Pikes Peak Ethics Committee Meeting

- First Friday of every month at noon.
- Please consider bringing a case to the meeting. It’s a great opportunity to discuss difficult cases with your peers in LTC, share experiences, and learn from each other.
- Email me if you would like to be added to our email list to receive the agenda and reminders about the meeting.
- https://zoom.us/j/97461641616?pwd=YPpJU1ZHMG3bTChSVxAcD9gb39qVaY.1

Office of Inspector General Exclusions List

Exclusions Program | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services

OIG has the authority to exclude individuals and entities from Federally funded health care programs.

Any person on the LEIE (List of Excluded Individuals/Entities) should be excluded from employment or contractual relationship if you accept Federal healthcare dollars. Failure to do so can lead to civil monitor penalties ($500,000 or more).

Check this list when hiring employees, contractors, professional services, healthcare providers, or any other organization that is going to provide services in the building.

Search the Exclusions Database | Office of Inspector General

Ryan’s Law – Medical Marijuana Use in Health Facilities – SB26-007

Medical Marijuana Use in Health Facilities

Senate Bill 26-007 — Senate Bill 26-007 — download

Bill Summary:

> *The act permits a health facility to allow patients who are terminally ill and who are registered in the state's medical marijuana program to use medical marijuana within the health facility, subject to certain parameters. The act requires a health facility that allows such use to document the patient's medical marijuana program registration and medical marijuana usage in the patient's medical records and develop guidelines for and impose restrictions on the possession, usage, storage, and administration of medical marijuana to ensure the safety of others, safe facility operations, and compliance with other laws. A health facility is not required to handle medical marijuana for a patient.*
>
> *The act prohibits the department of public health and environment (department) from requiring compliance with the act as a condition for a health facility to obtain or renew a license or certification that it is required to carry to operate as a health facility. Additionally, the act prohibits the department from requiring compliance if compliance would result in a violation of state law, a loss of federal funding, noncompliance with the federal medicare or medicaid programs, or noncompliance with accreditation or licensing requirements. Lastly, the act allows a health facility to suspend compliance with the act's provisions in the event that, and only as long as, a listed federal entity takes an action that requires the health facility to suspend its compliance with the act.*

The CHCA acted to make sure there are provisions in this bill so that LTC is not required to permit the use if medical marijuana in our PALTC facilities.

(9) THE DEPARTMENT SHALL NOT REQUIRE A HEALTH FACILITY TO COMPLY WITH THIS SECTION IF SUCH COMPLIANCE WOULD RESULT IN:

(a) A VIOLATION OF STATE LAW;

(b) THE LOSS OF FEDERAL FUNDING TO THE STATE OR TO THE HEALTH FACILITY;

(c) NONCOMPLIANCE BY THE HEALTH FACILITY WITH CONDITIONS OF PARTICIPATION IN THE FEDERAL MEDICARE OR MEDICAID PROGRAMS; OR

(d) NONCOMPLIANCE BY THE HEALTH FACILITY WITH ANY ACCREDITATION OR LICENSING REQUIREMENTS.

(10) THIS SECTION DOES NOT REQUIRE A HEALTH FACILITY TO PERMIT THE POSSESSION, USE, ADMINISTRATION, OR STORAGE OF MEDICAL MARIJUANA ON THE PREMISES OF THE HEALTH FACILITY.

Influenza and COVID Vaccinations

RESIDENTS: I would plan to vaccinate RESIDENTS for influenza in mid-November or early December. If there is an outbreak in the community, we might want to start earlier.

COVID vaccinations can also be done now or wait until you perform Influenza vaccinations. REMEMBER – Those over 65 y/o who are considered immunocompromised should be offered a second dose about 3-6 months after the first dose. Many of our residents might be considered immunocompromised. I think it is best to offer the second vaccination. Titers from COVID vaccination begin to decay at about 6 months. Antibody responses to SARS-CoV-2 vaccine in nursing home residents support a Bi-annual update schedule – PubMed

EMPLOYEES: Vaccinations for inlfuenza can start now.

COLORADO
Disease Control and Public Health Response
Department of Public Health & Environment

Select a category below to view more information.

- Hospitalizations
- Syndromic surveillance
- Sentinel lab positivity
- Outbreaks
- Deaths
- Emerging Infections Program
- Multisystem inflammatory syndrome
- Wastewater
- Vaccine data

Viral respiratory diseases data

Colorado monitors statewide influenza, COVID-19, and respiratory syncytial virus activity throughout the year. For influenza and RSV, Colorado conducts additional enhanced monitoring for all three pathogens each viral respiratory season between October and May.

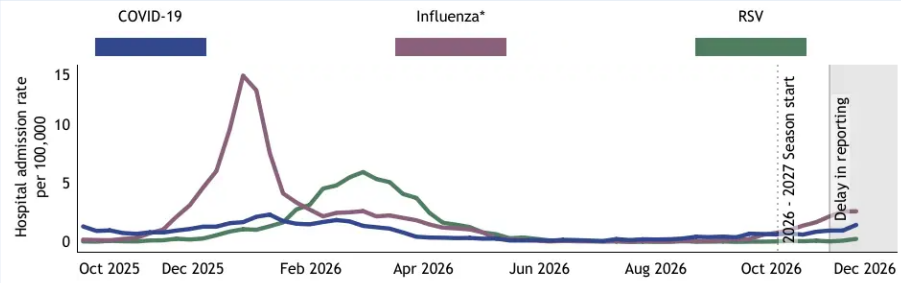
This week's overview

Overall respiratory illness activity in Colorado is Low

For more information, CDC's respiratory illness data channel

Hospital admission rates | Syndromic data

Colorado COVID-19, influenza, and RSV hospital admission rates by week of admission



Key metric changes this week compared to last week

Pathogen	ED visits diagnosed	Weekly sentinel positivity rate
COVID-19	0.60% (▲0.17)	4.37% (▼0.65)
Influenza*	1.76% (▲0.4)	10.40% (▲1.3)
RSV	0.03% (▲0.02)	0.67% (▲0.25)

*A,H1N1 is the predominant circulating virus.

Wastewater surveillance data

SARS-CoV-2	Influenza	RSV
Increasing SARS-CoV-2 trends in 19 out of 22 monitored utilities.	Influenza detected in 10 out of 22 monitored utilities.	Respiratory syncytial virus (RSV) detected in 0 out of 22 monitored utilities.

Link to prevention guidance

Illness data is updated weekly at about 4 p.m. on Wednesdays and includes cases reported through the previous week. Wastewater data is updated on Wednesdays and Fridays. All data, for dates past and present, is recalculated weekly.

Last update: 11/20/2026

View on Tableau Public | Share

Choosing Wisely

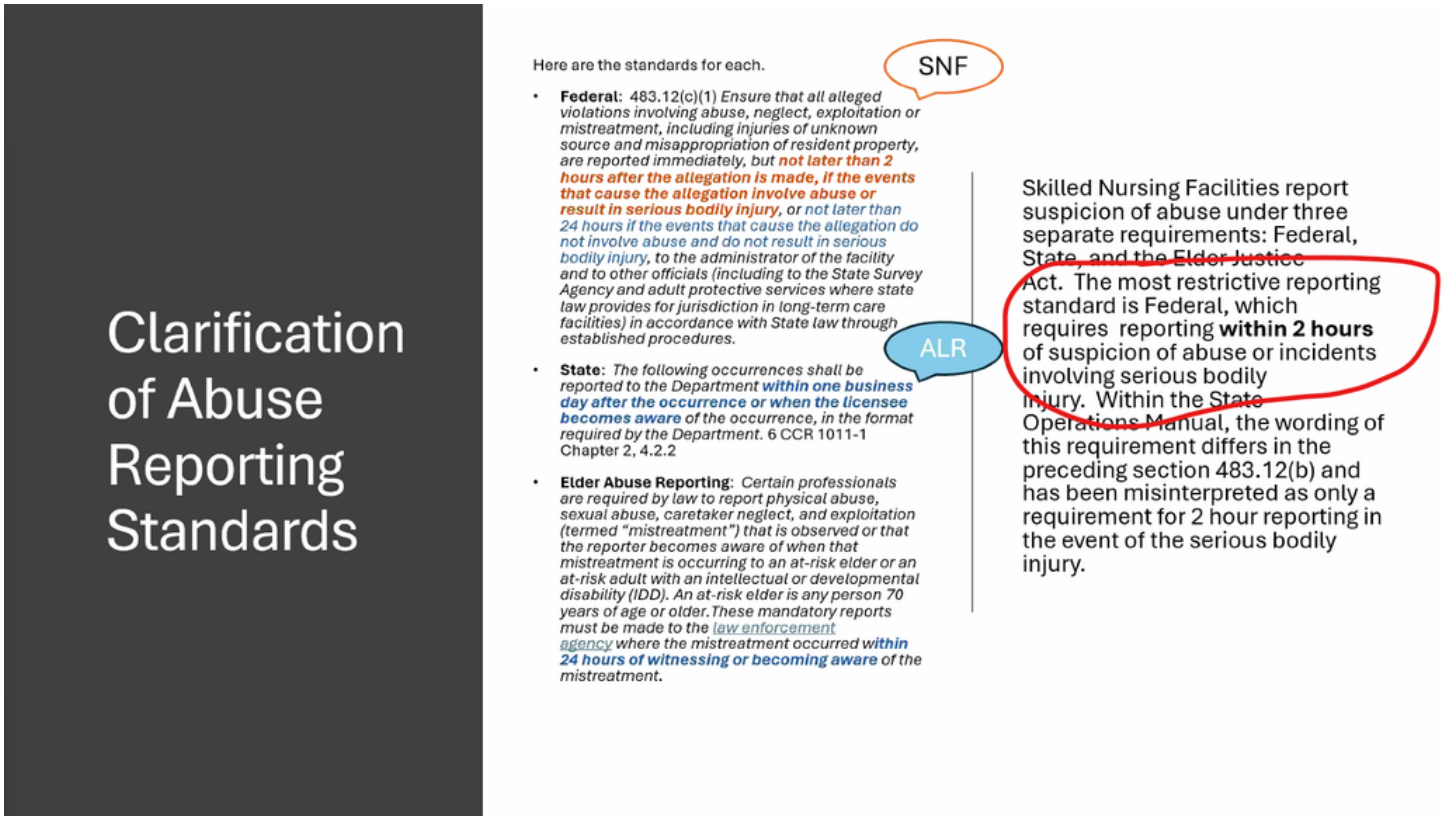
Please disseminate these information sheets widely to anyone involved in the clinical care of patients in Long Term Care. You might even post these is places where nurses and other clinicians can see them.

PALTmed Choosing WiselyDownload

AGS_10things_List_FINAL-5cDownload

Clarification of Abuse Reporting

Abuse/injury needs to be reported within 2 hours when there is an allegation.



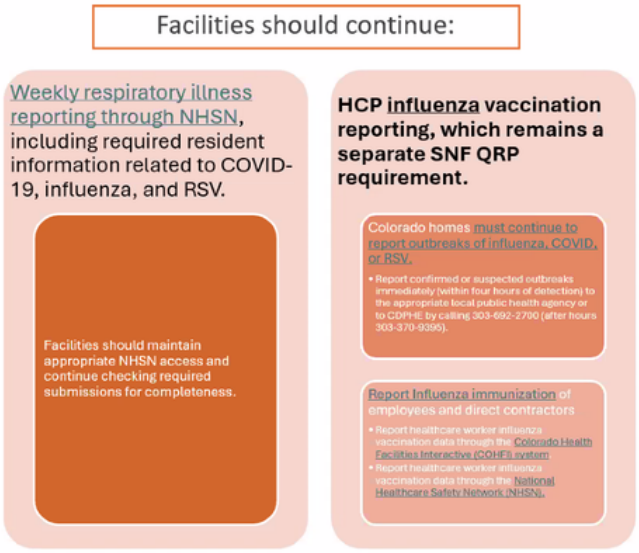
Still required to offer vaccination to healthcare employees and resident and NHSN reporting

Obligated to provide education on vaccines

Removal of COVID vax for HCP Quality Measure

- Nursing homes are no longer required to report calendar year (CY) 2026 Health Care Personnel COVID-19 Vaccination measure data **for the FY 2028 payment determination**.
- SNFs that do not report this data will no longer be penalized through the FY 2028 annual payment update under the SNF QRP. CMS has also updated their SNF QRP Data Collection and Final Submission Deadlines for FY2028 SNF QRP document to reflect this change.

Other NHSN Reporting Still Required.



How do we know SNFs will still vaccinate?

We will retain an ongoing mechanism that will support COVID vaccination. F887 was added to the surveyor guidance in recent updates and includes requirements to report to NHSN for resident and healthcare employee COVID vaccination, in addition to mandated education and offering of vaccination to both populations.

- Here is the pertinent excerpt for your reference.

F887
(Rev.)

§483.80 Infection control
§483.80(d)(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following:

(i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized;

(ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine;

(iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;