

PMMA proceeding with caution, implementing new requirements

September 30, 2020

WICHITA- Kan.— PMMA (Presbyterian Manors of Mid-America) is moving forward with reopening its communities with continued caution and care with the addition of limited visitation based upon the county positivity rates for COVID-19 and testing requirements from the Centers for Medicare and Medicaid Services.

“We know how important it is to begin reopening our communities and providing our residents with a sense of normalcy,” said Bruce Shogren, PMMA president and CEO. “Reopening to visitors and reuniting our residents and their families is one of the most important things we can do to ensure the mental health of our residents.”

Based off guidance from the Kansas Department of Aging and Disability Services (KDADS), Kansas communities could not start allowing visitation until they reached Phase 3 of reopening. In Missouri, the Department of Health and Senior Services (MDHSS) allowed outdoor visitation to begin in Phase 1 so long as the community did not have any active cases of COVID-19 on campus.

The Centers for Medicare and Medicaid Services (CMS) issued new guidance September 17 on visitation, which although effective immediately, is in conflict with some of the guidance put forth by Kansas and Missouri, particularly around restrictions on visitation in Kansas until Phase 3 of reopening. On a September 21 call with skilled nursing community leaders, CMS leadership said the organization is working with states to resolve these differences.

The new CMS guidance, along with guidance from KDADS and MDHSS, bases lifting restrictions on group activities, communal dining and visitation on the COVID-19 situation in each individual senior living community and the positivity rates in the county where the community is located.

CMS and state guidelines allow communities to establish protocols and reasonable limitations around visitation. Outdoor visitation is preferred whenever possible. Reasonable limitations include requiring visitors to schedule visits in advance, limiting the number of visitors each resident may have at one time to 2 people, limiting the total number of visits that may be scheduled during a time period, and screening visitors for entry to the community. Screening includes answering a questionnaire about recent travel, health status and exposure risk, and taking and logging temperatures before being allowed to enter into the community.

In addition, visitors are expected to follow COVID-19 prevention practices including wearing a facemask or face covering, practicing good hand washing protocols before and after a visit, limiting movements within the building, and following social distancing recommendations.

Visitation will not be allowed when county positivity rates are above 10% or the campus has had a positive case of COVID-19 in a resident or employee. A positivity rate above 10% is considered high risk. If visitation is paused for a positive test in the community, the campus must have no new positive cases for 14 days before visitation can begin again.

When county positivity rates are between 5% and 10%, visitation is considered medium risk. During medium risk periods, outdoor visitation will be allowed, weather permitting, with strict adherence to the outlined safety protocols. A negative COVID-19 test is not required for outdoor visitors. Indoor visits may also be scheduled, however, anyone wishing to have an indoor visit will need to provide proof of a negative COVID-19 test no more than 2-3 days in advance of the visit. Indoor visitors also have to adhere to the mandatory safety protocols.

A county positivity rate of less than 5% is considered low risk for visitation. Both outdoor and indoor visitation is permitted, depending on weather, and indoor visitors will not need to provide proof of a recent negative COVID-19 test. Visitors will be required to adhere to the mandatory safety protocols.

County positivity rates also play a role in the new surveillance testing guidance issued by CMS in late August. The new CMS guidance mandates surveillance testing for all skilled nursing facilities. Surveillance testing requires all employees, agency employees, volunteers, hospice, lab and therapy providers at our campus to be tested on a frequency determined by the local county's COVID-19 testing positivity rate.

“Surveillance testing is another tool in our toolbox for fighting COVID-19,” said Jeanne Gerstenkorn, vice president for health and wellness and chief infection preventionist for PMMA. “Even with the addition of surveillance testing, we will continue our daily screening for fever and symptoms for all residents, employees, and any visitor who enters our buildings.”

Senior living communities with skilled nursing in counties with a positivity rate below 5% must test at least once a month. Senior living communities offering skilled nursing in counties with a positive rate between 5 and 10% must test weekly. Senior living communities with skilled nursing in counties with a positivity rate above 10% must test twice a week. The frequency is determined based on a 14-day positivity average. If the average goes down, it must sustain that trend for 14 days before the senior living community may reduce testing frequency. If the average goes up during the 14 days, the testing frequency must be increased immediately.

At this time, testing is not required for senior living communities that do not offer skilled nursing, however, PMMA has chosen to test all employees on the campuses that offer skilled nursing. On the Fort Scott, Kan., campus is not conducting surveillance testing because it is licensed for assisted living only.

In addition, CMS is sending point-of-care testing machines to all senior living communities with skilled nursing by the end of September. Some PMMA communities have received the machines and a limited amount of testing supplies, and others have not yet received the machines. The point-of-care antigen testing units form the backbone of the Department of Health and Human Services' (HHS) plan to curb COVID-19 infections deaths in the nation's nursing homes.

PCR tests look for pieces of SARS-CoV-2, the virus that causes COVID-19, in the nose, throat, or other areas in the respiratory tract to determine if the person has an active infection. Antigen tests look for pieces of proteins that make up the SARS- CoV-2 virus to determine if the person has an active infection. However, a negative antigen test does not rule out COVID-19 because antigen tests are not as sensitive as PCR tests. In cases where COVID-19 is strongly suspected, a negative antigen test should be confirmed with a more sensitive PCR test.

The point-of-care devices provide the capability to conduct a rapid test at the campus, but are not sufficient for handling mass testing at a community because of the protocols needed to ensure the integrity of the sample and the time needed to process each test.

Since positivity rates vary from county to county, PMMA communities are testing at different frequencies.

Along with the presence of COVID-19 cases at a campus, the local county positivity rates also affect the campuses' phase of reopening. PMMA's 15 communities are in varying stages of lifting restrictions. Campuses with positive cases through community transmission must put reopening plans on hold and move to more restrictions on group activities and dining and suspend limited visitation.

Through it all, PMMA's mission to provide quality senior services guided by Christian values does not stop. Communities are taking admissions again in all levels of living, depending on local positivity rates and the presence of active COVID-19 transmission on campus.