

List of Pandemic Efforts

Since March of 2020, the long term care facilities have been additionally burdened with new and frequent revision of rules and recommendations. Below is a partial list of new rules, protocols, meetings, expectations, and new requirements including punitive actions for missing reporting or achievement timelines. In addition to established requirements that all facilities have a developed Disaster Plan that includes Emerging Infectious Disease planning, disaster supplies, short staffing plans etc....starting in early 2020, I have endeavored to log additional tasks due to COVID-19 in a timeline:

Most facilities have at least monthly department head meetings; beginning around April of 2020, Maplewood increased this to weekly DH meetings. Most facilities conduct daily morning meetings. Beginning the week of March 9th, 2020, Maplewood added a pre-meeting with the Infection Prevention nurse, the Employee Health nurse, the Administrator and Director of Nursing. The Medical Director and ALF Administrator also attend when able:

CDC = Centers for Disease Control and Prevention

CMS = Centers for Medicare and Medicaid Services

DHHS = Department of Health and Human Services (in New Hampshire)

HAN = Health Alert Network (issued by the NH Division of Public Health Services under DHHS)

PH = Public Health (NH)

B of IDC = Bureau of Infectious Disease Control (for NH under DHHS)

NHSN = National Healthcare Safety Network

POC = Point of Care (antigen testing)

FDA = Food and Drug Administration

SNF = Skilled Nursing Facility

Relative to COVID-19: measures Maplewood has taken since January 2020:

Jan:

- Monitoring news about a Novel Virus (COVID-19) emerging in China.

Jan-Feb:

- Discussed Disaster Drill planning on Emerging Infectious Diseases.
- Directed CSR to increase PPE purchases

Feb:

- Staff education boards focused on Novel Coronavirus (COVID-19). **CDC** initiates a travel advisory to certain nations.
- **CMS issues QSO 20-09-ALL** on Feb 6th relative to a Novel Coronavirus and urging facilities to review **CDC** guidance.
- **CMS issues QSO 20-20-11-NH** mid-month with infection control information

March 1:

- **B of IDC issues** info about COVID-19

March 2-6:

- Measured Disaster Plan inventory; we are used to having 2-4 weeks of emergency supplies on hand. Our usual mask supplier can only sell us 200 level 2 masks/month, and if we put all staff in masks all day, we could use up to 1000 masks/day; we need to build our mask levels before we can issue all staff/residents to wear masks. Our normal supply chains are already unable to restock us; seeking alternative PPE procurement

- Staff memo about COVID-19.
- Resident/family letter sent.
- Staff/visitor and resident education at main entrance.
- State-wide and National call-ins begin this week.
- **CDC** has initiated a dedicated link to Coronavirus on cdc.gov

March 4:

- **CMS issued QSO-20-12-All** and a call to action to address spread of Coronavirus

March 5:

- Met with County Administrator, Nursing Home Administrator and Finance Director to discuss our initial actions and further preparations for what is likely to be a pandemic.

March 6:

Department Heads meeting:

- Review preparations.
- Review emergency supplies on hand.
- Reviewed consulting with our Infection Prevention nurse.
- Exploring alternative communication options for families.
- In addition to increased disinfecting on frequently touched surfaces, added additional aromatherapy measures:
- Directed Department Heads to review relevant Disease Prevention policies and prepare to prioritize essential functions.
- Cross training discussions.

March 6:

- **PH issues HAN Update #6**

March 9-13:

- Visitor screening preparations.
- Construction staff screenings.
- Initiated voluntary visitor reductions.
- Setting up a special room near the entrance for visitation.
- Updated and posted hand washing signs everywhere.
- Additional training posters on proper cough/sneeze etiquette including instructions on proper hand washing.
- **CMS issued revised QSO-20-14-NHL** guidance for infection control and prevention of Coronavirus in nursing homes; restrictions of visitation

March 10:

- Preparing technology devices (Face Time, Skype, Messenger)
- **CMS issues QSO-20-17-ALL** regarding certain respirators

March 11:

- Met Medical Director to discuss plans/updates.
- Implemented voluntary request for no visitation.
- Funneled to one entrance and additional screening tools.
- All renovations on our 1st floor halted.
- Active screening planned for any contractor to do necessary work in any resident occupied area
- Assured negative pressure in old section under renovation.
- Implemented 'no pet visitation'.

- Sent another letter to residents/families.
- Social services called all primary contacts (families/guardians).
- Medical Director listened to The Society for Post-Acute and Long-Term Care Medicine (AMDA) call to learn early experiences with this virus in other nursing homes.

March 12:

- Implemented active screening and hand wash to each construction worker prior to going on occupied resident floor.
- Changed deliveries/mail to eliminate/minimize staff contact.
- Participated in a state-wide conference call.
- Prepared for ability to lock all doors down.
- Bureau of Infectious Disease Control issued guidance for long term care facilities 3/12 including a visitor screening tool

March 13:

- Implemented **no visitation** (except if Center for Medicare and Medicaid Services criteria met).
- Locked all doors down: staff able to use key cards: doorbell intact.
- Social services called all primary contacts again.
- Met with Department Heads (Maplewood Nursing Home and County) and full nurse leadership team.
- Directed all Department Heads to monitor inventory and send me weekly updates.
- Discussed active screening for anyone entering building.
- Remote working opportunities discussed.
- Discussed taking personal responsibility for professionalism in recognizing our work with a very vulnerable group of individuals – and as such we need to consider choices and decisions we make when we are not in the building: avoid groups and travel.
- March 13 later: NH Governor declares a State of Emergency: orders all Skilled Nursing Facilities and Assisted Living Facilities to stop all non-end of life visitation as of midnight 3/15/20.

March 13

- Even later: President declares a State of Emergency.
- **PH issues HAN #7**

March 14:

- **CMS issues ‘revised’** guidelines dated 3/13 received: Director of Nursing/Infection Prevention and admin worked to interpret; new requirement for screening of all who enter the facility.

March 15: Admin, Director of Nursing and Infection Prevention met to:

- Plan the roll out of full employee screening.
- Halted group activities.
- Initiated alterations to resident dining.
- Halted non-emergent medical appointments.
- Halted hair salon.
- Sent list to activities as possible 1:1 option.

March 16:

- Met Medical Director to update on recent actions.
- Active screening being fully implemented all shifts.
- Active screening implemented on any contractor – limiting movement to only necessary locations.
- Discussed telehealth options.
- Training the trainer to increase staff screening.
- Rearranged café to achieve social distancing (solarium option).
- Staff able to eat in offices directed to do so.

- Initiated staff food options to be pre-packaged.
- All residents have daily temp checks.
- Kindles arrived, being prepared for each unit.
- Met with Fire Chief on protocols for their response to our campus.
- Initiated hand hygiene audits on all staff.
- **PH issues HAN #8**; guidance for long term care facilities 3/16 including PPE recommendations

March 17:

- Medical staff meeting focused on Infection Prevention and COVID-19.
- Director of Nursing sent letter to all nursing staff with updates.
- Offered telehealth option to our Geri-Psychiatrist: we will initiate next visit.
- Working with NH Association of Counties and NH Health Care Association to request additional DHHS waivers:
 - Bureau of Elderly and Adult Services (BEAS) BEAS/CBC issues
 - Dementia training
 - Child care challenges posed due to school closures

March 18th

- New auto attendant messaging system in place.
- Reached out to Dentist to plan urgent needs management.
- Sent Department Heads letter to disseminate with all staff to update.
- County Department Heads meeting.
- **CDC** guidance issued to extend use of facemasks and gowns

March 19th

- New kindles with simple instructions laminated sent to floors for additional communication means with families.
- Teleconference with all other County Nursing Home Administrators: sharing best practices.
- Focused on managing inventory and generating ideas for alternatives.
- Discussing safeguarding specific inventory (shortages).
- Offered our 25 bed frames/mattresses to Cheshire Medical Center for surge preparation.
- Implementing Commissioner's new directives on travel, earned and sick leave due to COVID-19 (monitoring President's Family Medical Leave bill).
- Medical Director reached out to our local hospital CEO regarding PPE and testing needs

March 20th

- Confirmed with dentists: no on-site visits unless emergent.
- Cancelled any upcoming podiatry/vision/hearing work visits.
- AMDA issues a letter discouraging COVID-19 naïve facilities from admitting COVID-19 diagnosed patients
- Any identified 'life safety' will be only reason for contractors in occupied space – including staff only spaces.
- **CMS issues memo** regarding survey prioritization
- Department Heads meeting to review events/planning/inventory of the week.

March 21st

- Public request for home-made face masks to increase inventory while we try to find PPE to purchase
- **B of IDC issues** new information re: COVID-19 S&S and testing

March 23rd

- Distributed parameters for when ill staff can return (per **CDC**).
- Met with Medical Director to update on developments.
- Reviewed maintaining min 6 feet but ability to provide 'hallway bingo' or other activities.

- **CMS issues QSO-20-20-All**

March 24th

- Added unexpected loss of smell/taste to our screenings.
- Met with Medical Director with updates.
- Drafted a 3rd family letter to go out.
- **New CMS directives:** set meeting 3/27 with leadership team.

March 25th

- Formalizing in writing how to handle food families are bringing into the entryway to be given to their loved ones (verbal up 'till now).
- Adjusted staff response for certain emergency medical response codes (keep staff same floor).
- County Department Heads meeting.
- Preparing letters to all staff as essential workers (working papers).
- Received donations of masks and disinfecting wipes from a local dentist who has closed their office temporarily
- State issues emergency orders number 11 through 16 today

March 26th

- Signed nearly 300 working paper letters (surrounding states have stricter stay at home, some workers live in bordering states).
- Penned updated letter to staff with all relevant updates.
- Teleconference with all other County Nursing Home Administrators: sharing best practices.
- Governor announced that NH would activate “stay home” 3/27/20.

March 27th

- Met with Infection Prevention team to review new Center for Medicare and Medicaid Services CV-19 focused survey documents: created audits to be initiated immediately.
- Listened to the call with state epidemiologist for updates.
- Set up new system of communication between ES and Admin/designee to augment sanitation when ES staffing affected.

March 28-29

- Ongoing efforts to recruit more volunteers to make home-made masks.
- Testing is not currently an available option

March 30th

- Focusing on glove stock diminishing: seeking food service gloves.
- Met with Medical Director about local hospital's efforts.
- Launching direct care to wear home-made masks.

March 31st

- Finally sufficient masks to have direct care staff wear masks on res floors at all times
- Center for Medicare and Medicaid Services issued several new directives – working on all at this time including moving residents to accommodate a hallway for admits.
- Initiated second screening for staff staying longer than 8 hours.
- Updated our return to work/screening tool.
- Reviewed newest Center for Medicare and Medicaid Services guidelines.

April 1st

- Writing up process for masks.
- Checking weekly inventory levels.

- Writing up protocols based on American Health Care Association (AHCA), CDC, Center for Medicare and Medicaid Services, The American Medical Directors Association (AMDA) in preparations for positive diagnosis in the building someday.
- Congressman Pappas conf call.
- County Department Heads call.
- Federal conf call.
- Reviewing/integrating AMDA information/recommendations.

April 2nd

- Call with CEO of Cheshire Medical Center to discuss a testing process/option.
- Infection Preventionist found a way to order our own tests (3).
- Preparing that all staff begin wearing masks while on units.

April 3rd

- All staff now (not just direct care staff) to wear masks on resident units.
- Working with our HOC Superintendent, our Sheriff, County Administrator, found another source for ordering tests.
- Reviewed Center for Medicare and Medicaid Services guidelines written 4/2.
- Ordered additional masks out of Illinois; masks that used to cost us a few cents each are now costing over a dollar each if one can even find any.
- Received our monthly allotment of gowns (4 cases) and gloves. Trying to find other options for gowns including washable/reusable gowns, but none available
- **PH issues HAN #11** regarding masks and testing

April 4th

- All staff wear masks in all locations when at Maplewood Nursing Home.
- Reviewed Department of Health and Human Services guidelines written 4/3.

April 6th

- Completed necessary documentation with Sheriff and medical director to order our own test kits: set up a system in county.
- Met with/updated Medical Director: reviewed planning to date.
- Divided the scheduled conf calls for the week between leadership for full coverage of the multiple different local, state and federal calls.

April 7th

- Updated the screening for any contractor needing to come inside for life safety or other work deemed necessary – added more questions including education.

April 8th

- Met with Medical Director, Admin, Director of Nursing, Infection Preventionist and Employee health to update Department of Health and Human Services recommendations around masks and PPE: made further steps/plans for use (much 'on order' but new guidelines for gowns means we need more – difficult to place orders – much price gouging).
- Delivery from National Guard of some PPE received.
- OSHA issues memoranda re: PPE due to shortage

April 9th

- Found a place to order disposable gowns – shipment could take 3 weeks (actual was May 21st).
- Putting additional Policies & Procedures in place for isolation unit if needed.

April 10th

- Initiating cloth masks on Therapeutic Living Center unit with residents today (sufficient supplies now available to begin rolling out with residents) roll out will continue to other floors over next coming days.
- Met with/updated Department Heads to this week's initiatives and work.

April 11th

- Met with Senator Sherman and the NH Association of Counties Nursing Home Administrators affiliate to talk about an initiative in our state to begin daily centralized reporting in an effort to move towards more testing/monitoring and oversight. Goal is to create universal testing of staff/vendors to prevent the virus from entering Long Term Care.

April 13th

- Met County representatives at Keene State Counties to finalize arrangements between the county and the college for use of dorm rooms for employees who could be affected (exposure to and/or positive COVID-19 case).
- Met with Medical Director and infection prevention team to update since last week
- New Medical Examiner instructions: reviewed with team.
- Requested PPE through the state's stockpile
- **CDC issues return to work for healthcare personnel with confirmed or suspected COVID-19**
- **CMS issues QSO- 20-25-NH** regarding transferring patients between facilities with COVID-19

April 14th

- Governor announces stipends for long term care workers.
- Began the reporting the daily updates to Senator Sherman's task force.
- Department of Health and Human Services updates its guidance on masks, testing, etc.
- Received a delivery of donated face shields
- Getting low on hand sanitizer; usual distributors are out; found a new company, but won't be the bags that fit in our dispensers
- **PH issues HAN #12** regarding testing guidance
- **B of IDC issues Universal Mask Recommendations** for long term care facilities

April 15th

- Several conf calls related to County and State initiatives.
- County reviewing how to operationalize the State's stipend initiative in addition to other supportive payment initiatives.
- Sent another letter to families with general updates and some education about pre-symptomatic and asymptomatic carriers to begin preparing for eventual resumption of visiting – though this has not been mentioned either by State or Feds. Want families to understand risks we will always face until there is a vaccine.
- Received masks and gowns from the state's stockpile

April 16th

- Worked with counties to prepare questions re: new state stipend.
- More new guidelines from the Medical Examiners: integrated info in to our disaster plan.

April 17th

- Board meeting with NH Health Care Association, then the sector partnership – need to get Licensed Nursing Assistants (LNA's) trained (either the Federal waiver, or ongoing usual training).
- Department Heads meeting to give updates from the week: discussed inventory and residents now wearing masks (when tolerated): discussed stipend.

April 18th

- NH Association of Counties working with county Nursing Home Administrators to see if we can pool our resources to order PPE (min orders are too much for one facility).

April 19th

- **CMS issues QSO 20-26-NH** regarding the new requirement to inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents of staff with new onset of respiratory symptoms occur within 72 hours. Failure to meet reporting requirements have resultant fines and enforcement actions.

April 20th

- **New Federal CMS requirements** for reporting cases in specific timelines and certain scenarios – in addition to public health and state survey, now we must also report to **CDC** and within 12 hours to residents/families.
- Updating forms, policies and further planning due to new Center for Medicare and Medicaid Services requirements.
- Senator Shaheen conf call.
- NH Association of Counties conf call re: PPE ordering.
- State wide call with Bureau chief re: new Center for Medicare and Medicaid Services reporting requirements and discussion about Federal Infection Control survey last week at a NH Skilled Nursing Facilities.

April 21st

- Team met at length re: new Center for Medicare and Medicaid Services requirements (though actual rule is not yet finalized) to ensure our system can identify, track, and be able to notify within the 12 hours as is being implemented.
- Team also reviewed again the new COVID-19 Focused Survey for Nursing Homes document to recheck what we've implemented against the self-audit tool.

April 22nd

- Notified mid-morning of a positive part time non-direct care staff having tested positive for COVID-19.
- Alerted residents/family reps within 12 hours.
- Began alerting staff.
- Worked with County Admin to initiate a press release.

April 23rd

- County Admin sent press release to Sentinel.
- Continued alerting staff.
- Finance corresponded with staff to update on status of stipend – the application has been put in, not fully clear on certain admin positions.

April 24th

- Department Heads to update as to this week's overview.
- Received surgical masks from State this week. New process developed to begin Monday to give direct caregivers additional masks each day – 2 surgical per shift plus the cloth mask to extend the wearing of the surgical masks for routine wear on resident units through April 28th per public health.
- Department of Health and Human Services desk review survey on Infection control: recommended we add new symptoms to screening for employees.
- **CMS issues QSO 20-28-NH** regarding changes to the PBJ reporting requirement

April 26th

- New **CDC** symptoms added.

April 27th

- Talked with Department of Health and Human Services and then added all new screening questions including the new **CDC** as recommended yesterday.
- Received another PPE allotment from the state's stockpile

April 28th

- Implemented the new screening sheets and new questions.

April 29th

- Sent new weekly family letter via email for families who agreed, called all other families per new Center for Medicare and Medicaid Services regulations (final Center for Medicare and Medicaid Services rule yet to be received).
- Usual distributor for fabric disinfectant (think soft surface disinfection such as chairs/privacy curtains) unable to provide us any, found and ordered a product at Petco that has exact same ingredients, only sold under a different name, but same kill time
- Registered for Juvare state Long Term Care beta group database (state wants nursing homes to report weekly into this system)

April 30th

- New staff letter going out with checks with recent updates.
- **New Center for Medicare and Medicaid Services requirement** for reporting into a **CDC** portal for National Healthcare Safety Network (NHSN): webinar for how to enter data.
- Received another allotment of masks through the state's stockpile

May 1st

- Listened to second **CDC** portal webinar to learn how to register for the new National Healthcare Safety Network (NHSN) reporting requirements.
- Center for Medicare and Medicaid Services still has not published its final rule regarding resident and family notification. Today, there is an update from the original language directing us to report a positive case within 12 hours: it is now changed to 'by 5pm the next calendar day'.
- Bureau chief updated administrators regarding the aggregate of all the Center for Medicare and Medicaid Services waivers currently in place. There remain some state-based rules that impact our ability to allow for some waivers including some training rules for LNA's in our state more strict than Federal rules.

May 4th

- Began registration for new **CDC**/Center for Medicare and Medicaid Services reporting requirement.
- State of NH Juvare reporting platform is fed into National Healthcare Safety Network each day, it may be that data entry we do into the Emergency Preparedness and Response system (Juvare) may be able to be recognized and meet the new **CDC**/Center for Medicare and Medicaid Services reporting requirements.
- **PH issues HAN #14** regarding transmission based precautions

May 5th

- Applied for National Healthcare Safety Network (NHSN) per Center for Medicare and Medicaid Services requirement, now awaiting the required document from System for Award Management (SAM) to proceed to the next step of the application process.
- New daily webinar added to our prior education/webinar schedules.

May 6th

- Weekly letter out to families.
- Wrote a new letter from Admin and Medical Director to staff: state beginning to re-open, but staff need to continue limitations.
- Updated some policies and created a Pandemic 2020 override policy due to the frequent changes in guidance or rules applicable to long term care.
- Completed the System for Award Management (SAM) enrollment requirement for **CDC** reporting.
- **CMS issues QSO 20-29-NH** regarding the requirement that nursing homes enter data into the **CDC** NHSN/SAM reporting portal with the following consequences for any missed data:
 - CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that fail to begin reporting after the third week (by 11:59 p.m. on May 31st) will receive a warning letter reminding them to begin reporting the required information to CDC. For facilities that have not started reporting in the NHSN system by 11:59 p.m. on June 7th, ending the fourth week of reporting, CMS will impose a per day (PD) CMP of \$1,000 for one day for the failure to report that week. For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional one-day PD CMP imposed at an amount increased by \$500. For example, if a facility fails to report in week four (following the two week grace period and receipt of the warning letter), it will be imposed a \$1,000 one-day PD CMP for that week. If it fails to report again in week five, the noncompliance will lead to the imposition of another one-day PD CMP in the amount of \$1,500 for that failure to report (for a CMP total of \$2,500). In this example, if the facility complies with the reporting requirements and submits the required report in week six, but then subsequently fails to report as required in week seven, a one-day PD CMP amount of \$2,000 will be imposed (which is \$500 more than the last imposed PD CMP amount) for a total of \$4,500 imposed CMPs.

May 7th

- Department of Health and Human Services Commissioner announced late on 5/6 that all nursing homes will soon test all residents, then staff. Began preparations for this upcoming event.
- **PH issues HAN #15** regarding testing

May 8th

- Received a substitute product for disinfecting fabrics (room separation curtains), Safety office procured Safety Data Sheet sheets.
- **CDC** issues an infection prevention assessment tool for nursing homes to prepare for COVID-19

May 10th

- **PH issues HAN #16** regarding Remdesivir

May 11th

- Trained in Juvare system (had been using a few weeks already).

May 12th

- Still no receipt of ordered PPE supplies: arranged with the state who was able to send us 2700 disposable gowns to help immediately. Worked with FBI to ensure we weren't scammed.

May 13th

- Sent weekly update letter to residents/families.
- **B of IDC** issues COVID-19 guidance for nursing homes

May 14th

- Registered through Juvare to National Healthcare Safety Network (NHSN) in hopes that we can enter data only once into the state registry and have it gone directly to **CDC** in order to streamline reporting of the exact same data more than once.

May 15th

- Checked National Healthcare Safety Network (NHSN), log into Juvare did not self-populate the NHSN database. Completed data entry into NHSN to ensure we avoid financial penalties.

May 18th

- Review of recurring weekly tasks new due to COVID-19.
- Daily meeting with medical staff to review anything new.
- All weekly calls divvied up between administrator and nurse management team: some calls conflict with other important calls, State level calls have been more productive/informative than others that are national and tend to be general.
- Weekly Department Head meetings to review all new items.
- Weekly letters to residents/activated representatives.
- Weekly updates and reviews of inventory levels including PPE and cleaning supplies affected
- Ongoing infection prevention audits/education.
- **CMS issues QSO 20-30-NH** regarding reopening recommendations

May 19th

- Backordered PPE (masks finally arrived that were ordered April 3rd).

May 20th

- County Department Head meeting.
- Weekly update/letter to families.
- Added all prior family letters to County Website.
- **B of IDC issues** employee travel, screening and exclusion criteria

May 21st

- Backordered PPE (gowns finally arrived for pick up in Bedford).

May 22nd

- Drill with Sheriff and Safety Officer to trial Keene State College dorm use.
- Department Heads meeting: updated info from state, implemented some recommendations immediately. Will follow up next week on additional competency development on screening as suggested.
- **PH issues** a COVID-19 staff and resident surveillance protocol for testing

May 26th

- Prepared next family letter.
- Still awaiting testing supplies for all residents/staff: making plans to manage this task
- Ongoing work on finding new PPE distributors due to our usual large distributors not being able to meet our needs: still requesting PPE from the state to ensure we have additional supplies until we can be assured our usual supply chains return to being responsive to meet our needs.

May 27th

- Weekly call with public health brought new clarifications that we will institute immediately (resident must wear mask to go outdoors).
- **PH updates** the COVID-19 staff and resident surveillance protocol for testing

May 28th

- We believe sufficient surgical masks are now available to sustain use of these with staff on units interacting with residents, will launch beginning May 29. Source control will continue for staff who don't interact as closely with residents.
- Reached out to Commissioner of Department of Health and Human Services as we still have not received our test kits for residents and staff: indicates they are being mailed.
- **PH issues** a COVID-19 response toolkit for nursing homes

May 29th

- New masks procedures launched: will monitor inventory levels to ensure it's sustainable.
- Department Heads: County Administrator met with Maplewood Nursing Home Department Heads.

May 30th

- Testing kits arrived from state: plans to implement all resident testing set for 6/1.

June 1st

- All residents tested by nurse management team.
- Working to set plan for staff testing. Prepared and will send letter for minor employees to get consent for testing.
- **CMS issues QSO 20-31-ALL** announcing that all facilities must have an on-site survey before July 31 or states will face penalties affecting nursing home funding available.

June 2nd

- Began testing staff.

June 3rd

- Continued testing staff.
- Sent updated family letter.

June 4th

- Staff letter updating about testing this week and reminding about Keene State College dorm availability to county under certain circumstances.
- On-site survey by state Department of Health and Human Services to comply with new Center for Medicare and Medicaid Services requirements. Sent in required documentation, will receive our 2567 report after they complete their full review. (were deficiency-free)
- Researching with Medical Director to determine if there may be a rapid test available in the future to further prevent any asymptomatic person from entering Maplewood Nursing Home – not sure if one exists to meet the specific needs Skilled Nursing Facilities would have and would be allowable under our Clinical Laboratory Improvement Amendments (CLIA) lab waiver.

June 5th

- Department Heads meeting to review completion of resident and staff testing and the plan for our approach over the w/e to alert all residents, families, staff if any positive cases are identified through our testing that has been ongoing this week (some staff only work weekends, so testing of all staff won't be completed until 6/6).

June 6th

- Received all nursing home resident test results = all negative: sent correspondence to resident representatives.
- Completed 100% staff testing (only exceptions are per diem staff who have not recently worked, nor will work soon).

June 7th

- Received all Assisted Living Facilities resident test results = all negative: alerted Assisted Living Facilities Administrator.

June 8th

- Approx. 50% staff testing results received = all negative.
- Working to get Mako Labs registered to initiate the surveillance testing of 10% residents and all staff every 10 days.
- Reviewed the May 28th Department of Health and Human Services toolkit with the Medical Director, DNS and infection preventionist to ensure all Maplewood Nursing Home practices are up to date per this toolkit.

June 10th

- Noon call with state epidemiologist: group being formed to discuss how to allow visitors to return.
- Weekly family/resident update.
- National Healthcare Safety Network (NHSN) webinar for mandatory reporting.

June 11th

- All staff testing completely returned: all negative. Working to get set up for the 10-day surveillance program.

June 12th

- Department Heads meet to discuss opening to visitation once guidelines received: anticipating likely rules and planning to meet them.

June 13th

- Preliminary documents outlining outside visitation received to begin formulating our individual process.

June 15th

- Focused efforts on necessary documents, discussed how to safely proceed with outdoor visitation.

June 16th

- Finalized policy and supported process for outside visitation.
- Department of Health and Human Services Commissioner announced allowing limited outdoor visitations with strict parameters.

June 17th

- Family letter with attachments including developed protocols to launch outdoor visitation: will be time and staff consuming to meet all the necessary parameters: plan to begin offering opportunities beginning June 18th in order to smooth out the process before the end of the week.

June 18th

- Began to allow the very strict outside visitation: this takes significant manpower to make happen: we will definitely need to cancel if there are any challenges with staffing as well as unsafe weather.

June 19th

- Department Heads with county administrator: reviewed upcoming vacations and current recommendations for staff returning to work.

June 22nd

- Reviewing with team outside and window visits – need to make some adjustments: communication remains biggest challenge for window visits as visitor really needs a cell phone with good reception or the ability to call using wi-fi. County researching options for adding a telephone at the window.
- Monday Department of Health and Human Services call session.

June 23rd

- Tweaking outside visits/retraining/auditing.
- Reviewing end of life visitation policy with Medical Director and Director of Nursing.

June 24th

- Medical Director met with nurse management team to refine the end of life visitation protocol
- DHHS call session: PPE review, quarantine review, testing review, outside visitation review, upcoming guidance on fans or a/c use in COVID-19 positive rooms expected (Center for Medicare and Medicaid Services or state level – not sure). Dr. Chan (state epidemiologist) specifically stated that a face shield is not equivalent to a face mask. While it is better than nothing, it is still not the equivalent to a face mask.
- Family letter sent out.

June 25th

- **CMS issued QSO 20-34-NH** regarding changes to staffing information and quality measures.
- Zoomed with Long Term Care Ombudsman Advisory Committee.
- Zoomed with Nursing Home Administrator's from NH Association of Counties.
- All resident COVID-19 tests returned negative: most of staff testing has returned.
- One staff (non-direct care, non-clinical) has returned as positive: asymptomatic: alerted required entities including but not limited to:
 - Public health, BEAS, Med Dir, County Admin, County Commissioners, Department Heads and staff alert, HCS Hospice alert, resident family visits cancelled for tomorrow
 - Finalizing resident/family letter to go out tomorrow for full notification
 - Juvare is done every Thursday: updated to include positive staff case

June 26th

- Final staff testing returned, no other positives to report.
- Sent family letter out, posted on website and social services made many additional calls as well as cancelled the remaining outdoor visits that were previously scheduled – can do window visits as staffing permits.
- County Administrator sent out press release.
- Department Heads meeting to review staff and family notification outcome.
- National Healthcare Safety Network (NHSN) is done every Friday: updated to include positive staff case (this is the **CDC** reporting mechanism).
- Follow-up call with Bureau chief BEAS: all notifications appear to be completed at this time.

June 29th

- Postings in visible staff areas put in preparing for July 4th weekend and articles about medical staff in Florida going into a bar and becoming part of an outbreak – just as a reminder of risks.
- Article prepared for staff newsletter about being mindful of what one reads on internet sites and a quick lesson in peer review.
- Employee with positive test last week's re-test returned 'negative'. Per public health, we are keeping the employee out the requisite time frame.

June 30th

- Webinar about Massachusetts and their experience with COVID-19 in approx. 95% of their nursing homes: learned that the residents did not present with the typical Sudden and Serious illness symptoms that we are monitoring for.
- **B of IDC issues** guidance regarding fans and air conditioning during and outbreak

July 1st

- **CMS** changes SNF benefit period waiver requirements.
- **B of IDC issues** guidance for nursing homes in phases for reopening
- Reviewed with Medical Director and nurse management team about lessons learned by Mass per the Webinar 6/30: discussed the more prevalent resident presentations so we can look for those as well.
- Sent weekly family letter/update including information that the positive staff test last week has returned 'negative' via NP method.
- DHHS weekly call participation.
- Testing results returning from this week's testing: One staff (non-direct care, limited work on units) has returned as positive: asymptomatic: alerted required entities including but not limited to:
 - Public health, The Bureau of Elderly and Adult Services (BEAS), Med Dir, County Admin, County Commissioners, Department Heads and staff alert, Home Healthcare, Hospice & Community Services (HCS) Hospice alert
 - Finalizing resident/family letter to go out tomorrow for full notification
 - Juvare is done every Thursday: updated to include positive staff case
 - **CDC** notification done every Friday: will include this information

July 2nd

- Finalized resident/family letter to go out: some staff tests not yet returned.
- Social services made all the calls/met with all the residents.
- Public health wants us to re-test all staff and residents next week, they offered to help, and so we'll have National Guard members schedule a day to help us.

July 3rd

- All resident tests now in: all negative. Still awaiting 2 more staff test results.

July 5th

- All but one test is now back: only the one staff positive test to date.

July 6th

- National Guard confirms they will start staff testing outside at 10am this Friday, then all residents on the same day.
- News reports include that a growing number of scientists are concerned this virus may be more airborne than previously thought. Met with medical team and decided to ask staff to wear masks even if alone in own office: encouraged staff with offices to eat with door closed, windows open if available. Removing 4 more chairs from staff café leaving only 4 chairs to reduce further the risk in this space: reminding staff of the multiple other locations breaks to eat can be taken with masks off.
- Trying to purchase K-N95's to have more in stock.
- Staff retest via nasopharyngeal swab has returned negative as has household members: per Public Health, staff person remains out required time period: any staff with close contact remain out 14 days and any residents on droplet precautions related to admissions, readmissions or any other COVID-19 concerning experiences are maintained on precautions for the full 14 days.

July 7th

- Found a new vendor for gloves from California – vetting the company to see if we can get either a recurring shipment, or a large delivery with the forecasting of gloves being difficult to obtain in the coming weeks.

- Large PPE request through state after Scott Nichols indicated a large order could be placed this week for free.

July 8th

- Weekly DHHS call: Mako Labs did give at least 2 false positive outcomes at a nursing home in New Hampshire: Maplewood has had 2 'positive' staff tests since beginning testing with Mako Labs (none prior). We treat it as a positive and put everything in place as required. We will be getting retested by the state lab using NP testing with help via the National Guard on Friday. Mako Labs is changing its procedures in the future based on these contaminated test results affecting at least one nursing home in New Hampshire. Discussion about the letter from 32 countries to the WHO regarding airborne transmission.
- Public health updated guidelines for compassionate care visits; masks and goggles worn with proper hand hygiene if COVID-19 neg residents. If positive for COVID-19, full PPE must be worn.

July 9th

- Met with NH Association of Counties Nursing Home Administrators affiliate: most homes are finding families are wanting more visits and have difficulties with the imposed and strict protocols in place.
- Many county homes have recently had positive test outcomes with Mako Labs and many of us question if they are truly positive given the admission Mako Labs and the state made this week: we are all following the protocols and treating the scenario with all caution as required.
- **CMS revises QSO 20-28-NH** regarding nursing home reporting

July 10th

- National Guard here to assist with all resident and all staff testing.
- Department Heads meeting to update on all current information.

July 11th

- Initial tests beginning to come in – negative to date

July 13th

- Tests still coming in – negative to date

July 14th

- **B of IDC issues** general travel and quarantine guidance

July 15th

- Next family letter out; outdoor visits remain on hold until we hear from Public Health. Still only have just over 50% of tests returned; learned from the state that the tests completed by them are in, however, due to volume, the remaining tests were sent to DHMC and we have not yet received any results
- Weekly DHHS call with updates including contractors needing access to certain spaces for specific and timed life safety requirements. State discussed how to approach this safely and conservatively, but acknowledged that once state of emergency lifted, facilities would only have 30 days to come into compliance which would not be possible given the number of facilities and the few contractors (such as kitchen fire suppression system specialists).
- CMS call with Seema Verma alerting nursing facilities that the Federal Government is planning to send antigen testing apparatus to all homes (prioritizing when each would get one based on 5 criteria) in order for us to rapidly test for COVID-19 as well as flu. These will be CLIA-waived meaning that all of us that have this laboratory waiver permitting nursing facilities to do limited on-site lab tests will be able to perform these tests with our staff as well. Sensitivity is 80-84% which is imperfect, but they do have a high specificity. These test for a 'memory' of having had the virus. While highly accurate, they do have a high probability of false negative tests.

July 16th

- All resident and staff testing results now returned; all negative. We have reached out to the bureau chief for licensing to ensure we may now resume outdoor visits; if so, we plan to offer to those initially cancelled.

July 17th

- DH meeting to update regarding testing, plans for next week; discussing resuming outdoor visitations, some small activity groups all per public health and health and human services guidance
- NHHCA board meeting; discussed LNA needs but public health's position on LNA training. Discussed MAKO testing and the frequent 'positive tests' that we have some questions about. NHHCA will ask if a meeting can be set up with the Commissioner of DHHS to share our experiences
- **CDC** updates guidance on discontinuation of transmission-based precautions

July 20th

- Team preparing/discussing resumption of limited outdoor visits.
- New phone system installed connecting outside patio with reception for window visits. Disinfecting responsibilities being added to our system for window visits relative to new phone.

July 21st

- Reviewed **CDC** new 'return to work' guidelines; updated our internal 'return to work criteria' document and shared with all Dept Heads.
- Reached out to DHHS Commissioner due to anticipated announcement July 22nd relative to testing; our next testing begins July 22nd – DHHS Commissioner advised to proceed with testing as scheduled, and if we get another positive through MAKO, the state will come out and test again.

July 22nd

- Weekly DHHS meeting; moving away from MAKO testing; will have DHMC initiate long term care sentinel testing next week. MAKO has advised our state that they will not repeat tests on those found to be positive or inconclusive this week, so we may get results back that we may question quality control, however we will have to follow whatever Public Health directs us to.
- Testing all staff and 10% residents today and tomorrow with MAKO.
- **PH issues HAN document #19** from the state; updated outdoor visitation questionnaire per Public Health.

July 24th

- DH meeting for updates from this week
- Outdoor visits resume this weekend

July 27th

- **PH updated** its document for 'return to work and crisis staffing in LTC facilities'; already incorporated into our documents/processes.
- Small group outdoor activities began this week (5 res max)

July 28th

- Medical Director and staff meeting; updated medical staff regarding recent developments and discussed future testing.

July 29th

- DHHS weekly call; testing will be set every 10 days by the state; can only be one day and will include rotating w/e's

- Sent weekly family letter

July 31st

- State has given us our next testing date of Aug 4th
- DH meeting for updates from this week

August 3rd

- Awaiting test kits for tomorrow's scheduled test date

August 4th

- Test kits didn't arrive, State reset our test date for August 6th
- **B of IDC** published updated guidance for long term care facilities regarding **CMS** and **CDC** guidance on reopening for visitation

August 5th

- Weekly DHHS/public health call
- Sent weekly family letter out
- Awaiting test kits for tomorrow's scheduled test date; head of state testing called to confirm they were being couriered over to us today

August 6th

- Testing date, all staff and 10% residents

August 7th

- DH meeting to review any changes over past week and begin preparing for staff affected by school district decisions regarding hybrid back to school models
- **PH issues HAN # 20** regarding antigen testing

August 10th

- Federal announcement of more stimulus funds to come to nursing homes recognizing the high cost of testing – payment may come within the next 2 weeks (facilities who have not received the testing machines would receive higher payment according to the AHCA President and CEO, Mark Parkinson)

August 11th

- DHHS call regarding soon to arrive antigen testing; bureau chief reviewing the CLIA waiver and other information we need to know in order to use the machine once it arrives in the next 12 weeks.
- All but 33 tests from 8/6 testing have returned as of today

August 12th

- Weekly DHHS call; some annual survey components will begin again (life safety) and new reopening (visitation guidance) will be updated. Pets (even therapy animals) still not allowed.
- Weekly letter to families sent out

August 13th

- AHCA call to learn about more stimulus payments going to SNF's with Mark Parkinson including a Value Based Payment program for homes who perform well each month starting Sept-Dec. Performance measures likely based on no or low levels of covid in buildings as well as potentially certain training requirements.
- Researching facial recognition and temperature scanner due to the ongoing burden of active screening; can technology assist (currently manning 2 entrances with staff actively screening oncoming staff at high shift change times)

- DHHS Commissioner announced at Governors press briefing the limited opening to indoor visits

August 14th

- Guidance from the Bureau of Infection Disease Control came out late morning regarding the visitation by phases of reopening. Distributed it to appropriate department heads. Set up a meeting Monday afternoon to put the process in place. Will need policies and procedures as well as education before we can implement. Will update families via next week's letter.
- DH meeting to discuss this week's updates and initiatives.
- Testing date, all staff and 10% residents

August 17th

- Team met to discuss limited indoor visits; location, process and forms that will be required.
- **CMS issues QSO-20-35-ALL** relative to survey and enforcement cycles

August 18th

- Still missing 28 COVID-19 tests done 8/6; state is aware and has been working with the lab. Test results from 8/14 and 8/15 are beginning to trickle in

August 19th

- Weekly family letter with new information on the indoor visits (2 more attachments) sent
- About 60% results in so far from our 8/14-15 testing dates
- Weekly DHHS call

August 20th

- Created training protocol for staff for indoor visits; need to mark off 6 foot spacing, and switch chairs to non-fabric for ease of cleaning
- NHAC NHA affiliate to discuss current testing processes
- All resident tests returned neg from 8/14 testing (all but 3 staff also back at this point)
- Staff letter out with all updates and information about new CMS initiative being rolled out to incentivize preventing COVID-19 from entering any LTC facility

August 21st

- All results now returned; 100% negative
- DH meeting to discuss this week's updates and initiatives.

August 22nd

- NHHCA sent out info about project ECHO (Extension for Community Healthcare Outcomes) for prevention of COVID-19 funding. Have to commit to 90 min training weekly x 16 weeks with Medical Director, 2 nurses and one other staff member. Will also need to complete a QI project.

August 24th

- Waiver for live fire drills is over; begin planning routine drills with staff and resident spacing requirements maintained

August 25th

- Testing date, all staff and 10% residents
- Participated in the kick-off ECHO meeting (LTC training COVID-19)
- Continued work toward cementing our telehealth work with Cheshire Medical to go beyond the pandemic, and incorporate into usual practices
- Listened in on CMS call with Director Seema Verma who announced new rules/regulations/fines and penalties for nursing homes

- CMS announces new COVID-19 training program for nursing home staff (staff modules = 5, management modules = 10)
- CMS announces a new testing requirement; rules to follow

August 26th

- Reviewed new CMS final rule re: testing in nursing homes (CMS QSO-20-38-NH)
- Weekly DHHS call
- ECHO meeting (LTC training COVID-19)
- DHHS call with counties regarding FMAP funding from Feds affecting not only nursing home but county as a whole; discussed allowing students in buildings again
- Weekly family letter sent out
- **CMS issues QSO 20-38-NH** relative to testing and community transmission for all residents and staff, information about students and PPE use.

August 27th

- NHAC NHA affiliate meeting

August 28th

- New testing requirements for staff and residents presentation by the American Health Care Association

August 31st

- National DHHS send out guidance for COVID-19 screening tests at Nursing Homes (allowing us to use the use of antigen tests in asymptomatic persons – which is off-label use) as well as SNF infection control terms and conditions

September 1st

- DHHS call with Bureau Chief regarding interpretation of new CMS guidelines – she needs to assist us in determining who the rules refer to when they read “secretary” regarding to whom we have to report any future testing. There is a follow-up weekly meeting with public health 9/2 and Bureau Chief alerts us that new guidance is expected soon.

September 2nd

- DHHS call with public health
- **CMS updates QSO 20-38-NH** regarding testing requirements
- Drafted a policy for testing requirements
- Initiated policies for testing per CMS requirements; initiated protocol for checking County positivity rate
- Weekly family letter sent out
- ECHO call participation (LTC training COVID-19)

September 3rd

- Participated in the NHSN update for mandatory Federal reporting; new modules added.
- NHAC NHA affiliate meeting

September 4th

- DH meeting to discuss this week’s updates and initiatives.
- Listened to recorded AHCA webinar from 8/28 re: the new CMS regulations
- All staff testing and 10% residents today
- Testing supplies arrived to the facility for the BD Veritor antigen machine. This is part of the federal initiative to have antigen machines in all nursing homes. The machine itself did not arrive.

September 8th

- National call with Mark Parkinson at AHCA with updates relative to CMS incentive payments and prevention/reduction of COVID-19 entering buildings
- National call with Seema Verma, head of the CMS with updates regarding testing regulations.

September 9th

- DHHS call with public health; new CMS rules reviewed further and Commissioner of DHHS is indicating that homes will now need to set up own lab contracts for testing. They will continue for the next 4 or 5 weeks, and they will help with any outbreak testing in facilities.
- Initiated discussions with Quest Diagnostics to set up a contract for PCR COVID-19 testing.
- Facial scanner arrived that can automatically take temperatures and check for face masks being on and record this. Will work with team to get this set up over next few days/weeks.
- Weekly family letter sent out

September 10th

- Reached out to MAKO to request a contract review for PCR COVID-19 testing.
- NHAC NHA affiliate meeting

September 11th

- Additional DHHS call to clarify more about new testing and visitation requirements (state using phases to outline allowable tasks based on county disease prevalence or outbreak)
- DH meeting to discuss this week's updates and initiatives.
- 2 nurses now trained in use of the antigen testing machine
- Finalized policies and procedures for testing staff and residents relative to new CMS rules.

September 14th

- All staff, 10% resident testing today

September 16th

- DHHS call with public health; no major updates
- Weekly family letter sent out; can now allow 2 visitors for indoor visitation (as long as we remain in phase 2 or phase 3 of reopening)

September 17th

- NHAC NHA affiliate meeting
- **CMS issues QSO 20-39-NH** regarding guidance on visitation
- **B of IDC issues** Reopening guidance for nursing homes (contradicts the CMS memo)

September 18th

- Listened to the webinar on the Abbott BinexNow rapid tests that have apparently been shipped out to nursing homes and are a fast test that doesn't need a machine to develop, simply the antigen card and the reagent.
- Developed testing policies
- DH meeting to discuss this week's updates and initiatives.

September 21st

- CMS call to discuss and answer questions relative to the 9/17 visitation memo and clarify testing rules that began 9/8.
- Signed contract with MAKO for COVID-19 testing; now setting up internal system. (have not heard back from QUEST diagnostics yet with contract questions)

September 23rd

- DHHS call with public health and NHHCA relative to conflicting info facilities receive from public health; brought this to their attention and public health alerted us of process to request higher authority review when a facility gets conflicting directives/recommendations
- DHHS call with public health weekly call; Comm Shibinette updated the state's testing protocol that will start mid-late October; facilities must get contracts for labs to perform PCR testing; then a contract with the state to get reimbursement for a 4 week cycle; 1 week will be 100% staff, then the other 3 weeks will be 10% staff (PCR tests) and submit/receive reimbursement for up to \$100/test. Cheshire County now in phase 3 of reopening – can do limited outings with residents.
- Weekly family letter sent out.

September 24th

- Testing day
- **CMS-CDC** training program
- **CMS** call; information was simply a review of what our weekly calls with DHHS, Public Health and the state Epidemiologist that NH offers each week.

September 25th

- DH meeting to discuss this week's updates and initiatives.
- **CDC** webinar 'Establishing and Infection Prevention Program'; we are already in compliance with all that was presented
- Signed Quest Diagnostics contract for COVID-19 testing to have a back-up plan in place for testing requirements
- Requested updated CLIA waiver to add the Assisted Living name to it in order for us to qualify for the Abbott BinexNow rapid tests for ALF
- **CMS issues QSO 20-41-ALL** regarding emergency preparedness and testing rule updates.

September 28th

- Received correspondence that we qualify for BinexNow rapid tests and place an initial order
- Ordered a Sofia antigen test machine to arrive in November; this has a better reliability rate and a negative test does not require a follow-up PCR test to confirm. It can yield answers within 15 mins.
- Received the application for the new level 3 NHSN (National Healthcare Safety Network) reporting requirement.
- **B of IDC issued** updated Reopening guidance for nursing homes
- **CMS issues revised QSO 20-30-NH** regarding visitation, surveys and some restriction relaxations

September 29th

- Began the required application from a level 1 to a level 3 NHSN. We are being told this will take 10 days to complete, during which time we will not have access to the required NHSN network for the mandatory data entry. This risks our facility being out of compliance with CMS rules and there are fines that accompany missed reports. It does not make sense that we are required to go through this application process, but by doing so will be forced into a period of non-compliance with fines associated. Have alerted the County Administrator and have sent correspondence to NHSN to ask for advisement.

September 30th

- DHHS call with public health weekly call; discussed revised QSO 20-30, phases memo and how to navigate the state websites
- Weekly family letter sent out.

October 1st

- Teams evaluating the new **CMS** training modules available to determine how to facilitate wider spread training
- Update about project ECHO (Extension for Community Healthcare Outcomes): the 90 min weekly training requests we involve the Medical Director, 2 nurses and one other staff member, though does not appear tied to funding. Our team will analyze this opportunity to determine what level of commitment we can sustain along with all other new requirements we are managing.

October 2nd

- DH meeting to discuss this week's updates and initiatives.
- DHHS call with survey bureau chief to clarify testing, documentation, life safety relative to PPE storage, activities, masking and "active screening" process.

October 4th

- Testing day

October 5th

- Registered an MNH team for project ECHO training
- **CMS issues QSO 21-02-NH** regarding voting rights of nursing home residents

October 6th

- Some Dept Heads are progressing through the CMS training modules

October 7th

- Weekly family letter sent out.
- FEMA zoom meeting for region 1 (Boston) to share best practices and lessons learned in health care settings

October 8th

- **CDC-CMS Q&A** webinar

October 9th

- DH meeting to discuss this week's updates and initiatives
- Webinar training for BinexNow antigen cards

October 13th

- ECHO launch program participation; education

October 14th

- Testing date
- Weekly DHHS call; discussed HAN 22 notice
- **PH issues HAN # 22 issued** regarding new reporting for all COVID-19 testing outcomes; both positive and negative now required for LTC (due to having antigen machines on site)

October 16th

- CMS waiver for requirement of 3 night hospital stay for coverage of a SNF benefit period

October 17th

- All testing returned negative

October 20th

- Received letters of approval from the state for COVID-19 testing for both the SNF as well as ALF sides of the house
- Participated in a DHHS meeting about COVID-19 testing and reimbursement; need to complete lengthy application for grant reimbursement funding.

October 21st

- Weekly DHHS call regarding state recommendations and phases
- Table top with selected DH's to review steps for a positive resident case

October 22nd

- Grant application (initial) sent back to DHHS for COVID-19 testing reimbursement

October 23rd

- DH meeting to discuss this week's updates and initiatives
- Webinar regarding SNF 3 day stay and benefit waivers for Medicare part A billing
- **PH issued HAN # 23** regarding antigen testing

October 24th

- Testing date

October 26th

- Updating policies to reflect recent DHHS recommendations surrounding COVID-19 POC and PCR testing

October 27th

- All but 2 tests returned negative; call out to DHHS inquiring about last 2 test results

October 28th

- Weekly DHHS call; antigen testing has a potential for false outcomes at times, but can be quite accurate for symptomatic persons
- Last 2 tests returned negative

October 29th

- Training on COVID and clinical risks; next steps by RB HealthPartners
- NH Telehealth alliance review of NH Emergency order #8 allowing for Telehealth; NH also enacted NH1623 on July 21, 2020 to make most of E order #8 permanent.

October 30th

- DH meeting to discuss this week's updates and initiatives
- Adjusted some testing policies after learning new information through DHHS weekly call

November 3rd

- Weekly testing protocol started per DHHS and Public Health (10% week)

November 4th

- Weekly DHHS call; discussed the requirement for staff to wear eye protection as transmission rates climb higher. Discussed that our CLIA lab waiver permits us to do rapid tests on residents and staff but not sure if we would be permitted to test visitors per state lab rules. Bureau chief indicated facilities would not be permitted to allow students in our buildings if we were at what the state PH calls "level 1".

November 5th

- Thursday DHHS call
- **CDC-CMS** Fundamentals call; updates to NHSN reporting requirements and much of the info is a repeat of what state of NH discusses weekly in our healthcare meetings with Public Health, DHHS and the state Epidemiologist.

November 6th

- DH meeting to discuss this week's updates and initiatives

November 8th

- Staff positive test result received
- All Staff testing initiated
- Reported to public health and DHHS

November 9th

- Alerted all staff, residents and families including press release
- Alerted non-essential personnel; no entry to MNH until further notice
- Staff testing continued, public health added 10% resident testing

November 10th

- Staff testing and resident testing completed
- ECHO training program began; much of the info is a repeat to what the state of NH discusses weekly in our healthcare meetings with Public Health, DHHS and the state Epidemiologist.

November 12th

- Public Health got back to us after our reporting of our positive staff on 11/8; asked us to do 100% resident testing (we had done just over 10% on 11/10-11), they indicated they were going to start contact tracing.
- **B of IDC issues** updated travel and screening guidance.

November 13th

- Updated families; approx. 75% staff and 5 res tests returned; negative so far. Public Health directs us to test 100% staff and 100% residents again next week (Tues/Wed)
- DH meeting to discuss this week's updates and initiatives
- **PH issues HAN # 24** regarding FDA EUA on Bamlanivimab
- **PH issues HAN # 25** regarding outbreaks and contact tracing
- **NH testing @ HHS.gov** alerts that in addition to the BD Veritor antigen testing machine, we will receive highly accurate POC testing cards

November 16th

- 100% staff test results in; 1 new staff positive. Reported to public health and DHHS
- Letter to all staff and residents/families including press release
- 100% resident test results in; all negative

November 17th

- 100% staff and resident testing today and again tomorrow
- ECHO call discussing ideas for extending PPE use and infection prevention ideas

November 18th

- Completed all staff/resident testing
- Weekly DHHS call regarding lab collection/testing and CLIA waivers

- NHHCA call with Congresswoman Kuster to give updates/experiences in LTC during pandemic

November 19th

- **CDC-CMS** fundamentals national call participation
- Governor just announced a state-wide mask mandate
- CMS issued a notice to DISCOURAGE residents from SNF's and ALF's from leaving the facilities for Thanksgiving

November 20th

- DH meeting to discuss this week's updates and initiatives
- Public Health labs reported a positive test result in a resident; alerted affected families, all staff, all primary responsible parties for all residents, DHHS and all usual individuals/companies as required
- Developed a staff rotation for resident oversight for w/e to have 1:1 N-95 fit tested staff coverage until all results back and further instructions received by public health; all staff already wearing mask and eye protection at all times, additionally on this unit now under quarantine; all staff will wear full PPE (gowns/gloves/masks/eye protection) for going into any resident rooms. All residents throughout all units have been kept to their rooms (with very few exceptions such as dialysis). Initiated all disposables for use on unit with food until further notice, and instructed dietary to use new elevator to bring food carts/food up to this unit to avoid entry directly into the unit. Any and all equipment coming off this unit will now be fully disinfected.
- **CDC** issues guidance for preparing for COVID-19 in nursing homes

November 21-24

- Test results are slow to return; as of 11/24 am, all other resident tests have returned, and are negative, one remaining staff test to return
- Increasing N-95 fit testing to get more staff prepared

November 23-25

- Starting 100% testing cycle again for all staff and residents
- Frequent contact with Public Health for updates and recommendations

November 23rd

- State call with DHHS and all providers; state is requiring we comply with lab rules (with exception of licensing component) in order to use antigen tests. This is an update from our Oct 20th waiver that initially allowed us to use antigen testing. Policies being updated....again....
- NHSN reporting updates; new field requirements including more specific information about testing, results and additional reporting now required.

November 24th

- Re-entered NHSN data from last week per updated regulations

November 25th

- Updated guidance received from DHHS regarding use of antigen machines for screening; will review and determine what of our current policies need updating.

November 30th

- Rewrote the testing policies per new DHHS guidance
- Cheshire County now is over a 5% positivity rate per CMS ratings and per CMS rules, now all staff will move to weekly testing. (we have been through November anyhow)

December 1st

- Admin, Med Director, Nursing Director participated in the ECHO training program

December 2nd

- Weekly DHHS call

December 3rd

- CVS reached out to confirm our participation in the vaccine
- Nursing Director updated counts for staff and residents with CVS for vaccine
- State guidance re: **CDC** change in quarantine – would not generally impact long term care staff
- **PH issues HAN # 27** regarding quarantine guidance

December 4th

- DH meeting to discuss this week's updates and initiatives
- **CMS issues QSO 21-06-NH** regarding reporting requirements

December 6th

- All staff and resident results back from testing this week; 2nd week in a row all negative

December 7th

- Renovations completed; plastic separation walls taken down; started resident moves from last of the old building into the opened/newly renovated spaces (expect moves to take 2-3 days total)
- CVS webinar about the vaccines undergoing approval this week
- **B of IDC** issues Phase 1a vaccine allocation document

December 8th

- Admin, Med Director, Nursing Director participated in the ECHO training program

December 9th

- Weekly DHHS call; survey bureau chief differentiates that PH sees an outbreak as 3 or more cases; CMS considers an outbreak if even 1 staff case alone.
- Weekly family letter including initial information about vaccines about to undergo Emergency Use Authorization

December 10th

- Received notice from CVS for tentative vaccine clinics; Jan 4th and 25th
- Nursing leadership listening to webinars to prepare for vaccine clinics
- Social workers preparing insurance cards for residents as needed for vaccine clinics

December 11th

- DH meeting to discuss this week's updates and initiatives

December 13th

- **PH issues HAN # 29** regarding Pfizer vaccine and EUA approval
- **CDC** uses an update regarding post vaccine considerations for residents

December 14th

- Listened in on the COCA call discussing important information about the vaccination program, effects and how to mitigate certain scenarios
- Medical Director letter to staff, residents, families about the vaccine

December 15th

- Admin, Med Director, Nursing Director participated in the ECHO training program

December 16th

- Weekly DHHS call; discussed expected post vaccination S&S to expect
- Weekly family letter including further information about vaccine

December 18th

- DH meeting to discuss this week's updates and initiatives; need to plan for necessary staff documentation for vaccination as well as completing resident specific and necessary documentation for vaccination

December 20th

- Begin twice weekly COVID-19 testing of 100% staff due to county positivity rate over 10%
- **PH issues HAN # 30** regarding Moderna vaccine and EUA approval

December 21st

- Medical Director held information Q&A sessions with staff throughout the day re: vaccines

December 23rd

- Weekly family letter offering Medical Director to discuss vaccine with any interested resident/family
- Weekly DHHS call; DHHS Commissioner indicates nursing homes can now get the Monoclonal Antibodies for mild-mod cases in our residents through limited quantities provided to our pharmacies starting next week
- Continuing to get consent forms for staff and residents for the vaccine – first clinic still tentative for January 4th, and follow-up January 25th.

December 27th

- Continued twice a week testing for this week
- Gathering information from other homes getting vaccine recently in order to create a smooth process once CVS arrives to us (tentatively scheduled for 01/04)

December 28th

- CVS forms arrived today (consent and other documents); no further contact, but this seems to confirm our date set for one week from today for vaccination number one

December 29th

- Staff positive test result received; reported to public health and DHHS; directed to test 100% residents starting either 12/30 or 12/31 whenever testing kits arrive. Residents on second floor unit on quarantine per public health; families updated as always
- 100% staff testing still to proceed 12/30 and 12/31 as we had already planned

December 30th

- Weekly DHHS call
- We were notified late evening by Cheshire Medical Center that a resident of ours who was being seen there was tested as a matter of normal course, and the result came back positive.

December 31st

- Letter to all staff and residents/families including press release regarding positive resident
- DHHS and public health updated; added this resident's floor to 'lock down', so 2 full units on special precautions
- As a matter of added caution, also encouraged last unit to try to encourage residents to remain in their rooms as we continue full staff and resident testing
- All staff testing from earlier in the week returned negative
- **PH issues HAN # 32** regarding CDC updates and changes to vaccine precautions

January 1, 2021

- Mandatory NHSN questionnaire completed

January 3rd

- All but one resident test has now returned; all negative

January 4th

- CVS vaccination clinic #1 underway; 97% residents received their first dose, approximately 50% staff received their first dose
- **CMS revises QSO 20-31-ALL** regarding survey activities, enhanced enforcement of infection control deficiencies and quality improvement in nursing homes

January 5th

- 100% staff testing starting
- Admin, Med Director, Nursing Director participated in the ECHO training program; DON and NHA led the scenario and Q&A; topic was preparing for, and managing the vaccination clinic

January 6th

- Completion of staff testing
- 100% resident testing
- Announcement of another direct care worker with a positive test; updated DHHS and Public Health; phase 0; no new admissions
- **CDC** issues new testing guidance for nursing homes
- Weekly DHHS call

January 8th

- Letter to all staff and residents/families regarding positive staff; also sent families the Pfizer fact sheet that CVS brought with them
- DHHS and public health updated; added this unit to same precautions as other 2 floors now
- Sent a letter out to all staff with encouragement to sign up for the vaccine on 1/25 for those who didn't; gift card drawing and challenge drawn; if 75% of staff receive the vaccine, will purchase each vaccinated a fleece vest/jacket with MNH logo.
- DH meeting to discuss this week's updates and initiatives

January 11th

- **PH releases HAN # 33** from DHHS now initiates guidance on those vaccinated relative to quarantine and surveillance testing
- **B of IDC releases** updates on travel, screening and exclusion from work information for employers

January 12th

- Long Term Care Ombudsman Advisory Committee meeting discussing plans for re-introducing families and discussions about asking for a prioritization of vaccinations for a subgroup such as essential visitors to create a safe re-entry plan.
- Admin, Med Director, Nursing Director participated in the ECHO training program
- 100% staff testing starting

January 13th

- Completion of staff testing
- 100% resident testing
- Weekly DHHS call

January 15th

- DH meeting to discuss this week's updates and initiatives
- **PH releases HAN # 34** from DHHS regarding vaccinations

January 17th

- **PH releases HAN # 34b** superseding the previous #34 regarding vaccinations

January 18th

- Medical Director offering educational/question sessions over next 3 days re: Pfizer vaccine to encourage our staff to get protected and in turn protect our residents

January 19th

- Admin, Med Director, Nursing Director participated in the ECHO training program
- 100% staff testing
- Signing up staff for vaccination day 1/25

January 29th

- Weekly DHHS call
- 100% resident testing
- Completing staff testing and signing up staff for vaccination day

January 21st

- Preparing for vaccination day #2, completed all spread sheets and sign ups, numbers sent to CVS; preparing administrative support to manage staff on day-of vaccine
- NHAC NHA affiliate meeting

January 22nd

- All tests back negative for 2 weeks in a row, state has taken us out of outbreak – we've instituted new guidelines for floors x 2 weeks (Monday is second vaccine clinic and we want to keep strong precautions while allowing all who get the second dose to have time to get fully immunized)
- Social services will reach out to families who've had their window visits cancelled to offer reinstating them early next week – will include this information in weekly family letter for Wed.
- DH meeting
- **CDC** provides updates on interim infection prevention and control recommendations

January 23rd

- While not as a direct result of the virus, we learned of the loss of a co-worker mid-day today; began setting up supports behind the scenes

January 24th

- Chaplain and DH presence on units beginning today; grief pamphlets placed around with EAP numbers

January 25th

- Vaccine clinic #2
- Testing 100% staff day 1, first of two for this week

January 27th

- Weekly family letter sent – included that 100% of residents have at least one dose, and over 95% have second dose now
- Staff letter sent – achieved goal of 75% staff vaccinations

- Weekly DHHS call; can't administer TB tests within a certain period of time to getting a vaccination, but CMS rules include that TB tests must be done for new residents and staff or risk deficiencies/fines
- Testing completed 100% staff, first of two for this week

January 28th

- NHAC NHA affiliate meeting
- Testing 100% staff day 1, second of two for this week

January 29th

- Testing completed 100% of staff, second of two for this week (all tests negative from our first of two testings this week)
- DH meeting

Feb 1st

- County positivity rate 9.6%; 2 more weeks of twice a week PCR (or POC) testing of 100% of staff
- Testing day 1 of 2 (first testing period of week)

Feb 2nd

- Testing day 2 of 2 (first testing period of week)

Feb 3rd

- Weekly DHHS call; reminder that we have to consider NFPA fire prevention rules when we are storing additional PPE; discussed new **CDC** travel and testing guidance, though still urged to avoid non-essential travel.

Feb 4th

- Positive test result received in a part time clinical worker; alerted public health, DHHS, families, staff. County Admin will send out a press release.
- Testing day 1 of 2 (second testing period of week)

Feb 5th

- Testing day 2 of 2 (second testing period of week)

Feb 8th

- 100% resident testing (all other tests from twice weekly testing last week for staff returned neg)
- Working on new State lab testing reimbursement contract to at least be able to get once per week staff testing assistance (tests are \$100/test) when we test twice weekly, we can log 460+ tests)

Feb 9th

- ECHO call

Feb 10th

- Finalized new contract with State for PCR testing reimbursement for 2021
- Weekly DHHS call

Feb 12th

- DH meeting; discussed progress for the CMS training introduced in Q4 2020. New staff receive it when they begin, SDC schedules nursing staff on their annual re-education time frames – asked DH's to work with SDC for scheduling their staff. Other County homes have received calls from their QIO insinuating that while it's not mandatory at this time, that they expect it will soon be. It's 3 additional training hours for line staff, and approximately 5 hours for managers.
- **HAN #35 released** re: variants of concern that are emerging

Feb 13th

- MAKO has not received all the tests yet – there is a major winter storm that affected many areas in the South and East

Feb 15th

- 3rd and final vaccination clinic – now 100 % residents vaccinated except for one new admission who has an appointment set externally. 75% of staff vaccinated.
- Positive test result received in a part time non-clinical worker with no resident contact; alerted public health, DHHS, families, staff. County Admin will send out a press release.
- 100% resident testing today

Feb 16th

- Staff testing today– another major winter storm has hit our area; Fed-Ex didn't pick up our tests, so all will go out tomorrow when completed.
- ECHO call

Feb 17th

- Staff testing completed
- Weekly DHHS call

Feb 19th

- All resident tests back for the week (they go to public health due to outbreak status) all are negative
- DH meeting

Feb 21st

- Fed-Ex has 3 of our 8 testing shipments in Tennessee stuck due to the major winter storms that have created new disasters on top of the pandemic for areas in the South, 5 of the 8 are not apparently able to be traced. MAKO indicates it's ok due to the cold, and that the tests will be preserved longer. Infection Preventionist alerted Nathan at the LTCF Testing unit of Public Health.

Feb 22nd

- Resident and staff testing today. Resident tests sent to state public health lab, and first batch of staff tests brought to FedEx to be shipped out today.

Feb 23rd

- Staff testing day 2
- MAKO (contract lab) already has staff tests sent via FedEx 2/22, however, none of our tests from last week have made it yet due to the storms declared disasters in the South

Feb 24th

- MAKO has received some of the tests from last week and are processing both last and this week's concurrently. Those tests still viable due to cold storage will be processed. If any are found non-viable, they will not be processed and we will not be charged
- DHHS weekly call; bureau chief discussed **PH vs CDC vs CMS documents**; when these 3 don't match, we must follow CMS who has the ability to fine us. Also, bureau chief acknowledged that when facilities are in twice/week testing due to high positivity rates, the second test can be a POC test (though any symptomatic persons are best tested with PCR). Bureau chief recognizes compassionate care visits per CMS documents, but not Essential Caregivers (a new consideration from Ombudsman).

Feb 25th

- MAKO now has all of last week's tests plus this week's tests; all but 3 resident tests back from this week, all negative.
- DEW (our construction company doing our renovation) found positive sub contractors; alerted our CSI state contact with the information; we are doing everything correctly.

Feb 26th

- All tests from last 2 weeks all negative; outbreak over, can resume testing per CMS schedule next week (twice a week due to county positivity rate)

Mar 1st

- Testing of all staff; first day of 1st of week testing
- **PH revises/updates** guidance for Long-Term Care Facilities reopening (visitation)

Mar 2nd

- Testing of all staff; second day of 1st of week testing
- ECHO program with Medical Director and DON

Mar 3rd

- Weekly DHHS call; State epidemiologist announced that the CMS numbers are in error and that the counties are not over 10% positivity – this affects testing as well as visitation. Therapy animals now permitted, hair dressers permitted if vaccinated/tested

Mar 4th

- Weekly NHAC meeting
- **PH revises/updates** guidance for Long-Term Care Facilities reopening (visitation)
- **PH releases HAN #36** regarding J&J vaccine FDA EUA

Mar 5th

- Did POC testing of staff due to the announcement that we are actually below 5% positivity and only require monthly testing per CMS – did POC of staff present
- DHHS added a call due to the huge discrepancy in numbers; the DHHS Commissioner urged us to increase our visitation and assured us that they were working behind the scenes to correct the data or be permitted to use state data to determine % positivity that drives testing frequency and visitation restrictions
- DH meeting

Mar 6th

- Hairdresser now permitted; worked with ALF residents; will work weekly; one unit per week

Mar 8th

- Testing of all staff
- Met with Recreational Therapist to go over new Therapy Dog Policy (he is a handler, meets all the criteria and his therapy dog used to come visit residents prior to covid)
- **CDC** came out with new guidance (doesn't affect LTC or congregate living) allowing fully vaccinated individuals from different households to be in close contact without masking
- Began compassionate care visits this week with POC prior to entry for families and following guidance from DHHS

Mar 9th

- Testing of all staff

Mar 10th

- DHHS call; updates to % positivity; CMS allowing state to use their numbers; Cheshire County at 2.3%, only requiring monthly testing; DHHS allowing us to go to monthly if we choose, or weekly and DHHS will fund the testing
- **CMS revises QSO 20-39-NH** regarding updated guidelines now permitting some resident contact if the resident is fully vaccinated and wishes; both parties must wear tight fitting masks and wash hands before and after the contact.
- **CMS revises QSO 20-14-NH** regarding updated guidelines for visitation.
- **CMS revises QSO 20-30-NH** regarding testing and PPE
- **CMS updates QSO 20-38-NH** regarding providing access to ombudsman

Mar 11th

- Updated visitation instruction and sent with family letter; will resume limited indoor visits next week
- Rewrote policies affected by new CMS rules surrounding visitation

Mar 12th

- DH meeting
- **PH releases HAN #37** regarding guidance for fully vaccinated persons

Mar 15th

- Learned of another staff positive (had an external contact with a positive; got tested and reported back to us) alerted public health, DHHS, families, staff.
- 100% testing staff today
- Started resident testing per public health
- Started limited indoor visits, but quickly changed back to compassionate care visits; public health indicated we'd remain in phase 1 and be permitted admissions, but directed we change to compassionate care visits.

Mar 16th

- Tested remainder of residents today

Mar 17th

- DHHS call; Cheshire below 5% positivity rate; may continue weekly testing with state through end of month (we continue 100% staff and resident testing this week, then follow new guidelines for visitation next week based on outcomes of all tests this week)
- **PH releases HAN #38**; updated guidance after travel. Quarantine only for non-vaccinated people from Cruise Ships or international travel. No longer required to quarantine after domestic travel with or without vaccination.
- **PH revises/updates** guidance for Long-Term Care Facilities reopening (visitation)

Mar 18th

- Updating our return to work after travel documents/protocols to align with most updated public health documents

Mar 19th

- DH meeting; reviewed PPE again, gave new poster for DH's to train staff again, and reviewed new travel/return to work guidance per updates this week

Mar 21st

- All testing from last week fully returned negative; can resume the limited indoor visits next week as we continue the 2nd week of all staff/all resident testing

Mar 22nd

- Staff and resident testing has begun for the week

Mar 23rd

- Sent weekly family letter with update about no positive tests last week in staff or residents and alerting that resumption of limited indoor visits once again possible (in addition to window, outdoor and compassionate/end of life care visits)

Mar 24th

- DHHS call; reviewed visitation again, nothing new offered

Mar 26th

- All staff and residents negative; now to monthly PCR testing

Mar 29th

- Offering voluntary testing to staff; testing a volunteer to restart some volunteer work under essential personnel to assist with the family visitation

Mar 30th

- **CDC** provides more updates on interim infection prevention and control recommendations

Mar 31st

- Weekly family letter sent out
- Weekly DHHS meeting

Apr 1st

- Positive part time non-clinical staff member; alerted Public Health, DHHS, CC, letter to families, staff through Relias, changed visits to compassionate care visits and preparing for outbreak testing starting again Monday April 5th. County Admin will send out a press release.

Apr 2nd

- DH meeting to keep everyone up to speed on the past 2 weeks of information

Apr 5th

- 100% testing all staff and residents today and tomorrow
- Starting a new contract to help with cleaning on ground and first floor

Apr 6th

- Finished 100% testing all staff and residents

Apr 7th

- Weekly DHHS meeting
- Weekly family letter sent out

Apr 8th

- **PH releases HAN #39** notice from State with updates on vaccination
- Reaching out to DHHS to see if MNH can get help to obtain vaccination for a resident who would otherwise need an ambulance to get to a vaccination site

April 9th

- Director of local vaccination efforts reached out and can help to schedule a National Guard to come out to inoculate any bed-bound residents. Working to schedule this now.
- **CMS issues QSO 21-17-NH** lifting many waivers

Apr 12th

- 100% testing all staff and residents today and tomorrow

Apr 13th

- Finished 100% testing all staff and residents
- All of last weeks are negative; we can resume ltd indoor visits
- Began training our prior Social Work Director as a volunteer to assist with ltd indoor visits

Apr 14th

- All resident tests back – negative

Apr 16th

- All staff back – negative; out of outbreak testing, resuming monthly testing protocol now
- DH meeting to update current status/activities
- State-wide mask mandate now gone; no impact on Maplewood directly; we must wear masks until there is a change from public health and/or CMS rules
- **CMS issues QSO 21-15-ALL** regarding updates to emergency preparedness rules

Apr 21st

- Weekly family letter/update
- Weekly DHHS meeting with public health

Apr 22nd

- Updated our POC for visitors and contractors policy; need to make sure it's clear to all that we can't require POC's, only request.

Apr 23rd

- **PH releases HAN #42** released regarding J&J vaccine

Apr 26th

- **PH updated NH** 'reopening guidance released'; reflects our ability to resume in-person visits after 1 week clear when undergoing the minimum of 2 weeks of outbreak testing as required after finding any positive tests at any time.

Apr 27th

- New **CDC** guidance about vaccinated people and masking outdoors has come out and there are additional recommendations that can impact nursing homes if CMS changes too.
- Sent weekly family letter.

Apr 28th

- **CMS updates QSO 20-29-NH and QSO 20-38-NH** now allowing us to move towards integrating the following changes:
 - Residents and visitors may visit without distancing and source control masks if alone in the resident's room and the resident and visitor are fully vaccinated. If the visitor is not vaccinated, they can visit with a fully vaccinated resident alone in the resident's room without distancing while wearing well-fitting source control masks.
 - Communal dining and activities may occur without physical distancing if all residents are vaccinated.
 - Vaccinated health care personnel no longer need to undergo routine testing, but should continue to be tested after exposure, during an outbreak, or if experiencing symptoms.

Apr 29th

- Comm of DHHS announced at the Governor's press conference that the state will no longer give additional guidance outside of **CMS and CDC**

Apr 30th

- Wrote an additional letter to families relative to the Comm of DHHS announcement due to confusion for families and volunteers

May 3rd

- Began meeting with leadership to understand new **CMS and CDC** rules to update policies and determine process changes needed

May 5th

- **DHHS and Public Health** care participation to announce that they are no longer supporting the LTC re-opening guidance and that we should simply follow **CDC and CMS** rules

May 6th

- Gov's weekly press conference; he seemed to answer a question suggesting nursing home residents could leave the facility for mother's day; he did mention about **CDC and CMS** rules. It appeared his intent was to share that the state doesn't add additional restrictions. We'll see how our families respond to his answer and put a plan in place to balance ongoing **CDC/CMS** rules while opening up more flexibility for our residents and honoring their rights with education to all about ongoing risks.....

May 7th

- Met with nursing and social services teams for an interim plan for w/e until we finalize our new protocols next week – in case families request to take residents out this w/e (Mother's day) we have a plan in place
- Rewriting all relevant visitation policies/procedures and updating visitor expectations to review with team next week and then send out to families

May 10th

- Tested all non-vaccinated staff per current CMS rule – all negative

May 11th

- **CMS issued 21-29-NH** new guidance now requiring all SNF's to log all resident and staff vaccinations into the NHSN database weekly, or receive penalties and fines. Additionally, we must prove that we've encouraged and offered all staff the vaccine and education – including going backwards and having staff sign an affidavit that they were educated and offered/took the vaccine. Enforcement penalties as follows:
 - Per enforcement requirements at §488.447, failure to meet reporting requirements at §483.80(g)(1) will result in a CMP starting at \$1,000 for the first occurrence of a failure to report. For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional CMP imposed at an amount increased by \$500 and added to the previously imposed CMP amount for each subsequent occurrence. Please refer to QSO 20-29-NH, which detailed how CMS will enforce the new reporting requirement.
- State annual certification survey began today.

May 12th

- Annual ALF and SNF Life Safety and Emergency preparedness survey day 1 of 2.
- National Nursing Home week; offered a very special meal to all staff for all shifts.

May 13th

- Day 3 of survey, and day 2 of LS and Emergency preparedness. 1 deficiency on resident care (expired medication found) and no deficiencies on Life Safety, Emergency Preparedness or Infection Control portions of the survey

May 19th

- Weekly family letter/update
- Bi monthly DHHS meeting with public health; once community spread goes from substantial to moderate, facilities can stop using eye protection when near residents

June 1st

- **CDC** released an update; strategies for extended PPE use are no longer supported

June 2nd

- Bi monthly DHHS meeting with public health; Cheshire close to ‘moderate’ spread and should soon be able to stop having to wear eye protection when near residents

June 3rd

- Weekly family letter; updating that future letters will be for new information or positive cases, but not necessarily weekly letters any longer

June 4th

- Cheshire County downgraded to ‘moderate transmission’ for first time since last fall; allowed staff to remove goggles on resident units now

June 9th

- **B of IDC issues** new guidance for responding to LTC cases of COVID-19

June 11th

- Gov Sununu declares State of Emergency is now over; impacts POC testing on site

June 14th

- Tested all non-vaccinated staff per current **CMS** rule – all negative

June 16th

- Bi monthly DHHS meeting with public health; only need to keep visitor logs x 30 days. Ongoing monthly testing being migrated over to Public Health Lab through end of September; unsure if state will support the **CMS mandated testing** after that date. Public Health reducing hours to 8-4:30pm, 7 days/week now.

June 18th

- State/DHHS clarifies that LTC facilities may continue PCR collection and POC testing on site
- Recognized the need to remove the auto-attendant messaging related to COVID-19 from phone system; need IT help to coordinate
- Sent an updated family letter to alert families about the change in visitation

June 21st

- Beginning non-scheduled family visits 7 days/week 1-4pm starting today
- **CMS updates QSO 20-41-ALL** regarding emergency preparedness
- **OSHA** issues the COVID-19 Healthcare Worksite Checklist pertaining to new requirements

June 22nd

- Redesigned visitor hand-out with updated and simplified instructions

June 23rd

- DHHS call with survey bureau chief regarding lab rules and the state 803, 804 and 805 rules

June 25th

- Sent an updated family letter to alert families regarding the expanded visitation

June 26th

- Most State of Emergency waivers are now expired (unless addressed, will impact our ability to do certain COVID-19 testing)

June 28th

- Expanding non-scheduled family visits 7 days/week to include 9:30-11:00 as well as 1-4pm

June 29th

- Residents don't need to wear masks in transit off units or at activities at this point

July 12th

- We are now down to monthly testing for unvaccinated staff and back with the Public Health labs.

July 20th

- Staff alerted us that worked over the w/e that they'd had an exposure to a positive non-household member. We removed them from the schedule – they later tested positive (last worked 7/15) and we went into 2 weeks of response testing. Halted all but compassionate care visits.

July 23rd

- A staff member called to alert us in the evening to a positive test; alerted DH's and planned response/letters tomorrow

July 24th

- Initiated letter to residents; social services came in to begin alerting residents. Staff called back; they had a call from their physician that the report of **the positive test was in error** – in fact they were negative.
- Alerted staff in the afternoon about the sequence of events; due to having tested all staff/residents and awaiting the last few results, decided to wait until 7/27 to update families.

July 27th

- New letter to families with full outcome of first round of testing and alerting them of the erroneous test additionally reported on 7/24.
- Able to resume all visits

July 28th

- **CMS issues QSO 21-20-NH** regarding changing civil money penalties from per instance to per day (significantly increasing fines for survey deficiencies)

July 30th

- 2nd round of testing all negative. Resuming monthly test protocol again.

Aug 6th

- Updated letter to staff discussing the concerning Delta variant and encouraging vaccinations. Warning that **CMS** may require vaccinations at some future point. Local transmission rates increased; had to resume eye protection when within 6 feet of residents; asking staff to wear eye protection when up on

resident units again. Instituted either KN-95 or yellow level 2 masks on units for staff giving direct care; blue masks ok when simply on the unit without resident care/contact.

Aug 11th

- Staff who last worked 8/6 learned of a positive test result today. Public Health put us in outbreak testing; no visitors except compassionate care; PPE on last worked unit. Keeping staff on 2 floors for all meals, residents to stay on units

Aug 12th

- Resident tests positive; full PPE on this unit initiated. Residents on affected unit to stay in rooms as much as possible.
- Stood up the COVID-19 unit as per plans on 3rd floor

Aug 13th

- **HAN # 44** issued from the state regarding the 3rd dose of vaccine (not to be confused with the booster dose)

Aug 16th

- 100% testing all staff/residents

Aug 18th

- Another resident was found positive on the affected unit.
- Sent another staff letter to encourage staff to wear masks even if fully vaccinated outside of facility as well; alerted staff about the new base min wage of \$15 to take effect in Sept.

Aug 19th

- CMS announcement about vaccine requirements

Aug 23rd

- 100% testing all staff/residents
- **CMS issues QSO 21-21-ICF** regarding developing policies and procedures to educate clients and staff regarding the risks and benefits of the COVID-19 vaccine.

Aug 26th

- Last testing round all negative; starting to ease restrictions per PH for one resident floor

Aug 30th

- 100% testing all staff/residents
- A family member called to alert us that they had tested positive; had visited their loved one. Public Health had us quarantine and begin testing this resident.

Sept 4th

- Testing negative 2 weeks in a row; all residents may resume activity on units; keeping masking for residents when they leave or attend activities off units
- Staff may resume meals in café
- Back to weekly testing of only unvaccinated staff now

Sept 7th

- Staff who last worked 8/26 with S&S as of 9/1 received test results back today that were positive; Public Health has f/u questions before determining course of action

Sept 8th

- Based on the fact this person worked within the past 2 weeks, PH did put us into Response Testing and only compassionate care visits; updated staff and families. Testing will be 9/9

Sept 9th

- CVS will bring any COVID vaccine doses on the planned Flu shot day for residents determined by our Medical Director to meet criteria for 3rd dose due to immunocompromised status.

Sept 10th

- September staff letter alerting of full FDA approval and **CMS** vaccine requirement. Also alerting about local health care operations impact including emergency rooms filled and ICU's near capacity in state.

Sept 13th

- **Revised CMS memo QSO-20-38** dated 9/10/21 was noted in an industry newsletter relative to new testing directives when finding positive cases. Already working with public health for response testing this week; will update our protocols and policies accordingly.

Sept 16th

- Response testing yielded 2 new positive staff members; no positive residents this week

Sept 23rd

- Response testing yielded no positive staff or residents this week

Sept 24th

- **HAN # 46** from the state. This is regarding COVID-19 Booster Dose Recommendations

Sept 29th

- NHSN webinar, new weekly reporting requirements to include full details on vaccination status for any new positive cases reported

Sept 30th

- 2nd week of response testing yielded no positive staff or residents; we return to usual resident activities.
- State-wide call with Dr. Chan relative to HAN #46 and Booster shots

Kathryn Kindopp, NHA
Administrator