Housekeeping Reminders

- All attendees are on mute
- **Handout:** link in your reminder email 1 hour ago; available in follow up email and on Member portal
- **Questions for Speaker:** submit them using the *Q&A button* on the attendee control panel
- **Technical Questions:** submit them using the *Chat button* on the attendee control panel
- **Recording:** will be emailed to all registered attendees 48 hours after concluded; will be available for NARA Members on the portal in 24 hours
Presentation Navigation

- Content
  - CMS QSO Memos: Survey & Certification
  - AAAASF New Survey IC Worksheet
  - Changes: Policies, Procedures, & Processes
  - AAAASF, CMS, and CDC Resources
  - Tips from Presenter & Panel

- Format and Timeline
  - Housekeeping (NARA - Sabrena): 1 minute
  - Introduction (Laura): 2 minutes
  - Presentation (Nancy): 30 minutes
  - Panel Discussion (Laura): 15 minutes
  - Q & A (Laura): 10 minutes
  - Wrap Up (NARA-Sabrena) 2 minutes

The information provided herein is intended to be informational in nature. It is not offered as legal advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific of Medicare Survey & Certification, or Accreditation requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy. Go to source documentation for complete details.
The Backdrop

- Conditions of Participation
- Interpretive Guidelines
- Accreditation Standards
- Policies and Procedures
Changing Landscape: Traditional RA

Photos Courtesy of Mountain Land Rehab

Changing Landscape: ALF & CCRC RA

ALF: Athens Physical Therapy Room

Elizabeth Residence ALF, Bayside, WI
Why Are We Here?

Guidance for Infection Control and Prevention

David Wright, Director
CMS Quality, Safety & Oversight Group

3-30-2020
QSO-20-22-ASC, CORF, CMHC, OPT, RHC/FQHCs (cms.gov)

12-30-2020
CMS QSO-21-08-NLTC.

CMS regulations and guidance support CORFs and Rehab Agencies (OPTs) taking appropriate action to address potential and confirmed COVID-19 cases. This guidance discusses recommendations to mitigate transmission including screening, restricting visitors, cleaning and disinfection, and possible closures.
AAAASF Memo to Accredited RA

- AAAASF COVID-19 Surveyor Worksheet
- AAAASF COVID-10 Surveyor Worksheet Instructions
- CMS Updated Survey Guidance [NLTC: Acute & Continuing Care]
- AAAASF Response to NARA inquiry:

While AAAASF had used a less formal checklist since the early months of the Public Health Emergency, this CMS update provided us the opportunity to develop a more formalized and easy-to-understand worksheet that more clearly cross-walked to relevant AAAASF standards.

Additionally, this more formal approach was based on feedback we have received from surveyors throughout 2020, that have seen widely varying compliance and found certain facilities presenting unnecessary risks to patients, staff, and surveyors.

The worksheet uses CMS and CDC guidance related to COVID-19.

Conditions of Participation

1. Compliance w/ Federal, State, and Local Laws
2. Administrative Management
3. Plan of Care & Physician Involvement
4. Physical Therapy Services
5. Speech Pathology Services
6. Rehabilitation Program
7. Arrangement for PT & SP Services to be Performed by Other than Salaried Personnel
8. Clinical Records
9. Physical Environment
10. Infection Control
11. Emergency Preparedness
12. Program Evaluation

42 CFR Part 485, Subpart H - Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
Administrative Management

§485.709 The clinic or Rehabilitation Agency has an effective Governing Body that is legally responsible for the conduct of the clinic or Rehabilitation Agency. The Governing Body designates an Administrator and establishes Administrative Policies.

- Governing Body
- Administrator
- Personnel Policies
- Patient Care Policies

Physical Environment*

§485.723 The building housing the organization is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public and provides a functional, sanitary, and comfortable environment.

- Safety of patients
- Maintenance of equipment, building, and grounds
- Other environmental considerations

*Applicable for RA performing Aerosol Generating Procedures
Infection Control

§485.725 The organization that provides outpatient physical therapy services establishes an infection-control committee of representative professional staff with responsibility for overall infection control. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.

- Infection control committee
- Effective aseptic techniques (CDC guidelines)
- Housekeeping
- Linen
- Pest control

Emergency Preparedness*

§485.727 The Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services (“Organizations”) must comply with all applicable Federal, State, and local emergency preparedness requirements. The Organizations must establish and maintain an emergency preparedness program that meets the requirements of this section.

- The emergency preparedness program must include, but not be limited to, the following elements:
  a) Emergency Program (6 Standards)
  b) Policies and Procedures (5 Standards & 10 Policies)
  c) Communication Plan (6 Standards)
  d) Training & Testing (3 Standards)

*Effective 11-16-2016: Implementation by 11-15-2017
*Burden Reduction Requirements Effective: 11-29-2019
Program Evaluation

§485.729 The organization has procedures that provide for a systematic evaluation of its total program to ensure appropriate utilization of services and to determine whether the organization’s policies are followed in providing services to patients through employees or under arrangements with others.

- Clinical Record Review
- Annual Statistical Evaluation

AAAASF Survey Worksheet [2-1-2021]

Medicare Physical Therapy | AAAASF
RA Survey: Policy Review, Interview, & Observe

AAAASF COVID-19 Surveyor Worksheet Instructions

In light of the continuing public health emergency of COVID-19, AAAASF is implementing a Required COVID 19 Surveyor Worksheet for visits conducted that are visit to keep staff, patients, and consumers safe during the pandemic. This worksheet is in keeping with state regulatory agencies’ emphasis on infection control and emergency preparedness and includes a special focused policy & procedure review as it relates to the current COVID-19 emergency. The worksheet addresses areas that have been newly surveyed in the field after conducting surveys during the pandemic. This new focus is required for all survey as part of the entire survey areas of programs.

Surveys must verify the following by means of policy review, staff/leader interview, and staff-measures for compliance:

- Infection Control Policies
- Emergency Preparedness Plan
- Education Logs & Audit Tools

1. Infection Control Policies
2. Emergency Preparedness Plan
3. Education Logs & Audit Tools

AAAASF: IC Additional Survey Content Areas

1. Policies & Procedures
2. Compliance Surveillance
3. Documented Staff Training
4. Scheduling & Patient Interactions
5. Supplies & Equipment
6. Environment & Disinfection
7. Emergency Preparedness Plan

*Effective for New Surveys 2-1-2021
### Suggested Policies, Procedures & Processes

#### 1. Policies & Procedures

<table>
<thead>
<tr>
<th>Policy</th>
<th>Standard 1</th>
<th>Standard 2</th>
<th>Standard 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Policy</td>
<td>500.010.050</td>
<td>1300.010.005</td>
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<tr>
<td>Visitors Policy</td>
<td>500.010.050</td>
<td></td>
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<tr>
<td>Personal Protective Equipment (PPE) Policy</td>
<td>500.010.050</td>
<td>1300.010.010</td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene Policy</td>
<td>1300.010.010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Transmission Based Precautions Policy</td>
<td>1300.010.010</td>
<td></td>
<td></td>
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<tr>
<td>Aerosol Generating Procedures Policy (if any)</td>
<td>500.010.050</td>
<td>1200.010.070</td>
<td>1200.010.085</td>
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<tr>
<td>When Staff Encounter Persons w/COVID Policy</td>
<td>500.010.045</td>
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#### 2. Compliance Surveillance

<table>
<thead>
<tr>
<th>Policy</th>
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<tbody>
<tr>
<td>Monitor Infection Control Compliance</td>
<td>1500.010.005</td>
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<tr>
<td>Documentation of Weekly Audits (Audit Tool)</td>
<td>1500.010.005</td>
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</table>

#### 3. Documented Staff Training

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<thead>
<tr>
<th>Policy</th>
<th>Standard 1</th>
<th>Standard 2</th>
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<tr>
<td>Staff Training Log</td>
<td>1600.010.034</td>
<td>1600.010.036</td>
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<tr>
<td>Telehealth Policy</td>
<td>500.010.050</td>
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#### 4. Scheduling & Patient Interactions

<table>
<thead>
<tr>
<th>Policy</th>
<th>Standard 1</th>
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<tbody>
<tr>
<td>Patient Scheduling Policy</td>
<td>500.010.050</td>
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<tr>
<td>Telehealth Policy</td>
<td>500.010.050</td>
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#### 7. Emergency Preparedness Plan

<table>
<thead>
<tr>
<th>Policy</th>
<th>Standard 1</th>
<th>Standard 2</th>
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<tbody>
<tr>
<td>Update All-Hazards Policy</td>
<td>1300.010.015</td>
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<tr>
<td>COVID-19 EP Response</td>
<td>1300.010.010</td>
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## Suggested Policies, Procedures & Processes

### 5. Supplies & Equipment

<table>
<thead>
<tr>
<th>Policy</th>
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<tbody>
<tr>
<td>PPE Inventory Policy</td>
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<td>PPE Inventory Policy Temporary Approval</td>
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<tr>
<td>Supply Policy</td>
<td>1300.010.015</td>
<td>1300.010.025</td>
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### 6. Environment & Disinfection

<table>
<thead>
<tr>
<th>Policy</th>
<th>Standard</th>
<th>Standard</th>
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<tbody>
<tr>
<td>Policy on Posted Signage (Screening, Masking, Hand Hygiene)</td>
<td>1300.010.010</td>
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<tr>
<td>High Touch Items Policy</td>
<td>1200.010.070</td>
<td>1300.010.025</td>
</tr>
<tr>
<td>Cleaning Cloth or Fabric Cover Items Policy</td>
<td>1300.010.010</td>
<td>1300.010.025</td>
</tr>
<tr>
<td>Waiting Room Policy</td>
<td>1300.010.010</td>
<td>1300.010.025</td>
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<tr>
<td>Hand Hygiene Policy (note difference #1)</td>
<td>1300.010.010</td>
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</tr>
<tr>
<td>Enhanced Infection Control Policy</td>
<td>1300.010.010</td>
<td>1300.010.025</td>
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## Risk Assessment
Starting at Front Door

- COVID-19 Signage
  - By appointment only
  - Masks required prior to entering
  - Screening upon entering
  - Local signage required

Photo Courtesy of Mountain Land Rehab

Starting at Front Door

- COVID-19 Signage
  - By appointment only
  - Masks required prior to entering
  - Screening upon entering
  - Local signage required

Elizabeth Residence ALF, Bayside, WI

Photo Courtesy of Mountain Land Rehab
“Front Desk” and Reception

- COVID-19 signage
- Visitor testing
- Patient testing
- Hand hygiene
- Seating distance
- Chair coverings
- Remove magazines etc.
- Cover bubbler
- Kleenex “how to”

Photo Courtesy of Mountain Land Rehab

“Front Desk” and Reception

- COVID-19 signage
- Visitor testing
- Patient testing
- Hand hygiene
- Seating distance
- Chair coverings
- Remove magazines etc.
- Cover bubbler
- Kleenex “how to”

ALF: Athens Physical Therapy Room
Treatment Areas

- Capacity
- Safe distancing
- Cloth covers
- Linen: clean/soiled
- Curtains
- Equipment
- TheraBand
- Sharps/hazardous waste

Photo Courtesy of Mountain Land Rehab

Don't forget – “2 persons on duty” requirement
Policies & Procedures

- Availability for Surveyors: Digital or Ring Binder? Both?
- Don’t forget Personnel Files

Administrative Management
Administration P & P Highlights

**Patient Care Policies & Procedures**
- Patient scheduling, address CX/NS
- Deferring “non-emergent” care
- Patient flow through
- Volume in facility
- Visitor policy
  - Translator
  - Caregiver
- Telehealth

**Personnel Policies & Procedures**
- Guidance from HR Officer/Source
- Comply w/ employment law applicable to your State
- Comply w/state/local DoH reporting
- JD updates, including training
- Returning to work after exposure
- Reporting to:
  - DH, other health entities, AAAASF

Deferral of Patient Care: Potential for Harm

- **High**: Likely to result in patient harm
- **Medium**: May result in patient harm
- **Low**: Unlikely to result in patient harm
Sample Tool: Provision of Non-COVID Care

Sample Tool: Employee Screening

- Update/revise/customize this Template Form in accordance w/applicable HR Policy & other policies including, but not limited to Federal & State Privacy Laws
- Following revision and consultation w/HR, place FORM on separate paper using landscape orientation.
- Additional questions:
  - Have you been in contact with someone who has tested positive?
  - Are you in quarantine? Have you had a positive test?
Identify Policy Changes in Response to COVID

- Meeting of Professional Committee
  - Risk Assessment
  - Discuss & Propose
- Infection Control and Safety Committee Meetings
  - Review P & P
  - Update P & P
- Review Administrative Policies
  - Personnel
  - Patient Care
- Meeting of Professional Committee
  - Review & Approve

Infection Control
Infection Control Highlights

- Documentation of screenings
- Laundering of cloth face masks
- List of local COVID-19 testing sites
- Documentation of reporting suspected or confirmed DX of COVID-19:
  - Health Department
  - AAAASF
- Returning to work after exposure
- PPE Inventory
- Supply policy

- Disinfectant is appropriate for healthcare & effective against SARS-COV-2
- Waiting room “empty”
- “High touch” items removed
- PPE donned during cleaning

PPE: Supply Optimization Tool

Conventional Capacity  Contingency Capacity  Crisis Capacity

COVID-19: Strategies for Optimizing the Supply of PPE | CDC
Emergency Preparedness Highlights

- Update All-Hazards Risk Assessment
  - Pandemic
  - Emerging Infectious Diseases
- COVID-19 Response
- Update per evolving guidance
- Plan activated?
- Hotwash?

Contemporaneously document EPP activation

Program Evaluation Highlights

- Monitor Infection Control compliance
  - “Monitoring & Auditing”
- Weekly process
- Audit Tool
- Response & Prevention
- Reporting & Mitigation
Compliance Lifecycle

- Meeting of Professional Committee
  - Risk Assessment
  - Discuss & Propose
- Infection Control and Safety Committee Meeting
  - Review P & P
  - Update P & P
- Review Administrative Policies
  - Personnel
  - Patient Care
- Meeting of Professional Committee
  - Review & Approve

Bonus Round: CHC Confirmation of Attendance

- HCCA CCB
  - Attendance Record
- Request to Nancy by 2-26-2021
  - Indicate CHC
- Upload via HCCA-CCB

Note: There is no guarantee on the part of NARA, or the speakers, that application for CEUs will be approved by the CCB.
Panel Discussion

- Laura Riddell
  - Moderator
  - Chief Compliance Officer Mountain Land Rehab
- Dick Hillyer
  - AAAASF Board Member
  - Vice Chair: Accreditation Committee AAAASF Board
- Mark McDavid
  - SNF & RA Consultant
  - Seagrove Rehab Partners
- Julia Baechle
  - Senior Director of Clinical Services
  - EmpowerMe Wellness
- Nancy Beckley
  - Rehab Compliance Expert
  - Nancy Beckley & Associates
# Contact Information

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