

Long Term Care Advocacy in the Pandemic

California Advocates for Nursing Home Reform
www.canhr.org



What CANHR Is Doing

CANHR Long Term Care Justice and Advocacy
CALIFORNIA ADVOCATES FOR NURSING HOME REFORM

Nursing Homes Residential Care / Assisted Living CCRCs Medi-Cal for Long Term Care Elder Abuse / Financial Abuse Find an Elder Law Attorney

Google Custom Search

- About CANHR
- Contact Us
- Consumer Resources
- Free Consumer Fact Sheets
- LGBT Issues
- Campaign to Stop Drugging
- Don't Sign Arbitration Agreements
- Professional Resources/ Subscriptions
- Legislation
- Publications
- Información en español
- Info in Chinese 中文信息
- Info in Japanese 日本語での情報
- Helpful Links
- Newsroom

CANHR's COVID-19 Coronavirus News & Resources

The evolving Coronavirus Crisis has had a worldwide impact that will take a long time to become fully understood. However, it is already certain that Long Term Care Consumers and the Elderly have been particularly affected by it. We are receiving a lot of inquiries from concerned individuals and organizations. In an effort to keep you all better informed, we have created a website, <http://canhrcovidnews.com/> specifically for COVID-19 information, news and resources related to Long Term Care. For the duration of this crisis, we will be posting frequent updates there.

Please [CLICK HERE](#) to visit that website.

- Sign up for News & Notes E-Newsletter (click here for archives)
- Legal Information Network website

Join

Donate

Shop at AmazonSmile and Amazon will make a donation to:

California Advocates For Nursing Home Reform

Get started

amazon smile

2020 Attorney Online Spring Training Series

Register for all four webinars in series: [REGISTER HERE](#)

Use the links below to register for individual webinars:

Monday, March 23, 2020

CANHR COVID-19 News & Resources



CANHR Alerts, News and Resources regarding the COVID-19 Crisis.



CANHR ALERTS

MEDIA NEWS

CMS ALERTS

RESOURCES -

Urgent Action Needed to Protect California Nursing Home Residents from COVID-19

March 19, 2020 CANHR STAFF

New Directives Are Needed to Keep Residents Safe No California population is more at imminent risk of death or severe illness from COVID-19 than nursing home residents. There is an immediate need for public officials to implement stronger measures to help keep them safe. Although well intended, the actions taken to-date are not nearly sufficient to keep residents safe and some of the measures are counterproductive.

READ MORE

CANHR Alerts

Coronavirus Crisis: Skilled Nursing Visitation Guidelines as of 3/16/20

March 16, 2020 CANHR STAFF

As part of continuing efforts to contain the spread of the new coronavirus to vulnerable people in nursing homes, the Centers for Medicare and Medicaid Services (CMS), which regulates most skilled nursing homes, has issued new and very stringent guidelines restricting nearly all nursing home visitors <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>. While the right of nursing home residents to visitation is protected by law, under federal and state emergency declarations, these protections have been temporarily suspended to help prevent visitors from infecting residents whose

Categories

CANHR in COVID-19 Related News

Fact Sheets

Visitation Guidelines Alerts

Archives

March 2020

February 2020

Search



A Recipe for Terrible Tragedy

- Highly contagious, lethal killer of the old and frail
- Remove oversight and family care
- Greenlight adding to census
- Waive staffing minimums
- Posture that the infection must be accepted
- No transparency



Issues We'll Cover

1. Visiting Residents
2. Resident Movement
3. COVID-19 in the Building
4. Disclosures/Transparency
5. Evictions
6. Staffing Shortages
7. Advocacy

Visitation

- SNFs: barred except for visitors of residents in “compassionate care” situations such as “end of life” who observe infection control restrictions
(<https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>)
- RCFEs: Visitor restrictions permitted but do not yet support a blanket ban on all visitors, such as immediate family.
 - Subject to local limits
 - If COVID-19 is circulating within the community, the facility can ban all visitors

Visitation - Alternatives Should Be Robust

- Facilities should be making accommodations for visitor/resident communication
 - Virtual visits: calls, facetime, skype, etc. (difficult for residents w/ cognitive impairments)
 - Ease anxiety - daily reports, conference calls, staffing info (we have significant concerns that neglect is increasing)
- Contrast with AFL 20-38: *Visitors are essential for the mental health of pediatric patients. CDPH recommends that pediatric patients be allowed one support person*

Resident Movement (coming and going)

- Residents should be able to leave facilities for short periods of time but some nursing homes may restrict residents from returning, even if they have only been gone a short while and have maintained social distancing.
 - Limit to essential outings
 - Post-outing precautions
- Longer outings, overnight leaves of absence, not recommended at all
- Forced to stay in room (Isolation)

Transfers of COVID-19 Patients to SNFs

Required, Prohibited, Tolerated?

- AFL 20-32 - Required
- AFL 20-33 - Not required, but confusing: “SNFs can be expected to accept . . . COVID-19 . . . as long as . . .”
- Some facilities are accepting, others are not
- Liability??

What about hospital patients’ right to refuse placement based on known outbreaks?

“Home-Grown” Cases in SNFs and RCFEs

Both are subject to rules issued by State DPH and County Health Departments

SNFs subject to a variety of additional rules issued by CMS

Both types of facilities should have plans in place to screen and quarantine residents, their roommates, and Health Care workers with COVID-19 symptoms

Both kinds of facilities should have adequate PPE- County DPH can be a resource

Disclosures / Transparency

- No public reporting but there seems to be progress
- Some facilities are reporting to residents and family
- The best source has been the media

Institutional Settings with a Single Confirmed Positive Case

Obs	Location	City	
1	ALAMEDA CARE CENTER	Burbank, CA	*
2	ALCOTT REHABILITATION HOSPITAL	Los Angeles, CA	*
3	ALEXANDRIA CARE CENTER	Los Angeles, CA	*
4	ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP	Alhambra, CA	*
5	ARARAT CONVALESCENT HOSPITAL	Eagle Rock, CA	
6	Alden Terrace Convalescent Hospital	Los Angeles, CA	*
7	Ambitions CA Inc. / Verdugo 2	Burbank, CA	
8	BELL CONVALESCENT HOSPITAL	Bell, CA	*
9	BRIER OAK ON SUNSET	Los Angeles, CALIF	*
10	BURBANK HEALTHCARE AND REHABILITATION CENTER	Burbank, CA	*
11	Beachwood Post Acute and Rehab Center	2nd floor, subacute, Santa Monica, CA	*
12	Belmont Village Assisted Living - Hollywood	Hollywood, CA	*
13	Belmont Village Rancho Palos Verdes	Rancho Palos Verdes, CA	
14	Benald House	Lancaster, CA	
15	Brookdale Northridge	Northridge, CA	
16	Buena Ventura Care Center	Los Angeles, CA	*
17	CALIFORNIA STATE PRISON, LANCASTER	Lancaster, CA	*
18	CENTURY REGIONAL DETENTION FACILITY	Lynwood, CA	
19	COUNTRY VILLA EAST NURSING CENTER	Los Angeles, CA	*

Evictions

- Discharges - voluntary (going home) are fine; we've sought a moratorium on involuntary discharges
- Judicial Council rule suspends unlawful detainers
- SNF transfer/discharge rules relaxed if for purposes of cohorting residents by infection
- CMS QSO-20-25-NH: if two or more certified LTC facilities want to transfer or discharge residents between themselves purposes of cohorting, they do not need any additional approval to do so. (22 CCR 72527(a)(6) and H&S 1439.6 still in effect)

Staffing

- Minimum HPPD has been waived (but duty to have sufficient staff has not)
- No state coordination
- AFL 20-32: report "substantial" staffing shortages that "jeopardize" resident care or disrupt operations



Complaint Processes

Both DPH and DSS CCLD are still accepting complaints using conventional processes

BUT

Investigators unlikely to go to facilities absent immediate jeopardy situations

AND

Priority in both agencies is being given to infection control related issues, but you can still get other issues considered depending on region and office.

Advocacy

What can we do?

1. Liaison between facility and families
2. Facilitate complaints
3. Community eyes and ears
4. Counsel frenzied families
5. Raise awareness to push policy shifts
6. Document signing (<https://canhrnews.com/documenting-decisionmaking-in-a-pandemic/>)

Contact CANHR

- Phone: 800-474-1116
- Web: <http://canhr.org/bnbform.html>
- Email: canhrmail@canhr.org