

Questions & Answers
Assisted Living/Res Care/Adult Day Care Provider Call

Wednesday, February 15th, 2022

3:00 PM – 4:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

1. Q: Could you please repeat the list of issues cited under C1505?

A: C1505 is a big bucket tag that a lot of deficiencies can fall under. When we are looking at C1505, we are looking at the quality of care the residents are receiving, and we are looking at it through the lens of the standards of care. The concerns discussed during the presentation are as follows:

- Failure to assess
- Failure to implement care plan interventions
- Failure to administer medications as ordered
- Failure to coordinate care with third party providers
- Failure to monitor and document the progressively worsening condition of a new wound
- Failure to follow physician ordered wound care
- Failure to monitor fingerstick blood sugars (FSBS) for Type II diabetics
- Failure to follow physician's orders and ensure medication availability

The concerns above represent only a partial list of what has been cited, or could be cited, under C1505 as almost all aspects of resident care have a standard of care to follow.

310:663-15-1. Resident rights

C1501 through C1519 (See Nursing Home care Act 63 O.S. 1918.B)

Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Section 1-1918(B).

C1505 63 O.S. 1-1918.(B)(5)

Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated;

2. Q: Are 14 day state assessments required? (Oklahoma State Assessment for residents on admission, significant change, and annually)

A: The [Recommended Assisted Living Resident Assessment Form](#) is used for both the Admission Assessment and the Comprehensive Assessment depending on the sections being completed. The Admission sections of the assessment should be completed within 30 days before, or at the time of, admission. The Comprehensive sections of the assessment should be completed within the 14 days after admission, not necessarily on day 14. This allows the facility to become more familiar with the resident's needs, routines and preferences when developing a care plan.

310:663-5-2. Timeframes for completing assessment

(a) The assisted living center shall complete the admission assessment within thirty (30) days before, or at the time of, admission.

(b) The assisted living center shall complete the comprehensive assessment in accordance with the following:

- (1) within fourteen (14) days after admission of the resident;
- (2) once every twelve (12) months thereafter; and
- (3) promptly after a significant change in the resident's condition.

3. Q: Just to verify, what is the quarantine time for COVID positive residents and staff?

A: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads in parts, "The following are criteria to determine when Transmission-Based Precautions could be discontinued for patients with SARS-CoV-2 infection and are influenced by severity of symptoms and presence of immunocompromising conditions..."

Patients with [mild to moderate illness](#) who are *not* [moderately to severely immunocompromised](#):

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Patients who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):

- At least 10 days have passed since the date of their first positive viral test..."

[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) reads in parts, " The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work and are influenced by severity of symptoms and presence of immunocompromising conditions..."

HCP with [mild to moderate illness](#) who are *not* [moderately to severely immunocompromised](#) could return to work after the following criteria have been met:

- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and

- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later

HCP who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#) could return to work after the following criteria have been met:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later..."

Links provided in the Q&A chat box or in Q&A:

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html

OSDH - Nursing Home and LTC Facility Strike Team and Infrastructure Grant:
Project Coordinator – Kerry Cudd Email: kerryc@health.ok.gov Phone: 405.808.9217

Link for Learning Needs Assessment for Respirator Fit Testing: Enter this link into your URL <https://redcap.health.ok.gov/surveys/> and then you will be prompted to enter the following code: DD8M7X8MJ (code is not case sensitive)

Or

Open your camera and point at the QR code and click on the link which will pop up on your screen in yellow. The link will take you directly to the assessment.





OSDH – LTC COVID-19 Resources webpage: <https://oklahoma.gov/health/services/licensing-inspections/long-term-care-service/ltc-covid-19-resources.html>

OSDH - Recommended Assisted Living Resident Assessment Form - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/forms/ltc-comprehensive-assessment-form-for-al.pdf>