



*Supporting People,
Health and
Quality of Life*

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June 8, 2020

The Honorable Jim Wood, Chair, Assembly Health Committee
The Honorable Adrin Nazarian, Chair, Assembly Aging and Long-Term Care
Committee

Dear Assembly Members Wood and Nazarian:

I am writing on behalf of the California Association of Health Facilities (CAHF) to respond to a recent inflammatory and factually incorrect letter recently sent to you both regarding nursing homes and the COVID-19 pandemic. While CAHF would agree that the COVID-19 pandemic has disproportionately impacted nursing home residents in the US and throughout the world, we would NOT agree that this is because particular nursing homes had a pattern “that were understaffed and had high levels of deficiencies and citations pre-pandemic.” This is simply not true and fails to understand and take into account the myriad of unprecedented issues that have impacted how nursing homes have been able to effectively address the COVID-19 pandemic.

CAHF would like to take this opportunity to refute any factually incorrect information, share with you our concerns about how the state can improve its response to the pandemic, and lastly how the Legislature and nursing homes can work collaboratively moving forward to address the current and future pandemics such as COVID-19.

More recent studies conclude that the spread of COVID infection was driven by asymptomatic individuals caring for elderly patients NOT facilities providing poor care.

Recent academic studies at Harvard, Brown and Chicago Universities have found that there are numerous factors that impacted which facilities were more susceptible to COVID-19 outbreaks such as 1) location of a facility; 2) asymptomatic individuals 3) lack of testing. These factors were and still continue to be the most impactful to whether or not a facility is more or less susceptible to an outbreak.

The COVID-19 pandemic is unprecedented for nursing homes and their state public health partners.

No one could have predicted what would be required for nursing homes to protect and care for their fragile patients prior to the COVID-19 outbreak. To blame the facilities and their dedicated staff for poor quality care is

shortsighted and offensive. Facilities and their administrators, nursing and direct care staff did everything possible to access appropriate PPE that was hardly available in the beginning of the pandemic. Facilities were not required nor did they need to stock the amount of protective equipment that became extremely important for employee and patient protection prior to COVID-19. State public health provided inconsistent to little support at the onset of the pandemic. State laws never even imagined emergency pandemics and their impact on nursing homes. One primary example is nursing homes not even being afforded the same liability protections as all other health care providers in the state. (Gov. Code Section 8659)

Nursing homes were not prioritized for protective equipment and testing.

California and the U.S. did not understand the implications the COVID-19 pandemic would have on nursing homes, their patients and employees until much later. Understandably, the state prioritized hospitals for needed equipment and testing supplies. Thus, nursing homes were not initially provided the equipment, support, and testing necessary to address the pandemic successfully. As the state has learned more about the pandemic and understood its impact on nursing home patients, they have shifted more of their attention and support to these facilities, their patients and staff.

Recent studies do not find a connection between quality ratings for nursing homes and COVID-19 outbreaks.

More recent studies have confirmed that the location of the facility, its access to testing and the exposure of asymptomatic staff to patients is the most prevalent reason for a COVID-19 outbreak. In delving into the data more completely, there is no direct connection between a nursing home outbreak and poor-quality care.

California leads the nation in quality for skilled nursing facilities in a number of areas. Centers for Medicare & Medicaid Services (CMS) measures performance in skilled nursing centers by tracking 27 quality measures including mobility, weight loss and falls among skilled nursing residents. In 2019, California providers improved outcomes for residents in a majority of categories and the state currently ranks No. 1, 2 or 3 in the nation in nine quality measures.

Nursing homes require state support and assistance to combat COVID-19.

Nursing homes are primarily funded by the Medi-Cal program with an average of 67% Medi-Cal and 25-30% Medicare reimbursement. In addition, nursing facilities continue to struggle to recruit the needed direct care staff to care for their patients. The Medi-Cal program underfunds nursing home care and the rate setting system does not recognize increased costs related to PPE, staffing – such as hazard pay, etc. PPE and testing were not prioritized for nursing homes at the beginning of the outbreak. Testing access, clear regulatory direction and state support continue to be lacking as implementation of these important necessary items are taking place.

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Importance of supporting our nursing home providers and commending those that are caring for vulnerable patients.

Rather than attempt to place blame and punish care providers for an unprecedented outbreak we should instead work together to support and understand what is necessary to improve facility care under the new COVID-19 pandemic. This includes adequate financial support, access to PPE and testing supplies, clear direction about what is a required and necessary best practice, and lastly liability protection for those nursing home providers that is at least equal to what hospitals and physicians receive during a pandemic emergency.

We look forward to working with the Legislature to provide nursing homes and their staff the best support and direction they require to protect their elderly patients during this pandemic and into the future. Attached is a document that summarizes the recent studies referenced in this letter. Please let me know if I can provide any additional information or assistance to meet this very crucial and important goal.

Sincerely,

A handwritten signature in black ink that reads "Craig Cornett". The signature is written in a cursive, flowing style.

Craig Cornett
CEO/President

cc: Honorable Members of Assembly Health and Aging and Long-Term Care Committees