

MEAL SERVICES RE-INTRODUCTION CONSIDERATIONS PHASES 1, 2, AND 3

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
 - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence:** Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
 - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
 - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

CMS issued Memo QSO-20-30-NH on May 18, 2020 to announce new guidance for state and local officials to ensure the safe reopening of nursing homes across the country. "The recommendations would allow states to make sure nursing homes are continuing to take the appropriate and necessary steps to ensure resident safety and are opening their doors when the time is right. This also serves to help states and nursing homes reunite families with their loved ones in a safe, phased manner."

The recommendations cover the following items evaluating factors for informed decision making for relaxing nursing home restrictions through a 3-phased approach:

- **Criteria for Implementation:** relaxing certain restrictions and mitigating the risk of resurgence
- **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
- **Survey Activities:** Recommendations for restarting certain surveys in each phase

Per CMS..." We encourage State leaders to collaborate with the state survey agency, and State and local health departments to decide how these and other criteria or actions should be implemented in their state."

Please review this latest QSO and FAQ very carefully with your care facility team – the lives of residents and staff in your community will depend on it. Continue to exercise caution and remain vigilant...

Points of Interest for Food and Nutrition Service Staff and the Phases they are Included in

- **All staff wear all appropriate PPE when indicated.** Decide within your community what/when PPE is needed for your FNS staff need to check with your Infection Preventionist Nurse. **ALL PHASES 1-3**
- **Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).** Your community's meal delivery system is defined by your Leadership team and should have a written policy to follow. Work together to make this happen for your residents dining needs. **ALL PHASES 1-3**
- **Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask.** **PHASE 1**
- **Group Activities limited to no more than 10...** **PHASE 2**
- **Group Activities with no more than the number of people where social distancing among residents can be maintained....** **PHASE 3**
Look to see what small group activities you can continue to host in your dining spaces to help bring some "normal" back to your resident's daily lives. Generally dining rooms are the largest gathering space available so let your FNS staff help make it the safe gathering hub all day long in your homes.
- **Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.** Hospice Care situations allow for visitors, your FNS department is able to offer meals or treats, a part of good customer service and end of life cares! This can continue to be delivered by following your Pandemic Policies safe food handling and transport guidelines. **PHASES 1 & 2**
- **Restricted entry of limited non-essential healthcare personnel** **PHASE 1**
- **Allow entry of non-essential healthcare personnel** **PHASE 2**
If you had volunteers helping out in your dining rooms (Paid Nutritional Assistants) or if your Consultant Dietitian was considered to be non-essential, now is the time to reevaluate and prioritize these support persons. Discuss with your leadership team to determine their status. Your RD plays a huge part in assessing the needs of your residents especially since their intake and hydration status may have taken a toll under the COVID-19 lock down.
- **Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID19 status and residents who develop symptoms.** Residents may still need to be segregated in your communities if they present a COVID-19 positive threat, so be sure to continue to have Pandemic Protocols in place for menu and meal delivery. **ALL PHASES 1-3**

Other General Considerations

Phase 1: Nursing homes remain at their highest level of vigilance and mitigation. Nursing homes do not begin to de-escalate or relax restrictions until their surrounding community satisfies gating criteria and enters Phases 2 or 3.

- A nursing home should spend **a minimum of 14 days in a given** phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase.
- A nursing home **may be in different phases than its surrounding community** based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE2, testing, and staffing. For example, if a facility identifies a new, nursing home onset COVID-19 case in the facility while in any phase, that facility goes back to the highest level of mitigation, and starts over (even if the community is in phase 3).
- States may choose **to have a longer waiting period (e.g., 28 days) before relaxing restrictions** for facilities that have had a significant outbreak of COVID-19 cases, facilities with a history of noncompliance with infection control requirements, facilities with issues maintaining adequate staffing levels, or any other situations the state believes may warrant additional oversight or duration before being permitted to relax restrictions.

State Survey Prioritization begins in Phase 2 with States following the outlined prioritization criteria within each phase when determining which facilities to begin to survey first.

- Complaint investigations will continue to include:
 1. Abuse or neglect
 2. Infection control, including lack of notifying families and their representatives of COVID-19 information (per new requirements at 42 CFR 483.80(g)(3))
 3. Violations of transfer or discharge requirements
 4. Insufficient staffing or competency
 5. Other quality of care issues (e.g., falls, pressure ulcers, etc.)