



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Office of Medicaid
 One Ashburton Place
 Boston, MA 02108



Friday, June 12, 2020

Via electronic mail to:

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| | |
|--|-----------------|
| Provider Name: | LIBERTY COMMONS |
| Provider ID/SL: | 110026477A |
| Date of Infection Control Audit: | 6/10/2020 |
| Infection Control Audit Review Period: | Period 3 |
| Total Infection Control Audit Score: | 28 |
| Met All Core Competencies: | Yes |
| Reason for Non-Adherence | NA |
| Overall Infection Control Audit Determination: | In adherence |

Dear Nursing Facility Administrator:

This Notice of Nursing Facility Infection Control Audit Results (“Notice”) is to inform you that the Executive Office of Health and Human Services (“EOHHS”), as the single state agency responsible for administering the Massachusetts Medicaid program, known as “MassHealth”, has, based upon an infection control audit referenced herein, identified the following areas of non-compliance with Nursing Facility Bulletin 145. Infection control audit results and any areas of non-compliance are referenced in Attachment One, Infection Control Audit Results.

MassHealth identified 28 infection control competencies in Nursing Facility Bulletin 145, which nursing facilities were expected to implement, and by which nursing facilities are audited.

Each of the competencies is valued at one point, for a maximum score of 28. In order to receive a point for the competencies that have sub-items (for example infection control supplies), each sub-item must also be met.

Regardless of a nursing facility’s infection control audit adherence score, if the facility does not meet the criteria of a competency labeled as a “core competency” in Nursing Facility Bulletin 145, the facility will be determined to be “not in adherence.”

If a nursing facility has implemented all “core competencies” and received:

- A score of 24 or more, the facility will be determined to be “in adherence;”
- A score of at least 20, but less than 24, the facility will be determined to be “in adherence but warranting reinspection;” or
- A score of less than 20, the facility will be determined to be “not in adherence.”

Nursing facilities that are determined to be in adherence but warranting reinspection, or that are determined to be not in adherence, will be subject to additional infection control audits based on their scores. Pursuant to Administrative Bulletin 20-53, the results of this audit will impact supplemental payments calculated on June 15, 2020 if your facility is found to be not in adherence.

Additionally, if facility is determined to be "Not in Adherence" on its Infection Control Audit, that facility is not qualified to operate an isolation space in accordance with the requirements of Nursing Facility Bulletin 144 (“Isolated Spaces for Nursing Facility Residents with a Positive Coronavirus Disease 2019 (COVID-19) Diagnosis”) and will be determined to have ceased to operate any existing isolation space as of the date of the audit. However, if a facility is determined to be "In Adherence" on a subsequent Infection Control Audit, they may resubmit the attestation required to operate an isolation space in accordance with Nursing Facility Bulletin 144. EOHHS will review such submissions and, if EOHHS accepts the new attestation, the facility will be eligible for the supplemental payment under Administrative Bulletin 20-37 as of the date of submission of the new attestation to MassHealth

The results of this audit are considered final. However, if your Overall Infection Control Audit Determination is either “Not in Adherence” or “In Adherence, Warrants Reinspection” and you believe that one or more of the competencies found to be not in adherence is incorrect because the determination expressly contradicts written guidance provided by EOHHS to nursing facilities generally or communications from EOHHS to your facility specifically, you may submit an Infection Control Dispute Form (“Dispute Form”). You may also submit a Dispute Form if you believe the Infection Control Audit Results contain a clerical error. Dispute Forms must be submitted within two (2) business days of the date on this Notice. EOHHS will consider and review only information submitted within a timely reply. Facilities can access Dispute Form instructions and the form itself at www.masshealthtss.com. Facilities must follow the Dispute Form instructions in order for EOHHS to review and consider your dispute.

The results of the 28 infection control competencies are listed in Attachment One, Infection Control Audit Results.

Sincerely,



Whitney Moyer
Chief, MassHealth Long Term Services & Supports
Executive Office of Health and Human Services

Attachment One, Infection Control Audit Results

Provider Name: LIBERTY COMMONS
 Provider ID: 110026477A
 Total Score: 28
 Met All Core Competencies: Yes
 Reason for Non-Adherence: NA
Overall Audit Determination: In adherence

| # | Infection Control Competency | 1 = In Adherence 0 = Not In Adherence | Score |
|-----|--|--|-------|
| 1 | An infection lead (the infection preventionist) has been designated to address and improve infection control based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control | | 1 |
| | <i>Comment: NA</i> | | |
| 2 | Facility screens every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks. | | 1 |
| | <i>Comment: NA</i> | | |
| 3 | CORE COMPETENCY: Residents who are confirmed by testing to be infected with COVID-19 or who are recovering from COVID-19 have been separated from residents who are not infected and have unknown status (i.e., in dedicated wings/units or in separate rooms). The following must be true: | | 1 |
| 03a | All residents who are confirmed positive for or recovering from COVID-19 are either in completely dedicated COVID-19 positive wings; or, if unavailable, residents are cohorted appropriately, either in a room alone or cohorted into a room with other confirmed cases. | | 1 |
| 03b | All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases. | | 1 |
| | <i>Comment: NA</i> | | |
| 4 | Resident cohorting is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), symptom screening and temperature checks. | | 1 |
| | <i>Comment: NA</i> | | |
| 5 | Facility has implemented staffing plan to limit transmission, including (all must be met): | | 1 |
| 05a | Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive. | | 1 |
| 05b | Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day. | | 1 |
| 05c | Has an established policy to minimize the number of staff interacting with each resident. | | 1 |
| | <i>Comment: NA</i> | | |
| 6 | CORE COMPETENCY: All congregate spaces have been closed and all group events involving close proximity ceased. | | 1 |
| | <i>Comment: NA</i> | | |

| # | Infection Control Competency | 1 = In Adherence 0 = Not In Adherence | Score |
|-----|---|--|-------|
| 7 | There should be no communal dining. In accordance with CMS, eating in dining areas with appropriate social distancing should only be used as a last resort; it only applies to residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID-19 and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal. | | 1 |
| | Comment: NA | | |
| 8 | Facility has ensured ongoing access to the following supplies (all must be met): | | 1 |
| 08a | Necessary supplies are available for hand hygiene. These include for hand washing, sinks with soap and water, paper towels, and alcohol-based hand sanitizer that is readily accessible in resident care areas, including adjacent to resident rooms, nursing units, hallways, or adjacent to elevators. | | 1 |
| 08b | HCPs have access to EPA registered hospital disinfectants or CDC acceptable alternatives to allow for necessary for appropriate cleaning and disinfecting of high touch surfaces and shared resident care equipment | | 1 |
| | Comment: NA | | |
| 9 | Designated Infection Control Lead maintains a line list of all patients who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results. | | 1 |
| | Comment: NA | | |
| 10 | Facility has initiated measures for procuring their own PPE and has a stable source of at least 2 weeks of PPE supply (e.g., facemasks, respirators, gowns, gloves, eye protection (i.e., face shield or goggles) across all PPE items. If a 2 week supply is not available, the facility has evidence that it has orders arriving to ensure PPE supplies for that two-week period. | | 1 |
| | Comment: NA | | |
| 11 | Facility has contingency plan to address supply shortages. | | 1 |
| | Comment: NA | | |
| 12 | CORE COMPETENCY: Staff have been trained on selecting, donning and doffing appropriate PPE and demonstrate competency during resident care. | | 1 |
| | Comment: NA | | |
| 13 | Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE per Department of Public Health guidance. | | 1 |
| | Comment: NA | | |
| 14 | PPE coaches, individuals responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies. | | 1 |
| | Comment: NA | | |
| 15 | Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided. | | 1 |
| | Comment: NA | | |

| # | Infection Control Competency | 1 = In Adherence 0 = Not In Adherence | Score |
|-----|---|--|-------|
| 16 | Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID 19 positive and negative residents. | | 1 |
| | Comment: NA | | |
| 17 | CORE COMPETENCY: If there are COVID-19 cases identified in the facility, HCP is wearing recommended PPE for care of all residents, in line with the most recent DPH PPE guidance. | | 1 |
| | Comment: NA | | |
| 18 | Residents, as they are able to tolerate, are wearing a face mask, whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. | | 1 |
| | Comment: NA | | |
| 19 | All facility personnel are wearing a facemask while in the facility. | | 1 |
| | Comment: NA | | |
| 20 | Facilities demonstrate that there has been advanced planning, in alignment with their emergency preparedness plans, for backup staffing utilizing all resources (temp staffing agencies, state-wide COVID-19 Long Term Care Facility Staffing portal or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines. | | 1 |
| | Comment: NA | | |
| 21 | Facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis. | | 1 |
| | Comment: NA | | |
| 22 | A designated person has been assigned responsibility for conducting a daily assessment of staffing status and needs, and has implemented back up plans as needed. | | 1 |
| | Comment: NA | | |
| 23 | Sick leave policies are non-punitive, (i.e., don't result in disciplinary actions or job performance reviews, don't require provider notes), flexible, and consistent with public health policies that allow ill HCP to stay home without negative consequences. | | 1 |
| | Comment: NA | | |
| 24 | CORE COMPETENCY: The facility has infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with respiratory infection. These policies should accommodate for DPH and CDC guidance on PPE conservation methods. | | 1 |
| | Comment: NA | | |
| 25 | CORE COMPETENCY: All HCP have been trained to recognize the signs and symptoms of COVID-19 (i.e., fever, cough, sore throat, or shortness of breath). | | 1 |
| 25a | The facility has a procedure in place for alerting the nurse responsible for the resident's care. | | 1 |
| 25b | The facility has a documented clinical criteria for emergency transfer to a higher level of care. | | 1 |

| # | Infection Control Competency | 1 = In Adherence 0 = Not In Adherence | Score |
|-----|---|--|----------|
| | <i>Comment: NA</i> | | |
| 26 | All residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record. | | 1 |
| 26a | Residents with any suspected respiratory or infectious illness are assessed (including documentation of respiratory rate, temperature and oxygen saturation) at least every 4 hours, during the day and evening shifts, to quickly identify residents who require transfer to a higher level of care. | | 1 |
| | <i>Comment: NA</i> | | |
| 27 | When a resident is transferred from a long-term care facility to a hospital or higher level of care for evaluation of any condition (including but not limited to, COVID-19 care), the long-term care facility must accept the resident's return to the facility regardless of COVID-19 status when the resident no longer requires higher level of care as long as the facility can meet the needs of the resident which includes adequate staffing and bed availability. | | 1 |
| | <i>Comment: NA</i> | | |
| 28 | A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including but not limited to prevalence of confirmed cases of COVID-19 in staff and residents and PPE availability. Communication may include mass communications via email, telephone blasts, website posting or individual outreach, as appropriate. | | 1 |
| | <i>Comment: NA</i> | | |