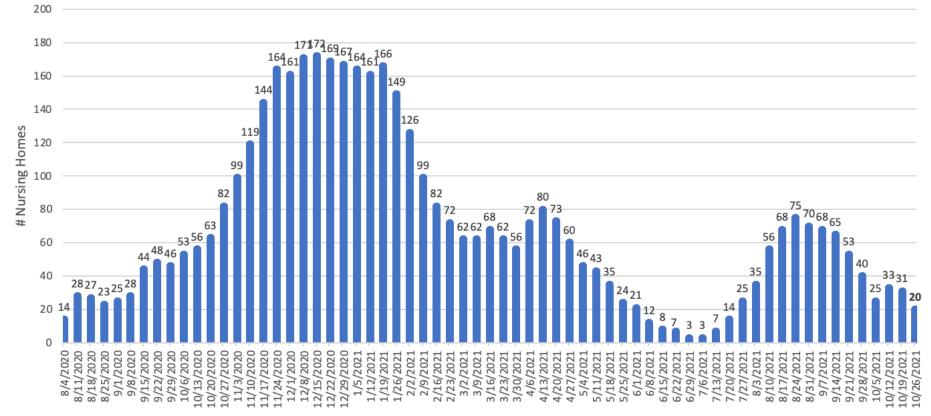
Nursing Home Data

Nursing Homes with Newly-Diagnosed COVID-19 Among Residents AND/OR Staff in the Most Recent 14-day Period



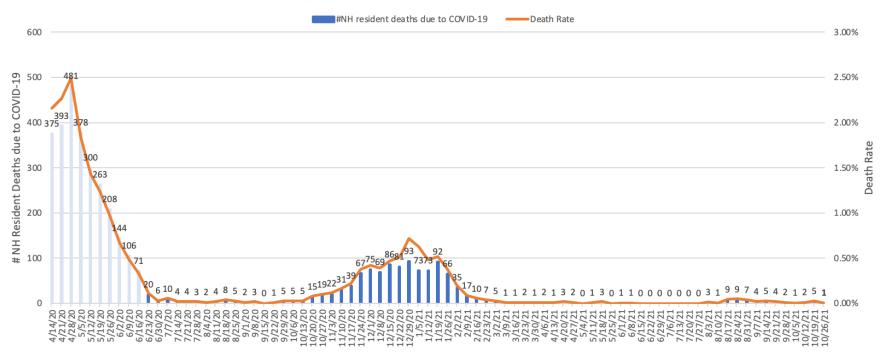
Nursing Home Resident Incidence, statewide April 16, 2020 – October 26, 2021

	Date Reported	New Resident Cases (diagnosed that week)	
Resident Census: 17,900	27-July	14	
	3-Aug	36	
Nursing Home Resident Cases - Connecticut, April 16, 2020-	10-Aug	65	
October 26, 2021	17-Aug	53	
16000 1800	24-Aug	48	
14000 1600	31-Aug	63	
12000 1400	7-Sep	36	
1200 s te te te te te te te te te te te te te	14-Sep	35	
	21-Sep	30	
	28-Sep	11	
0000	5-Oct	29	
3 4000 400	12-Oct	42	
2000	19-Oct	15	
	26-Oct	22	
	Facility Metrics		#Nursing Homes
Cumulative Resident Cases New Resident Cases New Resident Cases		ast 2 weeks	5 (-5)

No new res. cases, >2 weeks

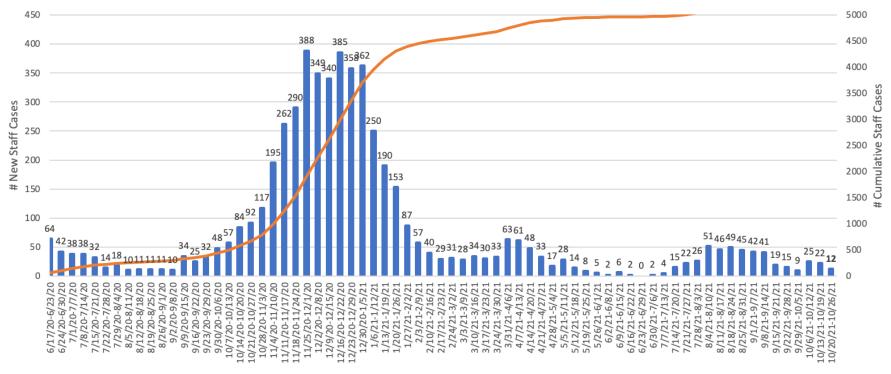
203

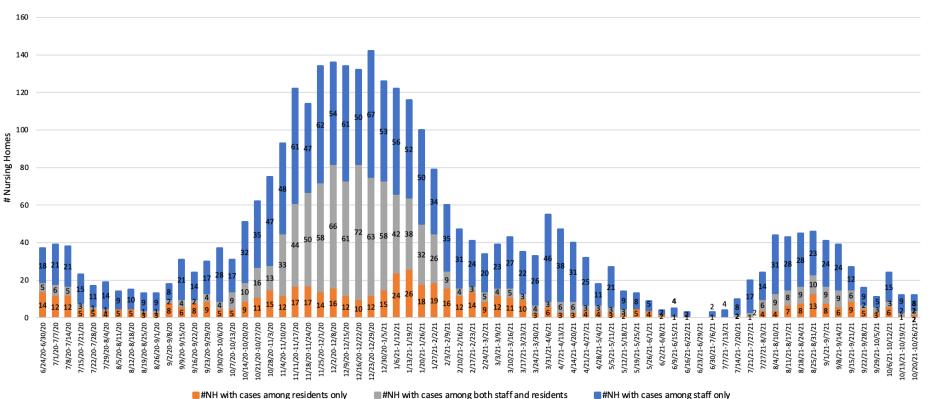
Nursing Home Resident Deaths Associated to COVID-19 4/15/2020-10/26/2021



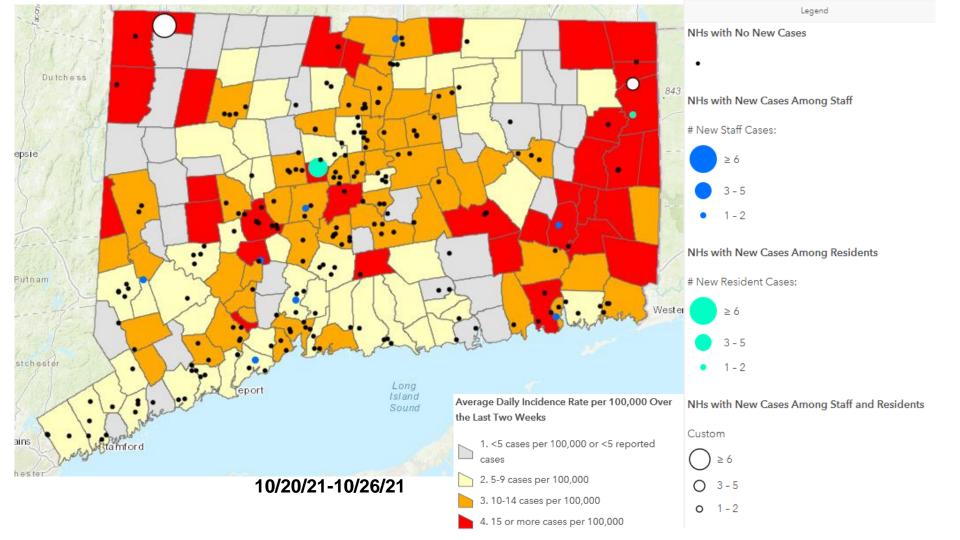
Note: Light blue= OCME lab-confirmed and suspected deaths due to COVID-19, Darker blue= NHSN data

Staff Cases in Connecticut Nursing Homes June 17, 2020–October 26, 2021





Nursing Homes with Positive Staff or Residents June 17, 2020-October 26, 2021



Nursing Home <u>Resident</u> COVID-19 Vaccination Rates: Primary Series, as of 10/17/2021

Resident Vax Rates (202 NHs reported)

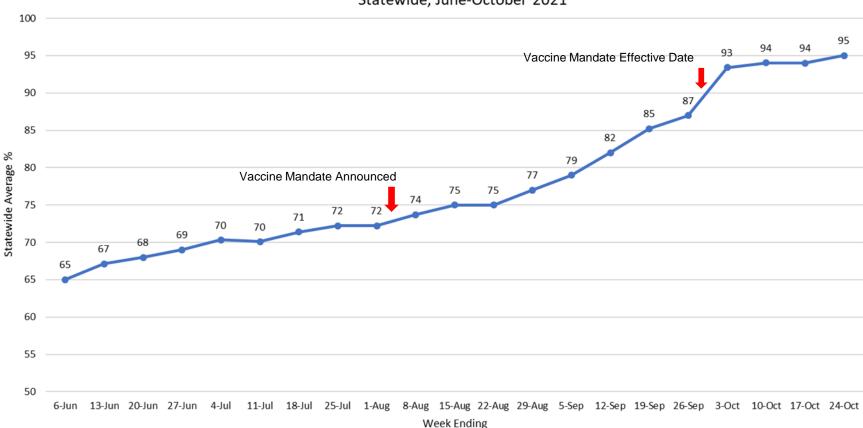
- Average 92%
- Median 95%
- Range 67-100%

Nursing Home <u>Staff</u> COVID-19 Vaccination Rates: **NHSN** data, primary series, as of 10/17/2021

Staff Vaccination Rates (201 NHs reported)

- Average 94%
- Median 97%
- Range 67-100%

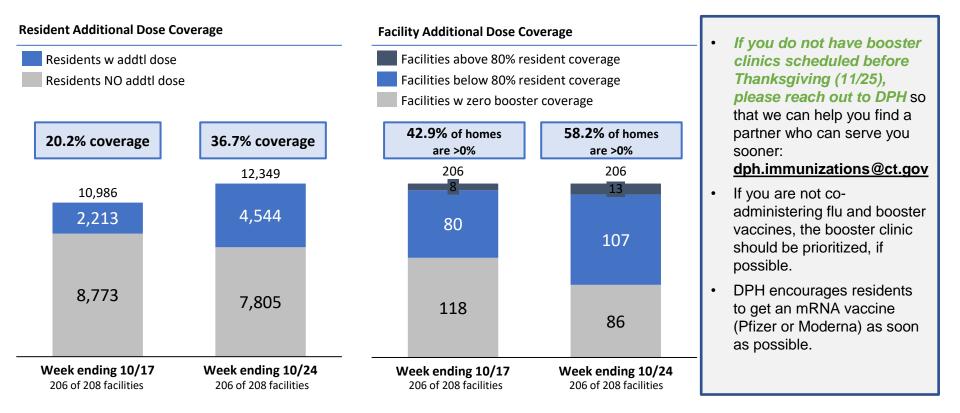
NHSN Staff Definition: HCP are defined as those who were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact [defined by CMS as individuals who work in the facility on a regular (weekly) basis]. HCP eligible to have worked include employees (staff on facility payroll), licensed independent practitioners (physicians, advanced practice nurses, & physician assistants), adult students/trainees & volunteers, and other contract personnel who are scheduled to work in the facility at least one day every week. For more information, please see <u>here</u>.



Average percentage of staff who have received a completed vaccination course against SARS-CoV-2, Statewide, June-October 2021

Nursing Home Booster Rates - Resident

As reported by NHSN | As of October 24, 2021



Tip of the Week: Safe Holiday Season

Nursing homes are healthcare settings, but they also serve as a home for long-stay residents and quality of life should be balanced with risks for transmission in the community and in your facility.

- Encourage eligible individuals to receive their **booster shot**, ideally before Thanksgiving
- **Indoor visitation** should be in single-person rooms; in multi-person rooms, when roommates are not present; or in designated visitation areas when others are not present.
- The safest practice is for patients and visitors to **wear source control** and **physically distance**, particularly if either of them are at risk for severe disease or are unvaccinated.
 - If the patient and all their visitor(s) are fully vaccinated, they can choose not to wear source control and to have physical contact.
 - Visitors should wear source control when around other residents or HCP, regardless of vaccination status.

See CDC's Holiday Tips (cdc.gov)

NHSN: Additional Dose/Booster

Reminder: NHs are mandated to track weekly cumulative COVID-19 vaccination data for residents and HCP through NHSN.

- All fields are required to successfully save the data.
 - All questions regarding additional doses or booster of COVID-19 vaccine are required.
- Facilities should include the following individuals in question #4 as eligible to receive an additional dose of the COVID-19 vaccine:
 - 1. Received an initial complete 2-dose mRNA COVID-19 vaccine series **AND**
 - 2. Eligible to receive an additional or booster dose of the COVID-19 vaccine, per <u>CDC guidance</u>.

Executive Order 13 F

Phase 1: Compliance with Reporting Requirements – "Late Reporters" and "Non-Reporters"

ΓΑCILITY ΤΥΡΕ	CIVIL PENALTY PER DAY		
Assisted Living Service Agency Chronic Disease Hospitals ICF/IIDs Managed Residential Communities Nursing Homes	\$5,000		
Residential Care Homes	\$500		

Per Day Penalty with and without the 7-day grace period for Late Reporters						
	Total # Late Reporters	Total \$ Penalties for Late Reporters WITHOUT the 7-day grace period	Total # Late Reporters including the 7-day grace period	Total \$ Penalties for Late Reporters through 10/21/21		
ALSA	12	\$465,000	4	\$90,000		
Chronic Disease Hospitals	1	\$70,000	1	\$35,000		
MRC	22	\$745,000	9	\$55,000		
NH	7	\$160,000	3	\$20,000		
RCH	17	\$73,000	9	\$21,000		
TOTALS	59	\$1,513,000	26	\$221,000		

Beginning 11/8: Civil Penalties to the Non-Reporters (about 115 facilities); no grace periods, continuing penalty

Executive Order 13 F Phase 2: Compliance with Vaccine Mandate

DPH Next Steps:

- Document requests (Master rosters; names of covered LTC workers in reported in "10e"; status of "10e" workers)
- On site record reviews
- Civil Penalties likely will be different for failure to comply with the vaccine mandate than for failure to report

Facility Reminders:

- Obligations of EO 13F are on-going (new hires, new contractors)
- Facilities must maintain updated documents (master rosters, vax records, exemption forms)
- DPH not requiring resubmission of self-attestation compliance reports AT THIS TIME; (DPH may request updated submissions through the FLIS portal)