

Nursing Home Resources:

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[The National Consumer Voice for Quality Long-Term Care](#)

[Kansas Department For Aging and Disability Services](#)

[Kansas Long-Term Care Ombudsman](#)

[Missouri Department of Health and Senior Services](#)

[Missouri Ombudsman Program](#)

[**Find a state-by-state breakdown of released information about COVID-19 cases in nursing homes here.**](#)

Q&A with CEO of Kansas Leading Age:

FOX4 recently talked to the CEO and president of [Leading Age Kansas](#), an association that represents 160 nonprofit long-term care providers in the state.

During our conversation with Debra Harmon Zehr, we discussed such issues as shortages of PPEs in nursing homes during the COVID-19 pandemic, new federal guidelines for nursing homes, and what lessons long-term care providers have learned from this outbreak.

FOX4: Does your organization believe family members and the public should be notified about COVID-19 cases in long-term care facilities, including nursing homes and rehab centers? If so, should that information be posted on the facility's website and update daily? Or how do you think the information should be disseminated?

Harmon Zehr: Yes, we think family members and staff should be made aware of these cases. We have a new federal reporting system that requires all nursing homes to report new cases by 5pm the next day.

Nursing homes have to report COVID-19 cases to the local health departments, Kansas Department for Aging and Disability, Kansas Department of Health and Environment, and now the Centers for Disease Control and Prevention (CDC).

Each of those reporting mechanisms has different criteria. There's not a lot of cross-communication. We are in no way saying not to report this information, but do we need to report it to four different places. Can't there be a more centralized approach?

FOX4: Does your organization support CMS's "Patients Before Paper Policy" that, in part, states more regulation is not better regulation?

As you know, CMS asked Congress to give it authority to "to adjust the frequency of mandatory nursing home surveys so we can focus more of our time and resources on nursing homes that are poor performers while continuing efforts to respond to complaints."

But nursing home advocates tell us they're concerned about this change. They say while it might sound like a good idea to focus more on the poor performers, that scenario presumes the facilities that are good performers are always good and those that are bad are always bad. In other words, it presumes the situation is static. But our advocates say the care residents receive in these facilities can change when new ownership or management comes in or there's a reduction in staff.

Bottom line -- if nursing homes are not inspected annually -- and, instead, inspected every two to three years -- you could have situations in which residents receive poor care or are abused and no one finds out for years. Can you address those concerns? Does your organization support annual inspections, or would you support inspections less frequently? If so, why?

Harmon Zehr: CMS (Centers for Medicare Centers for Medicare & Medicaid Services) has altered the survey protocols during the COVID-19 crisis to focus on infectious control issues and immediate jeopardy issues.

Surveyors are not going in for standard, unannounced surveys now. They're concentrating on infectious control inspections and allegations of immediate jeopardy. That's just for now. Once this crisis passes, there may be further alterations.

CMS inspections are now required every 9 to 15 months. Those are unannounced, top to bottom, inspections. They can't be every 12 months because one of the things the agency wants is to have these inspections unannounced. That's not new. And there's no movement to make inspections every two to years. I see no support by the federal agency for doing that.

FOX4: CMS states it has seen a wide variation in inspections. "Some states frequently identify serious issues in nursing homes, while others don't identify concerns with the same seriousness or severity – including applications of penalties," it states. Does your organization agree with that assessment? If so, can you give me some examples?

Harmon Zehr: That is a long-term issue. I've been in my position for 25 years, and it's always been a concern about the lack of consistency across geographic regions and states. We feel like it's time to re-examine this entire system that was based on information collected in the 1980s and try to refigure how to get a better system. There's been no relook at effectiveness. We don't have a uniform system. It's time for fresh eyes on how you don quality oversight in nursing homes.

FOX4: CMS's new policies state it has "developed precise, quantifiable goals to measure our success in decreasing infections...which (is) a significant source of patient harm in nursing homes." It also stated: "We helped nursing homes meet an important new requirement related to infection control."

In the wake of the COVID-19 pandemic -- and many nursing homes at the epicenter of those outbreaks in certain areas -- do you think nursing homes met that goal and have done a good job of reducing infections?

Do you think nursing homes did a good job of -- as you recommended on your website -- of reviewing their infection prevention and control policies and procedures amid the COVID-19 pandemic?

Harmon Zehr: Nursing homes have strict guidelines on what they're supposed to be doing. COVID-19 is an outlier. It's not like the regular flu or season flue that hit nursing homes. Nursing homes know how to deal with the flu. But when you don't have proper supplies, PPEs, testing, and funding, what do you expect? There's always more that could have been done (by nursing homes). But no one saw this coming. Everyone went on high alert in early March in our state.

Nursing homes are required to have emergency and disaster preparedness plans, which include pandemics. This pandemic, where there is no cure, is a different kind of beast. Nursing homes are required to have a plan, review those plans, and exercise those plans in their own homes and with others in their regions, like hospitals and EMS. There is a pretty tight set of requirements on disaster preparedness regarding infection control. There is a huge emphasis on that.

FOX4: On your website, you've expressed concerns about the PPEs not getting to nursing homes. Can you elaborate on those concerns? Does it concern you that FEMA just now come out and made nursing homes a priority for PPE, especially in the wake of so many COVID-19 outbreaks in nursing homes and other long-term care facilities?

Harmon Zehr: Nursing homes will get two installments of PPE. It's a total of two weeks' worth of PPEs. It's way too little – way too late. It is welcomed, but we're eight weeks into this and (during that time) nursing homes have been without adequate PPEs and adequate testing. A little PPE is very welcome, but it's not nearly enough.

After the COVID-19 outbreak in at the Kirkland, Washington, nursing home, why were all nursing homes not made a priority? Older people and frail people are oftentimes not a priority in our society. That can be frustrating to those who have devoted their lives to helping older people.

We, as a society, don't give enough priority to our frail and older people. We don't seem to value them. Providers of care for older people are also not well regarded by society. It's easy to scapegoat those who are on the frontlines of providing care for frail and older people in our society.

FOX4: As you know, lawsuits are starting to be filed against nursing home and long-term care facilities on behalf of residents who died in those facilities of COVID-19. Can you comment in general on such action? Do you think the nursing home industry, as a whole, took all the necessary steps to protect residents in nursing homes and long-term care facilities?

Harmon Zehr: I think in general the nursing home community and the providers took COVID-19 'oh so seriously' because it's so deadly and scary. And they've been under-resourced.

The vast majority of nursing homes are doing everything they can day in and day out to protect residents and give them quality care in the middle of a global pandemic. We are living in super extraordinary times and my members are doing all they can to protect their residents from this insidious and lethal disease.

*(*In recent weeks, attorneys have sued Riverbend Post Acute Rehabilitation in Kansas City, Kansas, on behalf of families whose loved ones died of COVID-19 at that facility. Riverbend is not a member of Leading Age of Kansas. Neither are Life Care Center nursing homes, which have also had cases of COVID-19 in their facilities in Kansas and nationwide).*

FOX4: We've talked to families who say they repeatedly tried to reach the facilities where their loved ones were during the lockdown amid COVID-19, but no one answered the phone. Family members also say they learned about the COVID-19 cases at their loved one's facility on the news? Can you comment on those concerns?

Harmon Zehr: We support transparency and letting families know what's going on at the homes. My members are working hard to try to maintain a connection between residents and their loved ones. I know there are creative communication strategies going on and all kinds of technology put in place. But it's not perfect. This is difficult and we have to get smarter about using technology.

FOX4: What lessons has the nursing home community learned about handling pandemics like this one? Should any regulations be changed in the wake of this pandemic?

Harmon Zehr: I think we are doing the best we could in the middle of this global pandemic and it may be premature to say what we've learned. The effects of social isolation are going to become clear in the best of situations with all hands on deck. We're trying to engage with nursing home residents and engage with their families. We can learn a lot there.

I think there will be a lot of studies on the spread of COVID-19. I think nursing homes will be creating their own stockpiles of PPEs. That's been a debacle for nursing homes to not get those supplies. I think all partners in health care will learn how to better connect with each other. For example, nursing homes connecting with health departments, emergency management, or hospitals.

We can all do a better job of communicating with each other. This pandemic brings that message home.

I'm not an advocate of more regulations. More regulations do not make – after a certain point – better care. But I'm sure those will be examined. I also hope our society re-examines how it treats frail, older people. They need to be a priority in a global, lethal pandemic.

FOX4: As an association, what would you say to the families who lost a loved one to COVID-19 in a nursing home or long-term care facility? Some families may have lost faith that nursing homes can care for their loved ones, especially during a pandemic? What would you say to reassure them?

Harmon Zehr: I think long-term care workers and providers by and large understand that the people they are caring for are treasured loved ones by family, friends, and the community. It is very sad that older people and nursing home residents are caught up as victims of this global and lethal pandemic.

I will say that many family members understand that the people who work with their loved ones have a long-term relationship with them. They love them and are trying to do their best under the most difficult of circumstances I've experienced in my 47 years in nursing. I have seen first-hand the love and dedication a majority of long care workers exhibit toward the people they care for. Those residents are not truly alone.

This is a mind-blowing situation. No one was prepared for this. Nursing homes were not properly resourced. And older people were not prioritized. But I would ask that everyone be cautious about demonizing nursing home workers now.

FOX4: Does your organization support emergency immunity laws for nursing home employees?

Harmon Zehr: I'm not in a position to comment.

FOX4: Does your organization believe -- as some we've talked to -- that the quality of care in nursing homes and long-term care facilities has worsened since large, private companies and LLC's have purchased these facilities?

Harmon Zehr: Quality of care is what you put into it. Our members are all nonprofits. They are not investor-owned.

FOX 4: We've heard concerns that former nursing home administrators are in charge of oversight of nursing home inspections for states. Should that happen? Can a former nursing home administrator be objective? Or does that background give them keen insights on how nursing homes should operate?

Harmon Zehr: I think that professionals who have worked in long-term care bring a certain level of understanding and knowledge to the work. I feel like that's a benefit because the world of nursing home regulations and oversight is complicated and it's good to have some members of the survey team who have some understanding of it.