

Unraveling F888

*A step-by-step walkthrough
of the new F-tag*

WEBINAR | APR 19, 2022

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Your Speakers



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Purpose

The F888 regulation covering COVID-19 vaccination of facility staff means that providers must develop policies and procedures to ensure all staff are fully vaccinated.

- What exactly does this mean for your organization?
- What staff need to be included?
- How is “fully vaccinated” defined?
- Who’s responsible for reporting?
- What are the penalties for non-compliance?

Poll #1

Per F888's definition, what's your current staff vaccination percentage?

- 100%
- 75 - 99%
- 50 - 74%
- 25 - 49%
- Less than 25%
- Not sure



What's at stake?

87.8%

National Percent of Vaccinated Residents per Facility

78.1%

National Percent of Vaccinated Residents with Booster Doses per Facility

86.7%

National Percent of Vaccinated Staff per Facility

46.9%

National Percent of Vaccinated Staff with Booster Doses per Facility

1,014,681

Total Resident COVID-19 Confirmed Cases

151,910

Total Resident COVID-19 Deaths

1,070,931

Total Staff COVID-19 Confirmed Cases

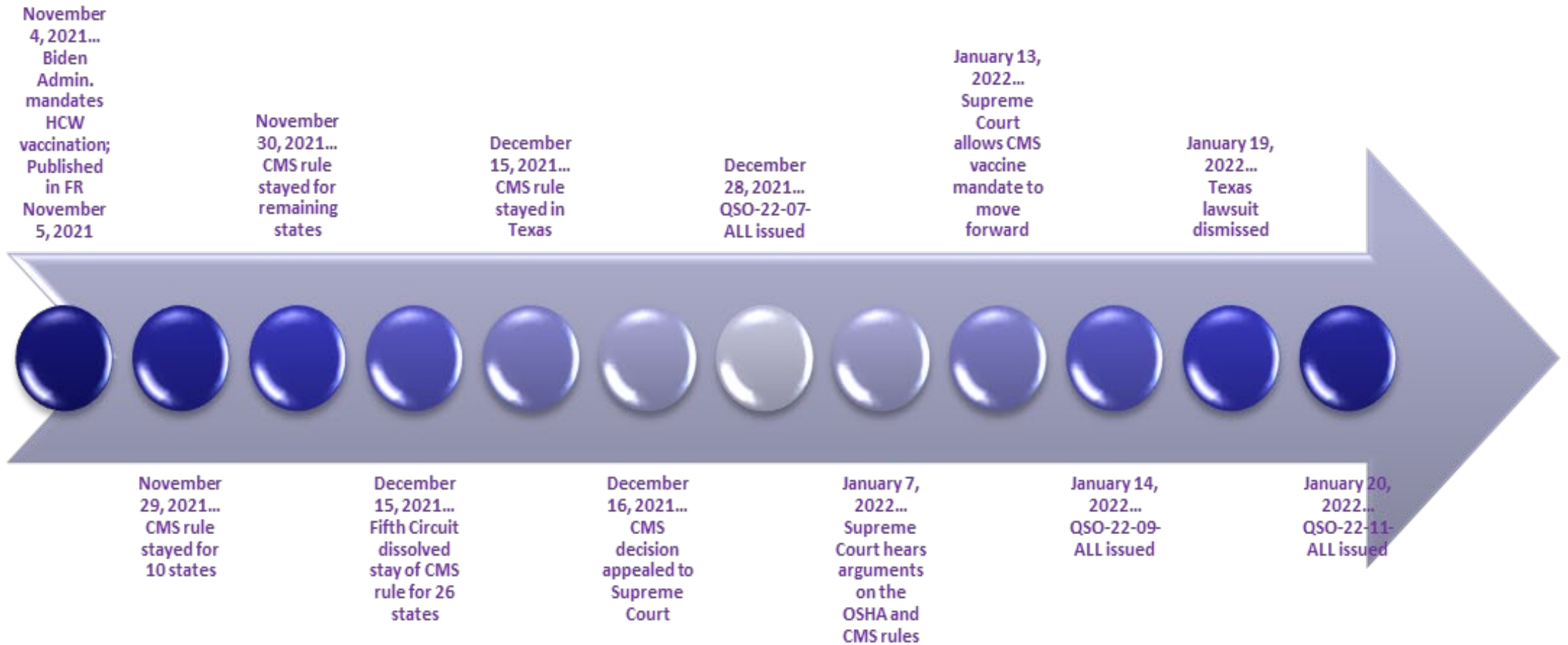
2,357

Total Staff COVID-19 Deaths

<https://data.cms.gov/covid-19/covid-19-nursing-home-data>

Week ending April 3, 2022

F888 Timeline



Vaccine Implementation



CMS Omnibus COVID-19 Health Care Staff Vaccination Rule – Implementation Timeline

State	Phase 1 Deadline	Phase 2 Deadline
Alabama	February 14, 2022	March 15, 2022
Alaska	February 14, 2022	March 15, 2022
Arizona	February 14, 2022	March 15, 2022
Arkansas	February 14, 2022	March 15, 2022
California	January 27, 2022	February 28, 2022
Colorado	January 27, 2022	February 28, 2022
Connecticut	January 27, 2022	February 28, 2022
Delaware	January 27, 2022	February 28, 2022
Distinct of Columbia	January 27, 2022	February 28, 2022
Florida	January 27, 2022	February 28, 2022
Georgia	February 14, 2022	March 15, 2022
Hawaii	January 27, 2022	February 28, 2022
Idaho	February 14, 2022	March 15, 2022
Illinois	January 27, 2022	February 28, 2022
Indiana	February 14, 2022	March 15, 2022
Iowa	February 14, 2022	March 15, 2022
Kansas	February 14, 2022	March 15, 2022
Kentucky	February 14, 2022	March 15, 2022
Louisiana	February 14, 2022	March 15, 2022
Maine	January 27, 2022	February 28, 2022
Maryland	January 27, 2022	February 28, 2022
Massachusetts	January 27, 2022	February 28, 2022
Michigan	January 27, 2022	February 28, 2022
Minnesota	January 27, 2022	February 28, 2022
Mississippi	February 14, 2022	March 15, 2022
Missouri	February 14, 2022	March 15, 2022
Montana	February 14, 2022	March 15, 2022
Nebraska	February 14, 2022	March 15, 2022
Nevada	January 27, 2022	February 28, 2022
New Hampshire	February 14, 2022	March 15, 2022
New Jersey	January 27, 2022	February 28, 2022
New Mexico	January 27, 2022	February 28, 2022
New York	January 27, 2022	February 28, 2022

North Carolina	January 27, 2022	February 28, 2022
North Dakota	February 14, 2022	March 15, 2022
Ohio	February 14, 2022	March 15, 2022
Oklahoma	February 14, 2022	March 15, 2022
Oregon	January 27, 2022	February 28, 2022
Pennsylvania	January 27, 2022	February 28, 2022
Rhode Island	January 27, 2022	February 28, 2022
South Carolina	February 14, 2022	March 15, 2022
South Dakota	February 14, 2022	March 15, 2022
Tennessee	January 27, 2022	February 28, 2022
Texas	February 22, 2022	March 21, 2022
Utah	February 14, 2022	March 15, 2022
Vermont	January 27, 2022	February 28, 2022
Virginia	January 27, 2022	February 28, 2022
Washington	January 27, 2022	February 28, 2022
West Virginia	February 14, 2022	March 15, 2022
Wisconsin	January 27, 2022	February 28, 2022
Wyoming	February 14, 2022	March 15, 2022

Phase 1 Requirements:

- Facilities must have all policies and procedures in place for ensuring staff are fully vaccinated, providing exemptions, and tracking staff vaccinations.
- Staff at all health care facilities included within the regulation must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility and/or its patients.

Phase 2 Requirements:

- Staff must be fully vaccinated (with the exception of those who have been granted exemptions from the COVID-19 vaccine or for those staff for whom the COVID-19 vaccination must be temporarily delayed, as recommended by CDC).

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfolpolicy-and-memos-sta-tes-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0>

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfolpolicy-and-memos-sta-tes-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-1>

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfolpolicy-and-memos-sta-tes-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-2>

Latest QSO Memorandums (Apr 5, 2022)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-07-ALL
Revised 4/05/22

DATE: December 28, 2021

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: *Revised* Guidance for the Interim Final Rule - Medicare and Medicaid Programs;
Omnibus COVID-19 Health Care Staff Vaccination

Memorandum Summary

- CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On November 05, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.
- CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.
- The guidance in this memorandum does not apply to the following states at this time: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia and Wyoming. **Surveyors in these states should not undertake any efforts to implement or enforce the IFC.**

Background

Since the beginning of the Public Health Emergency, CMS and the Centers for Disease Control and Prevention (CDC) data show as of mid-October, over 44 million COVID-19 cases, 3 million COVID-19 related hospitalization, and 720,000 COVID-19 deaths have been reported. The CDC has reported that [COVID-19 vaccines are safe and effective](#) at preventing severe illness from COVID-19 and limiting the spread of the virus that causes it. On [December 11, 2020](#), the Advisory Committee on Immunization Practices (ACIP) recommended, as interim guidance, that both 1) health care personnel, and 2) residents of long-term care (LTC) facilities be offered COVID-19 vaccine in the initial phase of the vaccination program. To support this recommendation, on May 13, 2021, CMS published an interim final rule with comment period

[QSO-22-07-ALL-Revised](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-09-ALL
Revised 4/05/22

DATE: January 14, 2022

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: *Revised* Guidance for the Interim Final Rule - Medicare and Medicaid Programs;
Omnibus COVID-19 Health Care Staff Vaccination

Memorandum Summary

- CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On November 05, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.
- CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.
- The guidance in this memorandum specifically applies to the following states: Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, West Virginia and Wyoming.
- The guidance in this memorandum does not apply to the following state at this time: Texas. **Surveyors in Texas should not undertake any efforts to implement or enforce the IFC.**
- States that are not identified above are expected to continue under the timeframes and parameters identified in the December 28, 2021 memorandum (QSO-22-07-ALL-*Revised*)

Background

Since the beginning of the Public Health Emergency, CMS and the Centers for Disease Control and Prevention (CDC) data show as of mid-October, over 44 million COVID-19 cases, 3 million COVID-19 related hospitalization, and 720,000 COVID-19 deaths have been reported. The CDC has reported that [COVID-19 vaccines are safe and effective](#) at preventing severe illness from COVID-19 and limiting the spread of the virus that causes it. On [December 11, 2020](#), the Advisory Committee on Immunization Practices (ACIP) recommended, as interim guidance, that both 1) health care personnel, and 2) residents of long-term care (LTC) facilities be offered

[QSO-22-09-ALL-Revised](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-11-ALL
Revised 04/05/22

DATE: January 20, 2022

TO: State Survey Agency Directors

FROM: Directors
Quality, Safety & Oversight Group (QSOG) and Survey & Operations
Group (SOG)

SUBJECT: *Revised* Guidance for the Interim Final Rule - Medicare and Medicaid Programs;
Omnibus COVID-19 Health Care Staff Vaccination

Memorandum Summary

- CMS is committed to ensuring America's healthcare facilities respond effectively in an evidence-based way to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On November 05, 2021, CMS published an interim final rule with comment period (IFC). This rule establishes requirements regarding COVID-19 vaccine immunization of staff among Medicare- and Medicaid-certified providers and suppliers.
- CMS is providing guidance and survey procedures for assessing and maintaining compliance with these regulatory requirements.
- The guidance in this memorandum specifically applies to the following state: **Texas**.
- States that are not identified above are expected to continue under the timeframes and parameters identified in either the December 28, 2021 or January 14, 2022 memoranda (QSO-22-07-ALL-*Revised* and QSO 22-09-ALL-*Revised*).

Background

Since the beginning of the Public Health Emergency, CMS and the Centers for Disease Control and Prevention (CDC) data show as of mid-October, over 44 million COVID-19 cases, 3 million COVID-19 related hospitalization, and 720,000 COVID-19 deaths have been reported. The CDC has reported that [COVID-19 vaccines are safe and effective](#) at preventing severe illness from COVID-19 and limiting the spread of the virus that causes it. On [December 11, 2020](#), the Advisory Committee on Immunization Practices (ACIP) recommended, as interim guidance, that both 1) health care personnel, and 2) residents of long-term care (LTC) facilities be offered COVID-19 vaccine in the initial phase of the vaccination program. To support this recommendation, on May 13, 2021, CMS published an interim final rule with comment period

[QSO-22-11-ALL-Revised](#)

Attachment A

Long-Term Care and Skilled Nursing Facility Attachment A-*Revised*

This attachment is a supplement to and should be used in conjunction with *the following memoranda: QSO-22-07-ALL-Revised, QSO-22-09-ALL-Revised, and QSO 22-11-ALL-Revised* memorandum: Guidance for the Interim Final Rule – Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination.

While the memoranda noted above apply to specific states, the regulations and guidance described in this attachment apply to all states. Implementation of this guidance will occur according to the timeframes and parameters identified in either QSO-22-07-ALL-Revised effective December 28, 2021, QSO-22-09-ALL- Revised effective January 14, 2022, or QSO-22-11-ALL-Revised effective January 20, 2022.

F888

§483.80 Infection control

§483.80(i) COVID-19 Vaccination of facility staff. The facility must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine.

(1) Regardless of clinical responsibility or resident contact, the policies and procedures must apply to the following facility staff, who provide any care, treatment, or other services for the facility and/or its residents:

- (i) Facility employees;**
- (ii) Licensed practitioners;**
- (iii) Students, trainees, and volunteers; and**
- (iv) Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement.**

In Short, You Must...

- ✓ Have a plan and process in place for vaccinating all your staff by the required CMS deadlines
- ✓ Have a plan and process for providing exemptions and accommodations for those staff who are exempt from the vaccination requirement (medical or religious) as well as temporary delay for vaccination
- ✓ Have a plan and process for tracking and documenting staff vaccinations
- ✓ Have a process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19
- ✓ Submit required NHSN data every week
- ✓ Follow your plan and process

General Enforcement Notes

- Medicare and Medicaid-certified facilities are expected to comply with all regulatory requirements. CMS has a variety of established enforcement remedies. For nursing homes, home health agencies, and hospice (beginning in 2022), this includes civil monetary penalties, denial of payments, and—as a final measure—termination of participation from the Medicare and Medicaid programs.
- CMS' primary goal is to bring health care facilities into compliance. Facility staff vaccination rates under 100% constitute noncompliance under the rule.
- The sole enforcement remedy for non-compliance for hospitals and certain other acute and continuing care providers is termination. Termination would generally occur only after providing a facility with an opportunity to make corrections and come into compliance.
- CMS expects all providers' and suppliers' staff to have received the appropriate number of doses by the timeframes specified in the QSO-22-07/09/11 unless exempted as required by law or delayed as recommended by CDC.
- Consistent with CMS's existing enforcement processes, this guidance will help surveyors determine the severity of a noncompliance deficiency finding at a facility when assigning a citation level.

Staff Required/Not Required

- ✓ Facility employees
- ✓ Licensed practitioners
- ✓ Students, trainees and volunteers
- ✓ Individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangement
- ∅ Staff who exclusively provide telehealth or telemedicine services outside of the facility setting and who do not have any direct contact with residents and other staff
- ∅ Staff who provide support services for the facility that are performed exclusively outside of the facility setting and who do not have any direct contact with residents and other staff

NOTE: Facility staff who have been suspended or are on extended leave e.g., Family and Medical Leave Act (FMLA) leave, or Worker's Compensation Leave, would not count as unvaccinated staff for determining compliance with this requirement.

Within 30 days after issuance of the **applicable** memorandum, if a facility demonstrates that:

If 30 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day.

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or resident contact are vaccinated for COVID-19, including all requirement components of the P&Ps (e.g., related to tracking staff vaccinations, documenting medical and religious exemptions, etc., **—AND—**
- 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is compliant under the rule; —OR—**
- Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is non-compliant under the rule.** The facility will receive notice of their non-compliance with the 100% standard. A facility that is above 80% and has a plan to achieve a 100% staff vaccination rate within 60 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.)

Within 60 days after the issuance of the **applicable** memorandum, if the facility demonstrates that:

If 60 days falls on a weekend or designated federal holiday, CMS will use enforcement discretion to initiate compliance assessments the next business day.

- Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or resident contact are vaccinated for COVID-19, including all required components of the P&Ps e.g., related to tracking staff vaccinations, documenting medical and religious exemptions, etc., **—AND—**
- 100% of staff have received the necessary doses to complete the vaccine series (i.e., one dose of a single-dose vaccine or all doses of a multiple-dose vaccine series), or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is compliant under the rule; —OR—**
- Less than 100% of all staff have received at least one dose of a single-dose vaccine, or all doses of a multiple-dose vaccine series, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, **the facility is non-compliant under the rule.** The facility will receive notice of their non-compliance with the 100% standard. A facility that is above 90% **and** has a plan to achieve a 100% staff vaccination rate within 30 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds, yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).

This information will be communicated through the CMS Form-2567, using the applicable Automated Survey Process Environment (ASPEN) tag

Within 90 days and thereafter following issuance of the **applicable memorandum, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.**

- Federal, state, Accreditation Organization, and CMS-contracted surveyors will begin surveying for compliance with these requirements as part of initial certification, standard recertification or reaccreditation, and complaint surveys 30 days following the issuance of this memorandum. **Surveying for staff vaccination requirements is not required on Life Safety Code (LSC)-only complaints, or LSC-only follow-up surveys. Surveyors may modify the staff vaccination compliance review if the provider/supplier was determined to be in substantial compliance with this requirement within the previous six weeks.** Additional information and expectations for compliance can be found at the provider-specific guidance attached to this memorandum.

Definitions

“Booster” per Centers for Disease Control and Prevention ([CDC](https://www.cdc.gov)), refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.

“Clinical contraindications” refer to conditions or risks that preclude the administration of a treatment or intervention. With regard to recognized clinical contraindications to receiving a COVID-19 vaccine, facilities should refer to the CDC informational document, *Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States*, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>. For COVID-19 vaccines, according to CDC, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

“Fully vaccinated” refers to staff for whom it has been 2 weeks or more since completion of their primary vaccination series for COVID-19.

“Primary Vaccination Series” refers to staff who have received a single-dose vaccine or all required doses of a multi-dose vaccine for COVID-19.

“Staff” refers to individuals who provide any care, treatment, or other services for the facility and/or its residents, including employees; licensed practitioners; adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangements. This also includes individuals under contract or by arrangement with the facility, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, licensed practitioners, or adult students, trainees, or volunteers. Staff would not include anyone who provides only telemedicine services or support services outside of the facility and who does not have any direct contact with residents and other staff specified in paragraph §483.80(i)(2). Nursing homes are not required to ensure the vaccination of individuals who very infrequently provide ad hoc non-healthcare services (such as annual elevator inspection), or services that are performed exclusively off-site.

“Temporarily delayed vaccination” refers to vaccination that must be temporarily *deferred*, as recommended by CDC, due to clinical considerations, including *known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met*. (<https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>)

Process for Tracking Staff Vaccine Status

The facility must track and securely document:

- each staff member's vaccination status (this should include the specific vaccine received, and the dates of each dose received, or the date of the next scheduled dose for a multi-dose vaccine);
- any staff member who has obtained any booster doses (this should include the specific vaccine booster received and the date of the administration of the booster);
- staff who have been granted an exemption from vaccination (this should include the type of exemption and supporting documentation);
- requirements by the facility; AND
- staff for whom COVID-19 vaccination must be temporarily delayed. For temporary delays, facilities should track when the identified staff can safely resume their vaccination.

Exemptions

- Facility must have a process by which staff may request exemption from COVID-19 vaccination based on an applicable Federal law.
- This process should clearly identify how an exemption is requested, and to whom the request must be made.
- Facility must have a process for collecting and evaluating such requests, including the tracking and secure documentation of information provided by those staff who have requested exemption, the facility's determination of the request, and any accommodations that are granted.
- Note: Staff who are unable to furnish proper exemption documentation must be vaccinated or the facility must follow the actions for unvaccinated staff.

Medical Exemptions

- Certain allergies or recognized medical conditions may provide grounds for a medical exemption:
 - history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
 - immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose
 - known (diagnosed) allergy to a component of the COVID-19 vaccine
- Medical exemption documentation must specify which authorized or licensed COVID-19 vaccine is clinically contraindicated for the staff member and the recognized clinical reasons for the contraindication. The documentation must also include a statement recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements based on the medical contraindications.
- A staff member who requests a medical exemption from vaccination must provide documentation signed and dated by a licensed practitioner acting within their respective scope of practice and in accordance with all applicable State and local laws. The individual who signs the exemption documentation cannot be the same individual requesting the exemption.

Religious Exemptions

- Requests for non-medical exemptions, such as a religious exemption in accordance with Title VII, must be documented and evaluated in accordance with applicable federal law and each facility's policies and procedures. We direct providers and suppliers to the Equal Employment Opportunity Commission (EEOC) Compliance Manual on Religious Discrimination (<https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>) for information on evaluating and responding to such requests.
- **Note:** Surveyors will not evaluate the details of the request for a religious exemption, nor the rationale for the facility's acceptance or denial of the request. Rather, surveyors will review to ensure the facility has an effective process for staff to request a religious exemption for a sincerely held religious belief.

Protection for Staff Not Fully Vaccinated, Exemption Granted or Temporarily Delayed (Examples)

- Reassign staff who haven't completed primary vaccination series to non-patient care areas, work remotely or to caring for residents who are not immunocompromised, unvaccinated.
- Adhere to universal source control and physical distancing in areas restricted to resident access (staff meeting rooms, kitchen) even if facility is located in a county with low to moderate community transmission,
- Require at least weekly testing for exempted staff and staff who have not completed their primary vaccination series, regardless of whether the facility is in a county with low to moderate transmission,
- Required staff who have not completed their primary vaccination series to use NIOSH-approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care or interacting with residents.
- **Above are examples. Facilities can choose other precautions that align with the intent of the regulation – to “mitigate transmission and spread of COVID-19 for all staff who are not fully vaccinated.”**

Poll #2

Has your facility been cited for any non-compliance related to F888?

- Yes
- No
- Not sure



Entrance Conference Worksheet

COVID-19 Focused Infection Control (FIC) Survey with Staff Vaccination Mandate Entrance Conference Worksheet

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
<input type="checkbox"/>	3. A list of residents who are confirmed or suspected cases of COVID-19
<input type="checkbox"/>	4. Name of facility staff responsible for Infection Prevention and Control Program.
<input type="checkbox"/>	5. Name of facility staff responsible for overseeing the COVID-19 vaccination effort.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	6. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	7. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	8. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units.
<input type="checkbox"/>	9. Complete the COVID-19 Staff Vaccination Matrix or provide a list containing the same information as soon as possible. <i>(if applicable for a full review of F888).</i>
<input checked="" type="checkbox"/>	10. <i>Provide a list of contract companies that provide services to the facility/residents. Identify the name of the contract company; whether the company provides direct care or non-direct care; how often services are provided (e.g., daily, weekly); and the approximate number of contract staff provided by the company. Provide information on how the facility ensures that their contractor staff are compliant with the vaccination requirement (if applicable for a full review of F888).</i>
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*	
<input type="checkbox"/>	11. The actual working schedules for all staff, separated by departments, for the survey time period.
<input type="checkbox"/>	12. List of key personnel location, and phone numbers. Note contract staff (e.g., rehab services). Also include the staff responsible for notifying all residents, representatives, and families of confirmed or suspected COVID-19 cases in the facility.
<input type="checkbox"/>	13. Provide each surveyor with access to all resident electronic health records (EHRs) – do not exclude any information that should be a part of the resident's medical record. Provide instructions on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 3 which is titled "Electronic Health Record Information."
<input type="checkbox"/>	14. Facility Policies and Procedures: <ul style="list-style-type: none"> • Infection Prevention and Control Program Policies and Procedures, to include the Surveillance Plan • Procedures to address residents and staff who refuse testing or are unable to be tested • Emergency Preparedness Policy and Procedure to include Emergency Staffing Strategies • Influenza, Pneumococcal, and COVID-19 Vaccination Policy & Procedures • COVID-19 Healthcare Staff Vaccination Policies and Procedures <i>(if applicable for a full review of F888)</i>

COVID-19 Focused Infection Control (FIC) Survey with Staff Vaccination Mandate Entrance Conference Worksheet

<input type="checkbox"/>	15. The facility's mechanism(s) used to inform residents, their representatives, and families of confirmed or suspected COVID-19 cases in the facility and mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., supply the newsletter, email, website, etc.). If the system is dependent on the resident or representative to obtain the information themselves (e.g., website), provide the notification/information given to residents, their representatives, and families informing them of how to obtain COVID-19 updates.
<input type="checkbox"/>	16. Documentation related to COVID-19 testing, which may include the facility's testing plan, logs of county level positivity rates (before 09-10-2021) and the level of community transmission (after 09-10-2021), testing schedules, list of staff who have confirmed or suspected cases of COVID-19 over the last 4 weeks, and, if there were testing issues, contact with state and local health departments.
<input type="checkbox"/>	17. A list of residents and their COVID-19 vaccination status.
<input type="checkbox"/>	18. Numbered list of resident cases of confirmed COVID-19 over the last 4 weeks. Indicate whether any resident cases resulted in hospitalization or death <i>(if applicable for a full review of F888).</i>

*The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.

**COVID-19 Focused Infection Control (FIC) Survey with Staff Vaccination Mandate
Entrance Conference Worksheet
ELECTRONIC HEALTH RECORD (EHR) INFORMATION**

Please provide the following information to the survey team within one hour of Entrance.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or	
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	
6. COVID-19 test results	
7. Immunization data	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

And...

COVID-19 Staff Vaccination Matrix Instructions for Providers

COVID-19 Staff Vaccination Status for Providers

Complete this form or provide a list containing the same information required in this form.

Section I: Complete based on the Day 1 of the survey:

Total # of staff:

partially vaccinated staff (5):

completely vaccinated staff (6):

pending exemption (8 and 9):

granted exemption (8 and 9):

temporary delay/new hire (10):

not vaccinated without exemption/delay (11):

Note: The sum of the #'s for columns 5, 6, 8 through 11 should equal the total # of staff.

Staff Name	Direct facility hire (DH), Other (O)	Title	Position	Assigned work area	Vaccinated			Not Vaccinated			
					Partially vaccinated	Completely vaccinated	Booster dose	Pending (P) or Granted (G) medical exemption	Pending (PN) or Granted (GN) non-medical exemption	Temporary delay per CDC/ new hire	Not vaccinated without exemption/delay

Matrix Instructions

COVID-19 STAFF VACCINATION MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify the vaccination status for facility staff *and others*. The facility completes this form, including section I, staff name, and columns 1–11, which are described in detail below, or provide a list containing the same information required in the matrix. *Note: The list of vaccinated staff maintained by the facility or the Staff Vaccine Matrix are used for sampling staff. Refer to Long-Term Care Survey Process Procedure Guide and/or CMS 20054, Infection Prevention, Control & Immunization, for instructions for sampling contracted staff.*

Unless stated otherwise, for each staff mark an X for all columns that are pertinent.

- 1. Direct facility hire (DH) or Other (O):** Direct facility hires (DH) are employees who are directly hired by the facility. Other (O) includes licensed practitioners, adult students, trainees, volunteers and individuals who provided care, treatment or other services for the facility and/or its residents under other arrangement. *Do not include contracted staff.*
- 2. Title:** Identify the staff's title (e.g., RN, LPN, CNA, PA, RD).
- 3. Position:** Identify the staff's position (e.g., staff nurse, charge nurse, infection preventionist, restorative aide).
- 4. Assigned work area:** The physical location in the facility (e.g., laundry room, kitchen, unit, ward, wing). If the staff is PRN/floater/agency, indicate their assigned work area on the first day of the survey.
- 5. Partially vaccinated:** Staff who have received one dose of a multi-dose vaccine.
- 6. Completely vaccinated:** Staff who have received one dose of a single dose vaccine or all doses of a multi-dose vaccine. (For the purpose of this document, fully vaccinated and completely vaccinated are the same)
- 7. Booster dose:** A dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.
- 8. Pending (P) or Granted (G) medical exemption:** Per CDC certain allergies or recognized medical conditions, which may provide grounds for a medical exemption (Please refer to the [CDC](#)).
- 9. Pending (PN) or Granted (GN) non-medical exemption:** May be a religious exemption in accordance with Title VII.
- 10. Temporary delay per CDC/new hire:** Vaccination that must be temporarily *deferred*, as recommended by the [CDC](#), due to clinical considerations including *known COVID-19 infection until recovery from the actual illness and criteria to discontinue*

- 11. Not vaccinated without exemption or delay:** Any facility staff who have not received any doses of a vaccine and do not qualify for any of the exemptions or delays. *NOTE: Facility staff who have been suspended or are on extended leave e.g., Family and Medical Leave Act (FMLA) leave, or Worker's Compensation Leave, would not count as unvaccinated staff for determining compliance with this requirement.*

Section I

Total number of staff: All staff that work in the facility. Staff includes facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, volunteers and individuals who provided care, treatment or other services for the facility and/or its residents under other arrangement. *Do not include contracted staff.*

Number partially vaccinated staff (column 5): Number of staff who received partial vaccination at any time as defined as staff who have received at a minimum, the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine.

Number completely vaccinated staff (column 6): Number of staff who completed vaccination at any time is defined as staff with administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine

Number of staff with pending exemption (columns 8 and 9): Number of staff with a request (pending) a medical or non-medical exemption.

Number of staff with granted exemption (columns 8 and 9): Number of staff who was granted a qualifying medical or non-medical exemption.

Number of staff with temporary delay (column 11): Number of staff whose COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.

Number of staff not vaccinated without exemption or delay: Number of staff who have not received any doses of a vaccine and do not qualify for an exemption or temporary delay.

Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F880, F881, F882, F883, F885, F886, F887, and F888. For the purpose of this task, “staff” includes facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.

Entry and screening procedures as well as resident care guidance have varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

Please Note:

Surveyors conducting a COVID-19 Focused Infection Control (FIC) Survey for Nursing Homes (not associated with a recertification survey), must evaluate the facility’s compliance at all critical elements (CE) with the exception of CE #8 and CE #9. The surveyor must also examine the facility’s compliance at §483.73(b)(6) or E0024 (at Appendix Z) if the full Emergency Preparedness survey is not being conducted.

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Updated
4/22**

Survey for F888

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COVID-19 Vaccination for Facility Staff:

Policy and Procedure for Staff COVID-19 Vaccinations:

Note: If the facility was determined to be in substantial compliance with F888 within the previous six weeks and no substantive changes have been made to the policies and procedures for staff COVID-19 vaccinations, it may not be necessary to conduct a full compliance review of CE #13, CE #14, and CE #15.

- Determine whether the facility's COVID-19 vaccination policies and procedures for staff include the following:
- All staff (except pending or granted requests for exemptions/temporarily delayed) have received, at a minimum, one dose of COVID-19 vaccine prior to providing care/treatment/services for the facility and/or its residents;

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Infection Prevention, Control & Immunizations

13. Did the facility develop policies and procedures that address the above components? Yes No F888 N/A, in substantial compliance with no substantive changes since last review in the previous six weeks.

Verification of National Healthcare Safety Network (NHSN) data: Please fill in the blanks with data directly from [this link](#).

NHSN as reported for week ending on (report header):

Recent Percentage of Staff who are Fully Vaccinated:

Note: if there is no data present in NHSN, please ask the facility staff the rationale while onsite.

- Review the COVID-19 Staff Vaccination Matrix or the facility's list of all staff and their vaccination status, which is obtained on the first day of the survey. Calculate the percentage of the current staff who received completed vaccinations using the formula listed in Figure 1 on the Surveyor Instructions on the COVID-19 Staff Vaccination Matrix (do not round). Compare the facility's data with the above NHSN data.
- If there is a 10% or less difference between the facility documentation and the NHSN data, no further investigation is required.
 - If there is a greater than 10% difference, ask the facility to verify and explain why there is a significant variation.
 - If the information presented to the surveyor is incorrect (and NHSN is correct), or if both sources are incorrect, this likely demonstrates the facility's failure to have a process for tracking and securely documenting the COVID-19 vaccination status for all staff [per §483.80(i)(3)(iv)], consider citing F888.
 - If the information reported to NHSN is incorrect (and the information reviewed onsite is correct) or there is no data present in NHSN, inform the facility to immediately correct the information in the NHSN system.

14. Did the facility implement their policy and have a process to track and securely document the COVID-19 vaccination status for all staff (per 483.80(i)(3)(iv))? Yes No F888 N/A, in substantial compliance with no substantive changes since last review in the previous six weeks.

Determine the percentage of staff vaccinated and when to cite F888 in ASE-Q or LTCSP: (Refer to the surveyor instructions section III on the COVID-19 Staff Vaccination Matrix)

- Surveys conducted *between 30-59 days following issuance of the QSO Memo 22-07-ALL-Revised* (effective 01/27/2022–2/27/2022) / *QSO-22-09-ALL-Revised* (effective 02/14/2022-03/14/2022) / *QSO-22-11-ALL-Revised* (effective 02/22/2022-03/20/2022)
- If the percent vaccinated is less than 100% of all staff have received at least **one dose** of COVID-19 vaccine, or have a **pending** request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, cite F888.

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Infection Prevention, Control & Immunizations

Surveys conducted *60 days and thereafter following issuance of the QSO-22-07-ALL-Revised* (effective on 02/28/2022 and thereafter) / *QSO-22-09-ALL-Revised* (effective 03/15/2022 and thereafter) / *QSO-22-11-ALL-Revised* (effective 03/21/2022 and thereafter)

- If the percent vaccinated is less than 100% of all staff have received at least **one dose of a single-dose vaccine**, or **all doses of a multiple vaccine series**, or have been **granted** a qualifying exemption, or identified as having a temporary delay recommended by the CDC, cite F888.

Record Review, Staff Interviews, and Observations:

Randomly select *4 staff* from the completed COVID-19 Staff Vaccination Matrix, as described below, unless concerns exist for specific staff (e.g., complaints, infection control practice observations).

- *2* vaccinated *direct care* staff
 - *1* certified nurse aide (CNA).
 - *1 additional direct care staff*.
- *2* unvaccinated staff (if available)
 - *1 unvaccinated staff without exemption or temporary delay*.
 - *1 unvaccinated staff with a medical exemption*.

Note: If there are no staff who meet one of the above unvaccinated criteria, you do not need to increase the sample size for another category. If the surveyor identifies any staff that were not vaccinated and were not granted a qualifying exemption or have a temporary delay (and weren't marked as such on the staff matrix), that individual(s) should be added to the sample.

Ask the facility for information on how they ensure that their contractor staff are compliant with the vaccination requirement.

From the list of contracted companies provided by the facility during the entrance conference, select 2 contract companies (1 direct care and 1 non-direct care). Ask the facility for a list of contracted staff from each of the two companies selected who are scheduled to provide services during the survey. Randomly select 2 contracted staff from each list.

- *2 direct care contracted staff*
- *2 non-direct care contracted staff*

Ask facilities to obtain the contracted staff vaccination status for these individuals from the contract company.

Note: *If there are no contracted staff scheduled to be onsite during the survey, you do not need to increase the sample size for another category. Failure of contract staff to provide evidence of vaccination status reflects noncompliance and should be cited at F888 under the requirement to have policies and procedures for ensuring that all staff are fully vaccinated, except for those staff who have been granted exemptions or a temporary delay at 483.80(i)(3)(ii).*

And...

Infection Prevention, Control & Immunizations

Also...

- Observe and interview sampled staff who are not vaccinated to ensure additional precautions are in place to help prevent the spread of COVID-19.
 - If reassigned: When were you reassigned duties?
 - Are you being tested for COVID-19? If so, how often?
 - Observe staff to determine whether they are using additional CDC-recommended precautions, including universal source control (use a NIOSH-approved N95 or equivalent or higher-level respirator for source control) and maintaining physical distance including areas that are restricted from resident access (e.g. staff meeting rooms, kitchen).
 - Determine whether other additional precautions are in place to mitigate the transmission of COVID-19.
 - *NOTE: The examples above are not all inclusive, and represent actions that can be implemented, however, facilities can choose other precautions that align with the intent of the regulation which is intended to “mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.”*
- For sampled staff, determine whether the COVID-19 vaccination documentation includes the following:
 - Screening and eligibility to receive the vaccine(s); and
 - The provision of education related to the COVID-19 vaccines such as the benefits and potential side effects; and offering of the COVID-19 vaccines to staff by the facility per requirements at 42 CFR 483.80(d)(3), F887.

Note: These provisions do not apply to sampled staff that received their vaccination outside of the facility.

- For sampled **vaccinated staff and contracted staff**, determine whether the facility *or contract company* documented the vaccination status for:
 - a single-dose COVID-19 vaccine, or
 - all required doses for a multi-dose COVID-19 vaccine, and
 - a [booster dose](#).
- For the sampled **unvaccinated staff**:
 - For staff who **do not have an exemption or reason for temporary delay**, ask the following:
 - Are you scheduled to receive a COVID-19 vaccine? If so, confirm the staff is scheduled.
 - If the staff isn't scheduled to receive a vaccine: Do you have a request for exemption pending?
 - When did the facility become aware staff did not have an exemption or reason for temporary delay?
 - What actions did the facility take to educate and offer COVID-19 vaccines to staff?
 - What actions did the facility take when staff indicated that they will not get vaccinated and do not qualify for an exemption?
 - For staff who have requested and/or are granted **medical exemption**, verify facility records are tracked, secure, and include the following:
 - Which COVID-19 vaccine is clinically contraindicated;
 - [The recognized clinical reasons](#) for the contraindication;
 - A statement by the practitioner recommending the staff member be exempted from the COVID-19 vaccination requirement; and
 - A signature and date by a licensed practitioner who is not the individual requesting the exemption.

Infection Prevention, Control & Immunizations

- Review facility records and interview staff *and/or contracted staff* to confirm the facility has instituted the contingency plan, if needed:
 - Verify the actions taken by the facility for any staff who indicated they would not get vaccinated and were not qualified for an exemption?
 - When was staff given a deadline to receive the first dose of a vaccine? Confirm the date.
 - If the deadline has passed: What actions were taken?

15. Did the facility implement their policy and procedures to ensure:

a) all staff are vaccinated for COVID-19;

b) vaccination status is tracked, and documentation is secure for staff with an exemption; and

c) contingency plans are developed and followed?

Yes No F888 *N/A, in substantial compliance with no substantive changes since last review in the previous six weeks.*

Educate and Offer COVID-19 Immunizations for Staff at Requirement 483.80(d)(3)

May use the same *sampled staff* for CE #7 to determine compliance with CE #16.

Review the facility's policies and procedures related to COVID-19 vaccination and ask the facility:

- What efforts has the facility made to obtain the COVID-19 vaccine? How was information provided to staff on obtaining the vaccine if it was not available?
- How are staff educated on the benefits and potential side effects before being offered a vaccine including any additional dose?
- How are staff vaccination status tracked or documented?
- How are staff screened for eligibility (e.g., medical contraindications, previous vaccination), that the vaccines are offered, and consent or refusal is obtained?

16. Did the facility maintain staff documentation of screening, education, offering, and current COVID-19 vaccination status?

Yes No F887

Lastly...

Scope & Severity

Table 1: Scope and Severity Grid

Severity & Scope for F888	<u>ISOLATED</u> 1% or more, but less than 25% of staff are unvaccinated (76% – 99% of staff are vaccinated).	<u>PATTERN</u> 25% or more, but less than 40% of staff are unvaccinated (61% – 75% of staff are vaccinated).	<u>WIDESPREAD</u> 40% or more of staff are unvaccinated (0% - 60% of staff are vaccinated), OR 1 or more components of the P&Ps were not developed and implemented.
<p>Level 4 - Immediate Jeopardy: Noncompliance resulting in serious harm or death:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated <i>or has no policies and procedures developed or implemented</i>; and 3 or more resident infections in the last 4 weeks resulting in at least one resident experiencing hospitalization (i.e., serious harm) or death. <p>OR, Noncompliance resulting in a likelihood for serious harm or death:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and 3 or more resident infections in the last 4 weeks that did not result in serious harm or death; and One of the following: <ul style="list-style-type: none"> Any observations of noncompliant infection control practices by staff; or 1 or more components of the policies and procedures were not developed or implemented. <p>OR,</p> <ul style="list-style-type: none"> More than 40% of staff are unvaccinated and there is evidence of a lack of effort to increase staff vaccination rates. 	J	K	L
<p>Level 3 – Actual Harm:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and 3 or more resident infections in the last 4 weeks which did not result in hospitalization (i.e., serious harm) or death, or the likelihood for IJ for one or more residents; and 1 or more components of the policies and procedures were not developed and implemented 	G	H	I
<p>Level 2: No actual harm w/potential for more than minimal harm that is not IJ:</p> <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; and No resident infections <p>OR,</p> <ul style="list-style-type: none"> Did not meet the <i>requirement</i> of staff vaccinated; and 1 or more components of the policies and procedures were not developed and implemented. 	D	E	F
<p>Level 1: No actual harm w/potential for minimal harm:</p> <ul style="list-style-type: none"> Met the requirement of staff vaccinated; and 1 or more components of the P&Ps were not developed and implemented (cited as widespread (“C”). 	A	B	C

Severity Will Be Based on the Following Criteria:

- Level 4 - Immediate Jeopardy (IJ)
- **Noncompliance resulting in serious harm or death:**
 - Did not meet the requirement of staff vaccinated **or** has no policies and procedures developed or implemented; **and**
 - 3 or more resident infections in the last 4 weeks resulting in at least one resident experiencing hospitalization (i.e., serious harm) or death.

OR,

Noncompliance resulting in a likelihood for serious harm or death:

 - Did not meet the requirement of staff vaccinated; **and**
 - 3 or more resident infections in the last 4 weeks that did not result in serious harm or death; **and**
 - One of the following:
 - Any observations of noncompliant infection control practices by staff, (e.g., staff failed to properly don PPE so F880 would also be cited); **or**
 - 1 or more components of the policies and procedures to ensure staff vaccination were not developed or implemented.

OR,

 - More than 40% of staff are unvaccinated **and** there is evidence of a lack of effort to increase staff vaccination rates.

Severity, Cont'd...

- Level 3: Actual Harm that is not IJ
 - Did not meet the requirement of staff vaccinated; **and**
 - 3 or more resident infections in the last 4 weeks which did not result in hospitalization (i.e., serious harm) or death, or the likelihood for IJ for one or more residents; **and**
 - 1 or more components of the policies and procedures were not developed and implemented.

And...

- Level 2: No actual harm w/potential for more than minimal harm that is not IJ
 - Did not meet the requirement of staff vaccinated; **and**
 - No resident *infections*
 - OR,**
 - Did not meet the requirement of staff vaccinated; **and**
 - 1 or more components of the policies and procedures were not developed and implemented.

And...

- Level 1:
 - Met the requirement of staff vaccinated; **and**
 - 1 or more components of the policies and procedures to ensure staff vaccination were not developed and implemented (must be cited as widespread (“C”).

Scope

Scope is based on the percent of staff vaccinated because lower vaccination rates are associated with higher numbers of COVID-19 resident cases. For example, a study of how the vaccine prevents COVID-19 outbreaks (<https://emergency.cdc.gov/han/2021/han00447.asp>) found that:

- Nursing homes where vaccination coverage of staff is 75% or lower experienced higher rates of preventable COVID infection; and
- The COVID-19 resident case rate in nursing homes with 45-59% of staff vaccinated was approximately twice as high as facilities with over 60% of staff vaccinated.

In other words, for facilities with few staff unvaccinated, we expect the facility to be at a lower risk for an isolated number of resident infections. Conversely, in facilities with a higher percentage of staff unvaccinated (e.g., >40%), there is an increased risk of widespread resident infections through the facility. Therefore, the scope will be based on the following criteria:

- Isolated: **1% or more, but less than 25% of staff** are unvaccinated (76% – 99% of staff are vaccinated).
- Pattern: **25% or more, but less than 40% of staff** are unvaccinated (61% – 75% of staff are vaccinated).
- Widespread: **40% or more of staff are unvaccinated** (0% - 60% of staff are vaccinated), OR 1 or more components of the policies and procedures listed above were not developed and implemented.

Note: Facilities that have met the requirement for staff vaccination will not be cited unless there is noncompliance with the development or implementation of policies and procedures. However, facilities may still be cited for noncompliance with other requirements, such as failure to implement an effective infection prevention and control program contributing to resident COVID-19 infections (F-880). To view this information in the Severity/Scope Grid, see Table 1 below.

Plan of Correction

To Qualify for Substantial Compliance and Clear the Citation:

- The facility has met the requirement of staff vaccinated (either by staff obtaining additional doses, or replacing unvaccinated staff with vaccinated staff); **or**
- The combined number of staff that are vaccinated (have received a single dose of a single-dose vaccine, or all doses of a multiple vaccine series) or have received at least one dose of a multiple vaccine series meet the requirement of staff vaccinated.
 - Staff that have received at least one dose of a multiple vaccine series must also have their second dose scheduled.

To Qualify for Substantial Compliance, but the Citation Remains at Level 1 (“C”):

- The facility has not met the requirement of staff vaccinated but has provided evidence that some of the unvaccinated staff have obtained their first dose, **and** other unvaccinated staff are scheduled for their first dose. For example, the citation at Level 1 would continue if there is evidence that 50% of staff who were identified as unvaccinated have received one dose of a multiple vaccine series with their second dose scheduled, or are scheduled to receive one dose of a single-dose vaccine series.

Components of a Plan of Correction AND/OR Actions Required for IJ Removal:

Plans of correction or Immediate Jeopardy removal plans for noncompliance at F888 should be reviewed to ensure they include the following:

- Correcting any gaps in the facility’s policies and procedures.
- Implementation of the facility’s contingency plan, that should include a deadline for each unvaccinated staff to have received their first dose of a vaccine.
- Implementation of additional precautions (see §483.80(i)(3)(iii)) to mitigate the spread of COVID-19 by unvaccinated staff.

Good Faith Effort

Good-Faith Effort:

Surveyors and CMS may lower the scope and severity of a citation and/or enforcement action if they identify that any of the following have occurred **prior to the survey** (note: noncompliance is still cited, only the scope, severity, and/or enforcement is adjusted).

- a) If the facility has no or has limited access to the vaccine, and the facility has documented attempts to obtain vaccine access (e.g., contact with health department and pharmacies).
- b) If the facility provides evidence that they have taken aggressive steps to have all staff vaccinated, such as advertising for new staff, hosting vaccine clinics, etc.

For example, if the facility staff vaccination rate is 90% or more, there is no resident outbreak in the previous 4 weeks, and all policies and procedures were developed and implemented, per Table 1 this would be cited "D". However, if the facility provides evidence that it has made a good faith effort by taking aggressive steps to get all staff vaccinated, surveyors may lower the citation to "A".

Staff Vaccinations: Reporting to NHSN

Facilities must report all required elements re: COVID-19 to NHSN at least weekly – before 11:59pm (ET) each Sunday. Such reporting must be done EVERY week.

483.80	Infection Control
F880	Infection Prevention & Control
F881	Antibiotic Stewardship Program
F882	Infection Preventionist Qualifications/Role
F883	*Influenza and Pneumococcal Immunizations
F884	**Reporting – National Health Safety Network
F885	Reporting – Residents, Representatives & Families
F886	COVID-19 Testing-Residents & Staff
F887	COVID-19 Immunization
F888	COVID-19 Vaccination of Facility Staff



<https://www.cdc.gov/nhsn/ltc/covid19/index.html>

F888 Deficiencies – 2022

Complaint and Standard Surveys

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only

Display Uncorrected Deficiencies Only: No

Percent by Row: No

Deficiency Tags: F0888 - Covid-19 Vaccination Of Facility Staff

Survey Focus: Health

Year Type: **Year:** **Month:** **Percent by Row:** [View All States](#)

Deficiency Count Report

Region	Deficiencies by Scope & Severity											
	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	0	1	1	0	0	0	0	0	0	0	0	2
(II) New York	0	1	1	0	0	0	0	0	0	0	0	2
(III) Philadelphia	0	3	3	2	0	0	0	0	0	0	0	8
(IV) Atlanta	0	0	1	0	0	0	0	0	0	0	0	1
(V) Chicago	1	14	15	4	13	0	0	0	2	1	0	50
(VI) Dallas	0	0	1	5	0	0	0	0	0	0	0	6
(VII) Kansas City	0	0	2	1	2	0	0	0	0	0	1	6
(VIII) Denver	0	3	0	0	0	0	0	0	0	0	0	3
(IX) San Francisco	0	1	8	1	0	0	0	0	0	0	0	10
(X) Seattle	0	1	0	0	0	0	0	0	0	0	0	1
National Total	1	24	32	13	15	0	0	0	2	1	1	89

[Save as PDF..](#) [Save as Excel...](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.

Source: CASPER (04/03/2022)

Enforcement Actions - 2022

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

Civil Money Penalty: Per Diem, Per Instance

Deficiency Tags: F0888 - Covid-19 Vaccination Of Facility Staff

Year Type: Year: Month: [View All States](#)

Enforcement Actions Report

Region	Number of Providers	Total Enforcement Actions	Number of Enforcement Actions												
			State Monitoring	Directed Plan of Correction	Temporary Management	Discretionary Deny Pay for New Admits	Mand. Deny Pay for New Admits - 3 Mos.	Denial of Payment for All Resident	Directed In-service Training	Civil Money Penalty	CMS-Approved Alternative or Additional	Transfer of Residents/Closure of Facility	Transfer of Residents	Discretionary Termination	Mandatory Termination
There are no Enforcement Actions in this Year/Quarter combination.															

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.

Source: CASPER (04/03/2022)

CMPs – 2022

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
Deficiency Tags: F0888 - Covid-19 Vaccination Of Facility Staff

Year Type: Year: Month: [View All States](#)

Civil Money Penalty (CMP) Report

Region	Total Number of CMPs		Total Dollar Amount		Average Dollar Amount		Average Days in Effect
	Per Diem	Per Instance	Per Diem	Per Instance	Per Diem	Per Instance	Per Diem
There are no Civil Money Penalty (CMP) in this Year/Quarter combination.							

[Change Criteria](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.

Source: CASPER (04/03/2022)

Long-Term Care Civil Money Penalty (CMP) Analytic Tool

Introduction

CMS locations have a variety of enforcement remedies to choose from in addressing noncompliance by a facility. These remedies include civil money penalties, denial of payment for all individuals, discretionary denial of payment for new admissions, mandatory denial of payment (new admissions 3-months), directed in-service training, directed plan of correction, discretionary termination, mandatory termination, state monitoring, temporary management, transfer of residents, and transfer of residents/closure of facility. Not all situations require the same remedies. The CMS location should use the enforcement remedy most appropriate in considering the level/severity of harm to the resident, the context behind the facility noncompliance, and the type of enforcement that has the best chance of the facility achieving future compliance.

All CMS locations are required to use the following CMP Analytic Tool and [Instructions \(opens in a new window\)](#): (1) to choose the appropriate type of CMP to be imposed; and (2) to calculate the CMP amount, when the CMS location determines that a CMP is an appropriate remedy to impose. The CMS location must complete all sections of the tool that apply to the type of CMP selected. The CMP Analytic Tool steps and instructions are also available in the [CMP Analytic Tool User's Guide \(PDF\)](#). Though remedies are usually imposed on Level 3 and Level 4 deficiencies, depending upon the circumstances, CMS locations may impose CMPs for level 2 deficiencies based on the factors listed in 42 CFR 488.404 and 488.438(f).

[Instructions \(opens in a new window\)](#): (1) to choose the appropriate type of CMP to be imposed; and (2) to calculate the CMP amount, when the CMS location determines that a CMP is an appropriate remedy to impose. The CMS location must complete all sections of the tool that apply to the type of CMP selected. The CMP Analytic Tool steps and instructions are also available in the [CMP Analytic Tool User's Guide \(PDF\)](#). Though remedies are usually imposed on Level 3 and Level 4 deficiencies, depending upon the circumstances, CMS locations may impose CMPs for level 2 deficiencies based on the factors listed in 42 CFR 488.404 and 488.438(f).

*Notes: Use a separate calculation for each Life Safety Code (LSC) CMP, Health Survey CMP, or any new or changed CMP within a noncompliance cycle. For factors that may result in an increase in the CMP (e.g., culpability, facility history of noncompliance, etc.), only calculate those factors one time for each survey. Apply the added dollar amounts to each CMP you impose per survey, unless otherwise instructed. Always use the tool and User's Guide at this site (save in your bookmarks/favorites) for the most current version. Required fields are marked with an asterisk.**

Select the Calculation Type

Calculation Type: *

- Preliminary
- Final

Select "Final" if in compliance or terminated.

Enter the Case Information

CCN:

Provider Name:

Analyst Name:

Enter full name (first and last name).

Cycle Start Date:

Enter the date in mm/dd/yyyy format.

Select the CMP Type (Per Day or Per Instance)

Reference: Section 1819(h)(2)(B)(ii) of the Social Security Act; 42 CFR 488.404 and 488.438.

The factors to consider in this tool for each type of CMP are intended to determine amounts for each CMP to be imposed. Also, if a Life Safety Code (LSC) deficiency is the basis for the CMP, the whole Tool algorithm applies to the LSC deficiencies, not the health deficiencies.

Note: After deciding that a CMP will be imposed, CMS locations must use the tool and its guidance to decide whether to impose a Per Instance (PI) CMP versus a Per Day (PD) CMP, regardless of the State Survey Agency's recommendation. See additional instructions to [determine Per Day or Per Instance selection](#).

Note: This tool is to be used to calculate an amount for each new or changed CMP imposed against a facility within a noncompliance cycle.

CMP Type: *

For each instance where a CMP will be imposed for a facility, select only one CMP Type to be used: Per Day or Per Instance.

- Per Instance - Impose a Per Instance CMP for past noncompliance. (If the CMS location believes that a per day CMP is warranted, prior to CMP imposition contact the Survey and Operations Group Director and Division Director for concurrence.)**
- Per Instance - Impose one or more Per Instance CMPs: (If the CMS location believes that a per day CMP is warranted, prior to CMP imposition contact the Survey and Operations Group Director and Division Director for concurrence.)**
- a. For findings of noncompliance that are cited at S/S of "G" or "J" and the deficient practice was a "singular event" of noncompliance and not abuse; or**
- b. Where a facility has a good compliance history and the noncompliance is not of the type described in the first Per Day checkbox below, a. through d.**
- Per Day - Impose a Per Day CMP beginning on the earliest date the facility staff engaged in deficient practices in relation to the tag that is driving the CMP until substantial compliance is achieved if:**
- a. IJ is cited with harm to a resident that is not a "singular event"; or**
- b. Abuse was cited at actual harm or IJ and one or more residents suffered level 3 or 4 harm; or**
- c. IJ is cited on the current survey and the same tag was cited at a S/S of "G" or above on any prior survey within the last calendar of the current survey; or**
- d. Deficiencies at a S/S of "H" or "I"**
- Per Day - Impose a Per Day CMP beginning on the entry day of the survey until substantial compliance is achieved for all other situations.**

https://qcor.cms.gov/cmp_tool/cmp_cal.jsp

Additional Info on CMP Tool

Select the CMP Base Amount

Reference: 42 CFR 488.404(b).

CMP Base Amount: *

Select the highest S/S level for the base Calculated CMP Amount.

IJ Removed

Calculated CMP Amount (if Per Day, one day): \$

Is There a History of Facility Noncompliance?

Reference: 42 CFR 488.438(f)(1).

If a facility has had any deficiencies cited at a S/S of "G" or above on any survey (standard, complaint, or revisit) conducted in the past 3 calendar years, add an amount indicated below based on the S/S pattern/trend of [a facility's noncompliance history](#).

Facility Noncompliance Amount Added:

Select the amount to add to the Calculated CMP Amount.

Calculated CMP Amount (if Per Day, one day): \$

Are There Repeated Deficiencies?

Reference: 42 CFR 488.438(d)(2)(3).

Increase the CMP penalty amount for any repeated deficiencies for which a CMP penalty was previously imposed. "Repeated Deficiencies" are deficiencies within the same regulatory grouping of requirements under which deficiencies were cited at the last survey of the same survey type (Health, LSC, EP), subsequently corrected, and cited again at the next survey.

Repeated Deficiencies Amount Added:

Select the amount to add to the Calculated CMP Amount based on the highest S/S level of the repeat deficiencies.

Calculated CMP Amount (if Per Day, one day): \$

Are There Multiple Deficiencies?

Reference: 42 CFR 488.404(c)(1).

Survey findings that include multiple deficiencies can indicate a systemic problem relating to the noncompliance, as opposed to a survey that identifies a singular or a few incident(s) of noncompliance. For surveys with 7 or more deficiencies, add an amount between the ranges indicated below. The scope and severity of the deficiencies should also be considered. As the number increases, and/or the level of S/S increases, the amount added should increase.

Multiple Deficiencies Amount Added:

Select the amount to add to the Calculated CMP Amount based on the guidance above.

Calculated CMP Amount (if Per Day, one day): \$

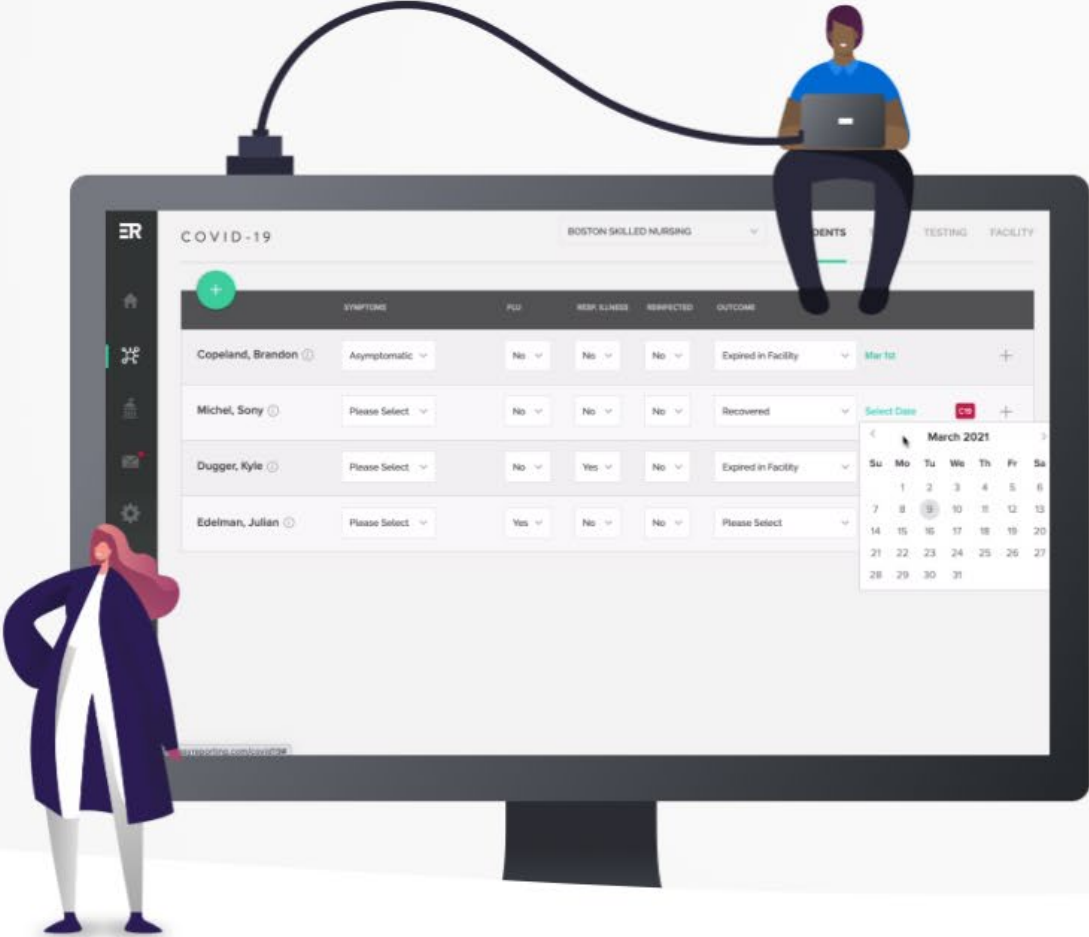
Steps for staying in compliance...

- ✓ Have a plan and process in place for vaccinating all your staff by the required CMS deadlines
- ✓ Have a plan and process for providing exemptions and accommodations for those staff who are exempt from the vaccination requirement (medical or religious) as well as temporary delay for vaccination
- ✓ Have a plan and process for tracking and documenting staff vaccinations
- ✓ Have a process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19
- ✓ Submit required NRSN data every week
- ✓ Follow your plan and process



COVID-19 Reporting Made Easy

With shifting guidelines and constant daily reporting, the **risk of fines** has increased. EasyReporting's simple tools integrate directly with your EHR to keep you in compliance.



A turnkey solution for infectious disease reporting. EasyReporting helps providers tackle both NHSN and CMS compliance.



Practically in Compliance



Staff Dataset

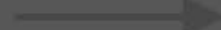
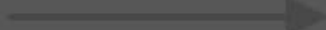
- First Name
- Last Name
- Direct Hire/Contractor/Other
- Title
- Position
- Work Area
- Partially/Fully Vaccinated (Changing definition)
- Exemption (Religious/Medical and Pending/Granted)
- Administered Vaccine
 - Date Administered
 - Manufacturer
 - Step



RESIDENT DATA

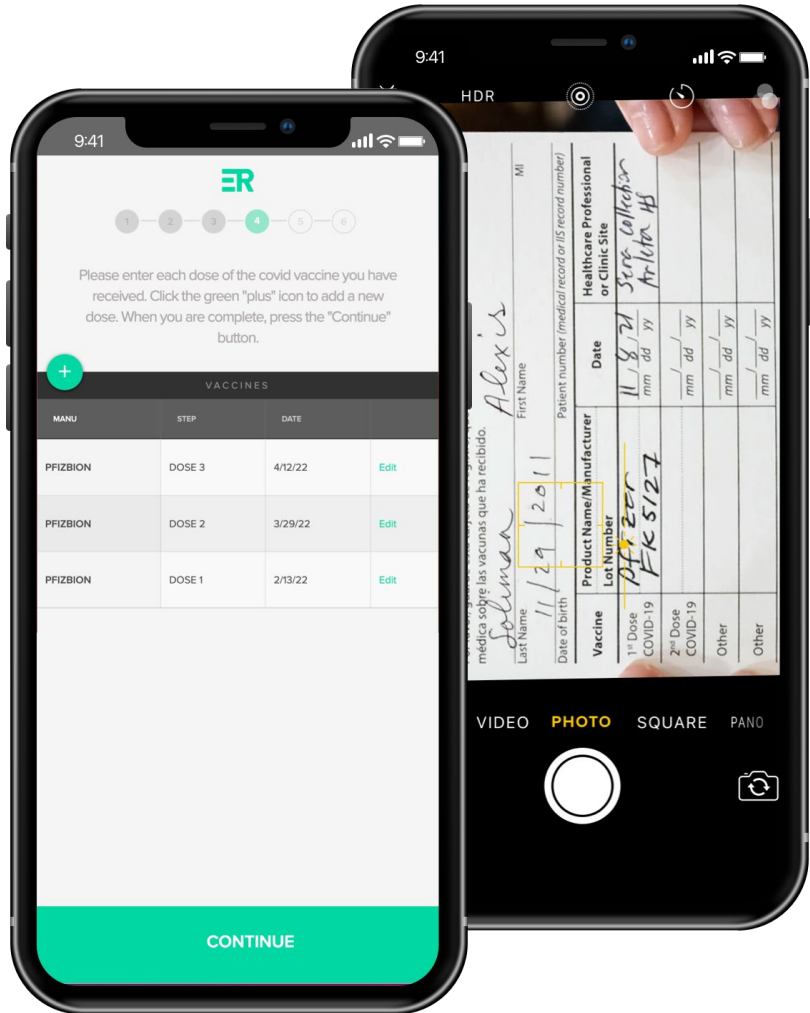


PCR LAB DATA



VACCINE/STAFF DATA





ER Reports > F888 Employee Vaccination Matrix BOSTON SKILLED NURSING

2 Partially Vaccinated
 12 Completely Vaccinated
 0 Pending Exemptions
 8 Granted Exemptions
 1 Temp Delays/New Hires
 0 Not Vaccinated w/o exempt

Print Download

Total Completely Vaccinated	Total Granted Exemption	Total Temporarily Delayed	Total	Divided By Total # of Staff	% Vaccinated for F888					
12	+	8	+	1	=	21	÷	23	=	91.3%

23 Total Staff

LEGEND:
 Direct facility hire (DH), Contracted hire (C), Other (O)

Total Completely Vaccinated	Total # of Staff	Realtime % Vaccinated NHSN	Wk Ending: 3/16		
12	÷	23	=	52.2%	68%

Filter

	FIRST NAME	LAST NAME	DH/C/O	TITLE	POSITION	WORK AREA	PARTIALLY VACC.	FULLY VACC.	BOOSTER	P/G MEDICAL	PN/GN NON-MEDICAL	TEMP DELAY/NEW HIRE	NOT VACCINATED	NOTES
<input checked="" type="checkbox"/>	Cole	Popovich	DH	CNA	Nurse Aide	Direct Resident Contact						Yes		It has been 4 days since this person had an active infection.
<input checked="" type="checkbox"/>	Becky	Reed	DH	RN	Physical Therapist	Direct Resident Contact	Yes							DOSE 1 complete. Eligible for DOSE 2 on 05-03-2022.
<input checked="" type="checkbox"/>	Jordan	Kokel	DH	CNA	Nurse Aide	Direct Resident Contact	Yes							DOSE 1 complete. Eligible for DOSE 2 on 04-28-2022.

Poll #3

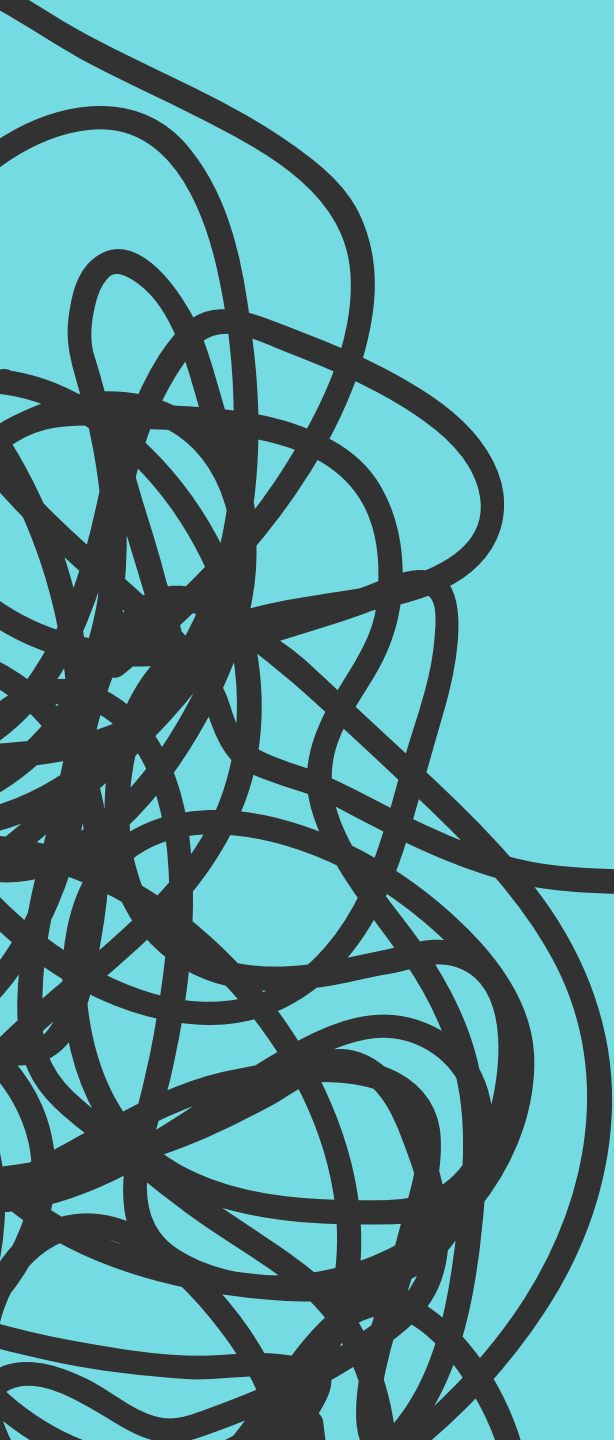
**Would you like more info on
EasyReporting?**

- Yes, please
- Not at this time



F888

Questions & Answers



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Healthcare®



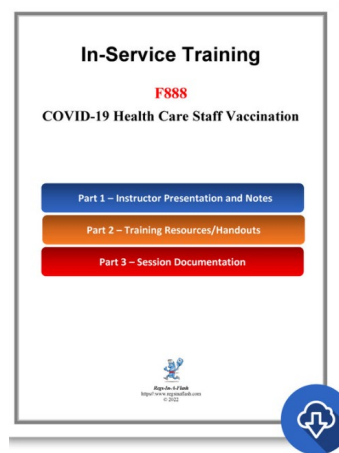
simple.
a Netsmart solution

Additional Resources



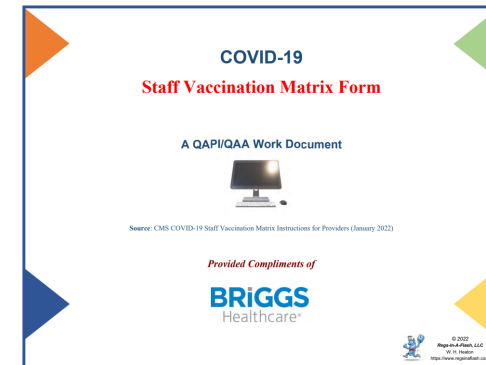
Briggs Healthcare blog

<https://briggshealthcare.blog/>



COVID-19 Health Care Staff Vaccination – Digital In-Service Training

<https://www.briggshealthcare.com/COVID-19-Health-Care-Staff-Vaccination-In-Service-Training-Program-Annual-Subscription>



COVID-19 Staff Vaccination Matrix Form

[COVID-19 Staff Vaccination Matrix Complimentary Copy Regs-In-A-Flash and Briggs](#)

Thank you for attending!



Webinar recording and slides available at

simpleltc.com/F888