



# A Guide for Long-Term Care Residents

## COVID-19 PANDEMIC

### Kentucky State Long-Term Care Ombudsman Program

The Kentucky Long-Term Care Ombudsman Program is funded in part by state and federal funding provided by the Department for Aging and Independent Living.

## From the Desk of the State Long-Term Care Ombudsman

Residents of Kentucky,

We greatly miss visiting residents, families, and volunteers in person due to the coronavirus or COVID-19 outbreak. Our world has not seen a contagious illness outbreak like this since the 1918 flu. We are truly in extraordinary times. We mourn the loss of long-term care (LTC) residents in Kentucky and across the world. The virus is particularly dangerous for those who have certain medical conditions.

Residents and their needs and wishes are our priority. Thank you to those residents who have called us and helped us continue our work to resolve concerns and improve care. Please be assured that the Kentucky Long-Term Care Ombudsman Program will continue to respond to and investigate complaints brought forth by residents, family members, or other individuals acting on the resident's behalf. Ombudsmen are facilitating communication by phone or video conferencing and concerns will be addressed. The rights, safety, and well-being of residents is our priority. We will continue to represent residents' best interests and work to ensure quality care remains a primary focus during this difficult time. Our Ombudsmen and volunteers have worked daily to stay in touch with residents, families and facilities utilizing phones and video chat. Please continue to call or email us. The Long-Term Care Ombudsman Program continues to operate our hotlines and we have resumed in person visits where possible.

We have many challenges ahead of us with COVID-19, but we can get through this together.

Sincerely,

Sherry Culp

Kentucky State LTC Ombudsman

STATE HOTLINE: **1-800-372-2991**

[sherry@ombuddy.org](mailto:sherry@ombuddy.org)

## What's a Long-Term Care Ombudsman?

Ombudsman (om-buh dz-muh n) is a Swedish word for advocate. Long-Term Care Ombudsmen are advocates for residents of long-term care facilities at no charge to residents or families. Ombudsmen work to inform residents of their rights and empower

residents to speak up about care concerns. Ombudsmen are resident directed and do not work for the facility. The ombudsman program is part of the Older Americans Act.

LTC Ombudsman's role:

- protect the special legal rights of residents.
- identify, investigate, and resolve residents' problems and concerns.
- empower residents to make informed choices.
- work to enact laws to protect residents and older Kentuckians.

## HOW TO CONTACT THE LONG-TERM CARE OMBUDSMAN

**State Long-Term Care Ombudsman** Website: [ombuddy.org](http://ombuddy.org)

Sherry Culp [sherry@ombuddy.org](mailto:sherry@ombuddy.org)

**Regional Long-Term Care Ombudsmen**

Mark Burress [mark@ombuddy.org](mailto:mark@ombuddy.org) Jodi Holsclaw [jodi@ombuddy.org](mailto:jodi@ombuddy.org)

Phone: **859.277.9215** and **1.800.372.2991** (toll free) Email: [nhoa@ombuddy.org](mailto:nhoa@ombuddy.org)

**District Long-Term Care Ombudsman Programs**

Barren River District LTC Ombudsman, Lynda Love

Phone: **270. 780.8835** and **1.800.355.7580** (toll free) Email: [llove@klaid.org](mailto:llove@klaid.org)

Counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson & Warren

Big Sandy District LTC Ombudsman, Tara Little

Phone: **606.886.2374 ext. 335** and **1.800.737.2723** (toll free)

Email: [tara.little@BigSandy.org](mailto:tara.little@BigSandy.org)

Counties: Floyd, Johnson, Magoffin, Martin, & Pike

Bluegrass District LTC Ombudsman, Alice Salyers

Phone: **859.277.9215** and **1.877.787.0077** (toll free) Email: [alice@ombuddy.org](mailto:alice@ombuddy.org)

Counties: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott & Woodford

Buffalo Trace District LTC Ombudsman, Amanda Grooms

Phone: **606.564.6894** and **1.800.998.4347** (toll free) Email: [agrooms@btadd.com](mailto:agrooms@btadd.com)

Counties: Bracken, Fleming, Lewis, Mason & Robertson

Cumberland Valley District LTC Ombudsman, Arlene Gibson

Phone: **606.864.7391**, **606.309.7600** (mobile) and **1.800.795.7654** (toll free)

Email: [agibson@cvadd.org](mailto:agibson@cvadd.org)

Counties: Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle & Whitley

FIVCO District LTC Ombudsman, Amanda Hamilton

Phone: **606.780.2258** Email: [ahamilton@lablaw.org](mailto:ahamilton@lablaw.org)

Counties: Boyd, Carter, Elliott, Greenup, & Lawrence

Gateway District LTC Ombudsman, Sara Waynanne Caudill

Phone: **606.784.8921 ext. 2127**, **606.755.0006**, and **1.800.274.5863** (toll free)

Email: [wcaudill@lablaw.org](mailto:wcaudill@lablaw.org)

Counties: Bath, Menifee, Montgomery, Morgan & Rowan

Green River District LTC Ombudsman, Heather Mullican

Phone: **270.926.4433** and **1.800.928.9094** (toll free)

Email: [heathermullican@gradd.com](mailto:heathermullican@gradd.com)

Counties: Daviess, Hancock, Henderson, McLean, Ohio, Union & Webster

Kentucky River District LTC Ombudsman, Sheila Cornett

Phone: **606.436.3158**, **606.560.0777** (mobile) and **1.800.928.5723** (toll free)

Email: [sheila@kradd.org](mailto:sheila@kradd.org)

Counties: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry & Wolfe

KIPDA District LTC Ombudsman, Natalie Brown-Radtke

Phone: **502.637.9786** and **1.800.854.3233** (toll free) Email: [nbrownradtke@archlou.org](mailto:nbrownradtke@archlou.org)

Counties: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer & Trimble

Lake Cumberland District LTC Ombudsman, Mandy Weston

Phone: **270.866.4200** and **1.800.264.7093** (toll free) Email: [mandy@lcadd.org](mailto:mandy@lcadd.org)

Counties: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor & Wayne

Lincoln Trail District LTC Ombudsman, Beverly Broadus

Phone: **502.637.9786**, **502.965.8304** (mobile) and **1.800.854.3233** (toll free)

Email: [bbroadus@archlou.org](mailto:bbroadus@archlou.org)

Counties: Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson & Washington

Northern Kentucky District LTC Ombudsman, Bethany Breckel

Phone: **859.283.8185** and **1.866.766.2372** (toll free) Email: [Bethany.breckel@nkadd.org](mailto:Bethany.breckel@nkadd.org)

Counties: Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen & Pendleton

Pennyrile District LTC Ombudsman, Cindy Tabor

Phone: **270.886.9484** and **1.800.928.7233** (toll free) Email: [cindy.tabor@ky.gov](mailto:cindy.tabor@ky.gov)

Counties: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg

Purchase District LTC Ombudsman, Sarah Dodd

Phone: **270.251.6120** and **1.877.352.5183** (toll free)

Email: [sarah.dodd@purchaseadd.org](mailto:sarah.dodd@purchaseadd.org)

Counties: Ballard, Calloway, Carlisle, Fulton, Hickman, Graves, Marshall & McCracken

**All conversations with or related to residents are confidential.** The Older Americans Act prohibits the disclosure of the identity of any complainant or resident unless the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given; or the disclosure is required by court order.

## What Residents Need to Know

Coronavirus disease (COVID-19) is an infectious disease caused by a new virus. It can lead to respiratory illness with symptoms such as a cough, fever, and shortness of breath. In a growing number of cases, it can be more severe than the flu, with a higher mortality rate. Certain populations are more at risk of getting this virus, including individuals age 60 or older and people of any age with serious underlying medical conditions. You should see an increase in the use of personal protective equipment in the facility such as facemasks, gloves, and gowns. This is to protect you and the staff from contracting or spreading the virus. This is an unprecedented time and we are all learning to cope and adjust together.

## KNOW HOW IT SPREADS

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).

- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person by respiratory droplets between people in close contact with one another (within about 6 feet).

## EVERYONE SHOULD

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay at least 6 feet (about 2 arms' length) from other people.
- Cover your mouth and nose with a cloth face cover when around others. You could spread COVID-19 to others even if you do not feel sick.
- Clean AND disinfect frequently touched surfaces daily.
- Be alert for symptoms.

## SYMPTOMS OF COVID-19

According to the Centers for Disease Control (CDC), COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; persistent pain or pressure in the chest; headache; new loss of taste or smell; sore throat; congestion or runny nose; new confusion; inability to wake or stay awake; and bluish lips or face.

## SOME TEMPORARY CHANGES IN NURSING HOMES:

- Focused efforts and resources only on inspections related to infection control and investigation of complaints assessed as being the most serious and harmful to residents.
- Restricted visitation of:
  - Visitors/Family members, who are only permitted in compassionate care situations, such as end of life, and only if they show no signs/symptoms of COVID-19.
  - Non-essential health care workers.
  - Long-term care ombudsmen.
- Directed facilities to screen residents and staff for fever and signs/symptoms of COVID-19.
- More flexibility in moving residents to different rooms and between facilities.
- Instructed facilities to cancel communal dining and all group activities.



## RESIDENTS & FAMILIES CAN STAY CONNECTED:

- Sending handwritten letters and cards.
- Using technology such as video conferencing, text message, or email. Ask your facility to provide you with access to internet Wi-Fi and devices such as cell phones, tablets, or computers to help you stay in touch with your family, the Ombudsman, and online resources. Ask facility staff to schedule a regular time for residents to communicate with their family and to assist them if they need help.
- Visiting through a window or glass door.

## STEPS THE FACILITY COULD TAKE TO PREVENT AND CONTROL COVID-19:

- Staff wear personal protective equipment, such as facemasks and gloves.
- Everyone wash their hands or use hand sanitizer before and after contact with each resident, after using medical equipment, and after taking off masks, gowns, and/or gloves (PPE).
- Place hand sanitizer in all resident-care areas.
- Practice cough etiquette/hygiene.
- Stay home when sick.
- Clean residents' hands after toileting or eating.
- Clean and disinfect medical equipment
- Have adequate infection control plans and protections to address COVID-19.
- Communicate frequently with local and state Departments of Health, Emergency Management, and CDC to share facility conditions, obtain the most up-to-date information and resources, and ask for help as needed.
- Put a plan in place for frequent communication with residents and families about facility conditions with individual resident updates.

## WHAT TO DO IF THERE ARE CONCERNS ABOUT THE FACILITY'S INFECTION CONTROL PRACTICES OR OTHER ISSUES

- Talk to the Director of Nursing or the facility Administrator about your concerns and ask what they will do to address them.
- Contact the Long-Term Care Ombudsman Program for assistance **1.800.372.2991**.
- File a complaint with the KY Office of Inspector General (OIG)
  - OIG's Central Office in Frankfort **502.564.7963**
  - Western Enforcement Branch in Hopkinsville **270.889.6052**
  - Northern Enforcement Branch in Louisville **502.595.4958**
  - Southern Enforcement Branch in London **606.330.2030**
  - Eastern Enforcement Branch in Lexington **859.246.2301**

## RESIDENTS STILL HAVE THE RIGHT TO:

- Care and services needed to obtain their highest possible level of well-being.
- Participate in developing and implementing a person-centered plan of care that reflects personal and cultural preferences. This includes the resident's right to make decisions about their care now and in the future, such as what treatment they might want related to COVID-19.
- Be free from abuse, neglect, exploitation, and misappropriation of property.
- Voice grievances without discrimination or retaliation, or the fear of it, and prompt efforts by the facility to resolve those grievances.
- Not be discharged or transferred except for certain reasons, to appeal the decision, and have a safe and orderly discharge/transfer if the resident leaves the facility.

## RESIDENTS CAN PROMOTE GOOD CARE AND KEEP UP RESIDENT MORALE

- Wash your hands (or ask staff to assist you) or use hand sanitizer and remind other residents to do the same.
- Remind staff to wash their hands often and cover their mouths when they cough. It's okay to remind others to practice good hygiene.
- Practice social distancing from other residents – stay 6 feet away.
- Inform administration if you observe staff who appear to be sick or not taking the steps listed above to prevent the spread of COVID-19.
- Communicate your needs. Maintain as much of your normal routine as possible. Talk with staff about getting fresh air and facilitating exercises that you can do in or out of bed depending on your abilities. You should still receive the assistance you need. Do not be afraid to ask for help. Staff are there for you.
- Request that the facility keep residents and families up to date on their response to COVID-19.
- Raise concerns and speak up about care and rights violations with facility administration, staff, and with the Long-Term Care Ombudsman Program.
- Consider ways to keep the resident council going, even if residents cannot meet in person. Perhaps residents can bring up issues by sending notes or talking by phone to the resident council president, who can then convey them to the designated staff person.
- Ask activities staff to find creative ways to continue regular activities even with residents in their rooms, such as conducting an exercise class via video chat.

Source: The National Consumer Voice for Quality Long-Term Care was formed as NCCNHR in 1975 because of public concern about substandard care in nursing homes. <https://theconsumervoice.org/issues/other-issues-and-resources/covid-19> Phone: 202.332.2275; [info@theconsumervoice.org](mailto:info@theconsumervoice.org) [www.theconsumervoice.org](http://www.theconsumervoice.org)



## Residents' Rights and COVID-19

Visitation rights and transfer notification rights have been impacted by COVID-19. Rights of nursing home residents differ slightly from rights of Personal Care Home residents. Please contact the Ombudsman with questions about your rights.

The law requires nursing homes to promote and protect the rights of each resident. Residents' Rights guarantee quality of life. The law requires each nursing home to care for its residents in a manner that promotes and enhances the quality of life of each resident, ensuring dignity, choice, and self-determination. All nursing homes are required "to provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in accordance with a written plan of care that... is initially prepared, with participation, to the extent practicable, of the resident, the resident's family, or legal representative." This means a resident should not decline in health or well-being as a result of the way a nursing facility provides care on a regular basis.

### THE LAW PROTECTS THE FOLLOWING RIGHTS OF NURSING HOME RESIDENTS:

#### The Right to Be Fully Informed of

- Available services and the charges for each service
- Facility rules and regulations, including a written copy of resident rights
- Address and telephone number of the State Ombudsman and state survey agency
- State survey reports and the nursing home's plan of correction
- Advance plans of a change in rooms or roommates
- Assistance if a sensory impairment exists
- Residents have a right to receive information in a language they understand (Spanish, Braille, etc.)

#### Right to Complain

- Present grievances to staff or any other person without fear of reprisal and with prompt efforts by the facility to resolve those grievances
- To complain to the ombudsman program
- To file a complaint with the state survey and certification agency

#### Right to Participate in One's Own Care

- Receive adequate and appropriate care

- Be informed of all changes in medical condition
- Participate in their own assessment, care planning, treatment, and discharge
- Refuse medication and treatment
- Refuse chemical and physical restraints
- Review one's medical record
- Be free from charge for services covered by Medicaid or Medicare

### Right to Privacy and Confidentiality

- Private and unrestricted communication with a person of their choice
- During treatment and care of one's personal needs
- Regarding medical, personal, or financial affairs

### Rights During Transfers and Discharges

- Remain in the nursing facility unless a transfer or discharge: is necessary to meet the resident's welfare; is appropriate because the resident's health has improved and s/he no longer requires nursing home care; is needed to protect the health and safety of other residents or staff; is required because the resident has failed, after reasonable notice, to pay the facility charge for an item or service provided at the resident's request.
- Receive thirty-day (30) notice of transfer or discharge which includes the reason, effective date, location to which the resident is transferred or discharged, the right to appeal, and the name, address, and telephone number of the State Long-Term Care Ombudsman. **COVID-19 has caused a slight change in notices. If you are told you must transfer or discharge to another facility and are unsure if your rights are being violated please call the Ombudsman for assistance.**
- Safe transfer or discharge through sufficient preparation by the nursing home

The federal Centers for Medicare and Medicaid Services (CMS) has told nursing homes to designate specific facilities or units to separate COVID-19 patients from those with unknown or non COVID-19 positive status. This could lead to new residents entering and current residents being moved to different wings or floors in facilities or between facilities. Nursing homes should be taking steps to help residents and families understand what is happening, prepare residents as much as possible for the move, make sure their belongings move with them, and give them a choice to whatever extent possible. In these specific cases, notice requirements have been relaxed, however that does not apply to non-COVID-19 related transfers.

CMS has given facilities a lot of discretion during this emergency situation, including granting waivers of advance notice and right to appeal when the transfer is related to COVID-19 status. When a resident with COVID-19 is transferred to a dedicated COVID-19 facility, a resident without COVID-19 is transferred to a non-COVID-19 facility, or a resident is transferred for a 14-day observation, their rights to advance notice and appeal are waived. Residents are still entitled to written notice of transfer as soon as practicable, but not in advance of their transfer. This means that it will be very hard, in these specific situations, for a resident to refuse their transfer. Facilities should still make every effort to give as much advance notice as possible and prepare residents and families for the move.

Additionally, it is important to note that the waivers do not apply to any other transfers. Residents still have their right to advance notice and their right to appeal transfers that are not related to moving them because of their COVID-19 status.

#### Right to Dignity, Respect, and Freedom

- To be treated with consideration, respect, and dignity
- To be free from mental and physical abuse, corporal punishment, involuntary seclusion, and physical and chemical restraints
- To self-determination
- Security of possessions

#### Right to Visits has been deeply impacted by COVID-19

Before the COVID-19 outbreak residents had the right to visit in-person with relatives, friends, and others of the residents' choosing. We understand that restrictions on visitors makes this period of uncertainty more difficult, but these precautions prescribed by the federal Centers for Medicare and Medicaid Services (CMS) are to protect the health and safety of residents. Visitor restrictions help prevent and delay the spread of COVID-19. **We continue to encourage your nursing home to explore alternate ways for you to communicate with families and friends such as phone calls, window visits, video chatting, and in person visits when possible.**

There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19. Kentucky guidelines are based on what is currently known about the transmission and severity of COVID-19.

On June 25, 2020 Kentucky issued guidance to facilities on how to resume limited in-person visitation (June 29 for Personal Care and Family Care Homes and July 15 for Nursing Facilities). Facilities must be able to adhere to social distancing guidelines of at least six feet between a resident and any other person, and there cannot have been any resident or staff with COVID-19 in the preceding twenty-eight (28) days for nursing homes or fourteen (14) days for Personal Care Homes and Family Care Homes.

The facility's plan to resume limited visitation should include:

- How prevalent is COVID-19 in the county and nearby counties? Are cases of COVID-19 on the rise in the communities surrounding the nursing home?
- Hospital partners' capacity for providing assistance in the event of a rise in COVID-19 cases among the residents or staff. Does the hospital have open beds?
- Access to Personal Protective Equipment and cleaning and disinfecting supplies.
- Access to testing for COVID-19.

We know you are anxious for visitation to get "back to normal" and so are we! We want residents to remain in communication with their family and friends in the safest way possible. Unfortunately, since some facilities released plans to resume limited visitation there has been a surge in COVID-19 community spread and even new cases in facilities. This has resulted in a number of facilities remaining closed to visitors. This may be a cycle that we experience for some time in the future until there is a vaccine. For more information visit this website <https://www.cms.gov/files/document/covid-visitacion-nursing-home-residents.pdf>

Right to Make Independent Choices

- Make personal decisions, such as what to wear and how to spend free time
- Reasonable accommodation of one's needs and preferences
- Choose a physician
- Organize and participate in a Resident Council
- Manage one's own financial affairs

**Where do you go for help if you are concerned a facility is not guaranteeing the rights of residents? Contact your local or State Long-Term Care Ombudsman (see contact information above).**

# Emotional Wellness During the COVID-19 Pandemic

## COPING WITH STRESS DURING THE COVID-19 PANDEMIC

During times of uncertainty it is normal to experience anxiety or worry. Stress reactions during uncertain times are common and can be managed.

### COMMON REACTIONS

Physical reactions may include: headaches, fatigue, tiredness, rapid heart rate, nausea, stomach issues, appetite changes, elevated blood pressure, unexplained aches and pains, or sleep difficulties.

Emotional reactions may include: feeling isolated; panic; anxiety; distrust; fear, uncertainty or apprehension; intense anger, irritability or agitation; sadness or depression; feeling overwhelmed; intense worry about others; or denial.

Behavioral reactions may include: feeling suspicious; inability to relax / rest; increase in alcohol and/or drug consumption; or being overly cautious.

Mild cognitive reactions may include: confusion; poor concentration; preoccupation with the pandemic; poor decision making; memory issues; or disturbed thinking.

Spiritual reactions may include: doubt; questioning beliefs or values; or a crisis of faith

You may be able to manage stress reactions by limiting your exposure to news coverage of the event. Educate yourself on the pandemic through credible sources. Maintain a routine as much as possible. Get plenty of rest. Engage in regular physical activity. Eat a well-balanced diet. Keep a sense of humor. Maintain contact with friends and family through technology, when possible.

If you or someone you know appears to be experiencing a difficult time managing emotions, seek help from your healthcare provider. Remember, your facility is responsible for helping you access behavioral and mental health resources that can serve you there in your home. You do not have to suffer in silence alone. Reach out to your ombudsman for help.

Source: Kentucky Community Crisis Response Board (502) 607-5781 [kccrb.ky.gov](http://kccrb.ky.gov). Additional mental health resources can be found at [DisasterDistress.samhsa.gov](http://DisasterDistress.samhsa.gov)

## Common Questions and Answers

### WHY AM I BEING MOVED SO THAT MY NURSING HOME CAN BECOME A COVID-19 FACILITY?

Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control (CDC) have issued recommendations that nursing homes establish separate facilities or units for residents who are COVID-19 positive. This is because the virus is easily transmitted and can spread quickly inside a nursing home. Nursing homes should be taking steps to help residents and families understand what is happening, prepare residents as much as possible for the move, make sure their belongings move with them, and give them a choice to whatever extent possible.

### IF I AM TRANSFERRED TO ANOTHER FACILITY DUE TO COVID-19, CAN I RETURN TO MY ORIGINAL FACILITY OR BED?

Ideally, if a resident is transferred based on their COVID-19 status, they should be able to return to their original facility after the emergency situation has ended. While bed hold rights have been waived during the emergency, residents should be able to return to their facilities under federal guidelines. They should be able to return to their previous room if it's available, otherwise to the first available bed.

### I WANT TO GO HOME DURING THIS TIME, SHOULD I?

Whether or not you move out and return to your home in the community depends on many factors. How will you manage stairs, bathing, lifting and transferring, among other needs? Is someone available to give you the amount of care you require? If outside help is needed, how will you pay for it? Have your friends or relatives who would help you been tested to ensure they do not have the virus? Have you factored in the opinion of your friends or family on whether they can help and assist you daily? Is there a plan for what would happen if people helping you get infected with COVID-19? Can you return to the facility once the pandemic is over? Will you have to reapply for Medicaid before going back to a nursing home? Discuss these considerations with facility staff, your family, and loved ones. Have a plan in place, be sure you understand and can meet your care needs.

### AM I STILL ALLOWED TO GO OUTSIDE, WITHIN THE GROUNDS OF THE FACILITY – SUCH AS IN A COURTYARD, TO GET FRESH AIR?

The administration and residents should communicate about needs and expectations around going outside of the facility. If there are no active or suspected cases of COVID-



19 in the facility, and residents are accustomed to going outside, then they should still be allowed to go out, as long as they practice social distancing and wear a mask. If there are active or suspected cases in the facility, the CDC has issued guidance restricting residents to their rooms except when medically necessary.

### ARE FACILITIES LEGALLY REQUIRED TO DISCLOSE WHEN THEY HAVE RESIDENTS OR STAFF MEMBERS WITH COVID-19?

Yes. Facilities are required to report to the CDC suspected or confirmed cases, as well as residents previously treated for COVID-19, and the COVID-19 deaths among residents and staff. This information will be available to the public at: <https://data.cms.gov/>.

Additionally, facilities are required to inform residents, their representatives, and families of confirmed or suspected COVID-19 cases among residents and staff. Facilities must share this information by 5pm the day after an occurrence. Facilities must also explain how they are mitigating, preventing, or reducing the risk of transmission.

### CAN A LONG-TERM CARE RESIDENT RECEIVE A STIMULUS CHECK?

Yes. Anyone, including older adults, who makes a gross income of up to \$75,000 qualifies for the full amount of \$1,200. Those who make more will receive a payment on a declining basis up to \$99,000. Adults who receive Supplemental Security Income are still eligible for the stimulus payment. If a resident filed a 2018 or 2019 tax return, their check will be directly deposited into the resident's bank account, if their bank account is on file with the IRS. Otherwise the check will be mailed. If the resident did not have to file a return, they will receive the check the same way they receive their Social Security benefits. <https://www.medicaidplanningassistance.org/covid-19-stimulus-checks-impact/>

### WILL STIMULUS CHECKS AFFECT MY MEDICAID ELIGIBILITY?

No. Under Medicaid rules, a stimulus payment is not counted as income. Therefore, receiving a stimulus payment does not change a resident's monthly payment (often called a "patient pay amount" or "share of cost"). The resident pays the same monthly amount to the nursing facility and keeps the stimulus payment for their own use. In addition, the stimulus payment does not count as a Medicaid resource for 12 months. In other words, for the first year, the payment cannot cause you to have "too much" savings.

EXAMPLE: An unmarried resident receives \$1,050 monthly Social Security benefit and has \$1,800 in savings. Each month she pays the nursing facility \$1,000 from her income, and keeps \$50 for personal needs.

After receiving the \$1,200 stimulus payment in May 2020, her payment obligation to the nursing facility does not change. She continues to pay \$1,000 monthly.

After receiving the stimulus payment, her savings will increase from \$1,800 to \$3,000. To retain Medicaid eligibility, she must spend down her savings to under \$2,000 within a year—before May 2021.

The stimulus checks are considered “recovery rebates” as tax credits and they are not taxable income. The recovery rebates may not be counted as income towards Medicaid eligibility for 12 months. Additionally, it is important for residents to be aware that the stimulus check belongs to the resident and should be used for things the resident needs or wants, whether that is clothing or a television or something else. It belongs to the resident and cannot be taken by their nursing home. If your nursing home attempts to take this money or you are concerned, please contact the Ombudsman.

### **CAN I STILL SEND AND RECEIVE MAIL AND PACKAGES?**

Yes! Some facilities may hold mail or wipe it down upon delivery, but according to the CDC and the World Health Organization there is currently no evidence that COVID-19 is spread through the mail.

### **CAN RESIDENT COUNCILS STILL MEET DURING THE COVID-19 CRISIS?**

Resident councils are when residents in a facility come together to form a united voice to work on common issues, communicate concerns to their facility and work towards resolutions and improvements. While residents in nursing homes are socially distancing, there are still ways for resident councils to meet. Residents can hold phone meetings with each other or, if they have access to internet and video devices, they can hold their meetings via Zoom or other video conferencing services. If residents do not have their own devices, they can ask for assistance from staff to get set up. If the facility has no COVID-19 positive cases they may consider meeting in person using 6 feet of social distancing between each meeting participant.

### **WHAT IS A “COMPASSIONATE CARE” SITUATION FOR ALLOWING VISITATION?**

Visitors are allowed to enter nursing homes in “compassionate care” situations. CMS has not defined “compassionate care,” however, they have acknowledged that there are times, other than when a resident is dying, when visits should be allowed and that

residents, families, facilities, and health care providers should work together to identify when a visit is needed. Examples are when a resident is on hospice care and their health is sharply declining, or even when they are not on hospice care, but their health status has sharply declined. For example, for a resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.” If facilities are denying visits in what you believe is a compassionate care situation, you should reach out to your Ombudsman.

### ARE THERE ANY SUGGESTIONS ON HOW LONG-TERM CARE CAN CHANGE TO BE BETTER PREPARED TO HANDLE A PANDEMIC LIKE COVID-19?

Yes, experts and researchers on long-term care have suggested several changes that may reduce harm in the future. You may contact elected officials and policy makers to let them know your suggestions for improving the long-term care system.

1. Increase workers’ pay. The need to work at two or three places to equal full-time pay potentially spreads the virus.
2. Start paying for sick leave. Many nursing homes do not give staff paid sick leave. Sick employees may feel financial pressure to work.
3. Improve staffing ratios. Federal law requires facilities to have a registered nurse working eight consecutive hours daily, and licensed nurses on hand 24 hours a day. Research recommends at least one registered nurse on duty during the day for every 28 residents during the day shift, for every 30 residents in the evening and for 40 residents at night. **A June study in the Journal of the American Geriatrics Society found that among homes with at least one confirmed virus case, every 20-minute increase in registered nurse staffing was tied to 22 percent fewer confirmed cases.**
4. Store more personal protective equipment (PPE). Nursing homes need to keep more face shields, gloves, gowns and masks on hand. Without PPE, you lose the battle!
5. Test frequently. CMS announced that it will provide rapid testing devices for residents and staff in nursing homes in COVID-19 hot spots nationwide.
6. Hire an infection specialist. Every home needs a specialist on-site.
7. Improve staff training and certification.

Source: AARP 7 Ways to Curb Coronavirus Deaths at Nursing Homes by Deborah Schoch, July 16, 2020