

STATE OF NEW YORK

1783--A

Cal. No. 351

2021-2022 Regular Sessions

IN SENATE

January 15, 2021

Introduced by Sens. SKOUFIS, BIAGGI, HINCHEY, JACKSON, KRUEGER, MAY, PARKER, RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee, ordered to first and second report committed to the committee on Rules ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, in relation to directing the department of health to establish and implement an infection inspection audit and checklist on nursing homes

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The public health law is amended by adding a new section
2 2803-aa to read as follows:

3 § 2803-aa. Nursing home infection control competency audit. 1. The
4 commissioner shall establish in the department a program for audits of
5 nursing homes to measure specific core competencies relating to
6 infection control of each nursing home. The audits shall commence on
7 October 1, 2021, and shall be conducted annually thereafter.

8 2. (a) The audit shall utilize a checklist to evaluate infection
9 control competency of each nursing home.

10 (b) A nursing home meeting at least eighty-five percent of the crite-
11 ria on the checklist shall be scored as "proficient" in infection
12 control competency.

13 (c) If a nursing home meets between sixty percent and eighty-four
14 percent of the required criteria within the checklist, the nursing home
15 will be scored as "proficiency pending reinspection." Such nursing home
16 will be audited by the department at least once before the next annual
17 inspection.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (d) A nursing home that meets less than sixty percent of the criteria
2 within the checklist, or fails a proficiency pending reinspection, shall
3 be scored as "not proficient".

4 Facilities scored as "not proficient" shall continue to be audited at
5 monthly intervals until such facilities meet at least eighty-five
6 percent of the criteria within the checklist.

7 3. An audit of core competencies shall include, but not be limited to,
8 the following, and shall be consistent with applicable federal, state
9 and local guidelines and requirements:

10 (a) Infection control. (i) The nursing home shall assign an infection
11 lead staff person to implement infection control based on federal and
12 state public health advisories, guidelines and rules.

13 (ii) The nursing home shall have a written infection control program
14 which includes, but is not limited to:

15 (A) A plan to investigate, control and take action to prevent
16 infections in the nursing home;

17 (B) Procedures for isolation and universal precautions for residents
18 suspected or confirmed to have a contagious or infectious disease; and

19 (C) A record of incidences and corrective actions related to
20 infections at the nursing home.

21 (iii) During an officially declared national emergency, or state or
22 municipal emergency declared pursuant to article two-B of the executive
23 law, related to a contagious or infectious disease outbreak, the nursing
24 home shall have screening requirements for every individual entering the
25 facility, including staff, for symptoms associated with the infectious
26 disease outbreak.

27 (iv) The nursing home shall have a staffing plan to limit transmission
28 that shall include, but not be limited to:

29 (A) Dedicated, consistent staffing teams who directly interact with
30 residents that are confirmed or suspected to be infected with a conta-
31 gious or infectious disease; and

32 (B) Limiting clinical and other staff who have direct resident contact
33 to specific areas of the facility. There shall be no rotation of staff
34 between various areas of the facility during the period they are working
35 each day during periods of recognized outbreaks.

36 (v) The nursing home shall ensure ongoing access to the necessary
37 supplies for hand hygiene for staff and residents, hospital disinfec-
38 tants or alternatives to allow for necessary and appropriate cleaning
39 and disinfecting of surfaces and shared resident care equipment.

40 (vi) The nursing home shall train staff and establish protocols for
41 selecting, donning and doffing appropriate personal protective equipment
42 and demonstrate competency during resident care. The nursing home must
43 keep a record of staff training in proper storage, use, reuse, and
44 disposal of personal protective equipment.

45 (vii) The nursing home must designate a staff member for every shift
46 who is responsible for ensuring the proper use of personal protective
47 equipment by all staff.

48 (b) The nursing home shall demonstrate that there has been advanced
49 planning, in alignment with the facility's emergency preparedness plans
50 and pandemic emergency plan, for contingent staffing needs in the case
51 of staff quarantines that shall have an employee responsible for
52 conducting a daily assessment of staffing status and needs during an
53 outbreak of infectious or contagious diseases, and institute a sick-
54 leave policy that does not punish staff with disciplinary action if they
55 are absent from work because they are exhibiting symptoms, or test posi-

1 tive, for an infectious disease. Such policies shall offer the maximum
2 amount of flexibility to staff and be consistent with state guidance.

3 (c) The nursing home shall have a written plan for daily communi-
4 cations with staff, residents, and the residents' families regarding the
5 status of infections at the nursing home. Such plan shall be consistent
6 with the requirements set forth in paragraph (a) of subdivision twelve
7 of section twenty-eight hundred three of this article. The nursing home
8 must designate one or more staff members who are responsible for these
9 communications with staff, residents and residents' families.

10 § 2. This act shall take effect ninety days after it shall have become
11 a law.