

# KDADS Updates on PHE Ending

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## **Presentation to Kansas Adult Care Homes May 11, 2023**

**Updates on Requested Topics**  
Department for Aging and Disability Services

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Lacey Hunter, Commissioner  
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# Survey Expectations-All Adult Care Homes

**-Adult Day Care**-Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

**-Assisted Living/Residential Health Care**- Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

**-Home Plus**- Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

**-Nursing Facility/Nursing Facility for Mental Health**- Facilities are expected to follow guidelines of Center's for Disease Control and Prevention "[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)"

# Survey Expectations

## Nursing Facilities

- F884-Reporting vaccine status for residents and staff through NHSN**-Will Continue Indefinitely or unless additional regulatory action is taken. Kansas Survey staff continues to not survey for this requirement, this item is reviewed by CMS regional survey staff. **NO EXPIRATION DATE**
- F885- Reporting-Residents, Representatives and Family**-Expired on 12/31/2024
- F886- COVID-19 Testing Residents & Staff**-Expires 05/11/2023
- F887-COVID-19 Immunization**- Expires on 05/21/2024
- F888-COVID-19 Vaccination of Facility Staff-Reporting** vaccine status for residents and staff through NHSN- CMS will soon end the requirement that covered providers and suppliers est. policies and procedures for staff vaccination. CMS will share more details regarding ending this requirement at the anticipated end of the public health emergency.  
- **NO EXPIRATION DATE AT THIS TIME.**

# Survey Expectations

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While the PHE will end, KDADS and CMS still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted national standards.

# Core Principles of COVID-19 Infection Prevention and Control (IPC)

- Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Appropriate staff use of Personal Protective Equipment

# Core Principles of COVID-19 Infection Prevention and Control (IPC) Continued

- Face covering or mask (covering mouth and nose) in accordance with CDC guidance
- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control). Cleaning and disinfecting of frequently touched surfaces in the facility often, and designated visitation areas after each visit.
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted following nationally accepted standards, such as CDC recommendations.

# QSO MEMO UPDATE FOR NURSING FACILITIES

## Expired Memos

### Quality and Safety Oversight Memos

Number	Title	Original Post Date	Revision(s) Date	Expiration Date
20-26-NH	Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes	04/19/2020		05/06/2020
20-39-NH	Nursing Home Visitation - COVID-19	09/17/2020		03/21/2021
20-14-NH	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes	03/14/2020		03/13/2020
20-30-NH	Nursing Home Reopening Recommendations for State and Local Officials	05/18/2020		03/10/2021
20-14-NH REVISED	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)	03/09/2020		03/28/2023
QSO-20-14-NH Revised memo UPDATE: 03/10/2021	Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)	03/04/2020		03/28/2023
20-38-NH	LTC Testing Requirements	08/26/2020	09/23/2022 & 05/08/2023	05/11/2023

# QSO MEMO UPDATE FOR NURSING FACILITIES

## Active Memos

### Quality and Safety Oversight Memos

Number	Title	Original Post Date	Revision(s) Date	Expiration Date
20-39-NH REVISED	Nursing Home Visitation - COVID-19 (REVISED)	09/17/2020	05/08/2023	
20-41-ALL-REVISED	Guidance Related to Emergency Preparedness-Exercise Exemption based on A Facility's Activations of the Emergency Plan	09/28/2020	06/21/2021 & 05/26/2022	
23-13-ALL	Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)	05/01/2023		
23-10-NH	Strengthen Enhanced Enforcement for Infection			
23-03-ALL	Revised Guidance for Staff Vaccinations Requirements	10/26/2022		



# KDADS COVID-19 Guidance Document Page

All Survey and Certification Guidance Documents have been archived and can be found at:

[COVID-19 Guidance \(ks.gov\)](https://ks.gov/covid-19-guidance)

# Questions

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1. Specifically in Medicare Skilled care Units :
  - a. Do masks have to be worn by staff, visitors, and volunteers when no COVID cases are present in the area?
  - b. Do all staff, vendors and visitors have to be screened for COVID symptoms before entering the skilled care unit?
  - c. Do we have to have a cohorting plan if all our rooms are private rooms?

Answer: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

# Questions

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2. Is it an acceptable plan to communicate on an on-going-basis with the local health department on current levels of COVID and other infections in the community and just follow their recommendations on infection prevention depending on what is currently happening in the community

**Answer:** Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection. The IPC recommendations described below (e.g., patient placement, recommended PPE) also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions based on [close contact](#) with someone with SARS-CoV-2 infection. However, these patients should NOT be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing.

# Questions

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Additional Questions and Comments

Thank you