

May 19, 2020

Hello to all Family Members,



This is an COVID-19 information update as of my last email on May 13<sup>th</sup>.

We continue to have **no** positive cases of COVID-19 in house.

**NEW:**

Request for additional emails: In order for us to meet the requirement for reporting to families and their representatives we are requesting emails for anyone you would like us to include in the notice we send out (per the requirements noted below). Our request for emails from you meets the requirement from CMS in us making an attempt to reach all family members and the residents/patients representative. **This will be the only request you will receive requesting this information.**

Should an occurrence as describe below occur, we will send out an email, post it on our web site at <https://mtcarmelrehabcenter.org/covid-19-update/>, and note it on our “Emergency Hotline” (phone message). Residents will receive this information via a typed memo.

***CMS Requirement:***

*Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of:*

- Either a single confirmed infection of COVID-19 or*
- Three or more residents or staff with new onset of respiratory symptoms occurring within 72 hours of each other.*

***--This information must:***

- Not include personally identifiable information;*
- Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and*
- Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either each time a confirmed infection of COVID-19 is identified or whenever three or more residents or staff with new onset of respiratory symptoms, occur within 72 hours of each other.*
- The preamble to the interim rule states that facilities are not expected to make individual calls. **Providers may use general communication platforms easily available to residents, representatives, and families such as listservs (email), website postings, and recorded telephone messages.***

As I mention every week we continue with our many weekly conference calls which help keep us up to date on any changes that may take place in the guidance on preventative measures for COVID-19. The calls include New Hampshire DHHS, Catholic Charities New Hampshire-

Healthcare Services and the Institute for Healthcare Improvement (IHI). Recently there hasn't been anything new coming out which is a good thing.

Hope you all have a good week.  
Joe

**A reminder for all of us: wear your mask, don't touch your face, and wash wash wash your hands!**

**This information was provided to you on May 13<sup>th</sup>:**

- ☞ With NH starting to open up we will be providing our staff with some extra mask for their immediate family members to help protect them when out in public. Hopefully, it will provide for an extra layer of protection for us/our staff members.
- ☞ Speaking of PPE; there have been reports almost daily in the news about the shortage of it. We actually are doing ok and at this time have a good supply on hand should an outbreak occur.
- ☞ Starting on May 17<sup>th</sup> we will begin mandatory reporting to the CDC on several different topics. Many of these same items are shown on our web site for you to view. Please go to <https://mtcarmelrehabcenter.org/covid-19-update/>. Here you will find an entire page dedicated to COVID-19 updates. It will also include a copy of this newsletter. PLEASE share with your family members. Also, if you have any other family members you would like this letter sent to please send me their email or refer them to our web page.
- ☞ The governor has just signed an order allowing for emergency staffing should an outbreak occur in a nursing home. These PCA's (Personal Care Assistants) will fill in the role as an LNA (in a limited capacity). This position requires an 8 hour training program to qualify. We at CCNH would give them additional training to be successful. If you or anyone you know would be interested please let me know. CCNH has already trained one group and they're ready to go should the need arise.
- ☞ Starting within the next two weeks the state will be doing testing on all nursing home residents and staff. Although we've been on two conference calls they have not made it clear on exactly when it will start or how the process will work. I hopefully will have something for you by next week.

**This information was provided to you on May 5<sup>th</sup>:**

- ☞ From our multiple conference calls last week; other than a few additions to the "symptoms" one can experience, not much has changed as far as preventative processes are concerned.
- ☞ This past week all staff was tested for COVID-19. We are happy to announce that we had NO positive test. However, please remember although this was good news it is only a "snap-shot" in time and it is very possible for any of us to become infected just by going into

a Walmart or any other place. **A reminder for all of us: wear your mask, don't touch your face, and wash wash wash your hands!**

- Mask for Residents: Thank you to everyone who has donated masks for the residents to wear. As I mentioned before we continue to struggle having the resident keep the mask on. This is due to the masks being donated shrink once washed and/or the ear loops not being big enough. We also have residents with COPD the masks are very uncomfortable and more difficult for them to breathe through. Due to the increased availability of surgical mask (the ones the staff wears) at the end of last week we started using them on some of the residents. In addition, we recently had some larger pre-washed, tie behind the head masks donated that have worked out well.
- At the end of last week CMS revised the process/requirement on reporting confirmed cases. Under this new requirement, nursing facilities must:
  - Electronically report information about COVID-19 in a standardized format specified by the Secretary [of Health and Human Services], which will rely on the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) portal that went live on April 29 with the new LTCF COVID-19 module. This report to CDC must include but is not limited to:
    - Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19;
    - Total deaths and COVID-19 deaths among residents and staff;
    - Personal protective equipment and hand hygiene supplies in the facility;
    - Ventilator capacity and supplies in the facility;
    - Resident beds and census;
    - Access to COVID-19 testing while the resident is in the facility;
    - Staffing shortages; and
    - Other information specified by the Secretary.
  - Provide the information specified in the list above at a frequency specified by the Secretary, but no less than weekly to NHSN.
  - This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public.In addition, providers must continue to comply with state and local reporting requirements for COVID-19.
  - Inform Residents, their Representatives, and Families
  - Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of:
    - Either a single confirmed infection of COVID-19 or
    - Three or more residents or staff with new onset of respiratory symptoms occurring within 72 hours of each other.
  - This information must:
    - Not include personally identifiable information;

--Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and

--Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either each time a confirmed infection of COVID-19 is identified or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.

--The preamble to the interim rule states that facilities are not expected to make individual calls. Providers may use general communication platforms easily available to residents, representatives, and families such as listservs (**email**), website postings, and **recorded telephone messages**.

- ★ I haven't updated the message on our **emergency hotline** as I had nothing new to leave for you since my last email to you. I will however, do this as needed; the message will start with the date I leave the message so when you call you will know if you have already heard it. **I will only update it if there is a significant event that has occurred or major change here at Mt. Carmel or as per the new CMS requirements noted above.** This number is 603-935-4666.

#### **This information was provided to you on April 28<sup>th</sup>:**

- ★ From our multiple conference calls; other than a few minor tweaks to what is already in place not much has changed since last week as far as preventative processes are concerned.
- ★ This week all staff is being tested for COVID-19. This is what I mentioned in my letter to you last week; all staff working in nursing homes in Rockingham and Hillsborough counties was to be tested. The state wanted to see where we (the nursing homes) stood as far as the number of a systematic infected staff (staff that could be affected but may not have any symptoms) were working. All of the CCNH homes participated making it mandatory however; I cannot confirm that all other nursing homes in these counties have been tested.
- ★ **NOTE CHANGE IN MAY 4<sup>TH</sup> NEWS LETTER.** ~~This week we received a CMS memo on reporting confirmed cases. CMS released new requirements for our reporting and notification of confirmed COVID-19 among residents and staff. CMS states this information will be used to support local and national surveillance, monitor trends in infection rates, and inform public health policies and actions. The information may be publicly reported.~~

~~Current CDC guidance specifies that we notify State or Local health department about residents or staff with suspected or confirmed COVID19, residents with severe respiratory infection resulting in hospitalization or death, or 3 or more residents or staff with new-onset respiratory symptoms within 72 hours of each other. In addition, CMS also requires us to notify residents and their representatives and provide updates on new cases of COVID-19, new suspected cases, and facility actions and responses.~~

~~Specifically, we are required to inform residents and their representatives within 12 hours of:~~

- ~~1. The occurrence of a single confirmed infection of COVID-19, or~~
- ~~2. The occurrence of three or more residents or staff with new onset of respiratory symptoms that occur within 72 hours.~~

~~Regardless of whether there are new confirmed infections or three or more residents or staff with new onset of symptoms in 72 hours, we have to provide updates on the facility's status to residents and their representatives at least weekly. These notices must include information on mitigating actions implemented to prevent or reduce the risk of transmission, including any changes to facility operations. This information must be reported in accordance with existing privacy regulations and statute.~~

- \* I haven't updated the message on our **emergency hotline** as I had nothing new to leave for you. I will continue to do this as needed; the message will start with the date I leave the message so when you call you will know if you have already heard it. I most likely will only update it if there is a significant event that has occurred or major change here at Mt. Carmel. This number is 603-935-4666.

**This information was provided to you on April 21<sup>st</sup>:**

- ❖ Tomorrow we will start relocating an additional 5 residents from the annex to the 4<sup>th</sup> floor. We continue to work towards having a dedicated unit for patients being admitted from the hospital (14-day isolation period) and any potential outbreak of COVID within the facility. This will give us 9 rooms should the need arise. We have the ability to add three more rooms in the future for a total of 12 if needed.
- ❖ We continue to have all resident/patients wear a mask as described below. As you can imagine it has been somewhat challenging with some residents and on the memory care floor. The masks we received (normal sized mask) that may work for you and I are a bit too small for many of the residents/patients. We have had to have some made that have a much larger ear loop on them as they are not as tight or restrictive. Anyway we'll keep working on it.
- ❖ You may have heard in the news that all staff working in nursing homes in Rockingham and Hillsborough counties were going to be tested for COVID. We are waiting to see if that is going to happen. We heard that they may only do nursing homes that have active COVID cases.
- ❖ You may also have heard that the state is offering a cash incentive to everyone working in a nursing home. \$300 per week for anyone over 30 hours and \$150 for anyone working less than 30 but more than 8. This is a very well deserved perk for our staff and they couldn't be happier; they work very hard. It's about time they (the state) rewards the nursing homes and not just the people working in the hospitals.
- ❖ Window visits have been on the rise and a **huge success**. Want to see your loved one in person (they want to see you), please call activities to set up a visit. Contact information at the bottom of this email.

**This information was provided to you on April 14<sup>th</sup>:**

- On April 8<sup>th</sup> all residents/patients were be given a cloth mask to wear when care is being provided or they are out of their room. As I mentioned last week these are not that effective but DHHS thought they were better than not wearing anything; every little bit of prevention helps. All staff will continue to wear the surgical mask. We currently have a staff member making masks as-well-as Theresa Desell's family and friends who volunteered to make masks for us; thank you to all. We want all residents/patients to have two masks; one to have ready to wear and one to exchange and be washed on a daily basis.

**This information was provided to you on April 7<sup>th</sup>:**

- Per CMS guidelines, we are not allowing any non-employees into the building except for the Doctor and Nurse Practitioner. This includes deliveries, mailman etc. Other clinical providers are still able to do visit via telemedicine.
- We have stopped using employees or agency staff that has worked in multiple facilities.
- Since early March we have been screening all staff members as they report for their shift each day by taking their temperature and asking several questions that may help us detect if they've been in contact with others at risk, their travel history, or if they're feeling sick.
- As of April 4<sup>th</sup> per CMS guidelines we started to have all staff wear surgical masks; we are not allowed to wear the cloth masks you are hearing about in the news at this time. The purpose is a precautionary measure for our staff members to help keep their germs to themselves.
- We continue to practice 6ft. social distancing amongst staff and residents; a bit more challenging on the memory care unit but for the most part it's happening.
- All residents have their temperature and o2 stats checked the beginning of every shift so as to alert us to any early detection of something that may be going on with them.
- We are pre-screening all new admissions carefully before admission. We are NOT accepting ANY patients who have tested positive for COVID-19 at this time nor are we accepting any patients with any signs of respiratory illnesses. All new admissions we do accept are being isolated for 14 days – also as a precautionary measure due to their recent hospitalization.
- As of April 14<sup>th</sup> per CMS guidelines for all nursing homes, we have made space on the annex that would be used to accommodate new admissions during their 14 day isolation and a space for any resident(s) that may acquire the virus. We have chosen this section of the building due to the access to an outside entry, nurses' office, medication and supply rooms, kitchen and the ability to close doors in multiple sections to create smaller isolation areas. So far we will have moved 3 residents and should the need arise; we have the option to add up to an additional 9 more rooms.

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