

DIRECTED PLAN OF CORRECTION

A Directed Plan of Correction (DPOC) is imposed in accordance with 42 CFR § 488.424. Your facility must include the following in their POC for the deficient practice cited at F880:

Cohorting Residents/Transmission Based Precaution “Isolation”

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice.

POLICIES/PROCEDURES/SYSTEM CHANGES:

- The facility’s Quality Assurance and Performance Improvement Committee must conduct a root cause analysis (RCA) to identify the problem(s) that resulted in this deficiency and develop intervention or corrective action plan to prevent recurrence.

The Infection Preventionist and Director of Nursing shall complete the following:

- Grouping of residents, or “cohorting,” should be done when possible to separate residents with an infectious disease (positive residents) from residents who are not affected. Plans to cohort should be carefully established in advance and should be centered on implementation of infection control practices.
- Dedicate a unit, part of a unit or rooms to care for residents with disease, including those with or without current symptoms of illness. Anticipate ways to close off units to prevent spread of illness from ill residents to non-ill residents (e.g., for symptomatic COVID-19, recovered COVID-19 residents, non-COVID-19 suspected residents).
- Confine symptomatic residents and exposed roommates to their rooms. If they must leave their room, ensure the resident is wearing a mask.

TRAINING/EDUCATION:

- Provide education to residents (to the degree possible/consistent with the resident’s capacity) and their representatives or visitors on the use of transmission-based precautions, when residents are in isolation or quarantine status.
- Provide education to nurses and management staff on cohorting guidelines to ensure residents with symptoms are quarantined and resident whom are COVID-19 are in isolation.
- Refer to CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- Refer to MDH COVID-19 Infection Prevention and Control and Cohorting in Long-term Care. <https://www.health.state.mn.us/diseases/coronavirus/hcp/ltpchhort.pdf>
- MDH: Interim Guidance for Hospital Discharge to Home or Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions. <https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf>

CDC RESOURCES:

Infection Control Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

CDC: Isolation Precautions Guideline:

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

CDC: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007): <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

CDC: Personal Protective Equipment: <https://www.cdc.gov/niosh/ppe/>

Healthcare Infection Prevention and Control FAQs for COVID-19:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html

MDH RESOURCES:

Personal Protective Equipment (PPE) for Infection Control:

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/ppe/index.html>

MDH Contingency Standards of Care for COVID-19: Personal Protective Equipment for Congregate Care Settings (PDF): <https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf>

Interim Guidance on Facemasks as a Source Control Measure (PDF):

<https://www.health.state.mn.us/diseases/coronavirus/hcp/maskssource.pdf>

Interim Guidance on Alternative Facemasks (PDF):

<https://www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf>

[Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(PDF\):](https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)

<https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf>

Droplet Precautions:

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pre/droplet.html>

Airborne Precautions:

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pre/droplet.html>

MONITORING/AUDITING:

- The Director of Nursing, the Infection Preventionist or designee will verify any resident with symptoms are appropriately cohorting residents according to CDC guidelines. They will monitor this on a daily basis to ensure the process is being implemented appropriately.
- Conduct a Root Cause Analysis (RCA) which will be done with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body. The RCA should be incorporated into the intervention plan. Information regarding RCAs can be found in the document: Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf>

In accordance with 42 CFR § 488.402(f), the DPOC remedy is effective 15 calendar days from the date of the enforcement letter. The DPOC may be completed before or after that date. A revisit will not be approved prior to receipt of documentation confirming the DPOC was completed. To successfully complete the DPOC, the facility must provide all of the following documentation identified in the chart below.

Documentation must be uploaded as attachments through ePOC to ensure you have completed this remedy.

Imposition of this DPOC does not replace the requirement that the facility must submit a complete POC for all cited deficiencies (including F880) within 10 days after receipt of the Form CMS 2567.

Use this for Non-IJ

| Item | Checklist: Documents Required for Successful Completion of the Directed Plan |
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| 1 | Documentation of the RCA and intervention or corrective action plan based on the results, with confirmation from the QAA Committee and Governing Body |
| 2 | Documentation the interventions or corrective action plan that resulted from the RCA was fully implemented |
| 3 | Content of the training provided to staff, including a syllabus, outline, or agenda, as well as any other materials used or provided to staff for the training |
| 4 | Names and positions of all staff that attended and took the trainings |
| 5 | Staff training sign-in sheets |
| 6 | Summary of staff training post-test results, if tests were conducted. Include facility actions in response to any failed post-tests |
| 7 | Documentation of efforts to monitor and track progress of the interventions or corrective action plan |

In order to speed up our review, identify all submitted documents with the number in the “Item” column.