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February 17, 2021

To All Independent Living and Adult Care Residents,



PLEASE READ THE ENTIRE NEWSLETTER FOR IMPORTANT INFORMATION ON COVID. THIS IS THE PRIMARY MEANS OF COMMUNICATION ON THIS TOPIC.

TESTING

Each week we will provide you with updated information on COVID-testing at all of our campuses.

Testing Tracker: Summary of Employees & Residents Diagnostic Testing								
Employees		To date (since pandemic start)			New Suspected Cases			
	Employees tested	Tests Pending	Employees Positive	Employees Negative	Employees tested	Tests Pending	Employees Positive	Employees Negative
Chase	20	0	4	16	0	0	0	0
GSFH	29	0	8	20 and 1 inconclusive	1	0	0	1
GSVE	25	0	5	20	0	0	0	0
Residents		To date (since pandemic start)			New Suspected Cases			
	Residents tested	Tests Pending	Residents Positive	Residents Negative	Residents tested	Tests Pending	Residents Positive	Residents Negative
Chase	20	0	2	18	0	0	0	0
GSFH	96	0	11	85	7	0	1	6
GSVE	48	0	2	48	2	0	0	2
Tested as of 2/9/20					2/10/21-2/16/21			
Please note some testing was purely precautionary as the individual was asymptomatic. Ex: fall led to ER visit and tested.								

Please note the chart above is for testing conducted for cause only. At this time, it does not include the mass staff weekly testing discussed below, resident exposure testing, resident mass testing or staff testing done as part of any pre-op procedures.

Mass Resident Testing

Mass Resident Testing				
	Tested	Positive	Negative	Pending, Inconclusive or Indeterminate
GSFH	18	2	15	1
GSVE	22	0	22	0
Chase	4	0	4	0

NYS DOH Mandatory Testing for all Staff: Results of week of 2/10/21-2/16/21:

Mass Staff Testing

Mass Employee Testing				
	Tested	Positive	Negative	Pending, Inconclusive or Indeterminate
GSFH	332	1	331	0
GSVE	236	2 and 2 repeat	232	0
Chase	125	2 repeat	122	2

Staff Testing 2/10/21-2/16/21

In the last round of staff testing, we had the following positive results:

GSFH

2/9/21 (not reported last week)

- An employee who works in our Dietary department in the Skilled Nursing Facility tested positive for COVID-19. This employee is asymptomatic and will self-isolate for 14 days. The employee had not worked during their infectious phase, so no contact tracing was required.

2/11/21

- One of our staff members who works at in Nursing department in the Skilled Nursing Facility tested positive for COVID-19. This employee has mild symptoms and will self-isolate for 14 days. There were no residents or staff identified as close contacts.

Chase: No new positive tests

GSVE

2/10/21

- An employee who works in the Human Resources department tested positive for COVID-19. The staff member is asymptomatic and will self-isolate for 14 days. No close contacts were identified.
- An employee that works in Assisted Living and Independent Living tested positive for COVID-19. The staff member is asymptomatic and will self-isolate for 14 days. No staff were identified as close contacts. One Assisted Living resident and two Independent Living residents were identified as close contacts, they are quarantining according to the CDC recommendations.

Resident Testing 2/10/21-2/16/21: Please note the narrative below includes ***all positive test results***, including results of required resident mass testing. Therefore it may not correspond with the table above, which represents only those tested for cause.

GSFH:

2/14/21

- Two of our residents on our Rehab unit tested positive for COVID-19.

Chase: No new positive tests.

GSVE: No new positive tests.

Resident COVID related Deaths 2/10/21-2/16/21

GSFH: We are happy to report there were no COVID-19 related resident deaths at GSFH.

Chase: We are happy to report there were no COVID-19 related resident deaths at Chase.

GSVE: One of our IL residents who had a COVID-19 diagnosis passed away on 2/15/21 in the hospital. Our thoughts are with their family and friends.

Vaccination

- **SNF**
 - At this point, all three of our campuses have had their first and second vaccine clinics for all SNF residents.
- **ACF:**
 - GSVE ALR clinic dates: 1/14, 2/4, 2/25
 - GSFH ALR Clinic Dates: 1/13, 2/3, 2/24
- **Independent Living**
 - **The Medicine Shoppe, our Long Term Care Pharmacy has begun to hold for our IL residents.**
 - GSFH: Friday 1/22/21. All apartment residents who elected to receive the vaccine received the vaccine.
 - GSVE: Monday 1/25/21. 71 appointments were available and were scheduled in alphabetic order. A second clinic will be scheduled within the next few weeks as more vaccine becomes available. We understand IL residents are anxious for the second clinic, and we will schedule it as soon as the Medicine Shoppe informs us they have received additional vaccine doses.
 - While there is no cost for the vaccine, we will be gathering all the required paperwork in advance to expedite the day of the clinic, including driver's license, and Medicare cards for each resident. And please remember the vaccine requires two doses 3-4 weeks apart.
 - NYS residents over 65 or with certain underlying conditions are also eligible to be vaccinated at other sites. To explore eligibility, available sites and learn how to schedule an appointment, access this link: <https://am-i-eligible.covid19vaccine.health.ny.gov/>
- **Staff**
 - ALL staff regardless of department are eligible for the program, with prioritization based on risk. These clinics have begun at all the Campuses
- There will be no cost to employees for this vaccination.
- While this is not mandatory for our residents or staff, **we are hoping all of our eligible residents and staff will elect to be vaccinated unless there are contraindications.**

NYS Mandated Staff Testing

Per NYS, full-time staff are required to be tested twice per week for COVID-19, and those who do not meet the hours requirement must be tested once per week. As the positivity rate in NYS and in our area declines, we anticipate this being reduced to once per week.

Furloughed Staff

While we our facilities continue to provide quality care to all of our residents, we want to be completely transparent about some of the challenges we are facing. Each campus has had and continues to have employees who have either tested positive for COVID-19 or have had close contacts and are, therefore, furloughed for a minimum of 14 days. This will obviously create staffing challenges. The following summarizes the currently furloughed staff members at each facility:

Furloughed Staff

	Nursing	Env Service	Dietary	ACF	Other
GSFH	2	0	3	0	1
GSVE	0	0	1	0	3
Chase	0	0	0	0	0

Positivity Rates and COVID Zones

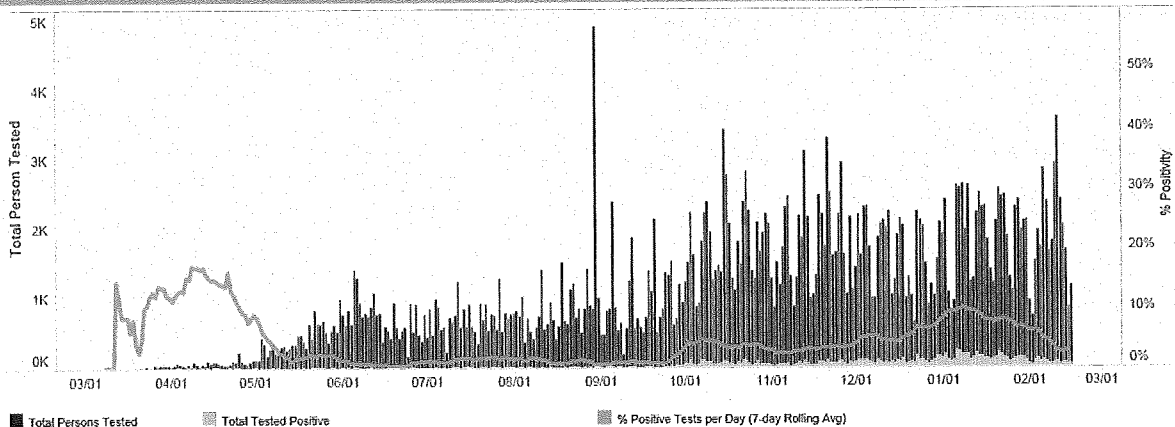
NYS reports on COVID-19 Positivity Rates by County and also on COVID Cluster Spots. Each week, we will include the most recent info. Increasing positivity can impact all businesses. Per CMS guidelines:

Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

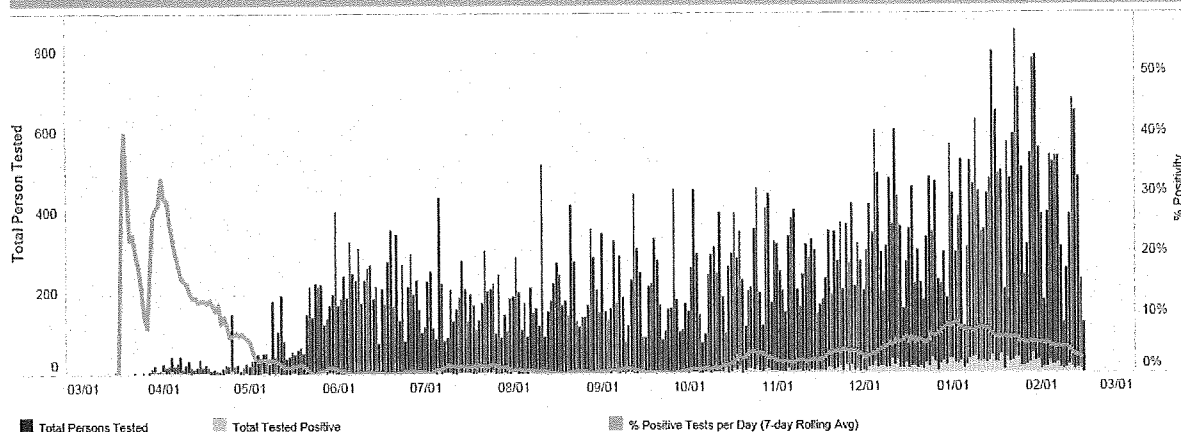
% Positive Results Over Time - Broome



Test Results - Yesterday

		Total Persons Tested	Total Tested Positive	% Positive, Yesterday	% Positive, 7 day Avg
Southern Tier	Broome	1,143	46	4.0%	2.8%

% Positive Results Over Time - Chenango



Test Results - Yesterday

		Total Persons Tested	Total Tested Positive	% Positive, Yesterday	% Positive, 7-day Avg
Southern Tier	Chenango	125	1	0.8%	2.6%

Currently, none of our facilities are in a COVID-19 cluster hot spot.

Safe Staffing for Quality Care Act

This Act is currently in Committee in the Assembly and could move onto the Senate and Assembly for voting prior to being sent to the Governor to sign. If passed, it would set minimum staff to resident ratios in both hospitals and nursing homes. While the concept of regulatory minimum staffing levels has been lobbied for years, COVID-19 and its impact on hospitals and nursing homes has brought about a renewed interest.

We can certainly understand that, at first, this sounds like a practical and effective idea. But the reality is very different. Leading Age NY has prepared a Memo of Opposition (attached) outlining some concerns:

- Lack of research establishing a relationship between specific staffing ratios and quality of care and quality of life.
- Despite the lack of substantiating research, this unfunded mandate would result in significant increased expenses which would have to be offset by cost cutting measures, such as eliminating other staff, benefits or programs. And for struggling facilities, there may be no way to absorb these costs, resulting in closures.
- Other mechanisms that track and reward or penalize nursing homes for staffing levels already exist:
 - CMS Nursing Home Compare 5 Star rating system includes this metric
 - NYS Nursing Home Quality Pool which has financial incentives already includes two staffing measures
- SNFs are already required by CMS to post staffing levels in a prominent and public space.
- The proposed law only looks at RNs, LPNs, and CNAs, ignoring Therapy staff, activities aides and housekeeping, all of whom provide essential services to our residents.
- The proposed law ignores the severe, persistent shortage of qualified personnel to meet the needs of the hospitals, nursing homes, assisted living residents, physician's offices and home care.

Speaking on behalf of Good Shepherd Communities' facilities, recruitment and retention of quality staff is one of our highest priorities. Our staffing budgets at all of our facilities have always reflected high staff to resident ratios. We have significantly increased direct care and nursing wages multiple times in recent years to attract and retain staff, and introduced nursing scholarships to 'grow our own' LPNs, as well as offering paid training to become certified nursing assistants and home health aides. And when we experience staffing challenges, we reach out to agencies for supplemental staff while we continue to recruit.

This Act does not address the root cause of the staffing crisis, choosing rather to continue to penalize facilities even if good faith efforts are made and *actual* quality of care is maintained. Please review the attached memo from Leading Age NY and join us in advocating against this Act.

LANY memo of opposition: <https://www.leadingageny.org/linkservid/2868B44E-A27B-0F67-43DBFACAD536E2A4/showMeta/0/>

Link to advocate: <https://www.leadingageny.org/advocacy/advocacy-action-items/oppose-nurse-staffing-ratios/>

Ombudsman Program

At their request, we are attaching a letter to LTC residents and their families from the Action for Older Persons NYS Certified Long Term Care Ombudsman Program, which operates in Broome, Delaware, Chenango and Tioga Counties. This letter updates residents and families on how the Ombudsman Program is providing continued access during the pandemic.

FAQs: We receive multiple individual emails or calls with questions. Rather than respond individually to multiple individuals asking the same or similar questions, we have added a FAQs section each week. Please note we have an obligation to maintain the privacy of the health information of our employees and cannot provide information which could potentially identify them.

Q: Which of our facilities and level of care currently allow visitors?

A: Currently, the SNFs at all GSC facilities are required to pause visitation due to positive COVID test result, as well as GSVE's ALR. The GSFH ACF (ALR and ALP) are currently open for visitation.

Because the hours available and locations vary by facility and level of care, we are issuing facility\level of care specific broadcasts to the impacted families with more specific information.

Also please note that a single positive COVID-19 test at a facility\level of care will result in the Department of Health suspending visitation for another 14 days. COVID-19 prevalence is increasing in NYS. In the event that we must suspend visitation, we will notify any visitors scheduled individually, and then issue a broadcast with more general information.

Please remember the NYS DOH guidelines for visitation for ACFs and SNFs are different in many ways, including how many people can visit at a time and the SNF requirement that visitors present verified negative COVID-19 test results within the last week prior to the visit. If you are concerned about this requirement and the burdens it presents, please reach out to the Governor's office at 1-518-474-8390 to voice your concerns.

Please remember that NYS DOH has very strict guidelines on how we structure our visitations. Social distancing is absolutely required. If visitors do not comply with these guidelines, the visitor will be asked to leave and may not be allowed to return depending on the nature of the violation. These guidelines are for the protection of our residents, and we ask everyone to comply.

We continue to offer virtual visits, and can arrange for window visits. Both should be scheduled through the Therapeutic Recreation department.

From Leading Age NY's webpage on Advocacy...

Urge the Governor to Re-consider Requirements for Family Visitation

You have asked what can you do and who you can talk to about the nursing home and adult care facility (ACF) visitation restrictions. If you are frustrated by the limitations that have been placed on families and residents, the costs and availability of testing which families are now subject to, and/or the lack of recognition for the quality of life for our seniors, you can call the Governor's office and urge the State to take a more reasonable approach to family visitation.

The Governor's office can be reached at this phone number: **1-518-474-8390**.

It can be overwhelming making these calls but just be you, speak from the heart and explain what your experience and frustrations have been. These talking points may also be helpful to you on your phone call:

- Due to your overly strict rules on visitation in nursing homes, I have not seen my loved one since _____.
- Now in order to visit, I must provide proof of a negative COVID-19 test result repeatedly.
- These repeated tests are not readily accessible to me and will be cost-prohibitive.
- Nursing home residents have endured months of isolation from the people they love most and are experiencing emotional distress.
- I urge you to reconsider this guidance and find a more balanced approach that considers not just the risks of COVID-19, but also the emotional isolation residents are feeling.

For those that would prefer to send an email to the Governor, they can do so using this online form.

Although the progress on the issue of visitation is slow, family advocacy is critical to any success we will see in the coming weeks. Keep up the pressure, and thank you for your efforts.

The online form referenced can be found at <https://www.governor.ny.gov/content/governor-contact-form>

Donations

- Orpha Davis' great grandson Jackson gifted us with individual boxes of Valentine candy and posters for all the residents on GSFH's Parlor City and Arlington Center

Please remember to contact the facility's Administrator prior to making a non-monetary donation so they are aware and they can review any restrictions.



Please visit our website for ongoing coverage of our response to COVID.



Thank you all for your patience during this difficult time. If you are feeling unusually high levels of stress, there are a number of resources available.

- Office of Mental Health Emotional Support Helpline: 1-844-863-9314 *
The Emotional Support Helpline provides free and confidential support, helping callers experiencing increased anxiety due to the coronavirus emergency. The Helpline is staffed by volunteers, including mental health professionals, who have received training in crisis counseling.
- CDC Resources : <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

Kathy Swezey
GSFH Executive Director

Jennifer Davidson
GSVE Health Care Administrator

MaryKay McKinney
GSVE IL Executive Director

MEMORANDUM

A.108 (Gunther)/S.1168 (Rivera)

AN ACT to amend the public health law, in relation to enacting the "safe staffing for quality care act"

LeadingAge New York opposes this legislation that amends the Public Health Law to create specific staffing ratios for nurses and other direct-care staff in hospitals and nursing homes. Available research does not bear out that specific staffing ratios result in improved quality of care or quality of life. In fact, the only outcome of this legislation will be higher operating costs and less quality of life programming for nursing home residents.

From a public and fiscal accountability standpoint, nursing homes are already responsible for ensuring adequate staffing. For example:

- Staffing is already one of three domains used by CMS in the Nursing Home Compare 5-star rating system that is provided to the public for purposes of comparing facilities. The 5-star rating for staffing is based on two case-mix adjusted measures:
 1. Total nursing hours per resident day (RN + LPN + nurse aide hours); and
 2. RN hours per resident day. The hours reported in 5-star reflect both facility employees (full time and part time) and agency/contract staff.
- New York's Nursing Home Quality Pool includes the following two staffing measures among the quality measures for which facilities receive scores:
 1. The CMS 5-star staffing rating; and
 2. The level of temporary contract/agency staff.

A total of \$50 million is distributed under the quality pool each year (which is funded out of the base).

- In 2001, federal legislation mandated that every nursing home in the country post in a prominent, public place the numbers of licensed and unlicensed direct care staff on duty for every shift. The final regulations on posting nurse staffing information in nursing homes were published by CMS in late October 2005 and remain in effect.

The staffing standards proposed in this legislation (i.e., upper end of the range) would conservatively cost an estimated \$1.06 billion annually to implement in nursing homes. The legislation would require more than an hour of additional staff time per resident per day when compared to current staffing levels. The typical downstate nursing home would see a \$15 per resident day cost increase if it were to increase aide staffing to meet the standard. For a home serving 200 residents, that totals over \$1 million per year for increased aide staffing.

The 83 homes that the State has identified as most financially vulnerable (i.e., those that qualified for 2012 financially disadvantaged facility designation) would see their costs increase by \$140.6 million per year, an average of \$1.7 million per home. A precondition to the designation is a negative margin, so all of these homes are already losing money on operations and struggling to survive. Few would be able to sustain an unfunded mandate that would increase costs to such a magnitude. Without additional funding from Medicaid, facilities would be forced to make other cuts to programs and services that enhance residents' quality of life.

LeadingAge New York is not convinced that these costs are justified. While staffing and quality are related, the raw number of nurses and aides do not automatically translate to quality outcomes. Studies suggest that there is a point of diminishing returns, meaning that staffing levels above a certain threshold yield minimal results. CMS Nursing Home Compare data bears this out:

- Of the 377 homes receiving 3 or fewer stars for staffing, 286 or 75.6 percent, were awarded 4 or 5 stars for quality measures that indicate positive outcomes
- Conversely, 241 homes received 4 or 5 stars for staffing, yet 163 or 63.5 percent, scored 3 or fewer stars on their survey (periodic inspection).

By arbitrarily focusing exclusively on the numbers of nurses and aides, the legislation also fails to take into account that several other professionals and paraprofessionals such as therapy personnel, activities aides and housekeeping staff also contribute significantly to the resident experience of care and quality outcomes.

Additionally, although nursing is one of the most rapidly growing fields, nursing education programs simply cannot keep up with the current demand; some schools are only able to admit about 25% of the applicants. Universities cite the cuts in funding and subsequent loss of staff positions as the cause of their inability to meet the needs of the number of potential students applying (add to that the aging-out of the nurses qualified to teach). There simply is not an adequate supply of licensed nursing staff to fill the ratios as proposed under this legislation. Given the shortage, LeadingAge New York is concerned that nursing homes will struggle to recruit and retain quality staff, given the significant competition for experienced nurses.

Before mandating a number, the State should be looking at ways to encourage entrance into the field, promote recruitment and retention of nurses and aides, assist nursing education programs that are struggling, assisting (as they have in the past) with the cost of nursing education, reducing burdensome paperwork requirements that take direct care workers away from the bedside, and promoting the field of nursing in general.

For these reasons, LeadingAge New York opposes A.108 (Gunther)/S.1168 (Rivera) and urges that it be rejected.

LeadingAge New York represents over 400 not-for-profit and public long term care providers, including nursing homes, home care agencies, senior housing, retirement communities, assisted living, adult care facilities, adult day health care and managed long term care.



Office of the State Long Term Care Ombudsman

Two Empire State Plaza
Fifth Floor, Albany, NY 12223-1251
www.ltcombudsman.ny.gov

Claudette Royal
State Ombudsman
1-855-582-6769

February 5, 2020

Dear Residents, Family Members, and Resident Representatives,

As we are now several months into the COVID-19 pandemic, I wanted to take a moment to provide you with important updates regarding continued access to the Long-Term Care Ombudsman Program. Action for Older Persons' New York State (NYS) Certified Long Term Care Ombudsman Program (LTCOP) which covers Broome, Delaware, Chenango, and Tioga County facilities, remains available to all residents and families to assist with any concerns or questions they may have during these unprecedented times. LTCOP Staff, Morgan White and Reva Mack, alongside our volunteer Ombudsman are continuing to provide "virtual visits" by phone, and other web-based technologies, such as Facetime, Zoom, Skype, email, etc. to allow residents continued access to our advocacy services. LTCOP volunteers must utilize privacy options to keep their personal information secure and are currently accessible via "virtual visits" by phone and video platforms as well. The certified Ombudsman Volunteer/Staff that continues to cover Good Shepherd Village at Endwell (Skilled Nursing) is Morgan White.

Please be assured that the NYS Ombudsman Program will continue to respond to, and investigate all complaints brought forth by residents, family members, or other individuals acting on the resident's behalf. Ombudsmen will be facilitating communication with residents, designated representatives and staff primarily by phone or video conferencing so that all concerns are addressed.

The rights, health, safety, and well-being of residents remains our top priority. We will continue to represent residents' best interests and work to ensure quality care remains a primary focus during this difficult time. We look forward to returning to normal visitation once it has been deemed safe to do so.

The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within the New York State Office for the Aging. Points of view, opinions or positions of the Ombudsman Program do not necessarily represent the views, positions or policy of the New York State Office for the Aging.

If you have concerns related to a long-term care facility, contact your local ombudsman office at (607) 722-1251 or via email at mwhite@actionforolderpersons.org or rmack@actionforolderpersons.org.

Sincerely,

Morgan White

NYS LTCOP Coordinator Region 11: Broome/Chenango/Delaware/Tioga

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