PMMA | Presbyterian Manors Of Mid-America®

PMMA COVID-19 FAQs

What is PMMA doing to prevent COVID-19 at its communities?

All PMMA communities are following the PMMA Emergent Infectious Disease (EID) Policy and guidance provided by the Center for Disease Control (CDC) and the Centers for Medicare and Medicaid Services (CMS) to ensure resident and staff safety.

CMS Vaccine Mandate

How does the Centers for Medicare and Medicaid Services (CMS) vaccine mandate affect PMMA?

Kansas is one of 26 states that had challenged the Centers for Medicare and Medicaid Services (CMS) vaccine mandate. The Supreme Court ruled against those states earlier this year, citing resident safety as a primary concern when staff caring for them are not vaccinated against COVID-19. CMS issued a memorandum on January 14 outlining the implementation of its guidance for the states involved in that ruling.

The CMS vaccine mandate applies to all senior living communities that receive funding through Medicare or Medicaid. Communities that are non-compliant with the mandate will face monetary penalties, denial of payments and the possible termination of participation in the Medicare and Medicaid programs.

PMMA participates in both the Medicare and Medicaid programs. PMMA receives payments from Medicare for short-term rehabilitation through PMMA's Post-Acute to Home (PATH) program and restorative therapies and Medicaid for eligible long-term care residents.

What is the CMS vaccine mandate?

CMS issued an interim final rule that requires senior living communities that receive funding through Medicare or Medicaid to use employees who are vaccinated to care for residents.

Vaccination rates less than 100% are considered non-compliant under the CMS rule. The mandate applies to:

- All facility employees, regardless of clinical responsibility or resident contact;
- 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.

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Medical and religious exemptions are allowed under the CMS rules.

How are medical and religious exemptions handled?

A staff member may obtain a medical exemption if they can provide signed documentation from a licensed practitioner outlining which authorized or licensed COVID-19 vaccine is not clinically appropriate for the staff member and the recognized clinical reason why it is not clinically appropriate and recommending the staff member be exempted from the facility's COVID-19 vaccination requirement based on the medical reasons why it is not clinically appropriate for the individual. The medical professional who signs the exemption documentation cannot be the same individual requesting the exemption.

Requests for non-medical exemptions, such as religious exemption in accordance with federal laws (including Equal Employment Opportunity Commission), must be documented and evaluated in accordance with applicable federal law and each facility's policies and procedures.

When does this go into effect?

The final deadline to have 100% of facility staff vaccinated is March 14, 2022. Compliance is measured in stages as the final deadline approaches.

To be in compliance at the end of the first 30 days (February 14, 2022), a facility must:

- Have policies and procedures developed and implemented to ensure all facility staff, regardless of clinical responsibility or resident or patient contact are vaccinated for COVID-19
- And 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 been identified as having a temporary delay as recommended by the CDC. (This would include, but is not limited to those who have recently received anti-body treatment for COVID-19.)

If less than 100% of staff have received at least one dose of the vaccine, and remaining employees do not have a pending or approved qualifying exemptions on file or meet the CDC criterial for delaying vaccination, the facility is non-compliant under the rule.

To be in compliance at the end of 60 days (March 14, 2022), a facility must:

- Have policies and procedures developed and implemented to ensure all facility staff, regardless of clinical responsibility or resident or patient contact are vaccinated for COVID-19
- And 100% of all staff have received the necessary doses to complete the vaccine series (one dose of a single-dose vaccine, or all doses of a multiple vaccine series), or have been granted a qualifying exemption, or been identified as having a temporary delay as recommended by the CDC. (This would include, but is not limited to those who have recently received anti-body treatment for COVID-19.)

If less than 100% of staff have received at least one dose of a single-dose vaccine, or all doses of a multiple-dose vaccine series, and remaining employees do not have approved qualifying exemptions on file or meet the CDC criterial for delaying vaccination, the facility is non-compliant under the rule.

Surveyors will evaluate communities on their reported vaccination rate through the National Health (NHSN) site and compare to their on-site records, infection control protocols in practice, number of COVID-19 infections in the preceding time frame, and the possibility of harm to the residents. The lower the vaccination rate, and the higher the infection rate among residents, the more significant the citation for non-compliance with the CMS rule.

Does the CMS mandate allow for contingencies?

Yes. According to the mandate, the facility must have a plan that ensures those staff who are not yet fully vaccinated, or who have a pending or been granted an exemption, or who have a temporary delay as recommended by the CDC, adhere to additional precautions to mitigate the spread of COVID-19. The facility has a variety of actions or job modifications that it may implement to potentially reduce the risk of COVID-19 transmission including:

- Reassign staff to non-patient/resident care areas, to duties that can be performed remotely, or to duties which limit exposure to those most at-risk (assigning to residents who are not immunocompromised, unvaccinated).
- Require staff to follow additional CDC-recommended precautions, such as adhering to universal source control and physical distancing measures in areas that are restricted from patient access, no matter the local community transmission rate.
- Require weekly testing for exempted staff and staff who have not completed the primary vaccination series, regardless of the local community transmission rate.
- Require staff to use an approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with patients/residents.

What will happen to employees who do not wish to become vaccinated and who do not qualify for one of the exemptions?

Communities have to create contingency plans for staff who are not fully vaccinated. The plans should include actions that the facility would take when staff have indicated they will not get vaccinated and do not qualify for an exemption. Contingency plans should also address staff who are not fully vaccinated due to an exemption or temporary delay in vaccination, such as through the additional precautions required. The plans should include the actions the facility will take if the vaccination deadline is not met, including actively seeking replacement staff through advertising or obtaining temporary vaccinated staff until permanent vaccinated replacements can be found.

How is PMMA implementing the CMS vaccine mandate?

PMMA has stepped up efforts to strongly encourage employees to receive the vaccine or complete an exemption request. Communities are closely tracking vaccination status and exemptions to ensure compliance with the CMS guidance.

Employees who are not vaccinated, including those with exemptions on file, are required to take additional precautions when caring for residents, including wearing N95 masks and submit to routine surveillance testing for COVID-19.

Vaccine Information

Has the CDC issued new guidance for vaccinated individuals?

Yes. The CDC frequently changes guidance for preventing the spread of COVID-19 based on new data as more is learned about COVID-19 and its variants. For the latest guidance on recommended safety measures, visit the CDC website, https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html.

Vaccination is the best measure to prevent a serious COVID-19 infection. In addition, it may be necessary to wear masks, practice physical distancing and adhere to other prevention measures

It is important for everyone to continue using **all the tools** available to us to help stop this pandemic, Together, COVID-19 vaccination and following CDC's recommendations for how to protect yourself and others will offer the best protection from getting and spreading COVID-19.

What is the status of PMMA's vaccination program for residents and staff?

All PMMA communities participated in the federal Pharmacy Partnership for Long-Term Care Program. All 15 PMMA communities, which offer skilled nursing and assisted living services, were eligible to participate and signed up through either Walgreen's or CVS. Those clinics were complete by the end of March 2021.

The Pfizer and Moderna COVID-19 vaccines require a two-step process consisting of two shots to get the most protection from the virus. The first shot starts the process of building immunity protection within the body, with a second dose required a few weeks later to provide the maximum amount of protection available. Full immunity is achieved a minimum of two weeks following the second inoculation.

Will PMMA require residents to get the vaccine?

PMMA strongly encourages all eligible residents and employees to carefully consider what these vaccinations will mean for themselves and our PMMA communities. Residents and their families are strongly encouraged to receive the vaccine to protect the health and safety of residents and employees. For more on PMMA's employee vaccination efforts, see "How is PMMA implementing the CMS vaccine mandate?"

What COVID-19 vaccines are available in the United States?

The Food and Drug Administration granted an emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine December 10. The federal government and its private sector partners immediately began shipping the vaccine to designated sites across the country, according to Department of Health and Human Services officials.

The FDA granted an EUAs to Moderna for another COVID-19 vaccine December 18. Johnson & Johnson's Janssen vaccine gained EUA for a one-dose vaccine February 27, 2021.

When a vaccine is authorized or approved in the United States, there may not be enough doses available for all adults. Supplies will increase over time, and all adults should be able to get vaccinated later in 2021. However, a COVID-19 vaccine may not be available for young children until more studies are completed.

At this time, the Pfizer BioNTech vaccine is authorized for use on people age 16 and older. The Moderna and Johnson & Johnson's Janssen vaccines are authorized for use on people age 18 and older.

Are the vaccines safe?

Safety is the most important priority in vaccine approval. Most side effects occur within six weeks of vaccination. To be more cautious, the FDA requires 8 weeks of safety monitoring for COVID-19 vaccines. To assess safety, the FDA typically advises developers to include a minimum of 3,000 participants in a vaccine trial. The current COVID vaccine trials include 30,000 to 50,000 participants, well above the FDA requirement.

The FDA used the same strict standards that it has for decades in evaluating the COVID-19 vaccines. No steps are skipped.

The COVID-19 vaccines were developed so quickly due to a global effort with the world's leading scientists focused on a single task – developing the COVID-19 vaccine. They had nearly unlimited resources at their disposal – money, knowledge, manpower and technology. And there was a large pool of diverse adult volunteer trial participants in the vaccine studies.

The Pfizer and Moderna vaccines have both received full FDA approval. Pfizer's vaccine will be marketed under the name Comirnaty and the Modern vaccine will be marked under the name Spikevax.

The Pfizer and Moderna COVID-19 vaccines are mRNA vaccine. What does that mean?

The mRNA technology is new in vaccine production, but it is already being used in cancer treatment and has been studied for more than 10 years. COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece that looks like the "spike protein" found on the surface of the COVID-19 virus. The virus is often pictured as a white ball with red spikes protruding from it.

Our bodies recognize that the protein should not be there, so they build antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future.

The mRNA vaccine cannot give you COVID-19 and it cannot change your DNA.

What is the technology behind Johnson & Johnson's Janssen vaccine?

The Johnson and Johnson's Janssen COVID-19 vaccine leverages the AdVac® vaccine platform, a unique and proprietary technology that was also used to develop and manufacture Janssen's European Commission-approved Ebola vaccine regimen and construct its investigational Zika, RSV, and HIV vaccines.

The platform uses adenoviruses, a group of viruses that cause the common cold, so they are good for transporting things into humans. The specific type of adenovirus used is genetically modified so that it can no longer replicate in humans and cause disease. The AdVac® technology works by using an adenovirus as a carrier for an antigen's genetic code, to mimic components of a pathogen. Antigens are produced to mimic the pathogen without causing severe disease.

The single-dose vaccine is compatible with standard vaccine storage and distribution channels with ease of delivery to remote areas. The vaccine is estimated to remain stable for two years at -4°F (-20°C), and a maximum of three months at routine refrigeration at temperatures of 36-46°F (2 to 8°C). Johnson & Johnson will ship the vaccine using the same cold chain technologies it uses today to transport treatments for cancer, immunological disorders and other medicines. The COVID-19 vaccine should not be re-frozen if distributed at temperatures of 36°F–46°F (2°-8°C).

How will new residents/admissions and employees receive the vaccine ongoing?

To ensure new staff and residents have access to COVID-19 vaccines after the initial vaccination efforts are complete, PMMA communities worked with local pharmacy partners and local health departments to secure vaccines for residents and staff.

What are the most common side effects?

The most common side effects are pain, redness or swelling at the injection site, and tiredness, headache, muscle pain, chills, fever and nausea. Talk to your doctor about taking over-the-counter medication such as ibuprofen, acetaminophen, aspirin or antihistamines, for any pain and discomfort you may experience after getting vaccinated. It is not recommended to take these medicines before vaccination for the purpose of preventing side effects.

Should temporary staff be vaccinated?

Yes. Temporary staff are within the CDC's definition of a healthcare worker. Indeed, temp agency staff who might rotate among a number of facilities could in many ways be at highest risk.

Should someone with an active case of COVID-19 receive the vaccine?

No. Someone actively ill with COVID-19 should not get the vaccine because someone with active COVID should be in quarantine.

Should someone who previously had COVID-19 receive the vaccine?

Yes. Even if you have previously tested positive for COVID-19, you should still get the vaccine. At this time, it is believed that antibodies from a previous infection only provide protection from COVID-19 infection for a few months. Even if you previously tested positive, you should get the vaccine once you are considered recovered.

I have allergies. Should I get the vaccine?

The main allergy concern with the COVID-19 vaccine is for individuals who have had an anaphylaxis reaction to a vaccine or injection previously. Consult your primary care physician prior to seeking the vaccine. PMMA staff will consult with a resident's primary care physician before administering the vaccine to anyone who fits this criteria.

Everyone who receives the vaccine will need a 15 to 30 minute observation period following the injection for any signs or symptoms of a reaction.

Once I get the vaccine, how soon am I protected?

Most of the vaccines require 2 doses, 3 to 4 weeks apart. You must get both doses of the same vaccine because they are different. Protection occurs 1 to 2 weeks following the second dose.

The Johnson & Johnson's Janssen vaccine requires one dose, with the most protection from COVID-19 two weeks after getting vaccinated.

How long am I protected by the vaccine?

We do not know at this time how long protection lasts as COVID-19 is a new virus and this is a new vaccine. We will know more as time passes in the current research. It is possible that individuals will need to get the COVID-19 vaccine on a regular basis, just like the seasonal flu shot.

Will residents or employees be charged for the vaccine?

Section 3203 of the CARES Act generally requires issuers offering non-grandfathered group or individual health insurance coverage to cover any qualifying coronavirus preventive service, including a COVID-19 vaccine, without imposing any cost sharing requirements, such as a copay, coinsurance or deductible.

Individuals who receive the vaccine through their primary care physician or other programs may be charged an administration fee, however the vaccine will be offered free of charge.

How can people demonstrate they have been immunized?

Each vaccine dose comes with a card, which must be given to the individual or their proxy. Pharmacies may also offer additional verification on an app.

How is the CDC monitoring individuals' experiences with the COVID-19 vaccines?

The CDC is using a new system called V-Safe to monitor individuals after they receive the COVID-19 vaccines. V-Safe is a smart-phone based monitoring system that uses text messages and web surveys to check in with vaccine recipients after vaccination, and includes active telephone follow-up by CDC on reports of significant health impact.

The program is voluntary. V-Safe participants will receive health check-ins by text from CDC daily for the first week following vaccination. After the first week, check-ins go to weekly through the 6th week, then at 3 months, 6 months, and 12 months post-vaccination.

Check-ins ask about clinically important health impacts such as missing work, inability to perform normal daily activities, and any resulting medical care received. Any clinically important health impacts reported will be followed up by phone by CDC.

Why has it taken so long to develop a COVID-19 vaccine? It only took a few months for the H1N1 influenza (flu) vaccine to be developed.

When a new flu strain is identified, like H1N1 in 2009, vaccine manufacturers can use the same processes that are used to make the annual seasonal flu vaccine, saving valuable time. Unlike flue, coronaviruses do not yet have licensed vaccines or processes to build on. In addition, the coronavirus that causes COVID-19 is a new virus, so entirely new vaccines must be developed and tested to ensure they work and are safe. There are many steps in the vaccine testing and approval process. Multiple agencies and groups in the United States are working together to make sure that a safe and effective COVID-19 vaccine is available as quickly as possible.

Testing and approval process: https://www.cdc.gov/vaccines/basics/test-approve.html

Who is making recommendations and determinations on the priority for COVID-19 vaccinations?

The Centers for Disease Control (CDC) is making coronavirus disease 2019 (COVID-19) vaccination recommendations based on input from an Advisory Committee on Immunization Practices (ACIP). ACIP is a federal advisory committee made up of medical and public health experts who develop recommendations on the use of vaccines in the U.S. public. ACIP holds regular meetings, which are open to the public and provide opportunity for public comment.

After ACIP publishes its guidance and recommendations, it is then up to the states and their governors to determine the priority of vaccinations in their respective states.

States are working in real time to develop vaccination priorities anticipating a first round of vaccines doses in the coming weeks. Many have interim plans in place for vaccine allocation, and an initial analysis of these by LeadingAge finds that states are prioritizing long-term care residents and workers in their plans. The ACIP recommendations may help inform state plan refinements and/or continued prioritization of long-term care.

Visitation Information

How is PMMA implementing visitation?

CMS and state guidelines allow communities to establish protocols around visitation, including building entry screening. Outdoor visitation is preferred whenever possible. Screening includes answering a questionnaire about recent travel, health status and exposure risk, and taking and logging temperatures before they are allowed entry into the community.

Resident safety always comes first. Based on the recommendations from the CDC and CMS, outdoor visitation will be preferred as long as weather permits. Outdoor visitation provides the best ventilation and opportunity to maintain safe social distances during visitation. It also provides the most locations for residents and families to meet together.

PMMA communities are working to prepare for increased indoor visitation as colder weather approaches. Communities are working to purchase necessary equipment for safety and sanitization and to designate specific areas where visitation may take place.

What protocols do visitors have to follow?

Visitors must adhere to safety procedures in order to visit the community. Any visitor who is unable to follow these practices will not be allowed to visit a resident at the campus.

When you visit our communities, you are **required** to adhere to safety practices and take necessary precautions to protect our residents and employees.

- Have your temperature taken at entry to the community.
- **Adhere to safety measures, including wearing the provided** facemask over nose and mouth at all times, washing or sanitizing hands before and after a visit, and maintain physical distance. Hugging, kissing and handshaking is prohibited to protect residents and employees.
- Follow all instructions given for movement within the community.
- Report immediately to the community if experiencing any signs or symptoms of COVID-19 or any positive COVID-19 test results occurring within 14 days of visiting any community.

Personal protective equipment (PPE) will also be available as needed.

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What happens when a community has a positive case?

If a campus has a positive case on site, signage will be posted to alert visitors to the presence of COVID-19 on campus. If there is a serious outbreak on campus, the local health department may recommend limiting visitation in the affected area temporarily while the community works to get the outbreak under control.

How can people contact their loved ones if visitation is temporarily suspended?

If the local health department recommends a temporary suspension of visitation, PMMA is encouraging families to keep in contact with their family members via telephone, email and digital means. For residents who do not have their own telephones or other means of contacting family members, community staff will schedule calls either via telephone or video calls with Skype or FaceTime. PMMA expanded the capability to offer these digital options to families.

Residents are still receiving mail through the United States Postal Service, and family members and friends are encouraged to write and mail letters and cards of support to residents.

What is an outbreak?

The Centers for Disease Control and Prevention defines an outbreak as 1 positive case of COVID-19 at a campus. The positive test may be a resident or an employee.

What is a COVID-19 cluster?

A COVID-19 cluster is when there are two or more non-household cases of COVID-19 associated with a location during a specific period of time, typically 7 – 14 days, but may be longer if additional positive cases are identified through additional weekly testing.

In order to be cleared of cluster status, a campus must go 28 days without a new positive case.

Infection Prevention

How prepared is PMMA to handle this crisis?

PMMA's corporate team has a certified infectious disease specialist, and every PMMA community has an infection prevention specialist, who completed specific training in infection prevention through nationally accredited infectious disease programs.

Each team member completes:

- An Infection Control course during onboarding orientation and then annually;
- An annual workplace emergency course (a pandemic is considered an emergency situation);
- A Blood Borne Pathogen course, which includes many of the same concepts as infection control (proper hand hygiene, use of gloves, etc.).

Each community's emergency response plan addresses pandemic situations. These plans are based on CDC and CMS guidelines. PMMA's dedicated Plant Operations and Housekeeping teams will continue to work diligently to ensure our community is clean, safe and disinfected regularly.

What happens if a resident tests positive for COVID-19?

If a resident is tested for COVID-19, they are cared for in isolation. Staff members use established CDC and PMMA isolation and transmission-based protocol precautions, including wearing personal protective equipment as needed, to protect themselves and other residents from exposure. Turnaround time for test results varies based on the lab used and the current testing volume. Results may be available in 24 – 72 hours, but can take longer.

If the resident tests positive for COVID-19, that resident will remain in isolation at the campus, as long as it is in the resident's best interest. The community care team will continue to follow CDC and PMMA guidelines for transmission-based protocols, including wearing personal protective gear as needed and provide care as per physician orders.

The community will implement even more stringent limited access protocols and may restrict entry to the community further as an infection control and prevention measure.

Why did PMMA communities suspended admissions?

In consultation with state, county and local authorities, the PMMA Senior Leadership Team determined the best way to protect existing residents was to suspend new admissions to assisted living and health care while communities are on limited access to visitors as advised by the CMS guidance March 13, 2020.

This decision is based upon a couple of key concerns: (1) minimizing the risk of bringing the virus into the senior living community, (2) the additional staffing that would be needed to admit a new resident to a licensed care area, where all new residents will be in quarantine for a period of 14 days upon admission.

Independent living move-ins resumed June 1 in PMMA communities. New residents must have a negative COVID-19 test prior to move-in and self-quarantine for 14 days post move-in. Other safety measures apply.

Admissions will resume for other levels of living once PMMA communities are able to progress through the reopening process.

When did PMMA start communicating with families and staff members about the organization's COVID-19 response?

Employees received a letter in the quarterly newsletter on March 6. The same letter was provided for all PRN and agency staff who work at the 16 campuses.

The first poster warning visitors to reschedule their visit if they were feeling ill or had traveled outside the United States to an affected country and letters to residents, family members and volunteers were also sent to communities March 6 for distribution.

Posters have been updated as CMS guidance has changed, and families received notification by phone and in writing of the limited access status for all communities following the March 13 CMS update.

Residents and families will continue to receive updates regularly throughout the COVID-19 crisis through a variety of methods including letters, newsletters, emails and Facebook posts.

How are staff being screened?

Staff members are instructed not to come to work if they are experiencing symptoms of illness including having a temperature and especially signs of respiratory illnesses.

Employees who have traveled internationally, on a cruise ship, or to a location where there are high levels of community-based transmission of COVID-19 as defined by their state health department, are asked to quarantine for 14 days and be symptom free before returning to work.

Employees are screened at the beginning of each shift at the point of entry to the community building and before employees have any direct contact with residents. These screening measures include taking staff temperatures and asking a set of questions about health status and COVID-19 exposure risks and reviewing a list of possible COVID-19 symptoms. Employees who have a fever or report feeling unwell are not allowed to work and are asked to get tested for COVID-19 if they have symptoms of the disease. These measures have been in place since March 13 and continue to be updated as guidance changes. In addition, staff members should continue to wear masks and other personal protective equipment as required per Centers for Disease Control and Prevention (CDC) recommendations.

If a staff member answers “Yes” to one of the questions, they are asked probing questions to get more information. For example, if someone says they are short of breath, and the shortness of breath is a normal symptom of a pre-existing condition, such as asthma, we would allow them to work.

Any employees exhibiting signs or symptoms outside of or greater than those they experience as part of their normal health condition, the employee is not allowed to work. Employees who are running a temperature are not allowed to work.

In addition to pre-shift screening, employees are now subject to surveillance testing for COVID-19. For more, see “What is surveillance testing for COVID-19?”

What is surveillance testing for COVID-19?

Surveillance testing means testing a group of individuals on a regular basis to discover asymptomatic COVID-19 positive people in the workforce. The Centers for Medicare and Medicaid Services (CMS) issued a final rule on August 26 requiring skilled nursing facilities to conduct surveillance testing on their employees based on county COVID-19 testing positivity rates. Skilled nursing facilities are now required to test all employees and volunteers on a set interval for COVID-19 whether the campus is experiencing a COVID-19 outbreak or not. The rule also applies to volunteers, vendors and contractors who work in the facility regularly.

Who must be tested?

The CMS final rule and guidelines say “staff,” however that term is interpreted broadly to include agency health care workers, volunteers and contractors who work regularly in a community. They must also be tested on the same frequency as community employees.

PMMA has made the decision to test all employees and not just those who work in the health care neighborhoods at its campuses. PMMA’s human resource department is working with agency staffing providers to obtain cooperation for testing. Communities will be required to obtain testing results from hospices, laboratory companies, and students doing training on-site, practitioners and volunteers.

Will residents be required to test as well?

Residents are not included in the mandated surveillance testing. However, residents will be tested if they display signs or symptoms of COVID-19 and whenever there is an outbreak at one of PMMA’s senior living communities. An outbreak is defined as one case of COVID-19 in an employee or resident.

COVID positive residents who are admitted to a campus will not trigger automatic testing of residents for the virus. All new residents and residents returning from a stay off-campus are subject to a 14-day quarantine.

How often will a community need to test?

The frequency of testing is determined by the positivity rate in the county surrounding the skilled nursing facility. The CMS table below provides the minimum testing requirements. The positivity rate is calculated by figuring the percentage of tests conducted in the prior week were positive.

For PMMA communities located in counties with a less than 5% positivity rate, staff testing will be required once a month. For communities located in a county with a positivity rate between 5% and 10%, testing will be required once a week. Communities located in counties with a positive rate greater than 10% will be required to test twice a week.

This frequency presumes availability of point-of-care testing on-site at the nursing home or where off-site testing turn-around time is less than 48 hours.

What about the testing machines CMS is sending to every skilled nursing facility?

Collecting and handling specimens correctly and safely is imperative to ensuring the accuracy of test results and preventing unnecessary exposures. During specimen collection, facilities must maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher level respirator or face mask, eye protection, gloves and a gown, when collecting and handling specimens.

CMS is sending one of two point-of-care testing machines to every CMS-certified skilled nursing facility in the country. These point-of-care testing machines are not designed for mass testing as only one sample can be processed at a time.

It takes 15 minutes to run each test, each sample must be tracked and kept separate from other samples, and only one sample can be run at a time. All samples and test results must be tracked, but the test strips cannot be marked without contaminating them, making it difficult to test all employees on a shift as they come through the door and keep samples identified and tracked. If a skilled nursing unit has 25 employees on day shift, it would take more than 6 hours to process all the tests for those employees.

Test strips for the machines can only be purchased from a select few vendors, including the manufacturers. Because so many of these machines are being put into the market, demand will

drive up the cost of the individual tests, making it difficult for not-for-profit providers to obtain testing supplies at a reasonable cost.

PMMA has ordered an additional testing machine for each community, but the testing capacity will not be sufficient to handle mass testing on a large campus. For mass testing, PMMA has secured a contract with a third-party lab to provide test kits and process them.

Can employees refuse to be tested?

Employees who refuse testing and are symptomatic may not work until they meet CDC and state guidelines for returning to work.

Under the current Kansas guidelines, the employee may return to work when at least 72 hours have passed since resolution of the employee's fever without the use of fever-reducing medications and the employee's symptoms have improved and at least 10 days have passed since symptoms first appeared. If asymptomatic, the employee must quarantine for 14 days before returning to work. Upon the employee's return to work, we will follow CDC recommendations related to work practices and restrictions.

Under the current Missouri guidelines, the employee may return to work when at least 24 hours have passed since resolution of the employee's fever without the use of fever-reducing medications and the employee's symptoms have improved and at least 10 days have passed since symptoms first appeared. If asymptomatic, the employee must quarantine for 14 days before returning to work. Upon the employee's return to work, we will follow CDC recommendations related to work practices and restrictions.

Asymptomatic employees who refuse testing during an outbreak may not work until the outbreak testing is complete.

For asymptomatic employees who refuse routine testing, PMMA will follow occupational health, state and local policies.

Can residents refuse to be tested?

Yes. Residents may decline COVID-19 testing. Symptomatic residents who refuse testing will be treated with transmission based precautions, including self-isolation and the use of personal protective equipment (PPE) by staff caring for the resident until the criterial for ending the precautions are met.

If outbreak testing has been triggered and an asymptomatic resident refuses testing, the community must be extremely vigilant in monitoring the resident to ensure the resident

maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

A resident who has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed on or remain on transmission-based precautions until he or she meets the symptom-based criteria for discontinuation.

How are PMMA communities caring for the psychosocial needs of residents?

Life enrichment staff are leading residents in hallway bingo, exercises, checking on individual residents in their rooms, and encouraging residents to move about their specific areas of the campus while observing social distances of at least six feet. Residents can still access the libraries and other on-site amenities so long as they observe the 6-foot social distance between themselves and other residents.

How else can the public help PMMA communities and their residents during this time?

PMMA's mission to provide quality senior services guided by Christian values does not stop, even in the midst of pandemic. We will continue to provide care to seniors, including those who have outlived their financial resources through no fault of their own. You can shine a light during this time by supporting PMMA residents with a tax-deductible gift at www.Giving.PresbyterianManors.org.

With all the cluster infections identified in nursing homes and senior living communities and the resulting rising death toll, why should families trust senior living communities to care for their family members?

COVID-19 is a previously unidentified virus, which means care providers of all types—including senior living communities like ours—are learning about it in real time. Public health officials have identified older people as high risk of getting very sick from COVID-19, which places our communities on the front line. Every day, we do our part to aggressively prevent and mitigate the spread as we deliver compassionate care under challenging circumstances.

The services we provide are fundamental to the lives of the people we serve, their families, and the communities we serve. We are driven by our mission to provide quality senior services

guided by Christian values. We care deeply about the role we play to provide much-needed care, services and supports in people's lives.

Through our aggressive infection control and prevention program, PMMA has so far been able to keep a COVID-19 outbreak at bay in all our communities. Through continued adherence to Centers for Disease Control and Prevention (CDC) protocols, PMMA will continue to work to keep residents and staff members safe and healthy.

What challenges do you face in keeping residents and staff member safe while fighting COVID-19?

Providers serving seniors like PMMA have distinct and urgent needs in this pandemic. The longstanding workforce shortage in aging services is well documented. This healthcare crisis increases our workforce needs. For instance, we need more staff to care for sicker residents, to adhere to regulatory requirements that ban communal meals and mandate enhanced infection control procedures, and to cover open shifts for sick staff or those who can't report to work. These strains compound an already challenging workforce environment.

Without adequate PPE and testing, we cannot safely orchestrate patient transitions, take care of new or current residents, or protect staff. While we understand these needs are vital in an inpatient setting, there is a major push now to move patients out of hospitals to skilled nursing or to home and community-based settings. The lack of resources for senior services is an additional challenge in a health crisis unlike any we've seen before.

How is PMMA addressing the PPE shortage?

PMMA leadership is actively working with local emergency management and health departments, state agencies and our suppliers to obtain the supplies we need. We've been fortunate to partner with several local distilleries that have started producing hand sanitizer for health care providers in several locations in Kansas and Missouri. PMMA also is ordering PPE from additional sources to ensure the campuses have adequate PPE.

PPE is a challenge. All PPE items have been on allocation. The challenge for this is that most long-term care locations didn't have a need to order large amounts of gowns, face masks and shoe covers. Thus, our allocated amounts are very small. We have had to go to the open market and use other vendors to find those items, often at three to four times the normal cost. Our glove cost has just gone up and we have been told to expect it to rise more and expect those to be in short supply. It is very frustrating to try to find the items needed and pay such a high cost for items.

Specific instructions have been given for the use and re-use of PPE based on CDC guidelines and recommendations.

What are the financial impacts of COVID-19 for PMMA communities?

Our business is complex. We don't have a simple operating structure like, for example, a corner store or neighborhood restaurant. We have multiple sources of revenue, from reimbursements and government funding to private pay, and are working under a range of guidelines and regulations. Rising costs of caring for a full load of patients with a changing case-mix, buying extra PPE and other supplies at a premium due to shortages, losing staff and paying overtime—coupled with decreased revenues—are already causing shortfalls for providers in aging services.

The services we provide are fundamental to the lives of the people we serve, their families, and the communities we serve. We are driven by our mission to provide quality senior services guided by Christian values. We care deeply about the role we play to provide much-needed care, services and supports in people's lives. Unlike for-profit senior living communities, PMMA is governed by a board of volunteer trustees. As a faith-based, not-for-profit senior living organization, our financial duty is to further our mission rather than to deliver shareholder returns. We were founded more than 70 years ago as a resource to help seniors, and we continue to live out this charge today thanks to this philanthropic program. Each year, PMMA provides millions of dollars in charitable care for residents who have outlived their financial resources, allowing them to continue to live in our communities.

Has your facility received government funding? Has it helped? If you have not received any, how is that affecting the facility moving forward?

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PMMA is applying for funding through FEMA for the costs of the personal protective equipment and other COVID-related expenses. We are also applying to the county for CARES Act funds that have been allocated to Shawnee County for COVID relief.