



Via Email

April 24, 2020

The Honorable Tom Wolf
Pennsylvania Office of the Governor
225 Capitol Building
Harrisburg, PA 17120

Re: Urgent Targeted Response Needed to COVID-19 in Pennsylvania's Long-Term Care Facilities

Dear Governor Wolf:

We are writing to express our concern about the need for stronger action during the COVID-19 pandemic to protect residents and staff of nursing homes, assisted living and personal care homes, housing some of Pennsylvania's most vulnerable individuals. We greatly appreciate the leadership you and others in your administration have taken to make Pennsylvania safe during these unprecedented times. However, in long term care facilities, where more than half of all COVID-19 deaths in Pennsylvania have occurred, there is a pressing need for more concerted attention. We applaud the decision to contract with ECRI to support facilities in their infection control efforts, but additional actions are needed. Below we describe recommended steps we strongly urge you to take immediately.

Require Transparency and Public Disclosure about COVID-19 in each facility including the number of cases among residents and staff, fatalities, staffing levels, availability of PPE, and availability of testing kits. Demographic information including breakout data for both age and race should also be shared. Racial disparity has a long history in health care and those disparities are playing out now in this pandemic. As you may know, nursing homes in New York have reported that patient deaths from COVID-19 have disproportionately been people of color. We fear the same

is true in Pennsylvania. We thank you for identifying the numbers of COVID-19 positive cases and deaths in long-term care facilities by county as a start. But this is not enough, the state must share these additional measures with the public. Residents and their families are desperate for information about whether and to what extent COVID-19 is present in their facilities and whether there is sufficient staff to provide adequate care. The public needs this information in order to make informed decisions about placement for short term rehabilitation or long-term care. The information should be posted at the facility and on its website and be communicated to residents and their families or representatives. It should also be reported to the Pennsylvania licensing agency and CMS.

Other states are posting facility specific lists. All Pennsylvanians should at a minimum be afforded the same level of disclosure as offered elsewhere.

Establish a COVID-19 Response Team immediately to assess conditions in long term care facilities, including state Veterans' homes, and prioritize activities to marshal resources and direct attention to facilities with an outbreak. The Response Team should include, at a minimum, Long-Term Care Ombudsman staff, consumer advocates, representatives of public health agencies including epidemiologists, and regulatory agency officials including the Departments of Health and Human Services. These teams should gather information on a continuing basis about both suspected and confirmed COVID-19 cases and fatalities, staffing levels and the availability of PPE and testing kits in facilities. In addition, they should coordinate with appropriate entities to ensure that PPE, testing kits and other supplies are obtained and distributed to facilities where they are needed.

Members of the Response Team should monitor onsite in facilities with COVID-19 cases, prioritizing those with known problems with infection control and/or staffing to assess conditions, including numbers of residents and staff affected, availability of PPE and testing kits, proper use of PPE, staffing levels review the facility's emergency preparedness and infection control and mitigation protocols. The information gathered will help direct resources to where they are most needed. This level of focus is needed to mitigate any problems caused by waiver of regulations and limited oversight due to the inability of ombudsmen, and families to visit and the currently reduced presence of licensing staff in facilities. Where needed, the National Guard or other medical resources should be sent to assist in facilities facing critical needs.

Recently we've learned that "surge teams" have been deployed to some facilities in Pennsylvania. We are pleased to see this happening but ask for more transparency.

Local long-term care ombudsman can be helpful in situations such as this; while all this activity is taking place in the facility, ombudsman can be a source of support for residents. We have consistently heard from residents that they are not well informed, and they are frightened.

Once the crisis eases in facilities, the COVID-19 Response Team should work to review potential best practices, marshal resources, and modify guidance for the expected next wave of the virus.

Engage Residents and Families or Representatives in Discussions About Proposed Moves or Transfers. We urge you to bring in National Guard medical staff or other resources wherever their presence can mitigate the need to transfer residents to other facilities. Last week, approximately 30 residents of a home in Montgomery County were quickly moved 60 miles away to another facility, apparently with little engagement. It is vital to involve residents and their families or responsible parties in any transfer plan. Residents who are transferred without proper planning often experience anxiety, depression, fearfulness, withdrawal, and confusion. We recommend that in situations where residents must be moved the ombudsman be notified and resident conversations facilitated virtually to provide support for residents, similar to the process currently used when facilities are closed.

Establish Distinct COVID-19-Only Units or Facilities: COVID-19-only facilities or units should be established, with separate staffing teams, so that residents and staff who do not have COVID-19 can be protected and residents with COVID-19 can receive appropriate care. We are hearing from residents that some nursing homes are not able to designate dedicated staff to the COVID-19 unit/floor because of short-staffing issues; this must be remedied to slow the spread of COVID-19 throughout the facility. It is also essential that any facility designated as a COVID-19-only facility meet specified criteria for adequacy of staffing, strict adherence to infection control, and capacity to provide quality care.

Provide Adequate PPE and Testing. Nursing facilities should be given very high priority in the distribution of PPE and COVID-19 testing kits. PPE is essential to ensure that staff have the proper equipment to do their jobs and to protect them and residents from the virus. Testing for both residents and staff ensures that appropriate decisions can be made about how and where care is to be provided. PPE and testing save lives. In addition, staff must be trained to use PPE properly. We are hearing from residents that they are worried because staff do not always follow protocol for use of

PPE. Masks and hand sanitizer must be made available to residents, as well. However, residents who have dementia should not be forced to wear masks.

Test All Residents and Staff. Pennsylvania should test all long-term care facility residents and staff, as West Virginia is doing, in order to prevent asymptomatic and pre-symptomatic individuals from infecting others and to make early action to cohort residents possible. Testing should be performed by trained technicians; the National Guard may be a source of testing teams.

Enhance Monitoring of Staffing to Ensure Needs are Met. Inadequate staffing has long been a problem in many nursing homes. Facilities with COVID-19 may need more staff than normal to meet increased care needs, while others may be experiencing shortages as staff are calling out. Staffing in facilities should be closely monitored and if inadequate, other resources should be sent in to help (see Response Team, above).

Support Direct Caregivers and other essential workers involved in providing care, including housekeeping staff. Those working in long term care facilities are society's lifeline to residents. They are truly essential workers and deserve compensation and benefits to support their efforts. It is not a secret that many staff in long term care facilities struggle to make ends meet on their salaries, causing some the necessity of working in more than one facility. This increases the risk of disease spread. Additional compensation or hazard pay should be available for these workers. It is also essential at this time that they be provided with paid sick leave and protection from retaliation for not working while ill or showing symptoms characteristic of COVID-19.

Ensure that the needs of people with Alzheimer's Disease and Related Disorders (ADRD) are addressed. [Guidance](#) developed by the Alzheimer's Association for long term care facilities and home and community-based settings should be shared with all facilities to help them support residents with cognitive deficits. Person-centered care should be practiced as described in the Alzheimer's Association [Dementia Care Practice Recommendations](#). The most important factor in providing quality dementia care is to know the person. It is helpful to have a meaningful person-centered plan available during times such as this when there may be temporary staff or staff newly assigned to another unit taking care of dementia residents. In addition, residents with dementia may not be able to understand or be able to practice safe practices including handwashing; special attention should be paid to these residents to protect them and others with whom they are in contact.ⁱ

Issue guidance for facilities to facilitate timely communication among residents, families, friends, ombudsman, and other advocates. There should be full disclosure and meaningful communication with families and advocates throughout the crisis. Facilities should be directed to enhance communications by assigning a primary contact for families; providing a phone hotline for family members to get information about their loved one's care; establishing a listserv; having video conferencing capabilities to enable virtual visits; and creating other opportunities to maintain communication between residents and their families. Resident councils, family councils and PEER groups should continue to meet as usual using safety protocols and if necessary, video conferencing.

Track outcomes for all residents. With many regulations suspended and licensing activity drastically reduced, there should be oversight and disclosure of all deaths and adverse events including other non-COVID-19 infections and falls.

Preserve the rights of nursing home residents. We are aware that a handful of states have granted providers immunity from liability during this time, and we are aware that there are proponents of a grant of immunity among the long-term care providers in Pennsylvania. Please know that we deeply appreciate that care staff and many facility administrators and owners are doing their best. However, older adults and people with disabilities, no matter where they live, are not expendable and a broad grant of immunity would be a terrible mistake. We urge you to make sure that the rights of all consumers are upheld now and in the future.

Thank you for your efforts and leadership to ensure the health and safety of Pennsylvanians under the most challenging circumstances. We hope you will agree to take additional measures to protect this vulnerable population. We are available to discuss this important matter with you or your staff. Please contact Kathy Cubit at cubit@carie.org. Thank you in advance for your attention to these urgent matters.

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i found online at: https://www.alz.org/professionals/professional-providers/dementia_care_practice_recommendations