

Centers for Medicare & Medicaid Services
COVID-19: Nursing Home Stakeholder Call
March 25, 2021

Call audio:

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>>> For your dedication, resiliency, commitment, you not only work tirelessly to provide care for residents, but in some cases you have had to serve as family members, counselors, and friends, and have had to fill in the gap. For that, we are truly appreciative but probably more important the residents and family members that you serve are truly appreciative. Earlier this month, in collaboration with the CDC, we announced updates allowing for increased indoor visitation and reuniting residents with their families, friends, and their loved ones, so we can attribute it

including your hard work as I mentioned with facilities implementing rigorous infectious control practice, continuous and competitions education and taking the training and making sure your peers or your colleagues about the trainings, you had regular communication with your state officials, your public health officials, CDC and with CMS and of course, the vaccine, so vaccine acceptance among nursing home residents and staff as continues, we continue to see progress. Millions of vaccinations have occurred with nursing homes thanks in part to the pharmacy partnership for long-term care programs and as I'm sure you know that program is sun setting. We are going to talk about that in just a bit. We have our CDC colleagues here who can provide us an update on that today. And then following the release of the updated visitation guidance, we held one of the stakeholder calls, and as we were talking and as I was talking, the questions were just coming in, and I think by the time we ended, we were up to about 200 questions from participants, with a lot of those focusing on quarantine and physical contact what if this and what if that. I promised at that time, we would schedule another follow-up meeting to get into some of those questions. So, that is one of the reasons we are having this meeting today. But, let me just take a minute to run through what we want to get done today, so first, I am going to ask Ruth from the CDC to give us an update from the pharmacy partnership for long-term care because we did get questions about okay now what Russian Mark and so she is going to bring us an update from that and then [Indiscernible] is going to walk us through the guidance again at a high level and then we have a special treat . It is something we have done all year. We are going to hear from a special guest, William Browder, and I want to thank you in advance. He is the nursing home administrator and executive director for Genesis healthcare in Baltimore and has been our practice that we learn by learning what is going on in the fields, and he will bring us some first-hand information on his implementation of the guidance and visitation and so forth at the nursing home. The remainder of the time, we will spend focusing on the questions , primarily what we received at the last call because as I said we did get quite a few, so we were able to go back and catalog them and make sure we had the right answers, but time permitting, we will also

answer questions that you may have today, since you have had a little bit more time with the guidance, and you will be able to put those into the Q&A section, but we will give you a little bit more instructions about that just a bit. So, let me just turn to Ruth, as I want to have most of the time used on our guest that are here from the CDC. I will turn it to you now. Thank you.

Hello, thanks so much. Yeah, I wanted to start with just a couple of brief updates on the pharmacy partnership and then I can give some pointers on sort of the next question. The pharmacy partnership for long-term care was the program with CVS, Walgreens, and a couple of other pharmacies is wrapping up after supporting about 160,000 on-site clinics and administering about 8 million doses. We have gotten this question a lot of what comes next, and certainly I understand the need for continued access to vaccines in these facilities. Um, I was in the best place to start is to talk to your long-term care pharmacy. Through the federal pharmacy partnership program that is bringing vaccines to retail we are able to provide vaccines to a number of long-term care pharmacies. We don't have every long-term care pharmacy in the country under the programs, but we do have hundreds of them, including some of the biggest. Omnicare will actually be joining the program in early April so, I would start by talking to your long-term care pharmacy. It is likely there getting vaccines either through the federal program or a number of states are giving long-term care pharmacies vaccines as well. We also have a link on our website that includes a list by state of every LTC pharmacy in the country that is a part of the federal program and getting federal vaccine. If you're LTC pharmacy is not getting vaccines, you can reach out to one of the pharmacies on that list. Many of them are able to support additional facilities specifically for COVID-19 vaccine. I will be able to put that link in the chat in a minute. We update that list every Monday. We are having new pharmacies join our program almost on a daily basis, so I expect that list to expand quite a bit. As I said, there are a number of states providing direct access for long-term care facilities either to LTC pharmacies or to skilled nursing facilities themselves so another place to check is with your state health department and then the last thing I would say is as vaccine supply increases generally, which we will see a large increase in supply nationally in the month of April, we do expect you will see less and less unvaccinated individuals admitted to your facilities. Vaccine is becoming more widely available through hospitals, so individuals are being vaccinated before they are discharged from the hospital and then more and more elderly individuals have access to vaccine through their pharmacy or primary care provider before admission to a long-term care facility. So again, as I said, I can put that link in the chat. If there is time, I am happy to take questions.

Great. Thanks so much. And yeah, I see we are already getting questions in the Q&A section, and we do have a number of subject matter experts from CMS as well on the line so some of the questions we will be able to answer as we go back and forth through the Q&A function so again thank you, Ruth. If you have questions for her, feel free to start putting those in. I'd like to go to Evan now to kinda give us again a high-level walk-through of the guidance. >> Thanks, Um, six and good afternoon, everyone. It is a pleasure to speak to you. We are really excited about the downward trend in Covid cases in nursing homes. That is clearly a result of

certainly the vaccine but also your hard work. I'm not going to read the memo Word for Word. I just want to touch on a few highlights and most of the sections. One currently explains some of the rationale behind the guidance and embed some answers to some of the frequently asked questions that we have been getting. Um, early in the memo, the first section really talks about the core principles of infection and control. These are things that you have been doing for over a year now, the handwashing, washing your distance, facemask income all of those things continue to be recommended. It is very important to understand why it is important now at this time as it has ever been. Number one, while cases in nursing homes have plummeted, you have probably seen that cases in the community have started to stay stagnant and in some cases started to elevate a little bit. The prevalence of cases around nursing homes is the leading factor into whether Covid gets into a nursing home, so it is very important that we be very cautious and adhere because of that. Also, all of you know that nursing homes do have a degree of turnover on residents with new admissions coming in. So, because of that, today's vaccinated roommate could be tomorrow's unvaccinated roommate. The third reason is that while we know that the vaccine prevents severe infection and severe symptoms and death, it is still unclear to the extent that it prevents transmission, so someone may be vaccinated and may not get sick, but they still may be able to transmit the disease, so because of those reasons, we have to be very careful and keep our guard up and continue with these core principles of infection prevention and control.

Next we talk about outdoor visitation and really at this point other than whether or a residence health status, any restrictions on outdoor visitation should be extremely rare. There are very few circumstances outdoor visitation should be restricted. We would expect that outdoor visitation

are enabled. Indoor visitation is where it gets a little bit more complex. That is where we get in the degree of positivity in the community or what is happening inside of the nursing home. The first thing we talk about is the degree of positivity in the community. The leading factor that lets Um, nine two facilities is where the positivity rate of the county that the nursing home is in is so important to monitor. We state in this memo that in counties where the positivity rate is over 10%, then visitation can still occur for vaccinated residents but for unvaccinated residents, 50% of residents vaccinated in a facility is below 70%, then our guidance states that visitation should not occur for unvaccinated residents. The reason for that is because once you start getting below 70%, you are creating a larger pool of individuals that are not as protected as we would like them to be from COVID-19, so that is the reason for why we have that threshold. When it comes to the 70%, we really encourage everyone to please enter and use the trendlines system for entering your vaccine information. That system can make it very easy for you to identify your resident and staff and resident vaccination rates and therefore, you will be able to determine where you are in terms of allowing visits for all residents. Um, we get the question sometimes is it the vaccination rate of today or the vaccination rate of yesterday. Ideally, you would use the most recent data available, but there is no specific timeline. Use caution. Understand your vaccination rates as frequently as you can, and then base your visitation for unvaccinated residents upon that. If you come in at 69.2%, let visitation occur. 68%, that visitation occur. When you start getting a little bit lower below 70%, we are concerned but when you're

hovering around 70%, it is fine. Of course, when we talk about indoor visitation, we are really talking about structuring it so that all of the core principles can be in here, too. So, we will come back to that in our Q&A. The other areas of indoor visitation that we talk about is where visitation should be restricted if someone is on quarantine. I think we really want to highlight that the CDC has recently revised their guidance on quarantine of residents in nursing homes both for existing residents and also new admissions. For new admissions, the CDC is recommending if a new admission is fully vaccinated and has not been exposed to anyone with COVID-19, that new admission does not need to be quarantined. If they are unvaccinated, then yes they do. No exposure, they do not need to be quarantined. Their guidance also goes on to speak about anyone who becomes exposed to someone with COVID-19, and they would need to be quarantined. But, it really does clarify the situation, and it is only those individuals that meet that criteria that should have visitation limited. It is except for compassionate care and of course, anyone with COVID-19 should also have the visitation restricted. I'm going to turn to the outbreak setting right now. The first thing to remember is we talk about outbreak, we are talking about when and onset of a new case happens at a facility. We are not talking about situations where the facility is aware that they are admitting a new resident with COVID-19. We are talking about the onset of a new case of COVID-19 at a facility that did not previously have COVID-19. The first thing to do is to do outbreak testing. You should all be doing this. You should all know it. But, it is very, very important that outbreak testing be done. If you think about it, we have all known for quite some time. It has been reported that up to 50% of transmission of Covid comes from asymptomatic individuals. When you couple that with the fact that someone who is vaccinated may still be able to transmit the disease, we may see more asymptomatic transmission than before. That is why testing is so important now just as it has ever been, maybe even more so. It is very important that all facilities immediately begin outbreak testing. Once you do that, you do not need to wait two weeks to resume visitation. What we are trying to get at is that if we can determine that the outbreak is limited to an area or a unit of the facility, then visitation can occur in the other areas or units. What is an area, it depends on your building. CMS, we can't define guidance that speaks to every single type of scenario nor can we define guidance that speaks to the every type of structure and infrastructure facility had. If you can determine that that is what we are trying to get at. We want to make sure that the cases are contained. Another question we get a lot and we see is do visitors need to be tested or vaccinated. The answer is clearly no. The guidance has been written to allow visitation to be conducted safely, and visitors do not need to be tested to answer everyone should be screened. This is where visitors do not need to be vaccinated nor tested for compassionate care visits, we have talked about this a lot on many different calls per we have had guidance on compassionate care visits on so many of our documents. Compassionate care is something that we cannot define all of the time. Is it the end of life? It could be.

Could it be for a new and history that is struggling? >> Compassionate care visits should be allowed at all times. There is no restriction on confidential care visits.

We really want everyone to work to identify what a compassionate care visit is where every single resident. We had to issue guidance around parents' visitation cannot be restricted if there is not a reasonable safety clause. There is, it is subject to violation

We want to make sure we tie this to the section above. Moving forward, some of the other questions we receive are about healthcare workers. Can the resident go to the beauty shop that is downstairs? The answer is yes. There really has not been any changes

All of these services can still be provided today adhering to the core principles and control. Another question would receive a lot is about a term called an essential caregiver. These are individuals that some facilities and they come in and provide extra services that perhaps may be a typical visit, may or may not. We just need to be clear that under

One example would be when you are scheduling visits for family members to come in, maybe don't just schedule a visit based on. Have a distance from this first answer is yes, you can.

You should keep your distance. Does that mean

you should be sitting at a separate table? No. Maybe you need to push yourself back from the same table so, absolutely. We want people to be able to dine together, but we need to do it carefully. So, again, no major changes in that section of the memo so dining activities can occur, but do it safely with everyone adhering to the core principles. I'm going to turn it back over to Jean for the next section

The one thing I wanted to highlight that is not in the guideline physics dreamily import you can see the knowledge of the vaccination rate and a facility is extremely important, therefore, we strongly encourage nursing homes to weakly submit COVID-19 vaccine information to the CDC's NHS and vaccine recording module. They set it up in HSE to collect vaccination among nursing home residents and staff on a weekly basis. This will become a primary source of information as we see that the partnership begins to sunset. So, I highlighted that last week and just wanted to put that reminder out there this week. So now, I am really pleased to turn back to will again. The nursing home administrator is going to tell us how he is putting all of this guidance into action.

Thank you for the opportunity to share our expenses -- experiences that we have here at the Heritage Center. It starts with us with staff education, family communication, and resident medication. The nice is -- the nice thing is throughout this pandemic as we developed some great infrastructure especially around family communication. I think one positive thing that has come from all of this is I really feel a lot closer to our families than ever before so staying close with them and updating them with guidance as it comes out it wasn't hard to begin to implement our indoor visitation because again they know what to expect we implemented indoor visitation to align with the Maryland and began and what that looked like as we have

kind of taken some of our infrastructure from the scheduling. We had some considerations go. How are we going to dictate. Of course it is to safely and kind of eat. We don't have a lot of private rooms. We have some triples and a lot of semiprivate room. Enrollment visitation was not ideal. In certain circumstances, it was unavoidable, but we agreed as a team to set up a designated visitation areas where we knew we could clean the area

Prior to the visit, and they would have privacy and then the area could be properly cleaned after the visit, so we designated certain areas in the building for indoor visitation purposes. The biggest hurdle was the scheduling of the visitation. With that, I think Sherry it looks great about not forcing a visit in a certain block of time but being sensitive enough but also still having some type of structure where you don't have everyone just trying to visit at the same time. This was with discussion with residents and families. . Evenings will be important for families as people are going back to work as well as weekends, so we had to have some type of plan to schedule and facilitate visits another thing we had to consider was screening visitors, and offering tests not making -- mandatory because we have the capabilities, we wanted to offer tests.

Where are visitors going to in the building?

Just reminding the core principles, because you know they have not seen their loved ones for a long time. Better and you play overstay and that is the importance of following those core principles. Um, , some other considerations would have had to consider is we have had to reiterate with our families the importance on we asked him to come 15 minutes early to get through the screening process. It gives time for us to get those results prior to the start of the visit. We ask them to come to use the smart people that show up and they just want the, you have to have a way to try to be able to facilitate those visits. So, getting feedback from families, we haven't had to turn anyone away from a visit that they wanted during the time that they wanted it. I think we just need to be sensitive to that. Maryland, we can set them up. You can't infect the area and set it up for another visit. Just be prepared for pop up visits and don't be so rigid with implementing your plan that you lose focus of what is most important.

The families, Linda we were implementing the indoor visitation, they come in with the response from the residence, and it just feels like you're walking into a new center that breathe new life into the environment staff, residents, and families. So, I do encourage anyone dragging their feet on implementing it, it really should not be something to be afraid of. If you look at some of your processes, a lot of the infrastructure is probably already there for things you have been doing throughout this year. I would be happy to answer any more detailed questions if there are any.

Great, thank you so much for sharing. I mean, I think you gave us a lot of gems. The first thing you did was address staff concerns. We have been doing this for one year and now we are doing something different so highlighting that and then structural challenges have always been a concern, but you have managed to go around that as well and then involving your entire team and a recreational staff to try and release some of the challenges the staff may be feeling. I noticed in the Q&A's that there were questions around room visitation and cleaning

and all of that. So, I think what we will do is going to the Q&A session start with some of the questions being answered in the chat as you send them in. We are going to try to tackle some of the questions from the last meeting and you can send those in for the CDC. CMS or whoever. Let's see. If I turn this to Holly, are you going to take us away?

Yes, I am, thank you. Can you all hear me?

Yes.

Our team in the division of nursing homes receives questions

In Road NH triage box all of the time regarding our visitation, so if one of your questions is not answered today, please feel free to send your question along to that mailbox. My team member is going to type that out into the Q&A now so that you have that but the address is - are subject experts will be happy to answer them. We took the questions we received thus far and we have compiled them together. We have actually put together the questions we have received the most. Um, the first question that we received was nursing home administrators and leaders want to know what is at all times in the visitation guidance mean? Does that mean 24 hours a day 7 days a week visitation must occur with resident in the facility?

Yeah, Pyrex -- it has really been long-standing in all of our regulations. We don't expect facilities and we don't force people to visit at 11 a.m. or two in the morning. We expect facilities to be reasonable. If a family member needs to come in an hour later in the day or early in the morning, there really should be no restriction on that unless again, there is a reasonable health and safety risk, so we stated because there is no regulatory restriction of visitation hours, we are not stating go ahead and start inviting people to come in at two in the morning. We are aware that visitation should be allowed at all times unless there is a clinical health and safety call.

Thanks.

I think will gave some examples of how when he referenced pop up visits. Obviously they had a really great plan and his facility, and they have implemented that plan and instituted the ability to provide visitation for all residents when certain circumstances,, so thank you, Evan, for that. Um, the next question we have received, we are receiving multiple questions through our triage box asking if Trent Aiken approved facilities specific plans. We heard will give his specific plans for his facility and folks are wanting to know exact details about how many hours a week should be allowed visitation on what days per Evan, can you talk a little bit more about that?

Sure. I think this sounds like this is another great example of what Will was describing with how to enable visitation. Every facility should put together a plan, and as I stated earlier, CMS can't comment on any specific plan, because just like we can't write guidance that is specific to

every type of facility, every layout of a facility or infrastructure. We are looking for in frustration not be restricted and be unreasonable. Something unreasonable

could be a facility just says no matter what, we are just going to allow 15 minute visits between these hours of the day no matter what. That in general, that would be over restriction of visitation. Facilities should look at the structure, look at their residence, and enable visits that allow the maximum amount of visitation to occur while being able to adhere to them infection prevention and control and that is really how facilities should go about their plans for enabling visitation.

Thanks, Evan. The next question that we are receiving a lot is around supervision. Do the nursing home staff need to supervise these visits?

No, they do not. Remember, these are the residence homes. You don't have supervision when someone comes to your house. The same thing here. Supervision should be broad at a high level, general in nature. You are looking to see in general are they adhering to the core rules.

Okay, I think this next one is a really important one. We have seen this a lot. We hear about residents who are unable to adhere to some of the core principles like wearing a mask for example, maybe we have a resident with cognitive impairment that is unable to keep the mask on while visiting their loved one Um, do those residents have their visitation restricted excuse me because of that?

No, they should not have their visitation restricted. One of the things we have learned about throughout this pandemic is that there is no one single practice that prevents the spread of COVID-19. It is a conglomerate of different factors.

It is mask wearing but it is also social distancing, so there are a lot of things that go into this prevent of the spread of COVID-19. Residents that cannot tolerate a mask due to their own health status can still have visitors. Just focus just as much as you can on the other factors.

All right. I think I saw this question in the Q&A, so this is also another one that we are receiving a lot from facilities. Our residents allowed to leave the facility for nonmedical appointments so can they go out? I think someone in the chat asked and they go out for ice cream or a drive with their loved one? What would you say to that, Evan?

Sure. Absolutely, they can go out. Now, it is still risky and not something that we would generally recommend, but residents can go out. Going back to what I mentioned earlier about CDC's revised guidance for quarantine, if the resident who has been out has been exposed to someone with COVID-19, then they meet the criteria for Martin, they should be placed in quarantine but the mere fact that they left the facility doesn't automatically mean they need to be placed in quarantine, so we refer people to that new CDC guidance that describes when someone should be put in quarantine and when not, we are going to continue to look at this to see if we can provide more guidance.

Okay. Um, we have reached the end of our most frequently asked questions. I don't know Evan, if you would like to add anything else or if anyone else on the panel, if there is anything that you feel that the provider community would benefit from hearing today, please share at this time.

Well, I will close with two things. The first thing to remember is that everyone has a role in this. Facilities have a role to adhere to the core principles and enable as much visitation as possible based on our guidance. Only members and visitors have a role as well to make sure that they are adhering to the core principles of infection and not trying to bring in 10 people at the same time and to be courteous. Your loved one may have a roommate that may also need visitation. That is inside of the facility. Also remember, we have a role outside of the fifth leading. Make sure that we are not taking unnecessary risks that could make us susceptible to contracting COVID-19 and then bringing it into the facility so all of us have a role in this. The second thing I mentioned is that we are not done. As we have seen throughout the pandemic, CMS has issued multiple sets of guidance and visitation and FAQs. We are going to continue to be safe. I don't know if anyone else has anything to add from the panel. I think Jean may have had to leave.

Evan, I would just add I see in the questions, I think someone asked her visitation guidance needing to be implemented now?

Yes. The answer is yes. Again. This is our guidance that demonstrates what we believe are reasonable health and safety. Where we are with Um, nine right there visits should not be restricted more than what we have outlined in the memo there could be some situations that are a little bit different. One example is let's say the hospital next to the facility. If it is at capacity that is a unique situation that is for reasonable health and safety, but all facilities should be adhering to this guidance right now. We know it is not as simple as flipping a switch. You have to change some of your documents potentially, but that is it. >> I think we have had other questions I see in residence touch or hug the visitor? And, we do talk in the memo yes, they can, of course. The safest way to prevent COVID transmission is by remaining socially or physically distant, but we do state in the memo if a fully vaccinated resident would like to have close contact, we should keep it limited for as short as possible but there is no substitute for personal touch and the hug of a loved one, so we do have some guidance allowing for physical contact in the memo.

It does appear that we may have a few CDC related questions. I'm not sure if our CDC partners are still on the line. Um, I do see a question here about county positivity rates in the questions as if the county positivity rate is in the yellow based on CMS data, are we at a

point where I protection one by staff can be discontinued in non-escalation or non-quarantine areas? Is there anyone on the line that can speak to that?

[Silence]

Hey, sorry, I am getting organized here. I think you are referring to our recommendation of using universal eye protection for folks that have moderate transmission. So this time we are recommending universal PP which is a facemask and I protection. As Evan said, CDC is kind of following this and it plans to roll that slowly but surely as we learn more about the vaccine. There are still some limitations and questions about the vaccine that we are still trying to get sorted out. The long-winded answer to your question is yes, please continue to follow that guidance.

Thank you. Excellent. It looks like we have a little bit more time for questions. Evan, is that okay? I will just keep going through here.

I could pick one off that asks what if the outbreak starts with a staff member in the testing reveals additional cases and staff are no cases in residence. >> We are really focused on where the cases are in the facility. It doesn't really matter if there is staff are residence.

If the cases among staff are through a health facility from staff a BRC with COVID, then we do recommend pausing visitation at that time

Once the facility has met the criteria are distinct can the -- continuing outbreaks testing. We are focusing on the location of the COVID cases regardless if they are a resident or staff member. On that note, I think we have also received some questions about what if it is a therapist who tests positive or someone who doesn't work on a specific unit and they test positive, what do we do then? And really, it is the same formula, do outbreak testing. If through that outbreak testing the no other cases are identified, other than the person or therapist with the social worker that tested positive, distant continue to occur in all of the other areas of the facility is outbreak testing reveals there are multiple cases in other areas of the facility, then we would suggest that you pause visitation and conduct outbreak testing and resume visitation once the outbreak testing is done.

Thanks, Evan. I see one that says statement here. I thought it would be good for us to speak to it. I see in an individual type they have a trach unit and those need to be supervised by respiratory therapy, and so they cannot allow a prolonged period of time because of the level of staff supervision. I think you know, by us having Will on the call today, sort of demonstrates what we are expecting to see, that the facility has come up with a reasonable plan that is appropriate and visitation can be conducted safely for the residence. I think if the facility has a well-thought-out plan they have taken that through their committee and they have limited that plan, you know, I think that is reasonable. Evan, do you have any more comments related to that?

No, I don't. I think it depends on the situation. I think we maybe want to take this question back on a future call again, if you have additional questions like those specific questions I see that our team has typed the triage mailbox. You can feel to send those into that address moving forward or attend our future calls.

Just adhere to the rules and make sure they are screened and don't have them wandering around the facility to the extent that they can pick limit any contact with residents but even staff if possible yes, contractors and providers and other services are allowed to enter the facility.

I see one question if I could answer that looks like it is directed to CDC, there is a question here that says CDC guidelines are much more pleasant than oceans for example a face shield, each time we enter a room on observation, I just wanted to clarify actually, that is not correct. Um, you know we are using PPE for an indication for which PPE is required, you are taking care of someone with COVID or suspected to have COVID, the expectation if you're not in a crisis or contingency strategy is you are changing your PPE for each resident. Again, back to the previous question, I think extended use is acceptable, and I would not want to speak for OSHA but I would anticipate it would also be acceptable for them if you're using that in a situation where you are using it as universal PPE so if you're in an area that has moderate to substantial transmission you are wearing a facemask and I protection. In that situation where you are not necessarily taking care of someone that has COVID-19, that situation is acceptable but again, if you are taking care of someone that is suspected to have COVID, you should be changing your PPE between each resident.

Thanks, Alex.

Is the question here? Is there any possibility for a visit to occur from both residents and parties?

Um, in general, the answer is yes. I think we would prefer and recommend visits do not occur in a shared room, but if the facility is not structured in a way that visits can occur in different areas of the building, then a visit can occur in a shared room. Ideally, the roommate would not be in the room at the same time, but while adhering to the infectious prevention and control, the visit can occur in the room. You have to take other options such as maybe limit the number of visitors to 2 or 1, so again, it is not a black or white situation. It can happen. You just have to be careful about it occurs.

I just wanted to make sure I take the opportunity to thank you all for allowing us to join you on the call today but also just to share that we do have an additional update to our infection prevention and control guidance for nursing homes that will be being released within the next couple of days. This is guidance that we have provided throughout the duration of this pandemic and is different from a lot of the guidance that we are discussing today that relates to vaccination and visitation. But, I wanted to make sure that we share with

you that will be coming out. A lot of that guidance is similar to what has previously been provided and is updated so that it does incorporate some of the variety of guidance updates that CDC has made over the last couple of months. Um, additionally, we will provide some information on quarantine specifically on admissions as well as on when residents are leaving the facility. So, thank you.

So, I know that we are 2 minutes out. I just want to check in with our panelists and ask are there any less burning things that you all would like to say before we close out.

Ashley, I just want to thank the provider community for everything they do. I am an administrator myself, so this hits close to home for me but I know that has been a tough year and we sincerely appreciate everything that you do, and thank you for your continued commitment of our nation's beneficiaries.

Thank you for that, Holly. I completely agree. Thank you to our panelists and thank you Will, for taking time out. I hope we did not keep you too long today. So, thank you all for joining us and as always, we continue to post recordings from these calls on the CMS podcasts and transcripts page, I dropped the link in the chat box, but we will also send the link out via listserv and or social media so be out looking for that. Thank you all for joining us and we will see you next time. Have a good day. >>

[Event Concluded]