

THE LTC JOURNAL

The Long Term Care Community Coalition

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GOVERNMENT STANDARDS & QUALITY ASSURANCE

GEOGRAPHY IS NOT DESTINY

Nursing home industry lobbyists have been pushing the theory that, when it comes to COVID-19 transmission in nursing homes, it's all about location. However, a new assessment by the Center for Medicare Advocacy (CMA), "[Geography is Not Destiny: Protecting Nursing Home Residents from the Next Pandemic](#)," challenges that theory by arguing that "a facility's location does not equate to a facility's fate."

The report, authored by Cinnamon St. John, uses data analysis and firsthand interviews to explore how and why the coronavirus pandemic devastated nursing homes and exacerbated decades-long issues. CMA research indicates that staffing, nursing home quality, ownership type, PPE, and testing were among the strongest predictors of COVID-19 cases and deaths in nursing home settings. Interviews with nursing home administrators representing facilities from different locations and with different COVID-19 infection rates reveals consistent themes on barriers to protecting residents including understaffing, lack of preparation, poor infection control, and unclear public health guidance. As one administrator put it, “COVID caught us with our pants down.”

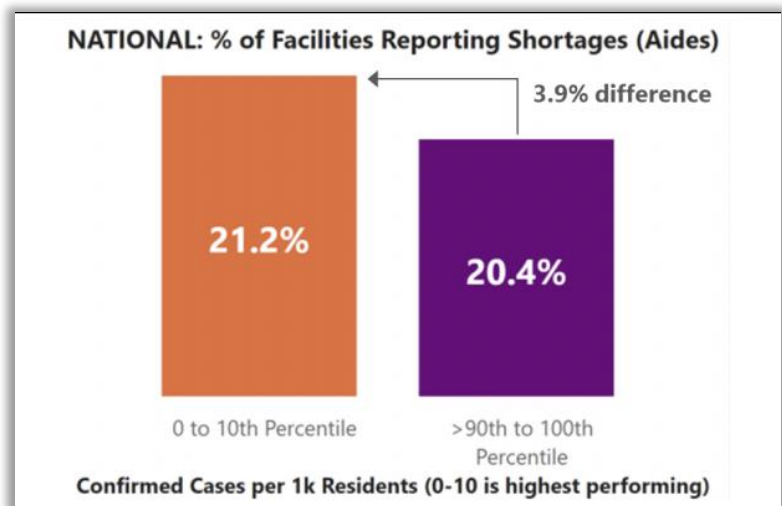
“COVID caught us with our pants down.”

- Nursing Home Administrator, Maricopa County, AZ

Though community COVID-19 prevalence may create additional challenges for nursing homes, the report demonstrates that geography is not destiny.

Key findings include:

- Facilities with CMS’ highest rating (five out of five stars) have been 18% *more* effective at preventing COVID infections;
- Facilities owned by for-profit entities have been 18% *less* effective at preventing COVID infections than those run by non-profit or government entities; and
- Higher performing facilities have generally been better prepared in terms of access to PPE, testing, and nursing staff, but a higher percentage of higher performing facilities reported a shortage of nurse aides than the worst-performing facilities.



Source: CMS COVID-19 Dataset (data through 12.27.20)

Note 1: 0-10th Percentile avg % of total residents infected = 2.8% (n=1,181 facilities); >90th to 100th Percentile avg. % of total residents infected = 94.3% (n=954 facilities)

Note 2: COVID-19 Dataset cleaned to exclude facilities that failed quality assurance check or who reported more cases than residents

The report highlights the challenges we must address and offers actionable remedies and key policy recommendations including reforms relating to staffing levels and training hours, living wages for direct care workers, leadership improvement, and infection control deficiency enforcement, among others. St. John warns, “If we miss this opportunity for change, we will be to blame when the next disaster strikes – and when avoidable harm occurs during “normal” times.”

- 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, [“He Thought They Knew What They Were Doing: Elder Justice “No Harm” Newsletter.”](#)

NY OAG: NEW YORK'S FAILURE TO PROTECT NURSING HOME RESIDENTS DURING THE COVID-19 PANDEMIC

In January, [the Office of the New York State Attorney General \(OAG\) released a scathing report](#) on the state's failures to protect nursing home residents during the COVID-19 pandemic. The report details how NY Governor Andrew Cuomo and the State Department of Health (DOH) failed to ensure nursing homes were in compliance with minimum standards and lacked transparency in communicating with the public about resident deaths and other important information. The findings reinforce the need for minimum staffing standards, increased financial accountability, and meaningful regulatory oversight to ensure the quality of care, quality of life, and dignity for long-term care residents in New York.

"This shocking yet unsurprising report must serve as a wake-up call that vulnerable residents and their families deserve better."

- Richard Mollot, LTCCC

Preliminary findings from the report include:

- Too many nursing homes failed to comply with pre-existing infection control protocols;
- Facilities with lower staffing ratings had higher COVID-19 fatality rates;
- Insufficient personal protective equipment (PPE) and coronavirus testing for nursing home staff put residents and staff at increased risk;
- DOH public data undercounted COVID-19 deaths in some nursing homes by as much as 50%;
- Owners of for-profit nursing homes have a financial incentive to increase their own profits instead of investing in more staff, PPE, and other safety measures; and
- Lack of compliance with the executive order requiring communication with family members has caused avoidable pain and distress.

"This shocking yet unsurprising report must serve as a wake-up call that vulnerable residents and their families deserve better," [said Richard Mollot, LTCCC's executive director](#). "Many of the failures documented in this report have been going on for years and have only been exacerbated by the COVID-19 pandemic. It demonstrates that the longstanding system of accepting and paying for substandard nursing home care has been harmful for residents, their families, and the public at large. We thank Attorney General James for undertaking this important work and shedding light on the catastrophic impacts of both COVID-19 and inadequate quality assurance on nursing home residents."

Note: LTCCC is publishing critical information in 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.

SHE FEELS LIKE SHE'S IN PRISON: CONSUMER VOICE SURVEYS FAMILY MEMBERS ON VISITATION BAN

In September 2020, CMS finally eased nursing home visitation restrictions and permitted family members to see their loved ones under limited circumstances. What family members are seeing is devastating.

[In a new survey conducted by The National Consumer Voice for Quality Long-Term Care](#), an overwhelming majority of family members indicated that their loved ones are declining both physically and mentally after months in isolation.

“Horrible, so skinny and weak near death. Deprived of food, drink, activities and access to loved ones.”

- Family member of LTC resident

Family members reported observing significant weight loss, pressure ulcers, dirty clothes, unbrushed teeth, and missing possessions such as eyeglasses and dentures. More than half of the 191 respondents indicated that there was insufficient staff to care for residents, and more than 9% indicated inappropriate usage of PPE and the failure to follow infection control procedures, such as wearing masks. Only one respondent reported that their loved one had not experienced a decline in demeanor.

Family member responses include:

- She said she has felt like she is in prison. She has been locked in her room for over a month never leaving and only having contact with people when they brought or picked up her meal trays.
- Horrible, so skinny and weak near death. Deprived of food, drink, activities and access to loves ones.
- Mom’s hair and nails haven’t been cut in 7 months.
- Besides looking depressed, he’s unkept – his hair, facial hair, hands and toes.

So much of this suffering was preventable, and speaks to the need for immediate action to protect residents from further decline. The report offers several recommendations including: investing in staffing and training; allowing compassionate care visits for declining residents; ensuring adequate PPE and testing supplies; and restarting all annual and complaint surveys.

“It is likely we will never know the full extent of the horrors residents experienced or the true number of residents who died as a result of facilities being locked down,” the report noted. “But we can take action now to save thousands of lives and stop avoidable and unspeakable suffering; we owe this to residents and their families.”

HUMAN RIGHTS WATCH: CONCERNS OF NEGLECT IN NURSING HOMES

[Human Rights Watch \(HRW\) issued a report](#) exposing the effects of isolation and neglect in nursing homes during the COVID-19 pandemic. Interviews with more than 60 people – including staff, administrators, family members – revealed concerns including extreme weight loss, dehydration, mental and physical decline, and inappropriate use of psychotropic medications among nursing home residents. Many of these devastating health outcomes were exacerbated by widespread understaffing and restrictions on visitation, both of which prevented nursing home residents from receiving the care they need.

The report provides several recommendations such as strengthening enforcement of existing regulatory requirements, creating federal minimum staffing legislation, investigating allegations of neglect, and repealing immunity laws that shield nursing homes from liability during the pandemic.

LTC NEWS & BRIEFS

PROBLEM FACILITIES AND NURSING HOME RATINGS

Is your loved one’s nursing home a “Problem Facility”? [LTCCC has posted user-friendly lists of the 2,400 U.S. Problem Facilities](#): nursing homes assigned a one-star overall rating (the lowest score) and/or included in CMS’s “Special Focus Facility” (SFF) program for nursing homes with a history of serious quality issues. Download individual state files from our new clickable map to see the Problem Facilities in your state.

[LTCCC also posts data on nursing home ratings and information for all U.S. facilities](#). This resource provides information on five-star ratings, ownership type (for-profit vs. non-profit), health inspection outcomes, number of fines, and more. Files can be filtered by category to help users search for facilities within a location and/or category (i.e., Suffolk County for-profit nursing homes). This information can help consumers and advocates assess facility-level performance, regional trends, and more.

BETTER PAY, BETTER CARE

Direct care workers are a critical, yet undervalued part of the long-term care system. Unfortunately, inadequate pay and difficult working conditions have led to chronic staffing shortages in too many facilities nationwide. When facilities are understaffed, residents do not receive the care that they need.

[A new report by LeadingAge, “Make Care Pay Work,” examines how increased wages can benefit workers and care recipients](#). Key findings on the impact of paying workers a living wage include:

- **Reduced staffing shortages.** Increased wages would incentivize staff to work longer hours and attract new workers to the direct care field. The report estimates that increased wages could contribute to adding 330,000 direct care workers, a roughly 9.1% boost to employment in 2022.
- **Lower staff turnover.** Increased wages could result in a modest reduction in turnover (between 0.7 and 1.7 percentage points). This could help increase staff continuity and contribute to significant savings.
- **Higher productivity and better care.** Increased wages could contribute to more favorable work environments and greater productivity. Studies have found that more favorable work environments are associated with reduced adverse health outcomes for residents (i.e., pressure sores), lower acute hospitalizations, and higher community discharges.

TABLE 6: POTENTIAL YEARS IN THE LABOR FORCE OF SELECT OCCUPATIONS BY WAGE LEVELS, 2019

Wage Level	Direct Care Workers			Childcare Workers	Health Care Assistants and Other Aides
	All Aides	Care Facility Aides	Home Care Aides		
Less than \$11 Per Hour	23.3	19.3	25.6	11.7	13.7
\$11 to \$13 Per Hour	21.8	17.3	25.0	18.1	12.7
\$13 to \$15 Per Hour	23.2	19.7	26.7	14.3	14.7
More than \$15 Per Hour	25.3	24.2	26.4	20.8	19.9

Direct care workers in the lowest wage category have substantially more experience than similarly paid workers in other low-wage care occupations.

When staff are undervalued, nursing home residents suffer. Increasing wages and improving work environments would be a critical step in improving the lives of workers and the residents they must serve.

Note: LTCCC publishes quarterly staffing data for every U.S. nursing home. The latest federal data indicate that U.S. facilities remained understaffed during the 3rd quarter of 2020, averaging 3.43 total care staff hours per resident day (HPRD) and 0.47 RN care staff HPRD. The nationwide averages fall short of the amount of time needed to ensure that residents receive clinical care (4.10 total care staff HPRD and 0.75 RN HPRD), according to a landmark 2001 federal study. [Visit NursingHome411 to access LTCCC's Q3 2020 staffing report](#) and download easy-to-use files for every state.

A PROMISING EXPERIMENTAL ALZHEIMER'S DRUG

An experimental medicine yielded promising results in slowing the progression of Alzheimer's disease, [according to the drug's maker, Eli Lilly](#). Results from a small clinical trial showed the drug appeared to slow the decline of patients with Alzheimer's.

Participants receiving the drug, "donanemab," had a 32 percent deceleration in the rate of decline compared with patients given the placebo. The promising result would be the first of its kind though experts caution that findings have not yet been published nor widely reviewed (as of January 2021), and that they need to be replicated.

Still, "this is big news," Dr. Michael Weiner, a leading Alzheimer's researcher at the University of California, San Francisco, told the *New York Times*. "This holds out hope for patients and their families."

"This holds out hope for patients and their families."

- Dr. Michael Weiner, Alzheimer's researcher

LAWSUIT: INAPPROPRIATE INSTITUTIONALIZATION

New Hampshire residents dependent on Medicaid-funded long-term care are suing the state, claiming they were placed at risk of unnecessary and dangerous institutionalization in nursing facilities. [The class action lawsuit](#) alleges that the state's Department of Health & Human Services (NHDHHS) failed to properly administer its Choices for Independence (CFI) Medicaid Waiver, which is intended to provide assistance to qualified individuals who choose to continue to live in their homes. As a result, CFI enrollees may face greater risk of entering an institutional setting to secure necessary services that they should be able to get in their homes.

Preventing unnecessary institutionalization is especially important amid the COVID-19 pandemic as 80% of all COVID-19 deaths in New Hampshire involved residents in these facilities. States must be held accountable for ensuring that individuals' rights to receive care and services outside of these institutions are realized.

"In New Hampshire, 80% of all COVID-19 deaths have involved residents of these facilities – double the national average."

- AARP Foundation

New Hampshire Legal Assistance, Disability Rights Center – New Hampshire, AARP Foundation, and the Manchester office of Nixon Peabody LLP are representing older adults and individuals with disabilities in the class action lawsuit. Read the full complaint [here](#).

- [Watch LTCCC's webinar on inappropriate institutionalization in long-term care facilities](#). The program features Nina Loewenstein, attorney and advocate for long-term care reform.

FAMILY PRESENCE DURING A PANDEMIC: GUIDANCE FOR DECISION-MAKING

As we learn more about the COVID-19 pandemic, the serious harms of new restrictions on family or caregiver presence in long-term care facilities and other health care settings are increasingly being recognized. To encourage organizations to revisit their policies, the [Institute for Patient- and Family-Centered Care has developed a free online resource](#) integrating the core concepts of patient- and family-centered care and fundamental principles of bioethics into three tools to guide collaborative decision-making in achieving a better balance between benefits and harms – for patients, families, clinicians, and communities. Development of the resource was supported through funding from the New York State Health Foundation.

GET THE FACTS ON VACCINES

Visit LTCCC's [Vaccine Resource Center](#) to access fact sheets, vaccination data, and other critical information to help you and your loved ones make informed decisions about COVID and flu vaccination. You can learn more about vaccination in long-term care by watching [LTCCC's webinar](#) and listening to the [Nursing Home 411 Podcast episode](#) featuring research scientist Beth Nivin, MPH.

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 pandemic. Following are some of the recent publications in which LTCCC has appeared:

- In [The New York Post](#), LTCCC Executive Director Richard Mollot said that New York needed to be more forthcoming about which nursing homes were designated COVID-only facilities. “There’s no transparency as to what the facilities are. How were those facilities vetted and selected?” he said.
- In the [The Associated Press](#), Richard Mollot spoke about the lack of transparency in New York State throughout the COVID-19 pandemic, saying that “the meting out of bits of important data has undermined our ability to both recognize the scope and severity of what’s going on [and address it].”
- On [WNYC's The Brian Lehrer Show](#), Richard Mollot discussed the vaccination roll-out in nursing homes and the data showing residents’ heightened risk of contracting and dying from COVID-19.
- Richard Mollot joined attorney Rob Schenk on [The Nursing Home Abuse Podcast](#) to discuss accountability for nursing home owners.
- A [Pittsburgh Post-Gazette](#) report examined how troubled nursing home facilities received significant government funding despite poor performances. “It’s obviously a giveaway,” Richard Mollot told the *Post-Gazette*. “Why are we giving these facilities money for a snapshot that may not even be capturing what they’ve really done in totality for protecting their residents?”

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.

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.

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](#).

SIGN UP FOR THE NURSING HOME 411 ZOOM ROOM

LTCCC is pleased to support nursing home family councils and family member settings with our **free** NursingHome411 Zoom rooms. Reserve a virtual meeting room—with no time limits!—using the following link: <https://www.surveymonkey.com/r/LTCCC-family-council>.

THE NURSING HOME 411 PODCAST

LTCCC's "Nursing Home 411 Podcast" features topical interviews, issue-oriented programming, and audio versions of our webinars. [A recent episode featured interviews with two Texas ombudsmen who shared tips on leveraging technology](#) to communicate with residents and families and discussed how their roles have evolved during the COVID-19 pandemic. Listen to the Nursing Home 411 Podcast on our website at <https://nursinghome411.org/podcast/>, and on [Spotify](#), [Apple Podcasts](#), and [Google Podcasts](#).

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