



Comment about a Nursing Home

Ridout, Charlette <charlette.ridout@dhp.virginia.gov>  
To: Rebekah Allen <rebekah.allen@vdh.virginia.gov>

Tue, Aug 4, 2020 at 4:09 PM

Rebekah,  
I wanted to provide a personal comment regarding the care my father received from Sitter Barfoot Veterans Care Center in Richmond. There has been a lot of comments on the call today in regard to the poor care received in nursing homes. I felt the need to tell a positive.

I hope that you can forward this to the correct person, if you are not the person that I should be sending this to.

My father Curtis O. Nimmo was a Navy World War II veteran and was in Sitter Barfoot Veterans Care Center for the last 19 months of his life. This was his home. I had thought about quitting work to care for my father prior to us finding Sitter Barfoot, but after we found this facility I decided to continue to work. My family members and I went to visit my father on a regular basis, almost daily someone was there. Never once did we go to check on him but to visit him. We never felt the need to "check on him". He was always clean, fed and participated in activities to the best of his abilities. This was my observation for all the residents there. The day the nurse called to tell me he was dying, I told my neighbor I was on the way to the nursing home but if I didn't make it before my daddy passed I felt comfortable that he was with people that love him. Not all nursing homes are bad. Thank God my father was in Sitter Barfoot and thank God for the funding provided by the Commonwealth of Virginia for this facility. I feel horrible daily that he was not at his home but thankful we found the best home possible for his situation.

Thank you. Charlette Ridout

Charlette N. Ridout, RN, MS, CNE  
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August 4, 2020

The Honorable Jennifer Kiggans  
Senate of Virginia  
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Dr. Carole Pratt  
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Richmond, Virginia 23218-2448

Ms. Rebekah Allen, JD  
Senior Policy Analyst  
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P.O. Box 2448  
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**Re: Ch. 932 (2020 Acts of Assembly) Work Group**

Dear Sen. Kiggans, Dr. Pratt, and Ms. Allen,

We are grateful to be able to participate in the discussions about Virginia's long term care workforce as part of the Ch. 932 (2020 Acts of Assembly) Work Group. The Virginia Health Care Association – Virginia Center for Assisted Living (VHCA-VCAL) is a member-driven organization dedicated to advocating for and representing the interests of over 345 Virginia nursing and assisted living facilities, the over 90,000 residents and patients they serve annually through the selfless efforts of nearly 50,000 dedicated care-giving staff. We are the Commonwealth's largest association representing long term care. VHCA-VCAL's members include proprietary, non-profit, and government-operated facilities dedicated to providing the highest quality of care.

This work group affords us all the opportunity to participate in meaningful dialogue about solutions to address workforce issues in long term care facilities. Virginia's dedicated long term care professionals devote themselves to the care of some of the most vulnerable among us—our parents, grandparents, neighbors, and friends. These are individuals who need hands-on care to complete everyday tasks like getting in and out of bed, dressing, eating, or taking a shower.

Unfortunately, there has long been a critical shortage of nurses and aides who do this important work. This shortage extends beyond long term care facilities to the entirety of the health care system and is not easily fixed with mandates. Compounding the workforce issue is the chronic underfunding of nursing care services funded by Virginia Medicaid. As wages are a major component of nursing care costs and more than six in 10 nursing facility residents rely on Medicaid for their care, attention to underfunding will be critical to finding meaningful solutions.

Existing workforce challenges are receiving renewed attention in the midst of the COVID-19 pandemic. Nursing facilities and assisted living communities that may have previously struggled

to retain and recruit caregivers now are struggling with outbreaks at their facilities that affect both residents and staff. When staff members must stay home to care for their own family members, fall ill, or self-quarantine, their residents still need 24/7 care. Despite the challenges posed by the novel virus, these caregivers have shown time and again their commitment to selfless service that residents and their families expect.

We appreciate the chance to consider creative and effective ways to retain the caregivers who already serve in this sector and attract new individuals to this work. Achieving these goals requires long term solutions. Some solutions for consideration include:

- Partnerships with the Virginia community college system to promote career pathways in long term care
- Introduction of long term care as a career pathway to high school students
- Measures to reduce turnover, including additional funding for nursing home providers to offer higher, more competitive wages
- Policies to address underfunding of Medicaid nursing care services

Long term care providers are a crucial pillar in the continuum of care and want to continue to serve those members of our community in need of their services. We look forward to continuing the discussions about promoting positive solutions to our workforce challenges.

Thank you for your leadership on this issue and your continued openness to discussion about solutions.

Sincerely,



Keith Hare  
President and CEO

cc: Scott Johnson, Hancock, Daniel, and Johnson, PC  
April Payne, MBA, LNHA, VHCA-VCAL



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**Nurse Aide Education Programs Requirements**

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Ridout, Charlette <charlette.ridout@dhp.virginia.gov>  
To: Rebekah Allen <rebekah.allen@vdh.virginia.gov>

Tue, Aug 11, 2020 at 3:31 PM

Good afternoon Rebekah.

I wanted to make you aware of a suspension of a Board of Nursing regulation for nurse aide education programs that went into effect yesterday. This suspension will allow broader access for the nurse aide programs to meet the clinical requirements of the program. I am providing you this information as I thought it may be helpful for the workgroup call on Monday August 17. Additionally, since this now allows for nurse aide clinical to be completed in hospitals and home health hospice settings, please forward to others in your department what may need to know this information.

Throughout the COVID-19 crisis, the main focus of the Board of Nursing (BON) has been on identifying regulatory barriers to increasing the healthcare workforce across Virginia without jeopardizing safe and competent patient care. Now that skilled nursing facilities and the workforce have been impacted by the pandemic for 6 months, the need for additional flexibility in nurse aide education program regulations has been identified. Therefore, 18VAC90-26-20(B)(1)(e) has been suspended until December 31, 2020 which can be found in its entirety on the Board of Nursing website and [here](#) for your convenience. The suspension of this regulation enables programs to complete the 40-hour direct client care training of enrolled students in alternate [clinical](#) sites to include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units. Regulations do not provide for completion of the 40 hours in the laboratory setting. [Waivers](#) issued March 19, 2020 of 18VAC90-26-30(C & D) remain in effect.

I hope this is helpful. Please let me know if you have any questions.

Charlette

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**Ch. 932 Work Group Public Comment**

Sam Kukich <skukich2002@yahoo.com>  
To: Rebekah Allen <rebekah.allen@vdh.virginia.gov>  
Cc: carole.pratt@vdh.virginia.gov

Sat, Aug 15, 2020 at 3:57 PM

Ms Allen and Dr. Pratt.

In and effort to focus on the issues related to our upcoming meeting on Recruitment and Retention, I thought it would be best to get comments from current CNAs. They are the experts, they are the ones doing the job day in and day out and their experience and opinions will be valuable in making future decisions. The names of the individuals were not included to prevent any worries of retribution.

**CNA 1**

I think the hardest part is that most facilities cannot get to the staffing levels they want due to lack of applicants or getting applicants who are a poor fit for this type of work. SNF's are not doing a great job of really helping applicants understand how physically and emotionally challenging the job can be (of course it is very rewarding for many!!). While trying to get staffed better many leave out of frustration and the cycle continues. Pay also is a factor, with reimbursement the way it is it can be a challenge for the employer to pay a salary that is deserved, especially for rural and not for profit entities. I do feel pay is secondary though because people will stay in a job that pays a little less if they are happy. Acuity of care has also changed a lot and I'm not sure most nursing homes are set up for the large case mix. It's a challenge to provide appropriate dining, recreation, and staffing assignments when you are mixing dementia, long term physical disabilities that are cognitively intact, rehab, and behavioral health. Our system needs a big overhaul, just not sure what the right thing is to start with?!

**CNA 2**

A base, living wage pay needs to be set...

Classes need to be paid for by the state, or federally...

A quarterly stipend for us to buy scrubs and or shoes...

Bonus pto for CNA's that actually show up for there shifts, perhaps monetary bonuses...

Contributions to 401k 3% or better...

120+ hours of pto for CNA's whom are FT (this will ensure that people take time for themselves mentally and emotionally)...

I'm going to be doing some of this work with a state rep soon so I appreciate the work you're doing.

It will be worth it all in the end.

Maybe we could coordinate as I'm sure I can learn a lot from your experience.

**CNA 3**

Ratios, I cannot take care of 15-20 people, serve meals, feed, bath, toilet, change, daily weights, chart, and have time to pee for myself in 8 hrs. I literally limp out of work!

**CNA 4**

Reasons I stay as a CNA are job satisfaction and knowing that I make a difference in my resident's lives. A lot of my residents tell me I am so glad you are here. Reasons of turnover of CNAs is it is a lot of hard work and back breaking at that. You are dealing w/seniors who are very stiff and not very mobile and it is hard to turn them to change them, to get them out of bed, take to the restroom etc. Also, another reason for high turnover rate is a lot of the younger set will not stay b/c the pay is not what it should be and after discovering how difficult the job is, they choose not to stay. Also, the most states do not have a cna ratio to resident ration. Another thing, is that there are too many high needs residents (I work at an ALF, and it is more like a nursing home, it is NOT truly assisted living). It is very difficult to meet the needs of everyone in the facility, especially when you have some that are soooooo picky about how their covers are place, where their ice water cup is, how their lights are, fix their remote, find their lost stuff, etc. The list goes on and on and on. The residents are relentless on the call bell. They do not EVER stop and the poor aids are running their selves ragged trying to meet each and every need. There is also showering that needs to be accomplished, ted hose on or removed, feeding, etc. My place does not pay well and nor do they pay a shift differential. We are soooooo desperate for aids, that we accept behavior that in the normal world would not be tolerated. We have on aid who if a certain individual is on her chart to shower she will walk out before accepting that assignment and other things too. And the call outs!!! We are also dealing w/dementia residents who are not on a memory care unit, the bathrooms in the resident's rooms are too small, they were not made in consideration w/seniors and mobility equipment in mind. Some of the residents are painfully slow in doing anything and then there is the having to deal w/the family issues. Most family members think that their loved one is the ONLY resident and the facility and that they should be taken care of first. There are only so many aids to go around and everyone has to wait their turn.

**CNA 5**

It's the pay, and cna/resident ratio.... Duh bisssSH lol

**CNA 6**

Some CNAs don't like to orientate new CNAs who are new to the facility not new to the job can lead to turnover as well. So it's a lot of reasons why CNAs have such a high turnover rate because of seasoned staff not giving a new person the proper welcome

**CNA 7**

CNAs are leaving the field because we are extremely overworked with little pay. This is another classic exploitation of the working class for CNAs corporate benefit. 80% of musculoskeletal issues come from nurses aids. There is little to no room to move up. You would think that companies would want to "support" CNAs who want to go to school to become a nurse or LVN but frequently scholarship programs do not exist or are pulled away. When I was taught to be a CNA, I was taught that TEAMWORK and COMMUNICATION are the cornerstones of nursing yet every single CNA job I have worked is full of the most dramatic people I have ever come in contact with.

The admins, Physical therapy, Occupational therapy, Speech therapy, LVN and often time RNs, Charge nurses, DON and ADONs believe they are above many facets of patient care. At my first CNA job, my Charge nurse paged me to the front desk to change a TV channel in a patient's room. At this point, I was fed up with the view of CNAs provide all facets of patient care, I told her, "pick up the remote and press the power button". I cannot make this stuff up, she looked at me in the eyes and said "I don't know how". Everyone in the facility would track down a CNA to fill a water pitcher for a resident instead of just picking it up and doing it. We are extremely overworked. I cannot provide a day's worth of care for myself an oriented, alert and ambulatory individual in less than 1 hour, how are we supposed to care for someone who has extra needs in such a short amount of time?

I have said many many times, and I'll say it here, if people want \$15 to flip a burger, CNAs deserve \$25 to turn total care people and juggle several extremely high deman individuals who press the call light more than the amount of times we get to pee in one shift. I am currently completing an accelerated BSDN program. I wanted to be a CNA to have empathy for my entire nursing team, but the decision to become a CNA has let to many panic attacks, UTIs, skipped meal periods and breaks. I question my decision to become a nurse so many times. The phrase that got me through my days as a CNA was "being a CNA is nothing like being a nurse". The gist of this comes down to ratios and expected levels of care. In SNFs, CNAs have call outs 9 times out of 10.

This means even if you staff for everyone to have 8 residents, 9 times out of 10 CNAs have twelve or more people to care for with the majority of them being total care or extremely gone in dementia. We need nation-wide mandates that CNAs cae for 6 people at the most and facilities are staffed at 4 residents a CNA to prevent the situation of 15 or more per CNA. With ratios this low you come into issues like we frequently see in the news where a CNA transfers a resident to their wheelchair by themselves when this resident is a two or three person assist and they fall and hurt themselves so badly they die or die from complications. Who is blamed and jailed? The CNA. Not the company they work for who made unsafe conditions for the CNA or the resident. Nope, the CNA is jailed. I am not going to work as a CNA anymore because I value the safety of my body and mind more than a minimum wage paycheck. I loved watching my residents improve, but I am so much more than an "ass wiper" and I am tired of feeling less than everyone else on the nursing care team when SFNs could not function with CNAs.

Very Respectfully,

Sam Kukich



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**Ch. 932 Written Info. for Aug. 17, 2020, Work Group**

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Lionel Decur &lt;lioneldecur@gmail.com&gt;

Sat, Aug 15, 2020 at 10:27 PM

To: "Allen, Rebekah" &lt;rebekah.allen@vdh.virginia.gov&gt;, "Sam" Kukich &lt;skukich2002@yahoo.com&gt;, "Lionel De Cuir" &lt;lioneldecur@gmail.com&gt;

**Written statement for August 17, 2020, Ch. 932 Work Group to be sent to all participants. By Lionel DeCuir, Dignity for the Aged.**[medicare.gov/nursinghomecompare](https://www.medicare.gov/nursinghomecompare)

Nursing Home Compare has detailed information about every Medicare and Medicaid certified nursing home in the country. In most cases you can see the actual state survey reports for the last three years for each nursing home.

[familiesforbettercare.com](https://www.familiesforbettercare.com)

Nursing Home Report Cards analyzes, compares, and ranks states nursing home quality. Example Hawaii is ranked 1st the best and Texas is ranked 51 the worst. Information is given in detail on each individual state.

[nursinghomesabuseadvocate.com](https://www.nursinghomesabuseadvocate.com)

NHAA collects and makes available investigations conducted by state and federal nursing home inspectors.

NHAA Watchlist- Our Watchlist tracks those nursing homes that have been found to harm residents, have unsafe practices, unsafe staffing, and the worst rankings.

<https://theconsumervoicel.org/>

The National Consumer Voice for Quality Long-Term Care was formed as NCCNHR (National Citizens' Coalition for Nursing Home Reform) in 1975 because of public concern about substandard care in nursing homes.



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**Written Information for all Work Group Ch. 932, August 17, 2020 meeting**

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Lionel Decur &lt;lioneldecur@gmail.com&gt;

Sun, Aug 16, 2020 at 11:49 AM

To: "Allen, Rebekah" &lt;rebekah.allen@vdh.virginia.gov&gt;, "Sam" Kukich &lt;skukich2002@yahoo.com&gt;, "Lionel De Cuir" &lt;lioneldecur@gmail.com&gt;

This is a written statement for Ch. 932 for August 17, 2020 work group of the Virginia Department of Health. Information like this is being ignored. The lack of those in our state agencies to mandate staff to residents' ratios is causing harm, neglect, and death to our loved ones in nursing homes. **When will action be taken?** When will we put care of our loved ones over greed? CNA'S are experiencing this and making statements like this every single day.

CNA 1

I'm really tired of working with only two (2) CNA's with fifty-one (51) residents. Not including a a hall with 26 people on that my coworker and I have never really worked on. I literally just wanna cry 🥹😭

CNA 2

Try 2 for 79. Everyone on eve shift quit. So someone has to stay from days or noc comes In early. Our bosses are so desperate they are trying to recruit the other dept lol

CNA 3

I wish I had 2 cnas! Right now, everyone is out sick...so I am one with 64 patients!



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**CNA Survey**

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erinscello &lt;erinscello@aol.com&gt;

Sun, Aug 16, 2020 at 4:04 PM

To: rebekah.allen@vdh.virginia.gov, carole.pratt@vdh.virginia.gov

Here is a CNA survey that I posted on a CNA Facebook page last week. I thought you all might be interested to hear their responses.

"Since CNAs provide 90% of care in long term care facilities, I am wondering if anyone (admin, owner, or state official) has ever come to you or your co-workers and asked what they could do to make your job easier/better."

Received 102 responses

No - 76 (75% had NEVER been asked)

Yes, but did nothing - 12

Yes - 9

Yes, and helped - 5

Here is a sampling of CNA responses:

"27 years and never."

"Not once in 12 years of long term care have I been asked this. The hospital I'm at asks every day."

"They asked me once I put in my 2 week notice so I would stay."

"It's unheard of to value our opinion."

"No. At times their new rules only add to our problems and stress. They need to ask us what we need, not assuming they know best, while sitting in their offices."

"The answer would be staffing, and since admin keeps cutting that, they will never ask us."

"No. I can't even get admin to make sure someone on shift from 7p-7a has a key to central supply. Nothing like having to say 'sorry I can't change anyone's brief because they're locked away.' I wish that was the worst of it. Everything is on fire in my rehab/skilled nursing facility."

"In 22 years, I have had 3 total administrative persons ask me this. This doesn't put a dent in the total number of facilities I have worked in, but I do want to acknowledge the 3 who did."

"No, not even with only one aide on the floor and only complain about what isn't getting done."

"They don't even seem to care enough to at least figure out the schedule to make sure we have at least the minimum requirement (of CNAs)."

"Only when state is in the building. Besides that we are on our own."

"No, they just dictate everything without asking opinions, even though none of them have ever been CNAs."

CNAs are terribly short staffed, underpaid, unappreciated, and are treated like 2nd class citizens, yet they provide 90% of resident care. It's no wonder that we have a major retention issue in our long term care facilities...which, of course, majority affects the care our elderly receive. Does anyone actually care about our many CNAs and the residents they care for? It seems that if ALL people in the decision making process cared about these hardworking individuals, CNAs would have been listened to and these issues would have been taken care of years ago!

Thank you for your time,

Erin Hines

CNA

Dignity for the Aged

Sent from my iPhone