

For the latest news and resources, please visit www.NursingHome411.org.



IN THIS ISSUE

GOVERNMENT STANDARDS & QUALITY ASSURANCE	1
THE COST OF INACTION	1
RACE AND THE COVID-19 PANDEMIC	2
OIG: STATES FALL SHORT IN TIMELY INVESTIGATIONS OF NURSING HOME COMPLAINTS	3
CHANGES TO NURSING HOME COMPARE	4
LTC NEWS & BRIEFS.....	4
NURSING HOMES UNDERSTAFFED AT HEIGHT OF PANDEMIC.....	4
THE UNTHINKABLE: SEXUAL ABUSE IN LONG TERM CARE.....	5
STUDY FINDS NURSE PRACTITIONERS BRING BIG SAVINGS & IMPROVE CARE IN LTC FACILITIES	5
DYING OF BROKEN HEARTS	6
LTCCC CELEBRATES 30 YEARS OF ADVOCACY	6
LTCCC'S SYMPOSIUM.....	7
LTCCC'S "NURSING HOME 411 PODCAST"	7
LTCCC IN THE MEDIA	7
FREE LTCCC RESOURCES	8
LTCCC LEARNING CENTER	8
LTCCC WEBINARS.....	8

GOVERNMENT STANDARDS & QUALITY ASSURANCE

THE COST OF INACTION

The COVID-19 pandemic has led to more than [91,000](#) fatalities in long term care settings and immeasurable harm for residents across the United States. A new [Senate report](#), "The Cost of Inaction: 11 Deaths an Hour," argues that much of this suffering could have been prevented with better preparation and a stronger response from the federal government.

The report, commissioned by Democratic Senators Bob Casey (Pa.) and Ron Wyden (Ore.), faults President Donald Trump and the federal government for a lack of preparedness prior to the pandemic and an inadequate response once the virus spread. According to the report, more than 16,800 nursing home residents and workers died of COVID-19 in July and August 2020, including 11 resident deaths every hour. These devastating outcomes were exacerbated by the government's failure to provide

personal protective equipment (PPE), distribute emergency funding, and provide adequate COVID-19 testing. Due to the absence of data collection prior to May 1, 2020, the full extent of the damage may never be known.

The report proposes a series of policy solutions to address the ongoing crisis, including: ensuring adequate data collection; supporting states and nursing homes and implement best practices; providing urgently needed PPE and testing; investing in home and community-based services; elevating the workforce; and upholding resident rights and resume visitation safely.

“More than 16,800 nursing home residents and workers died of COVID-19 in July 2020 and August 2020. During those months, on average, more than one nursing home resident was infected every minute, and 11 residents died every hour.”

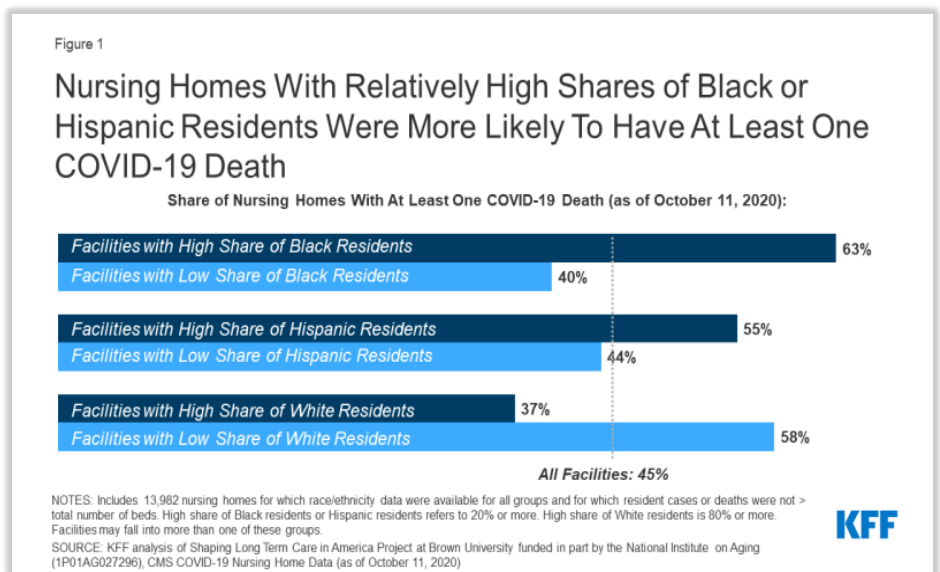
-The Cost of Inaction

- Senate Finance Committee Chairman, Republican Senator Chuck Grassley (Iowa), released a report entitled [“COVID-19 and Nursing Homes: What Went Wrong and Next Steps.”](#) A key finding from this report is that private nursing homes already had widespread deficiencies relating to infection control and prevention in the years preceding the current pandemic. According to the Government Accountability Office, infection control and prevention is the most cited deficiency in nursing facilities with 82% of nursing homes having at least one deficiency in this area.
- LTCCC is publishing critical information on the [Coronavirus Resource Center](#) to help residents and those working with them during this difficult time. This page provides information on COVID-19 in long-term care settings to help you navigate the crisis, including fact sheets on [nursing home care and the coronavirus](#), [infection control information](#), COVID-19 data, and more. The Coronavirus Resource Center is regularly updated with new resources from LTCCC, other advocacy organizations, and government agencies.

RACE AND THE COVID-19 PANDEMIC

Numerous studies have identified [racial and ethnic disparities in COVID-19 outcomes](#). Long term care settings – which account for two of every five US COVID fatalities – are no exception.

New research from the [Kaiser Family Foundation](#) finds that the COVID-19 pandemic has taken a disproportionate toll on nursing homes with higher shares of Black or Hispanic residents. According to the study, nursing homes largely populated with Black or Hispanic residents have experienced a higher share of COVID cases and



deaths compared to facilities with a higher share of white residents. Outbreaks were also more severe in facilities with higher share of Black or Hispanic residents.

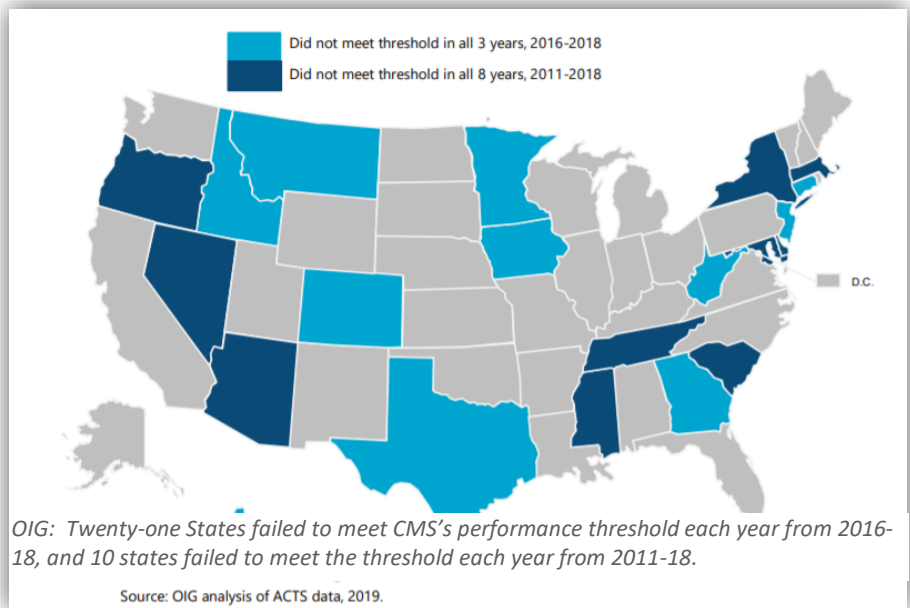
The Kaiser reports builds on prior research identifying similar racial disparities in LTC COVID outcomes during the first few months of the pandemic, as examined in the [LTC Summer Journal](#). The authors note that [community transmission](#) may contribute to racial and ethnic gaps in long term care. Research indicates a strong link between community spread and COVID outcomes in long term care facilities. Disparities may also be driven by gaps in [nursing home quality](#). Numerous studies have found that nursing homes with lower quality ratings have had worse COVID outcomes.

The Centers for Medicare and Medicaid Services (CMS) does not require nursing homes to report cases and deaths based on race and ethnicity, and the absence of this data may hamper future research examining disparities in LTC settings. Nonetheless, the existing research provides clear evidence that the racial disparities found in other health settings are prevalent in long term care. Improving quality of care – especially in poor performing facilities – can help narrow the gaps.

OIG: STATES FALL SHORT IN TIMELY INVESTIGATIONS OF NURSING HOME COMPLAINTS

State survey agencies can serve a critical role in protecting nursing home residents as front-line responders addressing health and safety concerns from residents, their families, and nursing home staff. Failure to provide timely investigation, however, can have serious consequences for the well-being of residents, particularly those involved in situations requiring a rapid response.

[A September 2020 report by the Office of the Inspector General \(OIG\)](#) for the U.S. Department of Health and Human Services found widespread evidence of state survey agencies failing to provide timely responses to nursing home complaints. According to the report, 21 states failed to meet the CMS’s timeliness threshold for high priority complaints in every year from 2016 through 2018. Ten states, including New York, have failed to meet CMS’s threshold for eight consecutive years, from 2011 through 2018.



Based on these findings, the OIG report recommends that CMS should **1)** “ensure that all states receive training on CMS’s updated triage guidance and **2)** “identify new approaches to address those States that are consistently failing to meet the required timeframes for investigating the most serious nursing home complaints.”

- [A May 2020 LTCCC report](#) analyzed regional variations of nursing home quality and oversight in New York state.

- LTCCC & the Center for Medicare Advocacy publish a monthly [Elder Justice “No Harm” Newsletter](#) to highlight examples of health violations in which surveyors (nursing home inspectors) identified neither harm nor immediate jeopardy to resident health, safety, or well-being. Read the latest issue of the newsletter, “[Breakfast in a Soiled Bed.](#)”

CHANGES TO NURSING HOME COMPARE

As of December 1, 2020, [Nursing Home Compare](#), the federal website with information on licensed nursing homes was retired and CMS’s new site, [Care Compare](#), took its place. Nursing Home Compare has served as a resource since 1998 that allows LTC consumers to compare nursing homes side by side to make informed decisions about nursing home care. While CMS administrator, Seema Verma, touts the new website as part of the Trump administration’s commitment to ensuring that tools are “[robust and beneficial to patients](#),” LTCCC is concerned that some of the changes in the new website may make it more difficult for consumers to access the information they need.

LTC NEWS & BRIEFS

NURSING HOMES UNDERSTAFFED AT HEIGHT OF PANDEMIC

Staffing has been a leading factor in determining resident outcomes during the COVID-19 pandemic. A sufficiently staffed facility is not only better equipped to prevent COVID-19 spread but also has more resources to protect residents from neglect and isolation.

Unfortunately, the latest federal staffing data show that most facilities were understaffed at the height of the pandemic, [according to LTCCC’s staffing report for the second quarter of 2020](#). Despite receiving billions of dollars in COVID relief aid, too many nursing homes have failed to invest in staff to meet their residents’ needs.

The national staffing averages for Q2 2020 are **3.46 total care staff hours per resident day (HPRD)** and **0.45 RN care staff HPRD**. These averages fall short of the amount of time needed to ensure that residents receive clinical care (**4.10 hours total care staff HPRD** and **0.75 RN HPRD**), according to [a landmark 2001 federal study](#).

LTCCC’s latest staffing report provides user-friendly staffing data for every U.S. nursing home (in compliance with mandatory reporting requirements) and easy-to-use files for every state that include:

- The levels of care staff that a facility has for its residents;
- Staffing levels for important non-nursing staff, including administrators and activities staff; and
- The extent to which the facility relies on contract workers to provide resident care.

Despite resident censuses dropping nearly 10 percent since the start of the pandemic, staffing levels remain insufficient to care for the reduced population. This has posed significant risks for residents. [A study examining nursing homes in Connecticut](#) found that more RN staffing was associated with fewer COVID-19 deaths, and [research on California nursing homes](#) indicated that facilities with COVID-19 cases were more likely to be understaffed.



Mask Up



Facilities with a one-week supply of PPE were less likely to experience staff shortages during the COVID-19 pandemic, according to a JAMDA study.

- [Journal of the American Medical Directors Association](#)

THE UNTHINKABLE: SEXUAL ABUSE IN LONG TERM CARE

Sexual abuse in nursing homes is underreported, seldom discussed, and rarely researched. For women over the age of 60, the reported rate of sexual abuse is likely much lower than the unfortunate reality.

A [2019 study](#) found that 1.9% of older individuals in institutional settings reported experiencing sexual abuse, but the problem may be more widespread. Residents in LTC settings are more likely to stay silent due to lack of education or information, stigma, cognitive impairments, and fear of retribution. Only 1 in 24 cases of elder abuse of any kind is reported, according to the [World Health Organization](#).

A recent [Business Insider](#) report details how older women are too often forgotten in conversations and research about sexual abuse. Though no demographic is immune to sexual abuse, [studies on this issue have](#) focused predominately on young and middle-aged women.

[In a 2020 paper in the Michigan Journal of Gender & Law](#), researcher Ruthy Lowenstein Lazar argues that sexual violence of older women should be viewed separately from other forms of elder abuse and understood as part of a wider context of gender-based violence. The paper, *“Me Too? The Invisible Older Victims of Sexual Violence”* calls for a holistic approach to sexual violence of older women and a demand to provide older women with legal and social mechanisms that fit their needs. Examples include training programs for prosecutors and police, strengthening cooperation between aged care services and law enforcement, and community projects involving older people to raise awareness of the phenomenon of sexual abuse in older people.

- For more information about the requirements for nursing homes to protect residents from abuse, check out [LTCCC’s Fact Sheet](#).

STUDY FINDS NURSE PRACTITIONERS BRING BIG SAVINGS & IMPROVE CARE IN LTC FACILITIES

A [Canadian study](#) has found “that introducing nurse practitioners can significantly reduce costs and improve patient safety” in long-term care facilities. According to two of the researchers,

Put together, our research shows that close collaboration between nurse practitioners, physicians, and the rest of the healthcare team, helps all team members play their role more effectively... Nurse practitioners are part of the solution to meet the growing needs for quality long-term care. They play a key role in ensuring high quality care for residents in long-term care and reduce costs,” says co-author Eric Tchouaket, a professor at the Department of Nursing at Université du Québec en Outaouais.

[Quotations from Kelley Kilpatrick, associate professor at the Ingram School of Nursing at McGill University, and Eric Tchouaket, professor at the Department of Nursing at Université du Québec en Outaouais.]

“Sexual abuse of older people is a violation of human rights and a significant cause of injury, illness, loss of productivity, isolation, and death.”

– Ruthy Lowenstein Lazar

DYING OF BROKEN HEARTS

It's not just COVID. Nursing home residents across the world are suffering and dying from isolation and neglect while cut off from their loved ones during the pandemic.

New research on LTC residents during COVID suggests that residents in facilities with visitation restrictions are experiencing higher levels of loneliness, depression, and behavioral problems, according to [a report in LTCcovid.org](#) (in preprint as of November 23). In a LTC facility that houses individuals with intellectual disabilities, incidents involving aggression increased significantly after a visitation ban.

Visitation restrictions may also be worsening residents' quality of care, studies suggest. With visitation restricted and, in some cases, blocked, residents have lost access to essential caregivers who provide critical care, even if not financially compensated. Further, residents may be exposed to abuse or neglect that could have been deterred if visitors were present in the facility.

LTC residents are dying at alarming rates, but not just from the virus. For every two COVID-19 victims in long term care, there is another who died prematurely of other causes, says Stephen Kaye, a professor at the Institute on Health and Aging at the University of California, San Francisco, according to the [Associated Press](#). Facilities with more COVID-19 cases are experiencing more deaths attributed to other causes.

According to the AP, doctors are seeing more examples of "less-clear cut deaths" listed on some death certificates as "failure to thrive" as residents are "plunged into despair by prolonged isolation."

LTCCC regularly hears from families reporting that their loved ones are being neglected and experiencing significant health declines.

The research backs up their anecdotes. In the absence of visitation, residents are suffering from serious health declines, experiencing significant weight loss, increased pressure ulcers, and even death due to loneliness.

In September, [CMS issued new federal guidelines loosening visitation restrictions](#) and allowing residents greater access to in-person visits from family, friends, and ombudsmen. Though this has helped normalize life for some residents, the existing restrictions are still preventing many residents from seeing their loved ones. For individuals in long term care, the damage of COVID-19 extends far beyond the virus itself.

- [Watch LTCCC's October webinar focusing on residents' rights to visitation](#). The webinar includes information on compassionate care visitation and other residents' rights.
- [Read LTCCC's recommendations for resident visitation](#), developed in partnership with several resident advocacy organizations.

LTCCC CELEBRATES 30 YEARS OF ADVOCACY

LTCCC celebrated 30 years of advocacy this fall with a virtual town hall, **"Where Do We Go From Here in Long Term Care?"** The program featured a diverse panel discussion about the future of nursing homes with the Honorable Richard N. Gottfried (Chair, NYS Assembly Health Committee), Marcella

"[F]or every two COVID-19 victims in long-term care, there is another who died prematurely of other causes."

- Stephen Kaye, UCSF

Goheen (Family Member), Judy Johnson (RN, Rutland Nursing Home), and Cathy Unsino (LCSW, Advocate for Nursing Home Transformation).

You can watch a recording of the program on our website, nursinghome411.org/ltccc-30.

Thank you to our sponsors for making this event possible.

<p style="text-align: center;">Grand Hosts</p>    	<p style="text-align: center;">Benefactors</p> <p>Ann Dillon-Stanton Blondies Treehouse Dalli & Marino, LLP Thomas L. Gallivan, Esq.</p> <p style="text-align: center;">Donors</p> <p>Ambrosio & Bellotti Fratello Law, P.C. Jeanette Sandor Martin & Marsha Petroff Senior Justice Law Firm Valerie Bogart, Evelyn Frank Legal Resources Program</p>
---	---

LTCCC'S SYMPOSIUM

LTCCC hosted our annual symposium, **“Identifying & Addressing Nursing Home Resident Abuse & Neglect,”** with a virtual program in November. The symposium featured discussion on residents’ rights, investigating and prosecuting abuse and neglect, elder care neglect, resident advocacy, and more. You can watch the symposium and download resources at nursinghome411.org/symposium2020.

LTCCC'S “NURSING HOME 411 PODCAST”

LTCCC’s “Nursing Home 411 Podcast” features topical interviews, issue-oriented programming, and audio versions of our webinars. In a recent episode, **“What Happened in Room 10?”** Katie Engelhart spoke to LTCCC about the COVID outbreak at Life Care Center in Kirkland and what it revealed about the systemic problems in U.S. nursing homes. Listen to the Nursing Home 411 Podcast on our website at <https://nursinghome411.org/podcast/>, and on [Spotify](#), [Apple Podcasts](#), and [Google Podcasts](#).

LTCCC IN THE MEDIA

LTCCC has been a leading voice advocating for residents in nursing homes and other long-term care facilities during the COVID-19 crisis. Following are some of the recent publications in which LTCCC has appeared:

- In [The Washington Post](#), LTCCC executive director Richard Mollot said that inadequate enforcement at CMS had devastating consequences for nursing home residents. “Nursing home

residents were never more vulnerable in our lifetime, if ever,” Mollot told the Washington Post. “I don’t like to overuse the expression, but we literally abandoned them when the need for monitoring was the highest.”

- [The Detroit Free Press](#) featured LTCCC’s staffing report for the second quarter of 2020, noting LTCCC’s finding that “[D]espite coronavirus relief aid, facilities haven’t invested sufficiently in staff to meet residents’ needs.”
- LTCCC’s 30th Anniversary Town Hall program was highlighted in a [River Reporter article about keeping nursing homes safe for patients and caregivers](#). The article quoted LTCCC’s panelists including Judy Johnson, an RN, who spoke about the difficult conditions that nursing home staff faced during the pandemic. “The analogy that health care workers are fighting a war is quite true,” Johnson said. But they fought “without ammunition, our PPE, and many of our co-workers made the ultimate sacrifice.”
- In a [Grand Forks Herald article on visitation restrictions in North Dakota](#), Richard Mollot said that safe visitation is possible even in hot spot regions. “If there is an emergency situation, you know, like a facility got hit, the neighborhood got hit, and they have to do something more monolithic, that’s understandable,” Mollot told the *Grand Forks Herald*. “But within a week or so they should have gotten their act together and reinstated visitation to some degree, or they should probably be asking the state to help them move residents out.”

“[W]ithout ammunition, our PPE, and many of our co-workers made the ultimate sacrifice.”

- Judy Johnson, RN

FREE LTCCC RESOURCES

LTCCC’s resources are free to use and share. To access all of our materials, please visit our homepage www.nursinghome411.org. We thank the [Fan Fox & Leslie R. Samuels Foundation](#) and [The New York State Health Foundation](#) for supporting the development of these resources.

To sign up for updates & alerts, please visit www.nursinghome411.org/join/ or call 212-385-0355.

LTCCC LEARNING CENTER

[LTCCC’s Learning Center](#) offers visitors resources and tools designed for resident-focused advocacy. The Learning Center displays LTCCC’s most recent and most relevant materials, including easy-to-use [record-keeping forms](#), [handouts](#), and [fact sheets](#), that residents, families, ombudsmen, and nursing home staff can utilize when advocating for the rights and protections of a resident.

LTCCC WEBINARS

LTCCC conducts [free monthly Zoom webinars](#) on a variety of timely nursing home topics, ranging from the survey process to resident rights. Watch past webinars on [LTCCC’s YouTube channel](#).

The LTC Journal

Winter 2021 Volume 7, Number 1. ©2021 The Long Term Care Community Coalition.

The LTC Journal is published quarterly by the Long Term Care Community Coalition, One Penn Plaza, Suite 6252, New York, N.Y. 10119. Visit us on the Web at www.nursinghome411.org.

Staff: Richard J. Mollot, Executive Director; Sara Rosenberg, Office Manager; Hayley Cronquist, Policy Attorney; Eric Goldwein, Director of Policy and Communication; Gloria Murray, Ombudsman Program Director; Judy Farrell, Ombudsman Program Director, Jackie Bonesi, Ombudsman Associate Program Director; Kathie Scanlon, Ombudsman Associate Director; and Gabriela Ramirez, Ombudsman Associate.

Board of Directors: Deborah Truhowsky, Esq., President; Joan Burke; Patricia Fildes-Vosburg; Geoffrey Lieberman; Martin Petroff, Esq.; Eilon Caspi, PhD; and Dennis Rosen.

Note: This document is the work of the LTCCC. It does not necessarily reflect the views of the Department of Health, nor has the Department verified the accuracy of its content.