diseases, particularly SARS-CoV-2. Measures proven effective to prevent and reduce the spread of Covid-19 include utilizing universal masking and eye protection, appropriate use of personal protective equipment (PPEs) to include donning and doffing, maintaining social distancing including when in the break room and locker rooms, and practicing effective hand hygiene. Rounding, direct observation and audits are an opportunity to observe firsthand what occurs on a day-to-day basis in real time. These strategies enhance supervision and allow for interaction with direct care staff, encouraging staff feedback, while also presenting advantageous opportunities for onsite education and identifying areas for improvement. Equally important is cleaning and disinfection of equipment and environmental surfaces, especially those that are frequently used/touched, with EPA-approved N-List disinfecting agents. Taking it a step further, ensure transmission-based precautions are adhered to as appropriate, staff are appropriately furloughed as necessary, residents are appropriately cohorted, group activities are within recommended parameters (no more than 10 people in a room, socially distanced), and there is appropriate signage throughout the building. Our staff at GNYHCFA is available to assist our members with Infection Prevention and Control. Another helpful tool to guide everyday practices is the CMS Covid-19 Focused Survey for Nursing Homes, attached to the 8-26-2020 QSO-20-38-NH guidance.

# Emerging Variants: COVID-19 Vaccine Effectiveness

Julia Balboni, GNYHCFA

## ***Effectiveness of Current COVID-19 Vaccines Against Emerging Variants***

Current research suggests that SARS-CoV-2 has not mutated enough to render present vaccines ineffective, but this is not to say that future viral evolution will not be problematic.

Researchers have identified three notable variants: B.1.1.7, first found in the United Kingdom in December; 501Y.V2, found in South Africa in December; and P1, identified in Brazil in January. So far in New York State, 136 cases of the UK strain and 2 cases of the South Africa strain have been identified (last updated 2/21/21).

The State is prioritizing increasing capacity for genome sequencing of samples within laboratories to better detect variant cases. The White House has pledged almost \$200 M to expand genomic sequencing to 25,000 samples a week. The South African variant confirmed in a Nassau County resident this past Sunday was sequenced at a New York City lab and confirmed at the State's Wadsworth Center lab.

According to Philip Dormitzer, Chief Scientific Officer of Viral Vaccines at Pfizer's vaccine research division, if a vaccine-resistant variant of SARS-CoV-2 were to emerge, current vaccines could be tweaked to address any new mutations. There is emerging evidence, however, that current vaccines may not be *as* effective against certain variants. Early research from Moderna suggests that its vaccine is still effective against the South Africa variant, although the immune response may not be as long-lasting. This may prompt the need for routine SARS-CoV-2 vaccine administration, as is seen with annual flu vaccines.

The Oxford University and AstraZeneca vaccine, approved in the United Kingdom, has been demonstrated to be equally as effective against the UK variant. While it appears to offer slightly less protection against the South Africa variant, it is still believed to protect against severe illness. Two additional vaccines, one from Novavax and another from Janssen, a Johnson & Johnson owned company, could be approved soon and have similarly proven to be protective against variants.

While the South African and U.K. variants appear to spread more rapidly, there is no evidence to support that any of the identified variants cause more serious illness. Mutations are a natural part of viral evolution and although some variants may be more transmissible, they have not been found to be more dangerous.

# Life Safety Review

John Kerney, Life Safety Consultant, GNYHCFA

On January 4, 2021 CMS revised their memo 20 -31 and provided an update to 1135 waivers including Life Safety, found [here](#).

42 CFR §483.90 require facilities and their equipment to be maintained to ensure an acceptable level of safety and quality. CMS is temporarily modifying these requirements to the extent necessary to permit these facilities to adjust scheduled inspection, testing, and maintenance frequencies and activities for facility and medical equipment.

§483.90(a)(1)(i) and (b) requires facilities to follow the Life Safety Code (LSC) and Health Care Facilities Code (HCFC). CMS is temporarily modifying these provisions to the extent necessary to permit facilities to adjust scheduled ITM frequencies and activities required by the LSC and HCFC.

Although they have been allowed to be modified, they have not been totally suspended and need to continue. We still need to have the required items serviced and maintained. As the time frame for this emergency continues, we need to make arrangements and require those servicing the building systems access and require testing reports to be maintained.

Physical Environment Waivers from CMS the following LSC and HCFC are considered critical are not included in this waiver:

- Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing. (K353)
- Portable fire extinguisher monthly inspection. (K355)
- Elevators with firefighters' emergency operations monthly testing. (K531)
- Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing. (K918) (F906)
- Means of egress daily inspection in areas that have undergone construction, repair, alterations, or additions to ensure its ability to be used instantly in case of emergency. (K211).
- §483.90(a)(7) require facilities to have an outside window or outside door in every sleeping room. [F915].

CMS will permit a waiver of these outside window and outside door requirements to permit these providers to utilize facility and non-facility space that is not normally used for patient care to be utilized for temporary patient care or quarantine.

This waiver does NOT eliminate the scheduled maintenance program, it only permits the facility to temporarily modify its inspection, testing, and maintenance program for non-critical items and to permit the use of rooms that do not have an outside window or outside door. The waiver also allows for fire drills to be conducted by local inservice on individual units without full staff participation to reduce size of those attending. The inservice must cover the fire procedures of the facility and needs to be done on all units.

If you need more information, please contact GNYHCFA.