Prior to Survey

Surveyors should have access to this protocol and survey tool on every survey in the event infection control concerns are identified while in the facility.

This survey protocol should be used in the following ways:

- Facilities with COVID-19: This survey protocol provides surveyors with a tool for a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.
- Facilities **without** COVID-19: In facilities with no active cases of COVID-19, the use of this survey protocol and focused review tool will help identify and correct deficient practices in order to prevent the transmission of the virus.
- If the survey team plans to enter a facility with an active COVID-19 case, or identifies an active COVID-19 case after entering a facility, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. For example, in certain cases, the focused survey protocol can be used to investigate noncompliance and ensure the facility has taken steps to prevent transmission. In other cases, the agencies may ask the survey team to delay the survey until the health department or CDC has assessed the situation. As surveyors may enter a facility with confirmed or suspected COVID cases, or a facility requiring certain PPE in order to enter, SSAs should ensure surveyors have needed personal protective equipment (PPE) that could be required onsite.
- Refer to latest CDC guidance on use of Personal Protective Equipment at: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Ensure surveyors are:
 - Medically cleared; and
 - Trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.
- Create a survey shell. Under Survey Properties:
 - o Select U-COVID19 for stand-alone surveys focusing on Infection Control
 - a. Select I-COVID19 when infection control/COVID-19 focused surveys occur as an extension of another standard survey process (certification or complaint).

NOTE: See QTSO Memo 2020-17 for details as needed.

- Limit the team to one or two surveyors.
- Conduct offsite planning based on available information from:
 - Facility-reported information;
 - CDC, state/local public health information if available (in some cases CDC or public health will have gone onsite prior to the SA/CMS);
 - o Available hospital information regarding patients transferred to the hospital; and/or

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- Complaint allegations.
- Identify surveyors who are remaining offsite to receive information from the surveyors or facility staff while onsite. List key survey activities that will be conducted onsite and offsite, with a plan for doing as much offsite as possible. For example:

For onsite activities:

- Prioritize observations to key areas and activities related to infection control;
- Identify interviews that need to be conducted onsite, and make arrangements for those that can be conducted offsite telephonically; and
- Identify the records that need to be reviewed onsite, and those that can be sent for offsite review.

For offsite activities:

- Medical record reviews;
- Telephonic interviews; and
- Facility Policy/Procedure Reviews (e.g., Infection Control and Prevention Program, Emergency Preparedness Plan).
- Surveyors should add the following to their desktop:
 - o COVID-19 Focused Survey Protocol
 - COVID-19 Focused Survey for Nursing Homes
 - o Survey Resources folder
- Refer to and review latest CDC guidance on use of personal protective equipment and Standard and Transmission-Based Precautions based on the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings at the following link: <u>https://www.cdc.gov/coronavirus/2019ncov/infection-control/control-recommendations.html</u>

Entrance Conference

- Notify the Facility administrator of the limited nature of the COVID-19 focused survey:
 - Prioritize observations on day one; and
 - Complete remaining observations and interviews on day two.
- Follow the COVID-19 Entrance Conference worksheet to request information.

Onsite Survey Activities

- Adhere to Standard and Transmission-Based Precautions and refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- Refer to the COVID-19 focused survey to guide your investigation and make compliance determinations.
- Document your investigation on an electronic or paper version of a surveyor notes worksheet and/or COVID 19 Focused Survey for Nursing Homes tool.
- While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy. Follow the interpretive guidance and CE pathways relevant to the area of concern.
- Be alert to situations that may create a likelihood for serious injury, harm, impairment, or death, use guidance in Appendix Q and complete an IJ Template.
- Determine what information can be reviewed offsite (e.g., electronic medical records, EP plan for staffing and other policies or photocopies). NOTE: Surveyors should limit photocopies to only

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those records necessary for confirming noncompliance or to support findings of deficient practice.

Concluding the Survey

- Conduct any survey exit discussion with the facility by telephone (unless requested in person by facility).
- Draft the CMS-2567 offsite. Include the term, "COVID-19" in the 2567 citation, ideally in the Deficient Practice Statement.