

# LNHA Agency Liaison In-Person Meeting | MINUTES

July 13, 2021 | 2 p.m. | LNHA Office

<p><b>Committee members in attendance:</b> Jamie Shelton (Central Management), Steven Boulware (Priority Management), Jeff Burch (Inspired Healthcare Management) Dale Hewitt (Senior Village), Andy Hughes (Pathway Management), Stephanie Marriott (Priority Management), Marcus Naquin (Hammond Nursing Home), Tanya Procell (Provider Professional Services), Dawn Rogers (Central Management)</p> <p><b>Absent:</b> Scott Broussard (TrustCare Management), Phyllis Chatelain (Lakeview Manor), Branden LeBlanc (Diversified Healthcare), Jack Sanders (TrustCare Management), Lannie Richardson (Central Control), Mike Scanlan (Pathway Management), David Stallard (Medico)</p>	<p><b>Staff members present:</b> Mark Berger, Wes Hataway, Karen Miller</p> <p><b>Guests present:</b> Teddy Price (Central Management), Teddy Darrell Price (Central Management), Tasheka Dukes (Deputy Assistant Secretary Health Standards Section LDH), Catherine Williams (LDH Long Term Care Supervisor), Alisa Morris (LDH Legislative Liaison Program Manager), Cullen Brewer (LDH Long Term Care Manager)</p>
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LNHA Board President Teddy Price welcomed LDH Tasheka Dukes and her team and thanked them for attending this meeting.

**In light of the ongoing public health emergency (PHE), are nursing facilities still required to perform full-scale and table-top emergency preparedness drills?**

Regarding full-scale exercises, Mr. Brewer referenced page 4 of the [CMS QSO-20-41-ALL](#) guidance revised on June 21, 2021. He noted that it provides clarification regarding the exemption.

- *“Facilities that activate their emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise. Facilities must be able to demonstrate, through written documentation, that they activated their program due to the emergency.”*

In addition, nursing facilities are still required to conduct an “exercise of choice” within a 12-month time period. For example, a nursing facility must conduct another full-scale exercise, an individual facility-based function exercise, a mock disaster drill, or a table-top exercise or workshop.

## Temporary Nurse Aides (TNA) Update

- **What is the expiration date for a facility’s ability to use temporary nurse aides (TNA)?**  
CMS has not said when the expiration is for this. LDH is expecting by the end of the year.
- **Will a grace period be allowed once the PHE expires?** CMS [QSO-21-17-NH](#) guidance on pages 3-4 says, “...nurse aides will have the full four month period starting from the end of the blanket waiver to successfully complete the required training and certification, regardless of the amount of time worked during the time the waiver was in effect.”

- Please provide an update on the TNA-CNA pathway (number of students registered for CNA testing, testing completed, etc.)

Out of 1,100 TNAs statewide, 200 have completed the TNA-CNA pathway and are listed on the CNA Registry. LDH is speaking with Prometric to see what the issue may be for TNAs not being tested. Specifically, members are experiencing challenges regarding the proximity of the location testing sites to the facility and the amount of time between finishing the training course and taking the exam at a testing site. Members reiterated that the use of TNAs is very helpful during the public health emergency. Ms. Dukes encouraged members to communicate with LDH the problems with Prometric when they have them.

Are nursing facilities allowed to have volunteer groups inside the facility? For example, can a church choir perform inside the facility for residents? What infection control protocols should be followed for these groups if allowed in the facility?

Follow the [CMS 20-39-NH](#) guidance revised on April 27, 2021, as it relates to following the core principles and infection protocols. According to the memo, LDH encourages outdoor visitation as it is the safest. Indoor visitation is allowed and LDH reiterated that visitation should be person-centered. Any visits should adhere to the core principles of infection control. Nursing facilities should consider the individual facility specifications when conducting visitation (i.e., the facility's physical layout, the number of vaccinated staff and residents, social distancing, etc.). Volunteer groups must also follow the core principles of infection control, which include mask requirements.

CMS guidance QSO-21-19-NH requires nursing facilities to report various information regarding staff and resident vaccination on a weekly basis. Are facilities responsible for reporting information pertaining to ancillary staff (i.e., therapy, agency staffing, hospice, etc.)?

Mr. Cullen referred to CMS [QSO 21-19-NH](#) guidance on page 3 as it defines nursing facility staff.

- *"Staff" means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the LTC facility for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis, as the vaccine is available.*

If a facility has someone who works in the facility at least once a week, he/she is considered staff and should be tested for COVID-19 and included in your COVID-19 reporting.

Mr. Cullen reiterated that CMS enforces reporting rules, not LDH. Mr. Cullen asked the group what challenges they experienced during reporting and they answered the "grid card" was challenging. It is difficult to have one staff member have reporting access with the same login information rather than additional employees granted access under unique logins. Mr. Berger requested for LDH to share any reoccurring reporting issues so he can alert the members.

Have there been any updates or changes to the testing strategy for vaccinated and unvaccinated staff?

LDH noted that the most current guidance is still CMS [QSO-20-38-NH](#) and it has not been revised since April 27, 2021. Any future updates or changes will be in conjunction with the CDC.

## Are infection control surveys still being conducted every six months?

LDH is not required to conduct infection control surveys every six months. Instead, LDH is currently conducting infection control surveys jointly with recertifications and compliant surveys.

LDH noted that CMS no longer allows surveys to be conducted virtually.

## Do facilities need to notify families weekly when there are no positive COVID-19 results in the facility?

Is reporting to the family only needed when there is an “outbreak?”

CMS [QSO-20-29-NH](#) guidance does not suggest that a facility must notify the family if there is not a COVID-19 outbreak. LDH noted that doing so is not mandated but is also not prohibited.

During outbreak testing, should families be notified when their loved one is negative or only when they receive a positive result?

Follow your policy for change of condition for your residents.

## What are some common issues cited during infection control surveys and traditional surveys? Provide any observations and trends.

Ms. Williams noted the following trends in infection control citations: improper hand hygiene, improper donning/doffing of personal protective equipment (PPE), inappropriate glove use and wearing a face mask incorrectly.

## Discuss percentage of vaccinated nursing facility staff

LDH noted that Louisiana ranks last in the nation for vaccinated nursing facility staff. LDH inquired what LNHA is doing to encourage an uptick in vaccination rates. Mr. Price noted that many facilities are encouraging an uptick by doing the following: conducting monthly drawings for gift cards and other incentives, someone in leadership being vaccinated in front of the staff, conducting one-on-one education meetings, etc. He noted that the main reason for unvaccinated staff is fear of the vaccine.

Mr. Berger mentioned the LNHA staff vaccination contest for a facility to win \$500 per LDH region and noted that the contest ends on July 21. Mr. Berger said that he believes that the Office of Public Health reported that nursing facility staff vaccination rate has increased to 46% as opposed to the previously reported 43%. He also mentioned the staff peer group studies conducted with Tulane School of Public Health & Tropical Medicine.

## Is it required for the vaccine consent form to be signed for both vaccine doses?

CMS [QSO-21-19-NH](#) guidance on page 3 says yes, it is required for both doses. See below

- *“If the vaccination requires multiple doses of vaccine, the resident or resident representative and staff are again provided with education regarding the benefits and potential side effects of the vaccine and current information regarding those additional doses, including any changes in the benefits or potential side effects, before requesting consent for administration of any additional doses. The resident, resident representative, or staff member must be provided the opportunity to refuse the vaccine and to change their decision about vaccination at any time.”*

## LNHA Convention

Mr. Berger noted that the LNHA Convention & Trade Show is scheduled for September 7-9 in New Orleans and mentioned that LDH has been requested to present during the Convention. He encouraged the other members of the LDH team to also attend the LNHA Convention.

Mr. Shelton noted that in previous years LDH did not conduct annual surveys during the LNHA Convention dates unless it was to investigate a complaint. He mentioned this practice previously encouraged facilities to send their staff members; otherwise, there was concern that the facility's leadership would be out of town during an annual survey.

#### [\*\*In-person surveys\*\*](#)

A committee member noted that recently 11 LDH surveyors entered the facility for an in-person survey. She inquired if there is a protocol for accommodating that large of an LDH team. Challenges during these situations are providing that many laptops and providing ample space for the team to work.

LDH noted that there is a lot of training currently as a large percentage of LDH staff members have retired or will be retiring in the coming months.

#### [\*\*LDH Catherine Williams retirement date\*\*](#)

Ms. Catherine Williams announced that she would be retiring from LDH on January 7, 2022. LNHA thanked her for her many years of hard work and dedication.