



Indiana
Department
of
Health

Long-term Care **NEWSLETTER**

LTC Newsletter 2022-17
April 7, 2022

LTC Update:

- **COVID-19 Infection Prevention (IP) Toolkit – Update**
- **CMS QSO-22-09-ALL – Revised**
- **New Informal Dispute Resolution (IDR) Director**

COVID-19 IP Toolkit – Update

The newly updated [COVID-19 IP Toolkit](#) is now posted on the Epidemiology Resource Center (ERC) [Infection Prevention Program page](#). The toolkit has been updated to assist with outbreaks with an infection prevention (IP) checklist and other job aides for facilities to use. Please contact your district regional IP consultant (listed on the website), or jspivey1@isdh.in.gov IP program manager, if you have any questions or concerns.

CMS QSO-22-09-ALL – Revised

CMS has revised [QSO-22-09-ALL](#) and [Attachment A](#). The revisions include the following:

Surveying for staff vaccination requirements is not required on Life Safety Code (LSC) surveys.

Surveyors may modify the staff vaccination compliance review if the provider was determined to be in substantial requirement compliance within the previous six weeks. It would not be a full compliance review, but surveyors would inquire about substantive changes.

Facility staff who have been suspended or are on extended leave, e.g. Family and Medical Leave Act (FMLA) leave or worker's compensation leave would not count as unvaccinated staff for determining compliance with this requirement.

Failure of contract staff to provide evidence of vaccination status reflects noncompliance. It should be cited at F888 under the requirement to have policies and procedures for ensuring that all staff are fully vaccinated, except for those staff who have been granted exemptions or a temporary delay at 483.80(i)(3)(ii).

Temporarily delayed vaccination refers to vaccination that must be temporarily deferred, as [recommended by CDC](#), due to clinical considerations, including known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.

483.80(i)(3)(iii) requires facilities to ensure staff who are not fully vaccinated adhere to additional precautions that are intended to mitigate the spread of COVID-19. There are a variety of actions a facility can implement to potentially reduce the risk of COVID-19 transmission, and several examples are included in Attachment A. The examples are not all inclusive and represent actions that can be implemented. However, facilities can choose other precautions that align with the intent of the regulation, which is intended to "mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated."

An example for good faith effort was also added in Attachment A. For example, if the facility staff vaccination rate is 90% or more, there is no resident outbreak in the previous four weeks, and all policies and procedures were developed and implemented, this would be cited "D". However, if the facility provides evidence that it has made a good faith effort by taking aggressive steps to get all staff vaccinated, surveyors may lower the citation to "A".

New Informal Dispute Resolution (IDR) Director

IDOH is pleased to announce Linda Kay is the new director of the informal dispute resolution (IDR) program effective April 4, 2022. Linda has years of experience as a long-term care public health nurse surveyor in Indiana, New York and Texas. She also has previous IDR experience. She had been in the special projects/IDR surveyor role since June 2021.

The IDR program is within the Division of Program Performance and Development and oversees IDR and Independent IDR (IIDR), as well as special projects and minimum data set (MDS) assessment. The IDR program email is ISDH.LTC.IDR@isdh.IN.gov. You can find more information about IDR and IIDR at the [Informal Dispute Resolution Information Center](#) webpage.