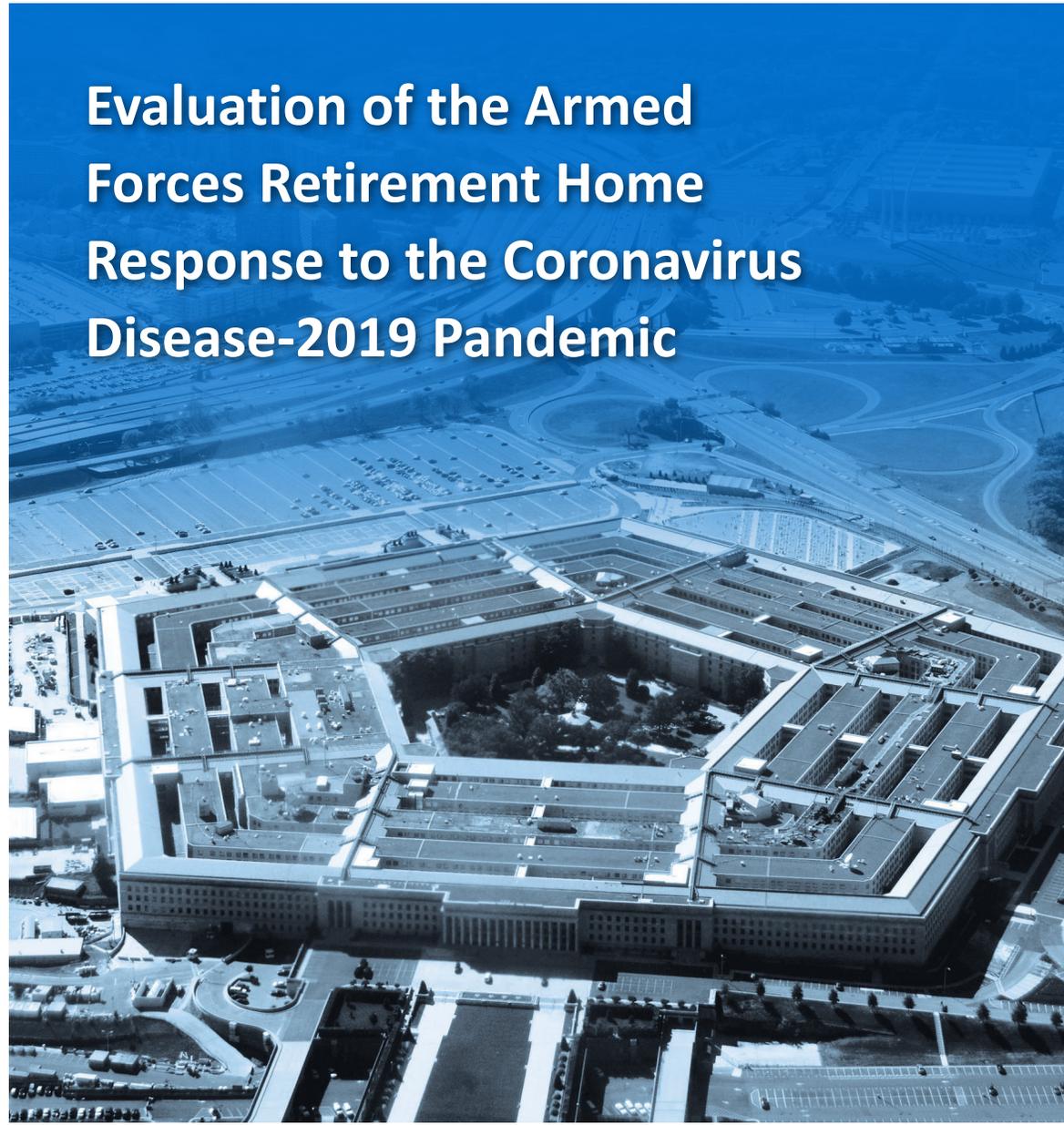




INSPECTOR GENERAL

U.S. Department of Defense

FEBRUARY 12, 2021



Evaluation of the Armed Forces Retirement Home Response to the Coronavirus Disease-2019 Pandemic

INTEGRITY ★ INDEPENDENCE ★ EXCELLENCE





**INSPECTOR GENERAL
DEPARTMENT OF DEFENSE**
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February 12, 2021

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER, DEPARTMENT
OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)
DIRECTOR, DEFENSE HEALTH AGENCY
CHIEF EXECUTIVE OFFICER, ARMED FORCES
RETIREMENT HOME

SUBJECT: Evaluation of the Armed Forces Retirement Home Response to the Coronavirus
Disease-2019 Pandemic (Report No. DODIG-2021-055)

This final report provides the results of the DoD Office of the Inspector General's evaluation. We considered management actions taken in response to a discussion draft report when preparing the final report. Management actions taken addressed the recommendations in this report, and we consider the recommendations closed.

We appreciate the cooperation and assistance received during the evaluation. If you have any questions please contact [REDACTED]

A handwritten signature in black ink, appearing to read "M. J. Roark", is positioned above the printed name.

Michael J. Roark
Deputy Inspector General
for Evaluations

Objective

The objective of this evaluation was to determine whether the Armed Forces Retirement Home (AFRH) officials protected residents, staff, and healthcare personnel from coronavirus disease-2019 (COVID-19) exposure, in accordance with Federal health and safety guidance.

Background

COVID-19 is an infectious disease that can cause a wide spectrum of symptoms.

On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic, and on March 13, 2020, the President declared the COVID-19 pandemic a national emergency.¹ Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) enacted on March 27, 2020, the U.S. Department of Defense (DoD) received \$10.5 billion to prevent, prepare for, and respond to COVID-19, domestically and internationally.

The Armed Forces Retirement Home Provides Residences and Related Services to Retired and Former Members of the Armed Forces

According to 24 U.S.C. § 411, the purpose of the AFRH is to provide residences and related services to retired and former members of the Armed Forces.² The AFRH is the only continuing care retirement community operated by the Federal Government. Additionally, 24 U.S.C. § 411 designates the AFRH as an independent establishment in the executive branch, with locations in Gulfport, Mississippi (AFRH-G) and Washington, D.C. (AFRH-W). The AFRH also has a corporate headquarters (AFRH-HQ) that is co-located with the AFRH-W facilities.

The administration of AFRH is under the control of the Secretary of Defense. The DoD Chief Management Office delegated to the AFRH Chief Executive Officer (CEO) the responsibilities of controlling and administering AFRH.³ The AFRH CEO's primary focus is on conducting strategic planning, identifying new revenue streams to support AFRH in the future, and building the morale and welfare of residents and staff. The AFRH CEO exercises authority, direction, and control over the AFRH Chief Operating Officer (COO). The AFRH COO serves as the head of AFRH and is responsible for its overall direction, operations, and management. Additionally, the AFRH CEO appoints an Administrator for each AFRH facility. These Administrators are responsible for the day-to-day operations of their respective AFRH facility.

¹ A pandemic is a global outbreak of a disease that occurs when a new virus emerges to infect people and can spread between people sustainably.

² Section 411, title 24, United States Code (24 U.S.C. § 411 [2012]), "Armed Forces Retirement Home." At least half of the member's service time must not have been active commissioned service (other than as a warrant officer or limited duty officer).

³ The AFRH CEO reports to the Washington Headquarter Services Director, who as of January 11, 2021, reports to the Director of Administration and Management. On January 11, 2021, the Deputy Secretary of Defense appointed the Washington Headquarters Services Director as the Interim Director of Administration and Management.

According to the AFRH Performance and Accountability Report for FY 2019, the AFRH provides the following five levels of care to meet the changing needs of retired and former service members of the Armed Forces as their physical and health needs change.⁴

- **Independent Living:** Residents live independently and perform all activities of daily living without assistance.
- **Independent Living Plus:** Residents continue to live independently while receiving limited assistance with the activities of daily living, such as medication administration, hygiene, and housekeeping.
- **Assisted Living:** Residents receive regular assistance with the activities of daily living and 24-hour-per-day nursing coverage.
- **Memory Support:** Residents with cognitive deficiencies who are unable to perform the activities of daily living and need a supervised environment to keep them safe receive 24-hour-per-day nursing coverage.
- **Long-Term Care:** Residents receive total support care for the activities of daily living due to chronic illnesses or disabilities as well as 24-hour-per-day nursing coverage.

COVID-19 and the Armed Forces Retirement Home

Between March 15 and August 31, 2020, AFRH-G and AFRH-W officials reported to the Washington Headquarters Services (WHS) that 40 residents, employees, and contractors at the AFRH facilities tested positive for COVID-19.⁵ Table 1 identifies the number of residents, employees, and contractors at the AFRH-G and AFRH-W facilities who tested positive for COVID-19 between March 15 and August 31, 2020.⁶

Table 1. Total AFRH Positive COVID-19 Individuals Between March 15 and August 31, 2020

Population	COVID-19 Positive Individuals	Population Size	COVID-19 Positive Percent
AFRH-G Residents	10	434	2.30
AFRH-G Employees	16	120	13.33
AFRH-G Contractors	6	157	3.82
AFRH-W Residents	0	259	N/A
AFRH-W Employees	2	200	1.00
AFRH-W Contractors	6	116	5.17
Total	40	1286	3.11

Source: The DoD OIG, based on data supplied by AFRH.

⁴ Armed Forces Retirement Home, "Performance and Accountability Report for Fiscal Year 2019."

⁵ AFRH officials stated that the test for COVID-19 occurs between Monday and Thursday each week and that they receive the testing results within 48 hours. We reviewed AFRH's summary report of COVID-19 tests for the period between March 15 and August 31, 2020. AFRH officials reported the total number of positive cases from testing that included individuals who tested positive multiple times over the reporting period and individuals who had false positive results. We determined the number of individuals from both facilities who had COVID-19. The 40 total individuals does not include individuals who tested positive multiple times or who had false positive tests.

⁶ AFRH-G officials reported that its contractors provide services such as landscaping, housekeeping, food services, and nursing. The term employees refers to AFRH staff and healthcare professionals employed at AFRH-G and AFRH-W facilities.

The AFRH Chief Medical Officer explained that some of the employees that AFRH-G officials reported as COVID-19 positive did not pose a risk of COVID-19 exposure to residents or other healthcare personnel because those employees had not entered the AFRH-G facility. For example, two new hire employees tested positive for COVID-19 before their first day of work at AFRH-G. AFRH-G officials did not allow these two employees into the facility until they tested negative. We discuss on page 23 of this report how AFRH officials used COVID-19 testing to respond to a COVID-19 outbreak in the AFRH-G facility.⁷

The Armed Force Retirement Home Received Coronavirus Aid, Relief, and Economic Security Act Funds to Respond to COVID-19

On March 27, 2020, the CARES Act became Public Law and included funding for AFRH. Specifically, the CARES Act provided AFRH with \$2.8 million, to remain available until September 30, 2021, to prevent, prepare for, and respond to COVID-19. The CARES Act requires the AFRH CEO to submit a monthly report to Congress detailing obligations, expenditures, and planned activities related to CARES Act funding. From June through August 2020, the AFRH reported CARES Act obligations and expenditures in categories of expenses, such as supplies, equipment, and transportation.⁸ Table 2 identifies AFRH’s CARES Act obligations and expenditures, as of August 31, 2020.

Table 2. AFRH CARES Act Obligations and Expenditures, as of August 31, 2020

AFRH CARES Act Funding	Obligations	Other Expenditures	Total Obligated/ Expended	Funds Available
\$2,800,000	\$469,998	\$298,926	\$768,924	\$2,031,075*

Source: The DoD OIG, based on data supplied by AFRH.

*Note: Totals do not add up due to rounding.

Centers for Disease Control and Prevention Recommendations for Nursing Homes for Responding to COVID-19

On May 19, 2020, the Centers for Disease Control and Prevention (CDC) issued guidance titled “Preparing for COVID-19 in Nursing Homes.” This guidance states that “nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19” because of nursing homes’ congregate nature and the resident population served, such as older adults who often have underlying chronic medical conditions.⁹ Therefore, according to the CDC guidance, a strong infection prevention and control (IPC) program is critical to protecting both residents and healthcare personnel.

⁷ The Centers for Disease Control and Prevention (CDC) states that a single new case of COVID-19 in any nursing home healthcare personnel or resident should be considered an “outbreak.”

⁸ Although the CARES Act became Public Law on March 27, 2020, the AFRH Finance and Administration Director stated that it was unknown which details to include in the monthly report and therefore, did not submit the first CARES Act monthly report detailing obligations, expenditures, and planned activities until June 22, 2020.

⁹ Centers for Disease Prevention and Control, “Preparing for COVID-19 in Nursing Homes,” updated June 25, 2020. The CDC issued the “Preparing for COVID-19 in Nursing Homes,” guidance on May 19, 2020, and then updated the guidance on June 25, 2020. Both versions include the same 11 core IPC practices.

This CDC guidance includes the following 11 core IPC practices that the CDC guidance recommends remain in place even as nursing homes resume normal practices.

- Assign one or more individuals with training in infection control to provide on-site management of the IPC program.
- Report COVID-19 cases, facility staffing, and supply information to the CDC's National Healthcare Safety Network Long-Term Care Facility COVID-19 module weekly.¹⁰
- Educate residents, healthcare personnel, and visitors about COVID-19, current precautions being taken in the facility, and actions they should take to protect themselves.
- Implement "source control measures."¹¹
- Have a plan for visitor restrictions.¹²
- Provide supplies necessary to adhere to recommended IPC practices.
- Create a plan for managing new admissions and readmissions for individuals whose COVID-19 status is unknown.
- Evaluate and manage healthcare personnel.
- Evaluate and manage residents with symptoms of COVID-19.
- Create a plan for testing residents and healthcare personnel for the virus that causes COVID-19.
- Identify a space in the facility that could be dedicated to monitor and care for residents with COVID-19.¹³

The AFRH is an independent Federal continuing care retirement community, but is not a skilled nursing facility.¹⁴ Therefore, AFRH is not required to adhere to the CDC's guidance for nursing homes. However, the AFRH Chief Medical Officer stated that the AFRH facilities used the CDC's guidance for nursing homes because this guidance is the strictest available to protect residents and personnel from COVID-19.

¹⁰ The National Healthcare Safety Network Long-Term Care Facility COVID-19 module reporting requirement does not apply to AFRH. AFRH is accredited as a continuing care retirement community. AFRH is not a skilled nursing facility. Medicare defines skilled nursing care as "health care given when you need skilled nursing or therapy staff to treat, manage, observe, and evaluate your care." According to the Centers for Medicare and Medicaid Services, a state surveyor is required to certify skilled nursing facilities. Furthermore, AFRH is an independent establishment in the Federal executive branch, a self-sustaining organization with a combination of dedicated revenue sources and earned income. As such, the AFRH cannot obtain Medicare and Medicaid payments and therefore does not need to adhere to the Centers for Medicare and Medicaid Services reporting requirement.

¹¹ According to the CDC guidance, source control refers to the use of a cloth face covering or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing.

¹² The CDC guidance recommends that nursing homes facilitate and encourage alternative methods for visitation, such as video conferencing and communication with the resident; posting signs at the entrances for the facility advising visitors to check-in; screening visitors for COVID-19 symptoms or known exposure to someone with COVID-19; asking visitors to inform the facility if they develop symptoms within 14 days of visiting the facility; and having a plan to implement additional restrictions, ranging from limiting the number of visitors to restricting all visitors, except for compassionate care reasons.

¹³ This list of the 11 CDC core recommendations are the headings taken directly from the "Preparing for COVID-19 in Nursing Homes." The CDC provides additional guidance under each heading that we discuss further throughout the Finding in this report.

¹⁴ Medicare defines skilled nursing care as "healthcare given when you need skilled nursing or therapy staff to treat, manage, observe, and evaluate your care." According to the Centers for Medicare and Medicaid Services, a state surveyor is required to certify skilled nursing facilities. The AFRH is not certified as a skilled nursing facility.

Finding

Armed Forces Retirement Home Officials Generally Complied With CDC Guidance for Protecting Residents, Staff, and Healthcare Personnel from COVID-19 Exposure

AFRH officials generally complied with the CDC guidance, “Preparing for COVID-19 in Nursing Homes.” Specifically, AFRH officials generally established procedures related to the 11 core IPC practices that the CDC guidance recommends for nursing homes. For example, the AFRH officials assigned an IPC nurse for on-site management of the IPC program; educated healthcare personnel and residents about COVID-19 precautions; notified healthcare personnel and residents that source control measures would be provided; had a plan for restrictions for visitors; and provided the supplies necessary to adhere to the 11 core IPC practices.

However, we identified areas that the AFRH COO and Facility Administrators should improve related to two core IPC practices that the CDC guidance recommends for responding to COVID-19. Specifically, AFRH officials did not formalize the:

- AFRH plan for testing residents and healthcare personnel for the virus that causes COVID-19 and did not include all the recommended elements contained in the CDC guidance, such as procedures for cleaning and disinfecting surfaces between individual tests and testing all residents and healthcare personnel after an outbreak; and
- AFRH-G and AFRH-W plans for the COVID-19 and quarantine units that AFRH established for responding to COVID-19.

Additionally, we identified an area not related to the 11 CDC core IPC practices that AFRH officials can improve when responding to COVID-19. Specifically, AFRH officials did not formalize the AFRH draft, “Widespread Infectious Disease Emergency Operations Plan.”

AFRH officials prioritized their immediate response to the COVID-19 pandemic, such as procuring personal protective equipment (PPE) and administering COVID-19 tests instead of focusing on formalizing the draft plans directly related to testing residents and healthcare professionals, COVID-19 and quarantine units, and emergency operations. For example, an AFRH official stated that the AFRH staff responded immediately by collaborating with Defense Health Agency (DHA) officials, reviewing initial CDC guidance, and communicating with AFRH leadership to establish interim guidance regarding COVID-19. As of August 31, 2020, this interim guidance was not formalized and was still in draft form.

As a result of the actions taken by AFRH officials, AFRH officials protected residents, staff, and healthcare personnel from COVID-19 exposure. Specifically, AFRH officials reported that only 40 of 1,286 individuals, or 3 percent of the total AFRH population, tested positive for

COVID-19 over a more than five month period.¹⁵ Formalizing draft plans for testing residents and healthcare professionals, COVID-19 and quarantine units, and emergency operations will help ensure continuous operations during this ongoing and future pandemics.

AFRH Officials Generally Complied with CDC Guidance for Nursing Homes

AFRH officials generally complied with the CDC guidance, “Preparing for COVID-19 in Nursing Homes.” Specifically, the CDC guidance includes 11 core IPC practices for nursing homes that the CDC guidance recommends should remain in place even as nursing homes resume normal practices. AFRH officials generally established procedures related to the 11 CDC core IPC practices that the CDC guidance recommended for nursing homes.¹⁶

For example, the AFRH officials:

- assigned an IPC nurse for on-site management of the IPC program;
- educated healthcare personnel and residents about COVID-19 precautions;
- notified healthcare personnel and residents that source control measures would be provided;
- had a plan for restrictions for visitors; evaluated and managed healthcare personnel; and provided the supplies necessary to adhere to the 11 core IPC practices.

AFRH Officials Assigned IPC Nurses to Provide On-Site Management of the IPC Program

Prior to the COVID-19 pandemic, AFRH officials assigned experienced IPC nurses to the AFRH-G and AFRH-W facilities who, during the COVID-19 pandemic, provided on-site management of the IPC program and performed activities to prevent the spread of COVID-19, as the CDC guidance recommends. The CDC guidance recommends that nursing home facilities assign one or more individuals with training in infection control to provide on-site management of the IPC program. For example, prior to the COVID-19 pandemic, the AFRH-G and AFRH-W officials assigned IPC nurses to their respective facilities. We found that in 2019, the AFRH-G and AFRH-W Facility Administrators issued IPC Standard Operating Procedures (SOPs) that explained the purpose of each facility’s IPC program and included the IPC nurses’ roles and responsibilities.¹⁷

¹⁵ Between March 15 and August 31, 2020, the AFRH-G and AFRH-W officials reported to the WHS that 40 residents, employees, and contractors at the AFRH facilities tested positive for COVID-19. Table 1 in the Background of this report is a breakdown of the number residents, employees, and contractors at AFRH-G and AFRH-W facilities who tested positive for COVID-19.

¹⁶ We did not identify any significant inconsistency in the AFRH-G and AFRH-W personnel’s response to COVID-19. This report discusses the procedures established to respond to COVID-19 as AFRH procedures, because AFRH-G and AFRH-W personnel generally established the same or similar procedures when responding to COVID-19.

¹⁷ Armed Forces Retirement Home – Gulfport, Standard Operating Procedure, “Infection Control and Isolation Precaution Practices,” August 26, 2019; Armed Forces Retirement Home – Washington, Standard Operating Procedure, “Infection Control and Prevention,” June 27, 2019.

Furthermore, we interviewed the IPC nurses and verified their assignment at the respective AFRH facilities. In our interviews with the assigned IPC nurses at AFRH-G and AFRH-W, the nurses described their responsibilities. For example, the AFRH-G IPC nurse stated that she was responsible for tracking and preventing infections at the AFRH-G facility, training the staff, keeping an infection control log, and conducting contact tracing. The AFRH-G IPC nurse also stated that during the COVID-19 pandemic, she focused on respiratory and hand hygiene etiquette. The AFRH-W IPC nurse stated that her duties included the facility's IPC program and that she had been working on COVID-19 related tasks since March 2020.

AFRH Officials Educated Residents and Healthcare Personnel About COVID-19 Precautions

AFRH officials educated residents and healthcare personnel about COVID-19 related practices and precautions. The CDC guidance recommends that nursing home facilities educate residents, healthcare personnel, and visitors about COVID-19, precautions being taken in the facility, and actions they should take to protect themselves.

The AFRH officials stated that they gathered COVID-19 and IPC program-related information and educational sources from the CDC, the DHA, and the World Health Organization. The AFRH officials stated that they shared this COVID-19 information with the AFRH-G and AFRH-W healthcare personnel, who further disseminated the guidance to respective facility residents and staff through weekly bulletins, town halls, and social media channels. For example, beginning in March 2020, AFRH officials distributed CDC guidance, including information about symptoms of COVID-19, to AFRH-G and AFRH-W healthcare professionals and residents through signs that were posted throughout the AFRH facilities, weekly bulletins, and internal television channel slides. Other guidance that AFRH officials distributed to residents and healthcare personnel included information related to the DoD's health protection condition (HPCON) levels as well as the practices of social distancing and wearing face covers.¹⁸

AFRH officials provided information and strategies to their healthcare personnel and residents for managing stress and anxiety. Specifically, AFRH officials distributed information to healthcare personnel about various strategies and resources for helping to manage stress during the COVID-19 pandemic. For example, a March 14, 2020 email from the AFRH's Chief Human Capital Officer to all healthcare personnel included a link to the Federal Employee Education and Assistance Fund website, which includes a section titled "Managing Anxiety, Stress, and Isolation" and links to additional resources. As another example, the "AFRH Staff Times," January-March 2020 edition, included a section titled "Are You Stressed? Here's How to Get Help," which refers personnel to the Employee Assistance Program that helps employees

¹⁸ According to DoD Instruction 6200.03, "Public Health Emergency Management (PHEM) within the DoD," effective March 28, 2019, HPCON level signifies "[a] framework to inform an installation's population of specific health protection actions recommended in response to an identified health threat, stratified by the scope and severity of the health threat."

work through various life challenges. AFRH officials also provided information and various social activities to their residents to help cope with stress and anxiety during COVID-19.¹⁹ For example, AFRH-G officials included the following statement in the internal television channel slides that were available for all AFRH-G residents: “We recognize that in trying times like this, every person manages stress differently. The Veteran’s Crisis Line is available 24 hours a day, 7 days a week, services are free, and Confidential. Exercise a little extra patience with your fellow residents; Coronavirus does not discriminate and impacts everyone.”

Additionally, AFRH officials stated that they frequently reviewed CDC resources to identify new or updated COVID-19 related guidance, policies, and procedures. The AFRH officials updated the residents and personnel when the CDC updated COVID-19 guidance. For example, when the CDC provided information about the signs of COVID-19, the AFRH-W posted the information to its weekly bulletin.

AFRH facilities infection control SOPs that predate the COVID-19 pandemic include responsibilities for the IPC nurses and infection control committees. The AFRH-G SOP also includes responsibilities for a nurse educator. The responsibilities discussed in the SOP include providing education and training to healthcare employees in support of IPC procedures and practices. Both SOPs reinforce adherence to standard IPC practices, including hand hygiene, airborne and droplet precautions, and correct use of PPE, such as wearing a mask.

Furthermore, an AFRH Directive states that AFRH work generally cannot be performed from a remote site.²⁰ However, during COVID-19, AFRH officials formally notified the affected staff about the requirement to stay home for self-isolation and quarantine purposes while explaining their sick leave status and offering an option to telework, if feasible.

AFRH Officials Notified Healthcare Personnel and Residents that Source Control Measures Would be Provided

AFRH officials notified healthcare personnel and residents that source control measures would be provided. The CDC guidance recommends that nursing home facilities implement the following source control measures.

- Healthcare personnel should wear a facemask at all times while they are in the facility.²¹
- Residents should wear a cloth face covering or a facemask (if tolerated) when they leave their rooms.
- Visitors, if permitted to the facility, should wear a cloth face covering.

¹⁹ The “AFRH Staff Times” is an AFRH employee newsletter from the Chief Human Capital Officer.

²⁰ Armed Forces Retirement Home, Directive 4-5A, “AFRH Hours of Work,” July 11, 2012, reviewed August 2015.

²¹ According to CDC, source control means the “[u]se of a cloth face covering or facemask to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing.” CDC defines facemasks as PPE that are also referred to as surgical masks. The CDC advises healthcare personnel against using cloth face coverings.

The AFRH Deputy COO issued a memorandum on March 16, 2020, to AFRH personnel and residents stating that in order to protect residents and healthcare personnel from COVID-19, AFRH personnel and visitors “will be provided” PPE, which included facemasks.²² AFRH-G and AFRH-W healthcare personnel whom we interviewed stated that AFRH officials provided them facemasks that they wore at all times when at work.

Furthermore, in mid-April, AFRH-G and AFRH-W officials started notifying residents to wear facemasks or face coverings. AFRH officials used different media channels, such as AFRH’s official social media page and the facilities’ weekly bulletins for residents, to communicate to residents AFRH officials’ efforts to provide cloth face coverings to residents. For example, on April 14, 2020, the AFRH Recreation Supervisor posted a reminder to the AFRH’s official social media page for residents to wear face coverings. Additionally, during the week of April 20-26, 2020, the AFRH-G Facility Administrator thanked the readers of “The Plan of the Week,” a weekly bulletin for residents, for wearing facemasks.

AFRH officials used signs and flyers throughout the AFRH facilities to inform residents of the requirement to wear facemasks. Figure 1 is an example of a flyer that AFRH-W officials posted in the AFRH-W facility.

Figure 1. AFRH-W Sign Reminding Residents of the Requirement to Wear Facemasks



Source: Armed Forces Retirement Home, Washington, D.C.

²² Armed Forces Retirement Home, Deputy COO Memorandum for AFRH Personnel and Residents, “Guidance to AFRH during the COVID-19 Pandemic,” March 16, 2020.

Finally, the AFRH Deputy COO placed restrictions on visitations starting on March 16, 2020, allowing visitors only on a case-by-case basis and stating that PPE would “be provided” to authorized visitors.

AFRH Officials Had a Plan for Restrictions for Visitors

AFRH officials had a plan for restrictions for visitors to their facilities. The CDC guidance recommends that nursing home facilities have a plan for visitor restrictions. The AFRH-G and AFRH-W IPC SOPs, which predate the COVID-19 pandemic, include sections related to restrictions for visitors. For example, the IPC SOPs include requirements for checking in visitors to the upper levels of care and preventing visitors with obvious infections from entering the facilities. Additionally, the AFRH-G IPC SOP includes a requirement for visitors to follow infection control guidelines.

Furthermore, on March 16, 2020, the AFRH Deputy COO issued a memorandum to AFRH staff and residents stating that “visitor access will be highly restricted and permitted only by exception as determined by the Administrators and in accordance with CDC guidance.” The AFRH-HQ, AFRH-G, and AFRH-W officials communicated this decision to their staff and residents through multiple channels, such as the AFRH monthly newsletter that is posted on the AFRH’s website, on the AFRH’s official social media page, and in the AFRH facilities’ weekly bulletins for residents.

The AFRH-W Chief of Resident Services also stated that AFRH personnel restricted AFRH-W employees and contractors working at the facility, such as maintenance workers and visitors to the Lincoln Cottage, from entering the AFRH-W resident areas.²³ Additionally, the AFRH-W Chief of Resident Services stated that the AFRH-W facility closed its six guest rooms to visitors at the end of March 2020.

Additionally, in the April 2020 AFRH newsletter, the AFRH CEO informed readers that the AFRH was following and closely adhering to CDC guidance. He added that the AFRH was consulting frequently with “DoD experts” on best practices to protect residents, personnel, and families from COVID-19. According to DoD Instruction 1000.28, AFRH is not part of the DoD and is not subject to DoD policy and issuances except when expressly made applicable to it.²⁴ Although the DoD’s HPCON guidance does not apply to the AFRH, AFRH leadership stated that they followed the HPCON framework in order to facilitate communications regarding their operating status and access to facilities.²⁵ Specifically, on March 23, 2020,

²³ President Lincoln’s Cottage is a historic site and museum located in Washington, D.C., adjacent to the AFRH-W facility.

²⁴ DoD Instruction 1000.28, “Armed Forces Retirement Home,” February 1, 2010, (Incorporating Change 1, October 5, 2018).

²⁵ DoD Instruction 6200.03, “Public Health Emergency Management (PHEM) within the DoD,” effective March 28, 2019, provides DoD policy for management of public health emergencies. The Instruction defines “a public health emergency within the DoD to include the occurrence or imminent threat of an illness or health condition that poses a high probability of a significant number of deaths [...]” HPCON level signifies “[a] framework to inform an installation’s population of specific health protection actions recommended in response to an identified health threat, stratified by the scope and severity of the health threat.”

AFRH officials elevated the HPCON status for AFRH facilities to the highest level, HPCON D.²⁶ DoD Instruction 6200.03 defines the HPCON D level situation as a “[h]igh mortality epidemic or contamination,” when the health protection measures should be the most severe, such as restriction of movement (such as a quarantine, including a restriction of visitors). On April 30, 2020, in the AFRH Communicator, “Special COVID-19 Edition,” the AFRH COO stated that the AFRH would remain at HPCON D until receiving further guidance from the DoD. As of September 8, 2020, AFRH remained at HPCON D.

AFRH-G and AFRH-W residents and staff also stated that AFRH officials used signs and flyers throughout the AFRH facilities to provide information to residents and authorized visitors of its COVID-19 prevention related practices. Figure 2 is an example of a sign used at the AFRH-G facility to provide information on COVID-19 prevention related practices.

Figure 2. AFRH-G Social Distancing Sign



Source: Armed Forces Retirement Home, Gulfport, MS.

²⁶ The DoD and its agencies are using HPCON level “D” and “Delta” interchangeably.

We also determined that the AFRH staff facilitated alternative means for AFRH residents to communicate with family and friends during the period of restrictions for visitors, such as telephone calls and video-chat applications. For example, an AFRH-G resident celebrated his 99th birthday with his family using a video-chat application on a tablet.

Finally, AFRH officials included requirements related to restrictions for visitors to its pre-admissions packet for new residents.²⁷ Specifically, the AFRH-W pre-admissions packet requires the person accompanying the new resident during the arrival to submit COVID-19-related documentation, such as a negative test result from the last 10 days, to AFRH campus administration.

AFRH Officials Stated that They Provided Supplies Necessary to Adhere to the 11 Core IPC Practices

AFRH officials stated that they provided supplies necessary to adhere to the 11 core IPC practices. The CDC guidance recommends that nursing home facilities provide supplies necessary to adhere to recommended IPC practices. Specifically, the CDC identified the following categories of supplies necessary to adhere to the 11 core IPC practices.

- Hand Hygiene Supplies
- Respiratory Hygiene and Cough Etiquette Supplies
- PPE

According to AFRH-G and AFRH-W officials, they placed alcohol-based hand sanitizer in high traffic areas, wellness centers, residents care units, and common areas, such as outside the dining hall and the gym. The certified nursing assistants that we interviewed at both facilities stated that alcohol-based hand sanitizer was placed at the entry of the COVID-19 units.²⁸

With regard to respiratory hygiene and coughing etiquette, AFRH officials stated that they distributed facemasks to the residents and healthcare personnel at AFRH-G and AFRH-W facilities to avoid the spread of any airborne droplets caused by coughing. We discussed the requirements that AFRH established related to residents, healthcare personnel, and visitors wearing facemasks or face coverings in the section titled “AFRH Officials Notified Healthcare Personnel and Residents that Source Control Measures Would be Provided.” During our interviews with AFRH residents, residents confirmed that AFRH officials provided facemasks to residents. Furthermore, the CDC guidance recommends that the nursing homes should

²⁷ The AFRH pre-admissions packet is titled, “Fall 2020 Admission Agreement – Incoming Residents.” This packet includes requirements for incoming residents to quarantine for 14 days and take a COVID-19 test.

²⁸ We discuss the COVID-19 units later in this report in the section titled, “AFRH Identified Space That Could be Dedicated to Monitor and Care for Residents with COVID-19, but AFRH Facility Administrators Did Not Formalize the Plan for the COVID-19 and Quarantine Units.”

make trashcans available in common areas and residents' rooms for respiratory hygiene and cough etiquette.²⁹ An AFRH-G resident stated that trashcans were placed throughout the AFRH-G facility.

According to the August 2020 AFRH CARES Act Congressional report, AFRH officials, in coordination with DoD officials, established a supply account with the Defense Logistics Agency. AFRH-G and AFRH-W officials reported that they used the supply account to help obtain PPE.³⁰ Furthermore, the Congressional report states that the AFRH facilities accepted PPE donations from the Embassy of the Republic of Korea and Daughters of the American Revolution. An AFRH official stated that the Embassy of the Republic of Korea donated masks and the AFRH social media page included a post stating that the Daughters of the American Revolution donated handmade masks to AFRH.

AFRH officials also maintained a listing of the minimum monthly PPE inventory for the AFRH-G and AFRH-W facilities. AFRH officials maintained the listing to monitor AFRH facilities' usage of PPE inventory used for responding to COVID-19. This listing included PPE inventory, such as N95 respirators, surgical masks, face shields, gloves, gowns, and alcohol-based sanitizer.³¹ For example, as of July 23, 2020, the listing showed that the AFRH-G and AFRH-W facilities used approximately 1,000 bottles of alcohol-based hand sanitizer.

AFRH Officials Developed a Plan for Managing New Admissions and Readmissions for Individuals Whose COVID-19 Status was Unknown

In response to the COVID-19 pandemic, the AFRH-G and AFRH-W officials developed a plan for managing new admissions and readmissions for individuals whose COVID-19 status was unknown.³² The CDC guidance recommends nursing home facilities create a plan for managing new admissions and readmissions for individuals whose COVID-19 status is unknown. The AFRH Deputy COO issued a memorandum on March 16, 2020, to AFRH personnel stating that the AFRH would delay new admissions during the COVID-19 pandemic. AFRH-W officials also stated to us that they delayed new admissions until July 7, 2020, and they described how the AFRH personnel at the facilities managed readmissions.

²⁹ According to a CDC webpage, "Respiratory Hygiene/Cough Etiquette in Healthcare Settings," August 1, 2009, receptacles, or trashcans, are an infection control measure that helps to contain respiratory secretions.

³⁰ The Defense Logistics Agency supply account is an example of the DoD support provided to the AFRH that is authorized by 24 U.S.C. § 411-413 and DoD Instruction 1000.28.

³¹ According to the Food and Drug Administration, N95 respirators are PPE that are designated to provide the wearer with very close and efficient filtration from airborne particles.

³² Readmissions include residents that left the AFRH facilities for an extended leave of absence, such as to stay with family members. Readmissions also include residents that left the facility for any other reason, such as hospital visits. AFRH officials further explained that remote doctor's appointments were coordinated.

For example, AFRH officials stated that any resident who left the facility and was readmitted would be tested and quarantined for 14 days or until negative COVID-19 test results were available. On July 7, 2020, the AFRH-G facility admitted the first new resident since March 16, 2020. From July 7 to August 31, 2020, the AFRH-G and AFRH-W facilities admitted a total of six new residents.

In response to the COVID-19 pandemic, the AFRH officials developed the AFRH pre-admissions packet identifying AFRH protocols for new admission residents to follow for entry into the AFRH.³³ For example, the resident agreement included in the AFRH pre-admissions packet requires a mandatory 14-day quarantine and COVID-19 testing. AFRH officials stated that they required all six new residents to submit a negative COVID-19 test and quarantine for 14 days after admission. AFRH officials also developed the “Symptoms of COVID-19 Checklist,” which identifies actions incoming residents must take if they are positive for COVID-19. For example, the checklist states that incoming residents should notify the AFRH admissions office of symptoms of COVID-19.

AFRH Officials Evaluated Their Workforce for COVID-19 Symptoms and Managed the Staffing of Healthcare Personnel

AFRH-G and AFRH-W officials evaluated healthcare personnel for COVID-19 symptoms and managed the staffing of healthcare personnel. The CDC guidance recommends that nursing home facilities evaluate and manage healthcare personnel. Specifically, the guidance states that nursing home facilities should:

- implement sick leave policies that are flexible and consistent with public health policies that support healthcare personnel staying home when ill,
- create an inventory of all volunteers and healthcare personnel who provide care in the nursing home,
- develop (or review existing) plans to mitigate healthcare personnel shortages from illness or absenteeism,
- ask healthcare personnel to regularly monitor themselves for fever and symptoms consistent with COVID-19,
- screen all healthcare personnel at the beginning of their shift for fever and symptoms of COVID-19,
- remind healthcare personnel to stay home when ill, and
- prioritize testing healthcare personnel who are suspected to have COVID-19.³⁴

³³ The AFRH pre-admissions packet included the “Admission Agreement – Incoming Residents – Fall 2020,” a symptoms of COVID-19 checklist that was finalized on July 1, 2020, and a Close Contact Log.

³⁴ The testing of healthcare personnel is discussed later in this report in the section titled, “AFRH Created a Plan for Testing Residents and HealthCare Personnel for the Virus that Causes COVID-19, but the AFRH’s Draft Testing Plan Requires Improvements.” Therefore, this section does not address prioritizing testing of healthcare personnel who are suspected to have COVID-19.

AFRH officials stated that they implemented sick leave policies that were flexible and consistent with public health policies that support healthcare personnel staying home when ill. Specifically, AFRH-HQ officials stated that the AFRH used Office of Personnel Management leave policies. For example, on March 16, 2020, the AFRH Deputy COO issued a memorandum to staff and residents stating that telework-capable AFRH personnel were encouraged to telework.

Additionally, AFRH used the Office of Personnel Management’s policies for issuing Human Capital Notices to staff and healthcare personnel due to COVID-19.³⁵ The AFRH Human Capital Notices are letters that the AFRH Chief of Human Capital Officer provided to AFRH staff and healthcare personnel who tested positive for COVID-19 or were traced as a close contact to a positive COVID-19 case. These letters informed the staff and healthcare personnel of their work status, such as safety leave and telework due to COVID-19.

Furthermore, AFRH-G and AFRH-W officials created an inventory of healthcare personnel who provide care in the AFRH facilities. Specifically, AFRH-G and AFRH-W personnel used the “AcuStaf” software for scheduling and generating staffing sheets to identify healthcare personnel providing care to residents at both AFRH-G and AFRH-W facilities.³⁶ In addition, AFRH-HQ officials maintained a log of personnel who quarantined and teleworked to prevent COVID-19 exposure within AFRH-G and AFRH-W facilities. Although the CDC guidance recommended that the nursing homes maintain an inventory of volunteers, the AFRH did not maintain an inventory of volunteers who provide care in the AFRH facilities. The AFRH did not maintain a volunteer inventory because the AFRH-G and AFRH-W facilities did not have volunteers due to restrictions for visitors that the AFRH Deputy COO established in March 2020.

To mitigate healthcare personnel shortages from illnesses or absenteeism, AFRH-G and AFRH-W facilities had nursing support contracts in place to support continuity of resident care. These nursing support contracts allowed AFRH officials to obtain nursing services, such as certified nursing assistants, on an as-needed basis to fill vacant staffing shifts.

The AFRH Deputy COO’s memorandum on March 16, 2020, states that security will screen all persons entering the AFRH-G and AFRH-W facilities for COVID-19 symptoms. In addition, the memorandum states that personnel, including contractors, “will have their temperature taken and be screened for symptoms.” AFRH-G and AFRH-W officials also stated that they asked healthcare personnel to monitor themselves regularly for fever and symptoms consistent with COVID-19. AFRH-G and AFRH-W officials stated that AFRH staff screened healthcare personnel when entering their facilities for COVID-19 symptoms and measured their

³⁵ The Office of Personnel Management, “Summary of Statutory and Regulatory Requirements in Connection with the Emergency Paid Sick Leave Act (EPSLA) —Application to Federal Employees,” April 20, 2020.

³⁶ According to the AcuStaf website, AcuStaf software is a comprehensive tool that can meet the complex staffing needs of various industries, including the healthcare industry. The website states that AcuStaf offers a complete solution that provides real-time information to make data driven staffing decisions.

temperatures. The AFRH staff acquired temperature-measuring kiosks for both AFRH-G and AFRH-W facilities. Figure 3 shows a temperature-measuring kiosk at the AFRH-W facility that AFRH-W officials stated is used when personnel or visitors enter the facility.

Figure 3. Temperature-Measuring Kiosk Located at the Entrance of the AFRH-W Facility



Figure 3. Temperature-Measuring Kiosk Located at the Entrance of the AFRH-W Facility
Source: Armed Forces Retirement Home, Washington, D.C.

AFRH-HQ officials also established the “Four Pillars of Infection Prevention” poster which states that “[w]hen arriving at work, all staff are expected to follow the procedures below. Self-quarantine is required for individuals who have been directly exposed to the new Coronavirus.” Figure 4 shows the “Four Pillars of Infection Prevention” poster, which includes a description of the procedures to wear a mask, wash hands, sanitize shoes, and check temperatures before entering the AFRH facility.

Figure 4. Four Pillars Poster that AFRH Personnel Posted in the AFRH Facilities

Keep Our Workplace Safe!

The Four Pillars of Infection Prevention

When arriving at work, all staff are expected to follow the procedures below. Self-quarantine is required for individuals who have been directly exposed to the new Coronavirus.

1. Wear a mask.

Required to wear masks in all common areas and areas where social distancing is not possible. Cover mouth and nose completely.



2. Wash your hands.

Use soap and water or an alcohol-based hand sanitizer regularly. Hands should be cleansed between all interpersonal interactions.



3. Sanitize your shoes.

Staff should enter the buildings only through approved entry points. Each entry is equipped with a UV shoe sole sanitizer.



4. Check your temperature.

You should go directly from your car to the Wellness Clinic without stopping on the way for a temperature reading and symptom check.



Practice good hygiene throughout the day:



Stop hand shakes and use **non-contact greeting methods**



Avoid touching your face and cover your coughs and sneezes



Clean hands at the door and schedule **regular hand washing** reminders



Increase ventilation by opening windows or adjusting air conditioning



Disinfect surfaces like doorknobs, tables, and desks regularly

Source: Armed Forces Retirement Home, Washington, D.C.

Finally, the AFRH Chief Human Capital Officer used the AFRH Human Capital Notices for COVID-19 that we discussed in this section to remind staff and healthcare personnel to stay home when ill, self-quarantine if exposed to COVID-19, and self-monitor for COVID-19 symptoms.

AFRH Officials Evaluated and Managed Residents with Symptoms of COVID-19

The AFRH-G and AFRH-W officials evaluated and managed residents with symptoms of COVID-19. The CDC guidance recommends that nursing home facilities evaluate and manage residents with symptoms of COVID-19. For example, the guidance states that nursing home facilities should:

- place residents who are suspected to have COVID-19 in a private room with their own bathroom;
- care for residents with COVID-19 in a dedicated unit or section with dedicated healthcare personnel;
- care for residents with COVID-19 by using recommended PPE, which includes N95 respirators or higher-level respirator, eye protection, gloves, and gowns;
- increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least three times daily to identify and quickly manage serious infection; and
- prioritize testing of residents who are suspected to have COVID-19.³⁷

On March 16, 2020, the AFRH Deputy COO issued a memorandum to AFRH staff and residents stating that all residents who are diagnosed with COVID-19 or who are “declared as persons under investigation for COVID-19” will be assigned to a private, separate room. AFRH-G officials stated that they require residents showing mild symptoms of COVID-19 to be quarantined or stay in their rooms. AFRH-G officials also stated that staff members then place a sign and a table in front of the quarantined resident’s door as a precaution.

Additionally, the March 16, 2020, memorandum states that residents diagnosed with COVID-19 or “declared as persons under investigation for COVID-19” will be assigned PPE-equipped staff who are appropriately trained. According to AFRH-G and AFRH-W officials, AFRH healthcare personnel monitor residents within assisted living, long-term care, memory, and COVID-19 units each time the healthcare personnel change shifts. AFRH healthcare personnel stated that they also perform daily routine vital checks for these residents. Additionally, the AFRH-G IPC nurse and an AFRH-W licensed practical nurse stated that independent living residents are required to stay in their rooms, self-monitor for COVID-19 symptoms, and report immediately to healthcare personnel by telephone when feeling ill.

³⁷ The testing of residents is discussed later in this report in the section titled, “AFRH Created a Plan for Testing Residents and Healthcare Personnel for the Virus that Causes COVID-19, but the AFRH’s Draft Testing Plan Requires Improvements.” Therefore, this section does not address prioritizing testing of residents who are suspected to have COVID-19.

AFRH Chief Operating Officer and Facility Administrators Should Improve Their Response Related to Two CDC Core IPC Practices and One Area Not Related to the CDC Core Practices

We identified areas that the AFRH COO and Facility Administrators should improve related to two core IPC practices that the CDC guidance recommends for responding to COVID-19. Specifically, the AFRH officials did not formalize the:

- AFRH draft plan for testing residents and healthcare personnel for the virus that causes COVID-19 and did not include all the recommended elements contained in the CDC guidance, such as procedures for cleaning and disinfecting surfaces between individual tests and testing all residents and healthcare personnel after an outbreak; and
- AFRH-G and AFRH-W plans for the COVID-19 and quarantine units.

Additionally, we identified an area that is not directly related to the 11 CDC core IPC practices which AFRH officials can improve for responding to COVID-19.

AFRH Officials Created a Plan for Testing Residents and HealthCare Personnel for the Virus that Causes COVID-19, but the AFRH's Draft Testing Plan Requires Improvements

In response to the COVID-19 pandemic, AFRH officials, with the assistance of DHA officials, created a draft testing plan for testing residents and healthcare personnel for the virus that causes COVID-19. Furthermore, AFRH personnel, with the support of military treatment facilities personnel, tested residents and healthcare personnel in accordance with the draft testing plan. The CDC guidance recommends that nursing home facilities:

- create a plan for testing residents and healthcare personnel for the virus that causes COVID-19, and
- test residents and healthcare personnel for the virus that causes COVID-19.

The CDC guidance also includes links to additional CDC webpages with resources and recommendations for testing nursing home residents and healthcare personnel. Table 3 identifies the CDC webpages that include recommendations for testing nursing home residents and healthcare personnel and the number of recommendation categories.

Table 3. CDC Guidance for COVID-19 Testing of Residents and Healthcare Personnel at Nursing Homes

CDC Webpage Guidance	Date of Webpage	Number of Recommendation Categories
Preparing for COVID-19 in Nursing Homes ¹	May 19, 2020	5
Performing Facility-Wide SARS-CoV-2 Testing in Nursing Homes ²	May 19, 2020	8
Testing Guidelines for Nursing Homes- Testing Residents ³	July 21, 2020 ⁵	5
Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2- Testing Healthcare Personnel ⁴	July 17, 2020	5
Total		23

Source: The DoD OIG.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

² Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-facility-wide-testing.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

⁵ The CDC updated the Testing Guidelines for Nursing Homes on October 16, 2020, after the scope of this evaluation. We used the date of its last update during the scope of our evaluation.

The following is a breakdown of the CDC webpages and the 23 recommendation categories for testing nursing home residents and healthcare personnel.

- “Preparing for COVID-19 in Nursing Homes” includes five recommendation categories, such as identifying triggers for performing the test, accessing COVID-19 tests, implementing a process for testing, and establishing procedures for addressing residents or staff who decline to be tested.
- “Performing Facility-Wide COVID-19 Testing” includes eight recommendation categories, such as conducting a “baseline” test and serial testing after the initial facility-wide testing of residents and healthcare personnel, coordinating reporting of testing results, establishing testing locations, providing PPE for swabbing, and cleaning and disinfecting between individuals being tested.³⁸
- “Testing Guidelines for Nursing Homes –Testing Residents” includes five recommendation categories, such as conducting an initial baseline testing of residents and testing asymptomatic residents with known or unknown suspected exposure to COVID-19.
- “Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 Testing Healthcare Personnel” includes five recommendation categories that are similar to the ones found in “Testing Guidance for Nursing Homes – Testing Residents,” such as testing healthcare personnel after an outbreak at a nursing home facility.

³⁸ The CDC describes a baseline test as a performing an initial viral test of each resident in a nursing home who is not known to have previously been diagnosed with COVID-19. The CDC also says the results of the viral testing informs care decisions, infection control interventions, and placement decision relevant to that resident.

On May 12, 2020, the AFRH CEO sent a memorandum to the DoD Chief Management Officer (CMO) requesting DoD assistance to conduct COVID-19 testing for residents.³⁹ In the memorandum to the DoD CMO, the AFRH CEO explained that the AFRH did not possess the capability or resources to conduct the CDC-recommended “baseline” tests. The AFRH CEO requested that the DoD provide COVID-19 testing support. According to 24 U.S.C. § 411-413 and DoD Instruction 1000.28, the DoD is authorized to provide support to the AFRH. For example, 24 U.S.C. § 411-413 authorizes the Secretary of Defense to “make available from the DoD to the Retirement Home, on a non-reimbursable basis” support necessary to enable the AFRH to carry out its functions. Attached to the memorandum to the DoD CMO, the AFRH CEO included the AFRH draft testing plan, “Comprehensive COVID Testing for AFRH.”

We compared the AFRH draft testing plan to the 23 CDC recommendation categories. The AFRH draft testing plan addressed 20 of the 23 CDC recommendation categories. For example, the AFRH draft testing plan included the following procedures.

- AFRH personnel will perform a facility-wide test for COVID-19 to establish a baseline of who was infected with COVID-19. The CDC guidance states that facility-wide testing involves testing all residents and healthcare professionals for detection of the virus that causes COVID-19 and can be used to inform IPC practices in nursing homes.
- AFRH personnel will perform two phases of testing, including facility-wide testing and serial testing after the initial facility-wide testing. Phase one describes how staff at both AFRH facilities plan to perform and prioritize the testing of all residents, employees, and contractors who interact with residents. Phase two describes how AFRH staff plan to conduct and prioritize periodic testing of residents and healthcare personnel. The CDC guidance recommends nursing homes “plan for serial testing after the initial facility-wide testing to facilitate cohorting and identify new transmission events early.”
- AFRH personnel must wear full PPE, and military treatment facilities personnel will provide competency training to AFRH personnel on “nasopharyngeal swabbing, washing, and other specimen collection methods.” The CDC guidance includes recommendations on PPE for swabbing that includes wearing a facemask, eye protection, gloves, and a gown for “specimen collection or if contact with contaminated surfaces is anticipated.”
- AFRH personnel and military treatment facilities personnel will collect specimens. Specifically, the AFRH testing plan describes what data is collected, how the samples will be transferred to a lab for testing, the role of military treatment facilities staff and AFRH staff during testing, and a process for reporting the testing results. The CDC guidance recommends planning for specimen collection and data management that includes determining where tests will be performed and establishing a process that captures which residents were tested or unable to be tested.

³⁹ Armed Forces Retirement Home memorandum, “Request for Support with Comprehensive COVID-19 Testing at AFRH,” May 12, 2020.

On May 12, 2020, the DoD CMO approved the requested COVID-19 testing support. Furthermore, the DoD COVID-19 Task Force Diagnostics & Testing Lead authorized COVID-19 testing for AFRH, tasked the DHA to support AFRH's testing plans, and assigned Walter Reed National Military Medical Center, Bethesda, Maryland and the 81st Medical Group, Keesler Air Force Base, Biloxi, Mississippi to support AFRH facilities with testing for COVID-19. AFRH personnel, with the support of military treatment facilities personnel, began testing residents and healthcare personnel using the draft testing plan on May 17, 2020. The testing provided included non-reimbursable support such as onsite support from military treatment facilities personnel when testing residents, employees, and contractors for COVID-19, authorized under 24 U.S.C. § 411-413 and DoD Instruction 1000.28.

However, the AFRH staff can improve the AFRH draft testing plan to better address the CDC's recommendations for testing residents and healthcare personnel during the COVID-19 pandemic. Specifically, the AFRH draft testing plan did not address the following three CDC recommendation categories:

- testing all residents after an outbreak on the facility,
- testing all healthcare personnel after an outbreak on the facility, and
- cleaning and disinfecting between individuals' tests.

Although the AFRH draft testing plan did not address three of the CDC recommendation categories, we determined through interviews and our review of COVID-19 test results that from June through August 2020, the AFRH staff performed all three recommendation categories. Specifically, we found that AFRH personnel tested residents and healthcare personnel in response to an outbreak. AFRH-G officials reported that in late June 2020, one resident at the AFRH-G facility tested positive for COVID-19. The CDC considers one positive COVID-19 case in a nursing home an outbreak. The AFRH testing records show that the AFRH-G facility went from periodic testing of some residents and staff to a facility-wide testing of all residents, employees, and contractors on a weekly basis for six weeks following the outbreak. The Keesler military treatment facility supported the repeat testing at the AFRH-G facility. The records also show that AFRH-G returned to periodically testing residents after there were no new positive COVID-19 cases among residents for two weeks. This was consistent with the CDC recommendation categories for testing residents and healthcare personnel following an outbreak.⁴⁰ An AFRH-G resident and licensed practical nurse confirmed that they were tested on a weekly basis following the outbreak.

⁴⁰ The CDC guidance recommends performing viral testing of all residents and healthcare professionals in response to an outbreak and repeat testing to ensure there are no new infections among residents and healthcare professionals and that transmission has been terminated. The CDC also recommends to repeat viral testing of all previously negative residents, generally every 3 to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or healthcare professionals for a period of at least 14 days since the most recent positive result.

Additionally, the final recommendation category that the AFRH draft testing plan does not identify, but an AFRH official stated was performed, is related to cleaning and disinfecting surfaces between individuals' COVID-19 tests. The CDC guidance recommends cleaning and disinfecting surfaces where a COVID-19 test was collected. The AFRH Director of Safety and Security stated to us that he observed healthcare personnel cleaning and disinfecting the surfaces where COVID-19 tests were conducted while being tested himself and as others were tested for COVID-19. If cleaning and disinfecting between individuals' tests is not properly performed, individuals that are being tested for COVID-19 may be at a greater risk of COVID-19 exposure.

AFRH Facility Administrators Identified and Dedicated Space to Monitor and Care for Residents with COVID-19, but the AFRH Facility Administrators Did Not Formalize Their Respective Facility's Plan for the COVID-19 and Quarantine Units

The AFRH-G and AFRH-W Facility Administrators dedicated spaces to monitor and care for residents with COVID-19. However, AFRH-G and AFRH-W Facility Administrators did not formalize their respective facility's plan for how to handle residents in the facility who develop symptoms consistent with COVID-19 and others that may have been exposed to an individual with COVID-19. The CDC guidance recommends that nursing home facilities identify a space in the facility that could be dedicated to monitor and care for residents with COVID-19. Specifically, nursing home facilities should:

- identify a space in the facility that could be dedicated to care for residents with confirmed COVID-19;
- have a plan for how residents in the facility who develop COVID-19 will be handled; and
- have a plan for how roommates, other residents, and healthcare professionals who may have been exposed to an individual with COVID-19 will be handled.

In April 2020, AFRH-G and AFRH-W officials established the COVID-19 and quarantine units as a direct response to the COVID-19 pandemic, which are dedicated spaces to monitor and care for residents with COVID-19. According to AFRH officials, the vision for these units was to contain and prevent widespread infectious disease throughout AFRH.

AFRH-G and AFRH-W officials provided to us their respective facility's draft plan for the COVID-19 and quarantine units.⁴¹ The draft plans include procedures for how to handle residents in the facility who develop symptoms consistent with COVID-19 and others, such as roommates, who may have been exposed to an individual with COVID-19. For example, the AFRH-W draft plan designates areas within the units in subgroups dependent on the resident's medical status.

⁴¹ The AFRH draft plans for the COVID-19 and quarantine units are the AFRH-G, "Patriot Hall Protocol," and the "AFRH-Washington Observation/Quarantine/COVID-19 Unit."

Specifically, the:

- Red Zone will be used to separate those residents who have tested positive for COVID-19 or are symptomatic and suspected to have COVID-19;
- Yellow Zone will be for residents who may have been exposed to COVID-19 and are considered a person under investigation; and
- Gray Zone, or Transitional Zone, are for those asymptomatic residents who frequently travel in and out of the home or are new admissions coming into the home.

Finally, AFRH-HQ officials established procedures for screening staff and healthcare personnel to mitigate COVID-19 exposure, which we discussed in this report in the section titled “AFRH Officials Evaluated and Managed Healthcare Personnel.”

AFRH Officials Need to Formalize the Widespread Infectious Disease Emergency Operations Plan

We identified an area not related to the 11 CDC core IPC practices that AFRH officials can improve when responding to COVID-19. Specifically, AFRH officials did not formalize the AFRH draft, “Widespread Infectious Disease Emergency Operations Plan.” The Federal Emergency Management Agency requires executive agencies to have a continuity plan that includes pandemic events.⁴² It also maintains a template to assist agencies in developing a Pandemic Influenza Continuity of Operations (COOP) Plan, or if they already have a COOP Plan, to include a pandemic plan in their COOP Plan’s Annex.⁴³

We reviewed the AFRH COOP Plan and determined that it does not include a pandemic plan.⁴⁴ On June 18, 2020, AFRH officials provided us with the “Widespread Infectious Disease Emergency Operations Plan,” a draft document that would establish policies and assign responsibilities to ensure the continuity of AFRH’s essential services and operations during a pandemic emergency. However, AFRH officials did not formalize the AFRH pandemic related emergency operations plan and did not include it in the AFRH COOP Plan. Formalizing the pandemic plan will help ensure continuous operations during this ongoing and future pandemics.

⁴² In 2017, the Federal Emergency Management Agency issued a “Federal Continuity Directive – 1” that applies to AFRH as an independent establishment of the executive branch. The Directive requires agencies to have a continuity plan to manage and mitigate emergencies, including during a pandemic.

⁴³ Federal Emergency Management Agency, “Pandemic Influenza Continuity of Operations Annex Template.”

⁴⁴ “Armed Forces Retirement Home (AFRH) Continuity of Operations Plans (COOP),” November 2019.

AFRH Officials Prioritized Their Initial Response to the COVID-19 Pandemic Over Education Efforts and Formalizing Draft Plans

AFRH officials prioritized their immediate response to the COVID-19 pandemic, such as procuring PPE and administering COVID-19 tests, instead of formalizing the draft plans related to testing residents and healthcare professionals, COVID-19 and quarantine units, and emergency operations. For example, on March 16, 2020, five days after the WHO declared a global pandemic, the AFRH Deputy COO issued a memorandum to AFRH personnel and residents listing several protective measures, including providing PPE to AFRH's staff and visitors. The memorandum also included a request for the personnel with previous COVID-19 symptoms to present negative COVID-19 test results before returning to duty.

Additionally, an AFRH official stated that AFRH staff responded immediately by collaborating with DHA officials, reviewing initial CDC guidance, and communicating with AFRH leadership to establish interim guidance regarding COVID-19. However, as of August 31, 2020, this interim guidance was in draft form. Formalizing this interim guidance will help ensure continuous operations during this ongoing and future pandemics.

AFRH Officials Protected Residents, Staff, and Healthcare Personnel from COVID-19 Exposure

As a result of the actions taken by AFRH officials to comply with the CDC guidance, AFRH officials protected residents, staff, and healthcare personnel from COVID-19 exposure. Specifically, AFRH officials reported that only 40 of 1,286, or 3 percent of the total AFRH population, tested positive for COVID-19 over a more than five month period.⁴⁵ Table 1 in the Background of this report is a breakdown of the number of residents, employees, and contractors at AFRH-G and AFRH-W facilities who tested positive for COVID-19 between March 15 and August 31, 2020. However, we identified areas that the AFRH COO and Facility Administrators should improve related to two core IPC practices that the CDC guidance recommends for responding to COVID-19 and an area that AFRH officials can improve not related to the 11 CDC core IPC practices. Formalizing draft plans for testing residents and healthcare professionals, COVID-19 and quarantine units, and emergency operations will help ensure continuous operations during this ongoing and future pandemics.

⁴⁵ According to AFRH officials, not all employees that were reported as positive for COVID-19 posed a risk of COVID-19 exposure to residents or other healthcare personnel because those employees were not in the AFRH facilities.

Recommendations, Management Actions Taken, and Our Response

Recommendation 1

We recommend that the Armed Forces Retirement Home Chief Operating Officer:

- a. Update the “Comprehensive COVID Testing for AFRH” plan to include procedures for testing residents and healthcare personnel following an outbreak, as well as cleaning and disinfecting between individuals’ tests;
- b. Formalize the “Comprehensive COVID Testing for AFRH” plan; and
- c. Formalize the “Widespread Infectious Disease Emergency Operations Plan” to ensure continuity of operations during this ongoing and future pandemics.

Management Actions Taken

On January 6, 2021, the AFRH COO updated the “Comprehensive COVID Testing for AFRH” plan to include procedures for testing residents and healthcare personnel following an outbreak, as well as cleaning and disinfecting between individuals’ tests. In addition, in December 2020, AFRH-HQ officials formalized the “Widespread Infectious Disease Emergency Operations Plan” to ensure continuity of operations during this ongoing and future pandemics.

Our Response

The management actions taken by the AFRH COO and AFRH-HQ officials adequately addressed the specifics of Recommendations 1.a, 1.b, and 1.c. Therefore, the recommendations are closed.

Recommendation 2

We recommend that the Armed Forces Retirement Home Facility Administrators at Gulfport, Mississippi and Washington, D.C. formalize their respective facility’s draft plan for the COVID-19 and quarantine units.

Management Actions Taken

The AFRH-G Chief of Healthcare and AFRH-W Administrator formalized their facility’s draft plans for the COVID-19 and quarantine units on January 4, 2021, and December 30, 2020, respectively.

Our Response

The management actions taken by the AFRH-G Chief of Healthcare and AFRH-W Administrator adequately addressed the specifics of the Recommendation 2. Therefore, the recommendation is closed.

Appendix

Scope and Methodology

We conducted this evaluation from July 2020 through January 2021, in accordance with the “Quality Standards for Inspection and Evaluation,” published in January 2012, by the Council of Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

We selected the AFRH-G and AFRH-W facilities for this evaluation. From August 18, 2020, through September 15, 2020, we conducted all interviews by telephone, with residents and key personnel responsible for AFRH operations and COVID-19 response at the two AFRH facilities. The following list identifies the personnel that we interviewed:

- AFRH-HQ – Director of Finance and Administration, Corporate Medical Officer, Chief Human Capital Officer, Chief Operating Officer, and Deputy Chief Operating Officer;
- AFRH-G – Resident Advisory Committee Chairman, a non-statistical sample of residents from different levels of continuing care, Nurses, Dental Hygienist, Nurse Supervisors, Nurse Educator, IPC Nurse, Director of Nursing, Chief of Healthcare Services, Chief of Campus Operations, Chief of Resident Services, Healthcare Services Contracting Officer Representative, the Administrator; and
- AFRH-W – Resident Advisory Committee Chairman, a non-statistical sample of residents from different levels of continuing care, Nurses, Nurse Supervisors, Nurse Educator, IPC Nurse, the Facility Chief Medical Officer, Director of Nursing (also the Acting Chief of Healthcare Services), Dentist (Contractor), Chief of Campus Operations, Chief of Resident Services, Healthcare Services Contracting Officer Representative, and the Administrator.

We also interviewed the DHA Clinical Support Division’s Chair for Accreditation and Compliance and a Nurse Consultant, as well as a WHS’ Strategic Advisor (contractor assigned to the AFRH CEO).

We did not independently validate all statements made by AFRH, DHA, and WHS representatives during interviews. This report provides DoD and other decision makers, such as the DHA Director and the DoD Director of Administration and Management, a summary of the procedures that AFRH officials established and the gaps between these procedures and the CDC’s recommendations for nursing homes for responding to COVID-19 between March 11, 2020, through August 31, 2020.

To determine whether the AFRH officials protected residents, staff, and healthcare personnel from COVID-19, we compared the actions AFRH officials described and the AFRH provided plans and policies to CDC guidance for responding to COVID-19, such as the guidance titled “Preparing for COVID-19 in Nursing Homes.” We also obtained spreadsheets from AFRH staff that identified individuals who tested positive for COVID-19. We analyzed the information to identify the number of residents, staff, and healthcare personnel who tested positive for COVID-19. We did not physically observe AFRH operations at the AFRH-G or AFRH-W facilities due to DoD COVID-19 travel and AFRH visitation restrictions. Rather, we conducted telephonic interviews of AFRH-HQ, AFRH-G, AFRH-W, DHA, and WHS personnel. We also reviewed AFRH policies, plans, and other documentation described in this report.

To provide timely information, we briefed our preliminary results to AFRH officials on December 18, 2020, to enable them to take actions.

Use of Computer-Processed Data

We did not use computer-processed data to perform this evaluation.

Prior Coverage

During the last 5 years, the DoD OIG issued three reports evaluating the Armed Forces Retirement Home. Unrestricted DoD IG reports can be accessed at <http://www.dodig.mil/reports.html/>.

DoD OIG

Report No. DODIG-2018-153, “Armed Forces Retirement Home Support Functions,” September 24, 2018

The third in a series of DoD OIG reports in 2017 and 2018 that collectively meet the statutory requirement for a periodic comprehensive inspection of the AFRH in accordance with 24 U.S.C. § 418. The evaluation determined whether the AFRH support functions operated in accordance with applicable Federal standards. The report contained six findings and four recommendations directly tied to the support functions operated at the AFRH facilities.

Report No. DODIG-2018-077, “Financial Management and Contract Award and Administration for the Armed Forces Retirement Home,” February 21, 2018

The second in a series of DoD OIG reports in 2017 and 2018 that collectively meet the statutory requirement for a periodic comprehensive inspection of the Armed Forces Retirement Home in accordance with 24 U.S.C. § 418. The audit determined whether officials conducted effective financial management and contract award and administration for the AFRH. The report contained three findings and nine recommendations directly related to financial management and contract award and administration at the AFRH.

Report No. DODIG-2018-034, "Armed Forces Retirement Home Healthcare Services,"
December 14, 2017

The first in a series of DoD OIG reports in 2017 and 2018 that collectively meet the statutory requirement for a periodic comprehensive inspection of the Armed Forces Retirement Home in accordance with 24 U.S.C. § 418. The evaluation determined whether the AFRH had provided healthcare services in accordance with applicable national healthcare standards and met the related quality of life needs of the residents of the retirement homes. The report contained three findings and six recommendations directly tied to the healthcare services provided to residents at the AFRH facilities.

Acronyms and Abbreviations

AFRH	Armed Forces Retirement Home
AFRH-G	Armed Forces Retirement Home – Gulfport, Mississippi
AFRH-W	Armed Forces Retirement Home – Washington D.C.
AFRH-HQ	Headquarters Armed Force Retirement Home
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CMO	Chief Management Officer
COO	Chief Operating Officer
COOP	Continuity of Operations
COVID-19	Coronavirus Disease-2019
DHA	Defense Health Agency
HPCON	Health Protection Condition
IPC	Infection Prevention and Control
PPE	Personal Protective Equipment
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SOP	Standard Operating Procedures
U.S.C	United States Code
WHS	Washington Headquarters Services



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