



Chapter 932 work group

Scott Johnson <sjohnson@hancockdaniel.com> Tue, Aug 25, 2020 at 8:33 AM
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Good morning,

We just got these national survey results that were just conducted and wanted to share them with the work group.

Thank you,

Scott

Long Term Care Providers Facing Financial Hardship Due To COVID
Majority losing money; most won't last another year at current pace of increased costs/lost revenue

The American Health Care Association and National Center for Assisted Living released national surveys conducted on August 8-10, 2020 of long term care providers which showcase the increased costs and financial hardship nursing homes and assisted living communities are facing in response to COVID-19. Here are links to the full survey reports:

Nursing Homes/Assisted Living Communities

	NURSING HOMES	ASSISTED LIVING COMMUNITIES
What is your current operating situation?	More than half (55%) of nursing homes are operating at a loss; 89% operating a profit margin of 3% or less	50% operating at a loss; 73% operating a profit margin of 3% or less.
What top three costs have you incurred due to COVID-19, whether you've had cases or not?	PPE supplies (90%) Staff hero pay (78%) Additional staff (46%)	PPE supplies (95%) Staff hero pay (55%) Cleaning supplies (50%)
What types of costs do you expect to incur on an ongoing basis (weekly, monthly, etc.) until pandemic concludes?	PPE supplies (95%) Additional Staffing (78%) Testing (74%)	PPE supplies (97%) Additional Staffing (62%) Cleaning supplies (80%)
How long can your facility or company sustain operating at this pace?	72% can't sustain another year at current pace of increased costs and revenue loss; 40% less than six months	64% can't sustain another year at current pace of increased costs and revenue loss.
Have You Received Any Government Funding Due To COVID-19?	82% Federal 52% State	0% Federal* 16% State

*Approximately 15 percent of assisted living providers received some federal funding from a tranche for Medicaid providers of which less than half of assisted living communities are eligible, but no direct federal funding.

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ABOUT AHCA/NCAL

The American Health Care Association and National Center for Assisted Living (AHCA/NCAL) represents more than 14,000 non-profit and proprietary skilled nursing centers, assisted living communities, sub-acute centers and homes for individuals with intellectual and development disabilities. By delivering solutions for quality care, AHCA/NCAL aims to improve the lives of the millions of frail, elderly and individuals with disabilities who receive long term or post-acute care in our member facilities each day. For more information, please visit www.ahcanal.org or www.ncal.org.

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8/31/2020

Commonwealth of Virginia Mail - Chapter 932 work group

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Ch. 932 Work Group Public Comment

Shirley Kukich <kukich@icloud.com>
To: Rebekah Allen <rebekah.allen@vdh.virginia.gov>
Cc: carole.pratt@vdh.virginia.gov

Sun, Aug 30, 2020 at 11:21 AM

Dr. Pratt and Ms Allen,

I have conducted some research that I hope will contribute some insight to the panels discussion on the issues related to ratios and the costs associated with the workforce in Nursing Homes. This is another piece of the puzzle that needs attention and has been over looked.

Poor care can be traced to increasing ownership by **Private Equity Firms**. As profits increased, Center for Medicare and Medicaid Service **ratings of facilities declined**.

Private equity firms own about **11%** of **nursing facilities** NATIONWIDE.

Private equity firms have poured **\$5.3 billion** into **nursing home deals** since 2015 — compared to \$1 billion between 2010 and 2014. per Market Watch

Researchers at New York University and the University of Pennsylvania say that **staff cuts appear to be the cause of declines in patient health** after they are bought by private equity firms.

These measures related to "**non-compliance** with federal guidelines on **quality of care, facility infrastructure, managerial quality, and patient rights; nurse staffing compliance** with guidelines; and **patient health** outcomes computed using administrative data."

Institutional Investor March 11,2020

v/r

Sam Kukich
Director, Dignity For The Aged
Dignityfortheaged.org



work group comments

Erin Hines <erinscello@aol.com>

Sun, Aug 30, 2020 at 12:14 PM

Reply-To: Erin Hines <erinscello@aol.com>

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"CNAs, do you ever just feel like a failure?"

I have seen this question WAY too much on a CNA Facebook page lately. I am a CNA myself and I have felt that way many times. Since people in this work group have said that we do not know why CNAs are leaving and they are never asked when they leave (and we obviously have a retention problem), I am making it my job to talk to CNAs and give them a voice! They need to be heard and many do not seem to care! As I mentioned at our last meeting, 75% of the CNAs that answered my recent survey said that they have NEVER been asked by anyone what they could do to make their job easier/better.

Please read their answers to this question. Our CNAs are drowning and need our help!

"All the time at work because I feel like I'm failing my residents when we are so short staffed and it's just me and can't keep up."

"Yes. The demands of the job can be really high on certain days. Too much for one person and when I can't do it all I feel like a failure. Most days I have a solid team and we work well with supporting each other. Some days are trash and I'd rather give up."

"Not a failure, but very under appreciated."

"Yeah, sometimes I do. I really feel like a failure if I don't get a few extra minutes to sit and chat with my residents. I know how much they need that."

"Not so much a failure but severely overwhelmed."

"All the time. I feel like my best is never good enough for anyone."

"Yes, especially when you work short and meal times are 730am to 9am and 1130am to 1pm and you are feeding them breakfast at 1030am and lunch is in an hour and you're getting yelled at because the call lights are going off for over 20 minutes."

"I feel that the system sets CNAs up for failure and that puts us in a terrible position. Stay strong, remember that you are only one person, and know that you are important and appreciated!"

"I feel unappreciated because of the title. CNA"

"I feel like me and most of the other CNAs keep the place floating. The management is what's failing."

"All the time or maybe that's just burn out..."

"I know what you mean and there have been numerous times I have felt like a failure since I became a CNA almost 2 years ago. Personally, I feel that the system sets CNAs up for failure and you feel defeated before you even walk in the door! I have to constantly remind myself that there is only so much one person can do. I'm sure you are a wonderful CNA that is doing the very best you can! Stay strong, take care of yourself, and know that you are making a difference!"

"No, but the job makes me feel like a slave."

"All the time...no matter how hard you try it seems like it's never enough."

"Not a failure...just over worked and underpaid."

"When I have too many patients and I am split and I cannot give them the care I want to give and at the end of my shift I feel like I didn't do any of it right."

"We aren't a failure. The turnover in nursing homes is terrible. No one wants to be over worked all the time."

These are some of their many comments. Please take them to heart. Our CNAs are greatly needed! If we don't want them to quit, we better fix this problem!



Allen, Rebekah <rebekah.allen@vdh.virginia.gov>

Work Group comments

susanscello@aol.com <susanscello@aol.com>

Sun, Aug 30, 2020 at 12:20 PM

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Thank you for your efforts. See you tomorrow.

Susan Hines

 **Dignity for the Aged-comments to work group Aug 31, 2020.docx**
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August 30, 2020

Comments to Work Group regarding nursing home care.

As I said in my comments from our last meeting, approximately 380,000 of our nursing home residents in the USA die annually from infections. Infections are due to lack of quality care.

Residents of nursing homes in the United States are protected by a Federal Law of 2010 which states in part:

- 1) Freedom from improper physical or chemical restraints
- 2) Freedom from abuse
- 3) Right to be treated with dignity
- 4) Right to visitors
- 5) Right to have necessary care and services for highest practicable well-being
- 6) Right to have adequate personnel

So, I am asking, “are we providing quality care if we are losing that many residents due to infection”? The answer is a resounding NO!

The only way for Virginia to provide quality care is to mandate ratios. North Dakota has mandated hours of care to be 3.96 and they score high in every survey.

This is our watch! It is our responsibility to do something about this! We need to act for those who cannot act for themselves. Shame on us if we do nothing again!