

Guidance on Hospital to Skilled Nursing Facilities Admissions and Readmissions

This guidance is consistent with the recommendations of the Centers for Disease Control (CDC) and was completed with use of Indiana State Department for Health and Kentucky Health Care Association guidance documents. This guidance is subject to change based on new information and guidance from the CDC.

The purpose of this document is to provide guidance regarding admitting and re-admitting a resident from a hospital to a Signature HealthCARE skilled nursing facility. Please note that this is a general guidance document that needs to be applied to the local context. If your facility has different circumstances, for example, specific state mandates, please discuss with your State Operations President on how the principles on the grid apply.

Also note that residents may have other communicable illnesses (e.g. MRSA, CRE etc.). Presence of other illnesses or Multi Drug Resistant Organisms (MDROs) may change the guidance provided below. Please make sure to discuss these issues with your State Clinical leaders before accepting these admission/readmissions.

Always consult with your State Network teams for guidance.

Category 1	Category 2	Category 3	Category 4	Category 5
No COVID Concern Has not been tested *A Diagnosis of Pneumonia is a respiratory illness and requires further evaluation to rule out COVID-19*	Investigated for possible COVID with a <u>NEGATIVE TEST</u>	Under investigation for COVID-19, but test <u>PENDING</u> *refer to state requirements on test results prior to admission to Nursing Home	Patient was <u>POSITIVE</u> (less than 90 days ago), for COVID-19, recovered via symptom-based requirements and <u>has been removed from isolation precautions while in hospital</u>	Patients <u>Positive for COVID-19 and isolation precautions are still needed</u>
<ul style="list-style-type: none"> Accept patient Place in single room (if available) or cohort per CDC guidelines. Droplet precautions for 14 days. At day 14, the clinical team and physician will review to determine if further isolation needed. Cannot be documentation of temperature greater than 100.0 and administration of fever reducing medications or respiratory symptoms. 	<ul style="list-style-type: none"> Accept Patient Place in a single room (if possible or a like resident) Place in isolation: droplet precautions for 14 days. Resident cannot have documented temperature greater than 100.0 without fever reducing medications or other COVID-19 symptoms for 3 days prior to discontinuing isolation. 	<ul style="list-style-type: none"> May require results of test depending upon state requirements. If state requirements do not allow transfer without test result, there will be no transfer until test results received. If able to admit before results received, place in dedicated area (if possible) and in droplet isolation for 14 days. 	<ul style="list-style-type: none"> For positive diagnosed residents: 10 days have passed since symptom onset or 10 days passed since positive test date for asymptomatic residents. Residents are asymptomatic and afebrile for 24 hours without use of fever reducing medications. Place in single room, no isolation precautions required. 	<ul style="list-style-type: none"> If clinically stable - able to admit. May be transferred to a facility which has a unit, wing, building designated as a COVID-19. Single room if possible May cohort with other COVID-19 positive residents/patients Droplet Isolation precautions continued until meets criteria for discharge from COVID - 19 designated area

*A COVID-19 designated area in a SNF is defined as a section of the facility with the capability to cohort patients and have appropriate infection control measures in place such as capacity for isolation, PPE and appropriate staffing. Cohort meaning ability to have separated units, floors, wings or buildings. These areas should be clearly marked. Encouraged to have engineering controls to assist to reduce or eliminate exposure, including physical barriers or partitions.

This guidance is based on available, current CDC guidelines and may be used in conjunction with local, state and federal mandates applicable to the region.