COVID-19
FREQUENTLY ASKED QUESTIONS FOR HEALTH FACILITIES

Updated 06/01/20
How to use these FAQs

This document is designed to provide answers to the frequently asked questions relating to health facilities. As questions are received and answered, they will be added to the appropriate section of the document, and the date of revision/update will be included following the answer.

Looking for waiver information for health facilities? Please refer to the Health Facility Waivers document on the department’s COVID-19 website.

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General Information

**GEN 1 – WILL COVID-19 INFORMATION BE POSTED ON THE HEALTH FACILITIES DIVISION WEBSITE?**

No. Updated guidance related to the COVID-19 pandemic will be maintained on the department’s **COVID-19 webpage**. Health facilities division information not related to the COVID-19 pandemic will be maintained on their **website**. (04/06/20)

**GEN 2 – WILL DIA CONDUCT ANNUAL SURVEYS OF FACILITIES DURING THE COVID-19 PANDEMIC?**

No. Per CMS memorandum **QSO-20-20-All**, issued March 23, 2020, the Centers for Medicare and Medicaid Services (CMS) reprioritized DIA’s survey work, suspending 1) standard surveys, including life safety code and emergency preparedness components, and 2) revisits not associated with immediate jeopardy for:

- Long-term care facilities;
- Hospitals;
- Home health agencies;
- Intermediate care facilities for individuals with intellectual disabilities; and
- Hospices.

CMS’ guidance was adopted by DIA for state licensed facilities, and the department has suspended standard surveys for:

- Assisted living programs;
- Residential care facilities; and
- Programs and facilities caring for children and elder group homes. (04/06/20)

**GEN 3 – WHO DO I CONTACT IF OUR FACILITY HAS A POSITIVE CASE OF COVID-19?**

Iowa Department of Public Health and DIA. Please refer to DIA’s guidance document for further information. (04/06/20)

**GEN 4 – CAN A FACILITY DISCHARGE A RESIDENT FOR NON-PAYMENT DURING THE COVID-19 PANDEMIC?**

No. Governor Reynolds’ March 26, 2020, **proclamation** prevents residential care facilities or nursing homes from involuntarily discharging or transferring a resident for nonpayment. All other provisions allowing involuntary discharge or emergency involuntary discharge remain in effect. (04/06/20)

**GEN 5 – ARE ENFORCEMENT ACTIONS SUSPENDED, UNTIL REVISITS ARE AGAIN AUTHORIZED?**

Yes. CMS suspended enforcement actions, until revisits are again authorized, for the following:

- Nursing homes – Imposition of denial of payment for new admissions (DPNA), including situations where facilities that are not in substantial compliance at three months, will be lifted to allow for new admissions during this time.
• Home health agencies (HHA) – Imposition of suspension of payments for new admissions (SPNA) following the last day of the survey when termination is imposed will be lifted to allow for new admissions during this time.
• For nursing homes and HHAs – suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at six months.
• For health care facility or assisted living programs – Gov. Reynolds’ March 26, 2020, proclamation suspended Iowa Code § 135C.36 and Iowa Administrative Code rules 481-56.2 and 67.17 requiring fines for a health care facility or assisted living program, to the extent those fines may be issued in suspension. (04/06/20)

GEN 6 – IS THERE INFORMATION RELATED TO PERSONAL PROTECTIVE EQUIPMENT (PPE)?

Yes. Several sources have published PPE information:
• CDC – Strategies to optimize the supply of PPE. (04/06/20)
• CDC – How to don and remove PPE. (04/06/20)
• IDPH – PPE Guidance. (04/06/20)

Screening

SCRN 1 – SHOULD WE SCREEN OUR STAFF AND HOW SHOULD WE DO IT?

Gov. Reynolds, in conjunction with the Iowa Department of Public Health, ordered all hospitals, nursing homes, intermediate care facilities, residential care facilities, hospice programs, and assisted living programs to do the following prior to each staff member’s shift:
• Screen staff for:
  o Fever (take employee’s temperature)
  o Respiratory symptoms
  o Absence or shortness of breath
  o New or change in cough
  o Sore throat

The Centers for Medicare and Medicaid Services (CMS) has provided additional guidance: Identify staff who work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19. The Centers for Disease Control and Prevention (CDC) have also provided additional guidance. (04/06/20)

SCRN 2 – HOW SHOULD WE SCREEN OUR RESIDENTS AND PROTECT THEM FROM COVID-19?

CMS and CDC have provided the following guidance:
• Cancel communal dining and all group activities.
• Implement active screening of residents for fever and respiratory symptoms.
• Remind residents to practice social distancing and perform frequent hand hygiene.
• Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating personnel to work only in affected units.
• Encourage residents to remain in their room. If there are cases in the facility of COVID-19, restrict residents (to the extent possible) to their rooms except for medically-necessary purposes. If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet from others). (04/06/20)

Visitation

VIS 1 – SHOULD FACILITIES RESTRICT VISITATION?
Yes. CMS memorandum QSO-20-14-NH provides that facilities should restrict visitation of all visitors and nonessential health care personnel, except for certain compassionate-care instances, such as an end-of-life situation. (04/06/20)

VIS 2 – ARE VISITORS WHO ARE SICK ALLOWED IN A FACILITY FOR AN END OF LIFE SITUATION?
No. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). (04/06/20)

VIS 3 – HOW DOES A FACILITY FACILITATE AN END-OF-LIFE VISITATION?
Use precaution, screen, isolate the visitor, and limit their exposure in the facility and to other residents. CMS memorandum QSO-20-14-NH provides further guidance on this situation. Visitors should be limited to a specific room only. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Facilities should require visitors to perform proper hand hygiene and use personal protective equipment (PPE), such as facemasks. (04/06/20)

VIS 4 – WHAT SHOULD FACILITIES DO FOR RESIDENTS REGARDING VISITATION IF THE RESIDENT IS NOT FACING AN END OF LIFE SITUATION?
Communicate the no-visitor policy to residents and family. Facilities should communicate through multiple means to inform individuals and nonessential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for incoming calls. (04/06/20)

VIS 5 – MY FAMILY MEMBER LIVES IN A NURSING HOME. I WANT TO BE ABLE TO VISIT THEM OUTSIDE THEIR WINDOW AND WILL REMAIN AT LEAST SIX FEET AWAY. DOES THE NURSING HOME HAVE TO ALLOW THIS?
While this is an allowable practice, during the time of the national emergency each nursing home may set visitation policies that best protect the facility’s residents. The nursing facility policy will determine whether this type of visit is allowed. Facilities are encouraged and expected to explore alternative methods to ensure each resident has access to desired visitation from friends and family. Communication by telephone and via electronic means such as video chat, text messaging, etc. are encouraged where feasible. (04/14/20)
VIS 6 – WHAT ARE THE OPTIONS AVAILABLE FOR VISITATION IN A NURSING HOME WHEN THE NURSING HOME DOES NOT HAVE ENOUGH ADAPTIVE COMMUNICATIVE TECHNOLOGIES TO ALLOW ALL RESIDENTS TO HAVE ASSISTED VISITS VIA TECHNOLOGY?

The Centers for Medicare & Medicaid Services (CMS) has made available a special expedited funding opportunity to enable nursing homes to purchase adaptive communicative technologies (e.g. iPads, speaker phones, tablet computers, etc.). See the linked documents for detailed information. (04/30/20)

Focused Infection-Control Surveys

ICS 1 – WHAT TYPES OF SURVEYS WILL DIA CONDUCT DURING THE COVID-19 PANDEMIC?

Immediate jeopardy (IJ), IJ revisits, and focused infection-control surveys. On March 23, 2020, CMS issued memorandum QSO-20-20-All reprioritizing DIA’s survey work. DIA then adopted CMS’ guidance, incorporating those same limited regulatory activities for the State-licensed or certified health facilities. (04/06/20)

ICS 2 – WHAT IS “IMMEDIATE JEOPARDY”?

It is a term CMS describes the most serious of allegations against a facility, where “the provider’s noncompliance with one or more requirements...has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.” (04/06/20)

ICS 3 – WILL THE FOCUSED INFECTION-CONTROL SURVEYS OCCUR REMOTELY OR ONSITE?

CMS’ memorandum QSO-20-20-All provides, “If state or federal surveyors are unable to meet the personal protective equipment (PPE) expectations outlined by the latest CDC guidance to safely perform an onsite survey due to lack of appropriate PPE supplies, [surveyors] are instructed to refrain from entering the [facility], and obtain information necessary remotely, to the extent possible. Surveyors should continue the survey once they have the necessary PPE to do so safely.” (04/06/20)

UPDATE: Currently, DIA has adequate personal protective equipment (PPE) supplies to complete the onsite portion of the infection-control survey; therefore, infection-control surveys will occur onsite for long-term care facilities. A portion may be conducted remotely; however, as required by CMS’ memorandum QSO-20-20 All, infection-control surveys require a surveyor to complete the survey onsite when the state survey agency (DIA) is able to meet the expectations for (PPE). At this time and according to CMS guidance, DIA will continue to conduct infection-control surveys remotely for facilities other than long-term care. DIA will complete the onsite portion of the surveys at a later date. (06/01/20)

ICS 4 – HOW MANY SURVEYORS WILL CONDUCT A FOCUSED INFECTION-CONTROL SURVEY AND HOW LONG WILL THE SURVEY TAKE?

One to two surveyors will conduct the focused infection-control surveys, and DIA anticipates that the surveys will each take 10-15 hours. (04/06/20)
ICS 5 – WHAT IS INVOLVED IN A FOCUSED INFECTION-CONTROL SURVEY?

CMS has created a checklist for the focused infection-control surveys. Additionally, CMS has produced a training video for surveyors, and has made this available to the public. (04/06/20)

ICS 6 – OUR FACILITY IS SHORT-STAFFED AND FACING WORKLOAD ISSUES. DO WE HAVE TO COMPLY WITH THE FOCUSED INFECTION-CONTROL DOCUMENT REQUEST?

Yes. It is reasonable during these times that facilities are short on time, resources, and staff. A focused infection-control survey should take surveyors 10-15 hours to complete. The faster a facility complies with the document request, the faster the surveyor will complete the survey and exit. If a facility is facing an issue with being able to comply with the timeline provided by a surveyor, they should communicate their situation with the surveyor and work directly with them in being able to comply with the narrow survey request. (04/06/20)

ICS 7 – IF A PROVIDER HAS NOT HAD INFECTION-CONTROL DEFICIENCIES IN THE PAST, WILL DIA CONDUCT AN INFECTION-CONTROL SURVEY FOR THAT PROVIDER AT THIS TIME?

Yes. CMS has directed DIA to prioritize infection-control surveys for all long-term care facilities. Facilities other than long-term care will also receive an infection-control survey. (06/01/20)

CMS and DIA urge all providers to conduct their own infection-control surveys. The training video is available here. (04/06/20)

ICS 8 – WILL IMMEDIATE JEOPARDY SURVEYS BE CONDUCTED IN PERSON?

Yes. DIA has received a limited amount of PPE and may enter a facility for an in-person immediate jeopardy survey. DIA will comply with CDC, IDPH, and CMS guidelines upon entering a facility in order to ensure resident, staff, and surveyor health and safety. (04/06/20)

ICS 9 – WILL A DIA SURVEYOR HAVE THEIR OWN PPE OR WILL THE FACILITY HAVE TO SUPPLY THE SURVEYOR WITH PPE?

Yes. DIA surveyors have their own PPE and will comply with CDC, IDPH, and CMS guidelines upon entering a facility in order to ensure resident, staff, and surveyor health and safety. (06/01/20)

ICS 10 – IF A FACILITY HAD A REMOTE INFECTION-CONTROL SURVEY, WILL THERE BE AN ONSITE PORTION?

CMS requires infection-control surveys to be completed onsite. The onsite portion includes: resident care observations (hand hygiene practices, proper use of PPE, cleansing medical equipment, effective transmission-based precautions), environmental observations (signage, screening, hand hygiene stations) and any additional interviews on policy, procedure, or surveillance that has not yet occurred remotely or cannot occur remotely. DIA will complete the onsite portion for long-term care facilities at this time. DIA anticipates LTC infection-control surveys (including onsite follow-ups) will be completed by July 31, 2020, in accordance with CMS guidance. (06/01/20)
ICS 11 – IF A FACILITY HAS ALREADY HAD A REMOTE INFECTION-CONTROL SURVEY, HOW LONG WILL THE ONSITE INFECTION-CONTROL SURVEY TAKE?

If a facility already had the remote portion of the infection-control survey, the onsite portion, on average, should be completed within approximately one day. (06/01/20)

ICS 12 – IF A FACILITY HAD A REMOTE INFECTION-CONTROL SURVEY, HOW MANY SURVEYORS WILL THERE BE?

One to two surveyors will be onsite for the infection-control survey. (06/01/20)

ICS 13 – WILL DIA SURVEYORS HAVE THEIR OWN PPE?

Yes. DIA surveyors conducting onsite complaint/incident surveys or the onsite portion of the infection-control surveys at long-term care facilities will wear PPE in accordance with CDC, CMS, and IDPH guidelines. (06/01/20)

ICS 14 – HOW MANY INFECTION-CONTROL SURVEYS HAS DIA CONDUCTED?

As of May 29, 2020, DIA remotely completed the following infection-control surveys:

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Number of Infection-Control Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Care (LTC)</td>
<td>404</td>
</tr>
<tr>
<td>Assisted Living Programs (ALP)</td>
<td>136</td>
</tr>
<tr>
<td>Residential Care Facilities (RCF)</td>
<td>71</td>
</tr>
<tr>
<td>ICF/IID</td>
<td>132</td>
</tr>
<tr>
<td>Hospital</td>
<td>69</td>
</tr>
<tr>
<td>Home Health Agencies (HHA)</td>
<td>80</td>
</tr>
<tr>
<td>Hospice</td>
<td>49</td>
</tr>
<tr>
<td>ESRD</td>
<td>69</td>
</tr>
<tr>
<td>Ambulatory Surgical Centers</td>
<td>3</td>
</tr>
</tbody>
</table>

(06/01/20)

Complaints

**CMP 1 – WHAT HAPPENS IF DIA RECEIVES A NON-IJ COMPLAINT?**

DIA will log the complaint and CMS will issue further guidance in the upcoming weeks. If a complaint or facility-reported incident is received at the non-IJ level, DIA will enter the allegation into the federal ASPEN Complaints/Incidents Tracking System (ACTS) per the instructions in chapter 5 of the State Operations Manual. An onsite survey will not be conducted during the prioritization period. CMS will issue guidance related to these non-IJ complaints or facility-reported incidents in the next few weeks. (04/06/20)
**Certified Nursing Assistants**

**CNA 1 – CAN A CERTIFIED NURSING ASSISTANT (CNA) WHO HAS TAKEN AND PASSED THE 75-HOUR NURSE AIDE COURSE AND HAS WORKED AS CNA IN THE PAST (BUT HAS FALLEN OFF THE DIRECT CARE WORKER REGISTRY) RETURN TO WORK AS A CNA IN A LONG-TERM CARE FACILITY UNDER THE WAIVER?**

Yes. The CNA may work in the nurse aide capacity in a long-term care facility until the waiver of 42 CFR 483.35(d) expires, at which time the nurse aide will be required to complete a new training and competency evaluation program (testing), or a new competency evaluation program pursuant to 42 CFR 483.35(d)(6). A CNA does not need to be active on the registry to work at a facility that is not a long-term care facility (hospital, hospice, home health care, etc.). (04/06/20)

**CNA 2 – CAN A NURSE AIDE WHO HAS TAKEN THE STATE-APPROVED 75-HOUR CNA CLASS, BUT HAS NOT HAD THE OPPORTUNITY TO TEST BECAUSE OF THE COVID-19 PANDEMIC, WORK PAST THE 4-MONTH PERIOD?**

Yes, the nurse aide may continue to work in the nurse aide capacity until the COVID 19 crisis has ended and testing is again available. Once testing becomes available, the nurse aide must complete the testing requirement. (04/06/20)

**CNA 3 – CAN A FACILITY HIRE A PERSON WITH NO CNA TRAINING OR EXPERIENCE AND TRAIN THEM TO THE CNA POSITION ON THE JOB, HAVE AN RN DEEM THEM COMPETENT AND WORK UNTIL THE COVID CRISIS HAS PASSED, THEN HAVE THEM TAKE THE STATE APPROVED 75-HOUR CNA CLASS?**

During the duration of the waiver, a facility may employ an individual in the nurse aide capacity for longer than four months as long as the individual is competent to provide nursing and nursing related services pursuant to 42 CFR 483.35(d)(1)(i). The facility must ensure the individual is able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care pursuant to 42 CFR 483.35(c). (04/06/20)

**CNA 4 – DOES DIA RECOGNIZE THE AMERICAN HEALTHCARE ASSOCIATION’S ONLINE TEMPORARY NURSE AIDE TRAINING COURSE?**

Yes. A State agency may approve the use of temporary nurse aides as well as a temporary nurse aide-training program that it deems fit to assure continued resident health and safety. DIA has approved American Health Care Association’s temporary nurse aide online training. The hiring facility remains responsible for assuring the individual is competent to provide nursing and
nursing-related services pursuant to 42 CFR 483.35(d)(1)(i). The facility must ensure the individual is able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments and described in the plan of care pursuant to 42 CFR 483.35(c). (04/06/20)

Long Term Care

LTC 1 – WHERE CAN I GO FOR COVID-19 INFORMATION SPECIFICALLY RELATED TO LONG-TERM CARE OUTSIDE OF DIA?

There is a lot of information available to facilities regarding long-term care, including frequent webinars on the Iowa Department of Public Health’s website. Additional resources include:

- Iowa Department of Public Health
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services (04/06/20)

LTC 2 – CAN A NURSING HOME ADMIT ANY INDIVIDUALS WHO THEY NORMALLY WOULD ADMIT TO THEIR FACILITY, INCLUDING INDIVIDUALS FROM HOSPITALS WHERE A CASE OF COVID-19 WAS/IS PRESENT?

Yes. CMS memorandum QSO-20-14-NH states that nursing homes should admit individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room). (04/06/20)

LTC 3 – IF TWO OR MORE CERTIFIED LONG-TERM CARE FACILITIES WANT TO TRANSFER OR DISCHARGE RESIDENTS BETWEEN THEMSELVES FOR THE PURPOSES OF COHORTING, WHAT APPROVALS ARE NECESSARY TO DO SO?

No additional approval is necessary. Each certified facility bills Medicare for the residents in their facility. See QSO 20-25. (04/14/20)

LTC 4 – IF A CERTIFIED LONG-TERM CARE FACILITY WOULD LIKE TO TRANSFER OR DISCHARGE RESIDENTS TO A NON-CERTIFIED LOCATION FOR THE PURPOSES OF COHORTING, WHAT APPROVALS ARE NECESSARY?

The long-term care facility should contact the State agency (Department of Inspections and Appeals) and the State Fire Marshal's Office for approval by both agencies. See the physical environment information in State Waivers section for Long-Term Care Facilities in the DIA Waivers document. (04/14/20)
LTC 5 – WHAT ARE THE OPTIONS AVAILABLE FOR VISITATION IN A NURSING HOME WHEN THE NURSING HOME DOES NOT HAVE ENOUGH ADAPTIVE COMMUNICATIVE TECHNOLOGIES TO ALLOW ALL RESIDENTS TO HAVE ASSISTED VISITS VIA TECHNOLOGY?

The Centers for Medicare & Medicaid Services (CMS) has made available a special expedited funding opportunity to enable nursing homes to purchase adaptive communicative technologies (e.g. Ipads, speaker phones, tablet computers, etc.). See the linked documents for detailed information. (04/30/20)

Assisted Living

ALP 1 – WILL THE NEW AND REVISED RULES IN CHAPTERS 67 AND 69 STILL NEED TO BE IMPLEMENTED ON APRIL 15?

No. The implementation of the new rules has been delayed until Sept. 1, 2020. (04/14/20)

ALP 2 – CAN AN RN IN AN ASSISTED LIVING FACILITY DRAW BLOOD FOR TESTING IN A LAB?

Yes, this is within an RN's scope of practice and is not considered a skilled nursing activity. (04/14/20)