Senate Aging & Youth and Health & Human Services Committees Virtual Hearing

Testimony on Long-Term Care and COVID-19

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Good Morning Chairwoman Ward, Chairwoman Brooks, Chairwoman Collette, Chairman Haywood, members of the Senate Aging & Youth and of the Health & Human Services Committees. Let me start by thanking you for the work you do to on behalf of older adults in Pennsylvania and the opportunity to provide testimony on COVID-19 and the effect it has had on my residents and staff.

I am Mary Kay McMahon, President and CEO of Fellowship Community in Whitehall, PA a faith based, non – profit senior living community. Our single site campus is made up of a 121-bed skilled nursing center, 165 personal care beds in 2 separate buildings and 151 independent living units. At the current time we are serving approximately 472 seniors. All our residents are in the most vulnerable age group that is at risk for the coronavirus, especially the ones who reside in our nursing facilities. We were uniquely prepared going into the pandemic due to our high staffing levels, continuity of staff and focus on quality of care as evidenced by our 5-star ratings in all categories.

As a leadership team we began discussing and following information related to the pandemic in February and moved to aggressive planning and preparations in the first week in March; we closed our buildings, restricted visitation and began screening all staff on March 10th. At first our primary goals were prevention and preservation of life which we successfully did for approximately 4 weeks. We identified our first positive case in personal care on April 3rd and our response quickly shifted to containment which has proven to be a significant challenge for many reasons which I will explain further. To date we have tested a total of 103 residents, 26 were positive for COVID 19 (5 in skilled nursing and 21 in personal care), 76 were negative. We have tested a total of 32 employees, 5 were positive and 21 negative and 3 tests are pending. Our containment efforts centered around creating a separate COVID zone in personal care and one in skilled nursing. Each area has dedicated trained staff.

As hindsight is 20/20, we have found that the screening of staff is not helpful as our positive staff members did not present with a fever or symptoms when at work. We learned that by the time you find out that a resident or employee has symptoms and tests positive it is too late as the exposure of others has already occurred. What would have been important to do early on and even now is testing of all residents and staff. The asymptomatic carriers are the problem that we cannot see. It is mind boggling that we are not prioritized for testing at this point, that obtaining test swabs is a challenge and we must use every available resource to try to get them. If I knew the status of all my staff I would be able to make better allocation decisions and know where my most vulnerable pockets of residents were. We cannot be proactive without this information. The Lab that we use for testing sent us a letter stating that that we are not a priority for them and stopped sending us test swabs. I have had to request assistance in sourcing testing materials from Leading Age PA as this is a critical need to properly manage and control the spread of the virus in our care facilities. We currently are using another local lab

who agreed to send us testing supplies and run our tests for $60 each, which was the lowest price that I found so far. So, there is a financial burden as well. I would urge you to make mandatory free universal testing of Nursing facility staff a priority and allow access to testing even if they have no symptoms.

The other significant challenge is access to PPE. It was apparent very early on that we had to be as self- sufficient in sourcing supplies as we could be because support from outside agencies is minimal and spotty at best. We have a work team dedicated to this. We have implemented every PPE preservation strategy that we could think of, including making our own gowns, masks, and disinfection of N95 masks which St. Luke's University Health Network is providing. Having available PPE is essential not only for the protection of the staff but it serves another very important purpose and that is reduction of fear and anxiety. The negative media attention that nursing homes are receiving is very harmful as it stokes fear. The one thing that we underestimated is the level of fear and anxiety the staff has and the amount of time and energy that is needed to manage that. Even though we have been able to source and provide PPE they hear these horrible stories on the news and assume that it will happen at Fellowship Community. Having appropriate PPE available and distributing it goes a long way in making staff feel that they are supported and protected. I cannot stress how critical this is. We should not have to worry about how to stretch out our supplies and how to re-use them. At this point we should be able to obtain what we need. Fear is also what makes staffing challenging, as soon as we had one positive case, multiple employees quit, they were so afraid of getting the virus themselves or bringing it home to their family members that they choose to leave. No amount of education or reassurance was helping, since we had a high staffing standard to begin with we were able to withstand this impact however many facilities cannot. It is also nearly impossible to recruit new staff members, people do apply however when called to set up an interview they are asking if we have COVID in the building and then refuse to move forward.

I want to circle back to containment of the virus again. I believe that many people do not understand that social distancing in care facilities is not possible. The reason being that the service we provide is direct care, you cannot be 6 feet away from someone when they need assistance with activities of daily living like being fed, toileted, washed, dressed, transferred, and ambulated. This is a very up close and personal business it can not be provided remotely or through tele communications. Also, for facilities like Fellowship Community which were built in 1980's, the physical layout of the units adds an additional layer of complexity as they have double loaded narrow hallways of mainly semi private rooms. Everyone lives in very close proximity to others. The virus moves in a stealth manner, it is invisible, and that is why it ravages nursing facilities. If we could go back in time and had enough resources, all our staff should have been in full PPE protection from the start. It is the asymptomatic carriers that we can not identify that are the problem and in this intimate, close encounter environment the virus takes hold before you even know it is there. Once you have a positive case then you can react, but we really need to be proactive to make a bigger difference.

To date at Fellowship Community we have had 4 of our COVID residents expire. The first 3 who were seriously ill chose to go to the hospital, others who were ill refused to go and were treated in place as were all the others who tested positive. Most were too scared to go to the hospital and fortunately we have the clinical resources to manage them. Sadly all 3 of those hospitalized residents passed away, in house we had one death of a 99-year-old resident. We did not reach our goal of preservation of life however we are still fortunate that our care outcomes are encouraging. The interesting thing is that all our residents did not present with the typical symptoms, some just did not feel good, many were afebrile, and some had GI complaints. That is when we knew we had to test any resident that had even a minor change in condition and found many with very mild symptoms to be positive. We had 7 residents test positive who were asymptomatic and were only tested because of possible exposure due to their room locations or cared for by a positive employee. Therefore, universal testing of residents is so important, if you only test those with a fever or respiratory symptoms you are missing others who then are continuing to spread the virus.

I also must strongly urge you to consider granting immunity from liability for nursing facilities. As we care for these residents and try every possible way to contain it, we must worry about possible litigation. Although at this point our insurance premiums have not been increased due to our COVID situation as other providers have been, our Insurance company has requested a significant amount of information about our positive residents as well as frequent updates. They are tracking our situation closely. We have had family members reference possible litigation as well. We have tried to maintain open and honest communications with our residents, staff and family members from the start. I do weekly video updates for employees and families which are shown internally, posted to our website and Facebook page. Our Chief Operating Officer does twice a day weekday updates for staff and residents via our overhead paging system and does weekly group phone updates for resident representatives. All prior to being mandated by CMS to provide communication. Even with a well implemented communication plan the threat of litigation is still strong.

We have followed all the CDC, CMS and DOH guidance from the beginning however some of that was not enough. It was very clear from the start of the pandemic that nursing facilities where at great risk, yet we were not prioritized for resources and still are not. I feel that we were an afterthought and now everyone is scrambling to figure out why the cases in nursing facilities are so high. The answers were there all along if we were made part of the conversation. Much of what we have we had to source ourselves. I am thankful for the PEMA push backs we received, the PPE donations that local businesses have sent us, the support of Leading Age PA and National for the wealth of information and access to resources and to our local NE Coalition for keeping us updated.

In the end there is still much room for improvement. We need immediate access to universal testing and antibody testing for staff and residents, a steady supply of PPE, a reduction in

negative press, support for our courageous caregivers with out whom our outcomes would be very tragic and immunity from litigation. It is time for action.

Thank you for allowing me to discuss this important issue. I am pleased to address any questions you might have.