



TOGETHER

LeadingAge® New York

Crisis Response:

The First Six Months

ADVISOR

The magazine of LeadingAge New York | Summer 2020

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Founded in 1961, LeadingAge New York represents more than 400 not-for-profit, public and mission-driven senior care providers, including nursing homes, senior housing, adult care facilities, continuing care retirement communities, assisted living, home care and community services providers which serve approximately 500,000 people across New York each year.



LeadingAge New York TOGETHER



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This issue of LeadingAge New York Adviser focuses entirely on the response of LeadingAge New York members, business partners and the association during the first six months of an unprecedented crisis.

Members rose heroically to the challenge of providing care and services despite staff illness and shortages, lack of resources and the rapidly deployed, often contradictory mandates. LeadingAge New York staff worked diligently to provide information, resources, guidance, emotional support and anything else members needed to meet the challenge while suppliers worked feverishly to support efforts to locate and distribute PPE.

The following Op-ed appeared in the Empire Report and many other newspapers across the state. It was part of a larger campaign LeadingAge New York ran to publicly recognize and celebrate the “Care, Comfort and Compassion” provide by New York’s not-for-profit providers.

Thank you LeadingAge New York members for doing what you do best-providing for the needs of some of New York’s most vulnerable residents.

During the COVID-19 Crisis, New York’s Long-Term Care Providers are Fighting to Protect the Vulnerable and the Workforce That Cares for Them *By James Clyne*

As the COVID-19 virus has engulfed New York, mission-driven not-for-profit long term care providers (LTC) have been engaged in selfless and heroic work. They are working, under extraordinarily challenging conditions, to care for residents who are particularly vulnerable to this devastating virus.

They are striving to maintain a high quality-of-life in facilities that are their residents’ homes, without the ability to carry on normal dining and social routines and without the comfort of family visitation. They are trying to soothe agitated residents with dementia who do not understand this disruption, need the freedom to wander and to touch; cannot tolerate wearing masks; and are frightened of those who do.

At the same time, the staff and the residents are grieving for the residents and co-workers they have lost to this deadly virus.

Each COVID-19 case, and each individual included in the deaths announced daily, represents a treasured life. These victims were husbands and wives, veterans, our neighbors. They were beloved. Tragically, their age and underlying health conditions also made them vulnerable to COVID-19.

(continued)



Their caregivers come to work every day. They put their lives, and their own families, at risk because they are committed to their residents, as well as the families who are unable to visit their loved ones. They feel called to help fight and blunt this virus so residents can continue living meaningful lives.

It is troubling, and unfair, to see misplaced blame directed from a podium, when this virus reveals itself in a long-term care community.

Since early March, LeadingAge New York has raised serious concerns regarding New York's approach to combatting COVID-19 in nursing homes, assisted living and other LTC settings.

The State issued directives and actions without any consultation with stakeholders or any understanding or appreciation of their feasibility or the negative effects they may have on nursing home residents, for example:

- Requiring admission to nursing homes to confirmed COVID patients;
- Authorizing asymptomatic employees to continue working, irrespective of whether they had been exposed to the virus; and
- Extending the use of PPE through repeated cleaning, rather than following infection control best practices.

Unlike many states that have increased funding and targeted staffing resources for nursing homes in response to the COVID emergency in neighboring states such as Massachusetts, Rhode Island and Connecticut) – New York admonished nursing homes with impractical requirements, blame and investigations, while failing to provide the critical resources they need.

With the lives of vulnerable individuals at stake, health policy must be based on real world, practical conditions, rather than vilification.

To stem the tide of this virus, LTC Providers need access to on-site rapid testing and re-testing of all residents and staff, sufficient personal protective equipment, and financial assistance and other supports to enable adequate staffing.

The coronavirus pandemic is a long-term fight; and now we urge lawmakers to join the battle, and support our efforts – rather than offer critical commentary, pointless investigations and punitive threats. 🌱

FLTC Receives Grant from Mother Cabrini Health Foundation in Support of Medical Model ADHC Programs Responding to COVID-19 Emergency

The Mother Cabrini Health Foundation is supporting adult day health care (ADHC) programs to provide community-based services to Medicaid beneficiaries in the context of COVID-19. It has awarded \$68,713 to the Foundation for Long Term Care to develop resources and tools to support medical model ADHC providers to meet the needs of older adults with complex medical conditions and functional limitations in the COVID-19 environment and beyond. These resources will enhance the expertise of nurses and social workers to address new challenges as the COVID-19 emergency evolves, including expanding telehealth services, strengthening infection control practices and combating social isolation. Ultimately, the goal is to ensure that participants will continue to receive long term care services in the least restrictive setting while optimizing health outcomes and avoiding hospitalizations.


Medical model ADHC programs serve impoverished (Medicaid) beneficiaries who need long term care services and supports in all areas in New York State, from urban to very rural areas. These providers serve a wide range of ages, abilities, cultures and communities.

These resources will enhance the expertise of nurses and social workers to address new challenges as the COVID-19 emergency evolves, including expanding telehealth services, strengthening infection control practices and combating social isolation.

“As the largest health care foundation in New York State, it is a vital part of our mission to be on the front lines assisting during this pandemic,” said Alfred E. Kelly, Jr., Chief Executive Officer of Visa and Chair of the Mother Cabrini Health

Foundation Board. “We are working to get urgently needed funds across the state to organizations supporting New Yorkers most in need.”

“New York’s poorest and most vulnerable communities are facing unprecedented challenges due to COVID-19,” said Msgr. Gregory Mustaciuolo, the Foundation’s Chief Executive Officer. “Honoring the legacy of Mother Cabrini, we intend these grants to have a significant impact in ameliorating food insecurity, helping providers as they deliver care and services in this challenging environment, offering mental health services and sustaining other essential resources. We plan to continue to monitor the crisis, and we will continue to adjust our response as needs arise.”

Grants were distributed to organizations whose efforts focused on addressing New Yorkers’ health needs, as well as the social determinants of health, from supporting food banks across the state and bolstering shelter providers’ ability to provide care for some of New York’s most vulnerable populations to assisting clinics as they administer care to individuals with COVID-19. 

(See *FLTC Receives Grant* on page 7)

FLTC Receives Grant ... (Continued from page 6)

The Foundation for Long Term Care, Inc. (FLTC) is a private, not-for-profit 501(c)(3) research and education organization founded in 1978. In keeping with its mission to improve by research and education the way care for an aging society is delivered, it has a reputation for outstanding research and demonstration projects and for innovative seminars aimed at keeping health care professionals informed of constant changes in the field. FLTC's educational entity conducts education events throughout the year to enhance the effectiveness of member leaders and staff, enabling members to obtain much of the professional credit mandated to retain licenses and certification. Its wide range of educational offerings includes audio conferences, webinars, online courses, one-day programs and annual conferences. For more information, visit www.leadingagency.org.



*The Mother Cabrini Health Foundation is a private, nonprofit organization with the mission to improve the health and well-being of vulnerable New Yorkers, bolster the health outcomes of targeted communities, eliminate barriers to care and bridge gaps in health services. The Foundation – which is named in memory of a tireless advocate for immigrants, children and the poor – provides flexible support for new and innovative approaches that enhance health and wellness across New York State. For more information, visit **www.cabrinihealth.org***





I Want to Visit My Mother!

Restricted visitation over the last six months has residents and families needing to reconnect, but visits may look different once they resume.

In March 2020, when the COVID-19 pandemic was beginning to explode, the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Health (DOH) directed all nursing homes to restrict family visitation in order to control the spread of infection. Various alternatives to maintain family contact such as Zoom or Skype were introduced as a substitute, and although this has helped maintain a connection, it does not offer the same closeness and physical contact of an actual visit. Six months later, while some community businesses including service and retail establishments are reopening, nursing homes are still unable to offer families and residents the ability to enjoy face-to-face visits.

When this will change is hard to say. Recently, CMS has offered a series of recommendations for nursing homes to follow toward reopening. The reopening recommendations provide a three-phase approach. In Phases 1 and 2, visitation is still restricted except for end-of-life and compassionate care situations. Moving through the different phases and loosening restrictions in areas like communal dining and activities is dependent on several factors such as testing, the supply of personal protective equipment and case status within the local community.

It is not until Phase 3 that visitation restrictions are lifted to allow for the resumption of family visits. However, even at that time, visitors must be screened for fever and signs of respiratory symptoms, wear face coverings and maintain social distancing.

While some might see some of these measures as overly restrictive, the risk for infection among vulnerable nursing home residents remains high. Nursing homes experienced a high

Additionally, ProCare staff have assisted some members in developing infection control policies and procedures and preparing for focused Infection Control surveys by DOH.

(See *I want to Visit My Mother* on page 9)

I Want to Visit My Mother! (Continued from page 8)

rate of COVID-19 infections and a high number of deaths during the pandemic. There are valid concerns about infection control prevention in nursing homes that, according to a May 2020 report by the Government Accountability Office (GAO), existed even prior to the COVID-19 pandemic. Over the past several months, staff from LeadingAge New York ProCare have been active with the membership in providing several webinars on basic infection control practices and measures to take when dealing with COVID-19 issues with both residents and staff. Additionally, ProCare staff have assisted some members in developing infection control policies and procedures and preparing for focused Infection Control surveys by DOH. It was recently announced by CMS that all nursing homes in the country will experience at least one focused Infection Control survey by the end of July 2020. Some nursing homes, based on the data they are required to provide to CDC on a weekly basis, may experience an additional survey, depending on an increase in COVID-19-related infections or deaths.

The restricted visitation over the last six months has also raised concerns about how residents are coping with the tremendous sense of social isolation. Some members have developed specific care plans to identify and respond to social isolation. In May 2020, when ProCare staff organized a Director of Social Work Council Zoom meeting, this topic generated considerable discussion. Nursing home social work staff need to ensure that direct care staff are aware and able to identify and communicate to them subtle changes in resident behavior and routines that might suggest reactions to social isolation. In 2019, ProCare staff conducted a series of trainings on Trauma-Informed Care in nursing homes. At that time, the discussion centered on the fact that trauma is far more common in the lives of individuals than originally thought. In fact, it is estimated by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, that between 55 and 90 percent of individuals have experienced at least one traumatic event in their life. At the time of the trainings, although pandemics were listed as one of many potential traumatic events, no one could have envisioned what we have experienced over the last few months. 🌱



You Are Not Alone

COVID-19 arrived in New York on March 1st, with Governor Cuomo announcing the first case. Within a week, the Governor issued a state of emergency declaration, followed by the first order directing nursing homes and adult care facilities (ACFs) in the New Rochelle area to immediately suspend visitation. Since that time, long-term/post-acute care providers have experienced months of chaos as government mandates changed almost daily and were often inconsistent and unrealistic.

Through it all, LeadingAge New York worked tirelessly with the Department of Health (DOH), the Governor's Office and the federal government to advocate for our providers and the residents for whom they provide care.

LeadingAge New York also worked quickly to pull together education and resources for providers, beginning on March 9th with an infection control webinar and continuing with our weekly member update webinars, which kicked off March 16th and have continued to this day. The weekly webinars have been exceedingly popular, consistently drawing over 300 participants and as many as 700. They have offered members an opportunity to ask questions of our policy team. Each has generated dozens of questions and as many as 100 on our 20th webinar.


Over the past six months, LeadingAge New York has offered webinars on paid sick leave, infection control, survey preparedness and funding opportunities. We worked with our Value First team to secure access to personal protective equipment (PPE) and with our business partners, including Lecesce Construction and Unidine, to get the PPE distributed to providers in need.

(See *You Are Not Alone* on page 11)



You Are Not Alone ... (Continued from page 10)

We know that providers have worked endless hours over the past several months and have done all they can to ensure that their staff and residents are as safe as possible. This has been a herculean and expensive undertaking. As always, LeadingAge New York is proud to serve our mission-driven providers who go above and beyond to care for our most fragile citizens. We will continue to be here for you, to answer your questions as best we can, to advocate strongly with state lawmakers and policymakers and to provide emotional support when you need it.

You are not alone – we are just a phone call away. 



NEW YORK
JANUARY

JANUARY

1-21-20: The Centers for Disease Control and Prevention (CDC) confirms the first case of COVID-19 in the United States, in the state of Washington.

(See *MARCH* on page 12)



MARCH

3-1-20: Governor Cuomo confirms the first case of COVID-19 in New York State.

3-2-20: The Legislature approves a \$40 million appropriation to help the State combat the spread of COVID-19 while expanding Governor Cuomo's emergency management authority.

3-2-20: LeadingAge New York launches a dedicated Coronavirus Resources webpage.

3-7-20: Governor Cuomo signs Executive Order (EO) 202 declaring the COVID-19 outbreak a state disaster emergency.

3-9-20: Dawn Carter, LeadingAge New York ProCare Consultant, presents a webinar on what health care providers need to know about COVID-19, as well as how they can prepare and protect their residents and staff.

3-9-20: DOH activates the first daily Health Emergency Response Data System (HERDS) survey for nursing homes and ACFs.

3-8-20: The Department of Health (DOH) directs all nursing homes and adult care facilities (ACFs) in the New Rochelle area to immediately suspend visitation.

3-13-20: President Trump declares a national emergency over the COVID-19 outbreak.

3-13-20: The Centers for Medicare and Medicaid Services (CMS) directs nursing homes nationwide to suspend visitation of all visitors and non-essential health care personnel, except in end-of-life and other compassionate care situations, as well as restrict communal activities.

3-13-20: DOH directs nursing homes and ACFs statewide to take a series of actions to prevent the introduction of COVID-19 into their facilities – including suspending most visitation, implementing health checks for all health care personnel and other facility staff at the beginning of each shift and requiring all health care personnel and other facility staff to wear a face mask while within six feet of residents – and provides protocols for dealing with confirmed and suspected cases of the virus.

3-18-20: President Trump signs into law the Families First Coronavirus Response Act (FFCRA), creating a new requirement for paid sick leave for workers affected by the COVID-19 emergency and a new requirement for paid leave under the Family and Medical Leave Act (FMLA).

3-17-20: LeadingAge National convenes the first of its daily COVID-19 update calls for members.

3-17-20: DOH directs nursing home administrators and adult day health care (ADHC) program directors to immediately suspend ADHC program services.

3-16-20: LeadingAge New York convenes the first of its weekly COVID-19 update webinars for members.

3-20-20: Governor Cuomo signs the New York on PAUSE EO (EO 202.8) directing 100 percent of non-essential businesses statewide to close. The order also provides for a 90-day moratorium on any residential or commercial evictions.

3-25-20: DOH directs nursing homes to admit or readmit residents discharged from hospitals regardless of their COVID-19 status.

3-30-20: CMS issues several national blanket waivers for health care providers, including a waiver to allow nursing homes to maintain full-time employment beyond four months for certified nurse aides (CNAs) who have not met the training and certification requirements but demonstrate competency in the skills and techniques necessary to care for residents' needs.

3-27-20: President Trump signs into law the Coronavirus Aid, Relief and Economic Security Act (CARES Act), providing \$100 billion in COVID-19-related health care provider relief.

3-27-20: LeadingAge New York and Elena DeFio Kean, Principal at Hinman Straub P.C., present a webinar on the New York State COVID-19 paid sick leave law and the FFCRA.

3-23-20: CMS announces a new nursing home inspection plan prioritizing focused inspections on urgent patient safety threats and infection control.

(See APRIL on page 13)



APRIL

4-2-20: Dawn Carter, Elliott Frost and Karen Puglisi, LeadingAge New York ProCare Consultants, present a webinar on the DOH, CDC and CMS requirements for survey preparedness for infection control.

4-14-20: LeadingAge New York releases an index of the various grants, loans, tax benefits and advance funding opportunities for not-for-profit providers impacted by the COVID-19 emergency.

4-16-20: LeadingAge New York releases a list of online resources for seniors and their loved ones to use while practicing social distancing.

4-19-20: CMS announces new requirements for nursing homes to report COVID-19-related data to the National Healthcare Safety Network (NHSN) at the CDC and to inform residents and their representatives of COVID-19 cases among residents and staff, later setting an effective date of 5-8-20.

4-16/17-20: Governor Cuomo signs EOs 202.18 and 202.19 requiring nursing homes and ACFs to notify family members or next of kin of all residents if any resident tests positive for COVID-19, or if any resident suffers a COVID-19-related death, within 24 hours of such positive test result or death.

4-20-20: LeadingAge New York enlists Joelle Margrey, Vice President of Skilled Nursing and Rehabilitation at Loretto, for a presentation on Loretto and ImagineMIC's MonitorMe™ telehealth program during its weekly COVID-19 update webinar for members.

4-22-20: Kristen Myers, Vice President of Member Services and Business Development, and Sara Neitzel, Senior Policy Analyst at LeadingAge New York, host a forum for affordable and independent housing providers to discuss some of the challenges they are facing during the COVID-19 emergency.

4-24-20: LeadingAge New York releases a comprehensive Crisis Communication Planning and Guidance document to provide members with recommendations for communicating with the media, residents' families, staff and elected officials about their efforts to protect residents and staff and about the level of COVID-19 infection in their facilities and actions they are taking to contain its spread.

4-24-20: President Trump signs into law the Paycheck Protection Program (PPP) and Health Care Enhancement Act, providing an additional \$75 billion in COVID-19-related health care provider relief.

4-27-20: LeadingAge New York enlists David Mercugliano, Senior Vice President of Business Development at HealthPRO® Heritage, for a presentation on COVID-19 recovery unit operationalization during its weekly COVID-19 update webinar for members.

4-28-20: LeadingAge New York launches its Frontline Heroes campaign to recognize the exemplary work of frontline nursing home staff during the COVID-19 emergency and the positive experiences residents are having despite restrictions.

4-28-20: Governor Cuomo announces New York Forward, a phased, regional plan for reopening the state.

4-30-20: Kristen Myers, Vice President of Member Services and Business Development, and Sara Neitzel, Senior Policy Analyst at LeadingAge New York, host a second forum for affordable and independent housing providers to discuss some of the challenges they are facing during the COVID-19 emergency.

4-29-20: DOH issues guidance extending the period of COVID-19-related exclusion from work for nursing home staff to 14 days and requiring cohorting of residents based on COVID-19-positive, negative and unknown status.

(See MAY on page 6)

MAY

MAY

5-6-20: DOH notifies health care providers of the incidence of Pediatric Multi-System Inflammatory Syndrome Potentially Associated with COVID-19 among children in New York State hospitals and provides guidance on reporting cases and testing patients who present with the disease.

5-7-20: Governor Cuomo signs EO 202.28 extending the moratorium on residential and commercial evictions for another 60 days and allowing security deposits to be applied toward rent.

5-11-20: LeadingAge New York convenes a joint meeting of its Continuing Care Retirement Community (CCRC) and Retirement Housing Cabinets to discuss retirement community reopening amid the gradual end of New York on PAUSE.

5-10-20: Governor Cuomo signs EO 202.30 requiring nursing homes and ACFs to test all staff twice weekly for COVID-19 and to certify their compliance with all State directives. Providers are directed to submit a plan for testing staff by May 13, 2020 and a compliance certification by May 15, 2020. The order also mandates that hospitals not discharge patients to nursing homes unless the patients test negative for COVID-19, thereby reversing the directive issued by the State on March 25, 2020.

5-13-20: LeadingAge New York initiates a series of paid advertisements recognizing and celebrating the “Care, Comfort and Compassion” provided by New York’s not-for-profit long term care providers. The first advertisements appear in the Bee Group Newspapers in Western New York, with subsequent placements in Capital Region, Hudson Valley, Long Island, Mohawk Valley, Rochester-area and Southern Tier publications.

LeadingAge New York convenes a webinar to provide the latest information and address questions regarding the State’s nursing home and ACF COVID-19 staff testing mandate.

5-18-20: CMS issues recommendations for the reopening of nursing homes.

5-15-20: The House of Representatives passes the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act), providing relief to state and local governments and an additional \$100 billion in COVID-19-related health care provider relief.

5-20-20: The Foundation for Long Term Care (FLTC) announces receipt of a \$68,713 grant from the Mother Cabrini Health Foundation to develop resources and tools to support medical model ADHC providers responding to the COVID-19 emergency. These resources include four free webinars on infection control, team building and trauma response, telehealth and ADHC program reopening.

5-26-20: LeadingAge New York convenes the first joint meeting of its CCRC, Housing and Retirement Housing Cabinets.

5-29-20: DOH activates a survey requiring nursing homes statewide to report information on the individuals responsible for their governance.

5-28-20: LeadingAge New York and Erika Wood, Associate at Bond, Schoeneck & King PLLC, present a webinar on the process of claiming and documenting tax credits under the FFCRA.

(See JUNE on page 15)



JUNE

6-1-20: CMS announces significant increases in infection control surveys and enhanced enforcement remedies for nursing homes, mandating that state survey agencies complete infection control surveys in 100 percent of facilities by July 31, 2020.

6-5-20: President Trump signs into law the PPP Flexibility Act, providing many small businesses with greater flexibility in how they spend federal loans made under the PPP.

6-9-20: LeadingAge New York enlists Israel Rosenberg, Chief Operating Officer at Comprehensive Healthcare Solutions, for a presentation on COVID-19 billing and accounts receivable support during its weekly COVID-19 update webinar for members.

LeadingAge New York convenes the second joint meeting of its CCRC, Housing and Retirement Housing Cabinets.

Governor Cuomo signs EO 202.40 extending the nursing home and ACF COVID-19 staff testing mandate through July 9, 2020 but modifying it to require only once-weekly testing in regions that have moved into Phase 2 of New York Forward.

6-23-20: LeadingAge New York convenes the third joint meeting of its CCRC, Housing and Retirement Housing Cabinets.

6-24-20: Dawn Carter, Elliott Frost and Karen Puglisi, LeadingAge New York ProCare Consultants, present a webinar on the ins and outs of the CMS Infection Control Focused Survey and how providers can effectively manage their survey when it occurs.

Governor Cuomo signs EO 205 requiring all individuals traveling from states with "significant community-wide spread" of COVID-19 to quarantine for a 14-day period.

6-29-20: LeadingAge New York enlists John Snow, Senior Vice President at Cool Insuring Agency, for a presentation on nursing home liability insurance COVID-19 exclusions during its weekly COVID-19 update webinar for members.

(See JULY on page 16)



JULY

7-4-20: President Trump signs into law legislation extending the PPP loan application deadline to Aug. 8, 2020.

7-6-20: DOH issues a report attributing the spread of COVID-19 in nursing homes to asymptomatic staff rather than infected patients admitted from hospitals.

7-10-20: Governor Cuomo signs EO 202.50 extending the nursing home and ACF COVID-19 staff testing mandate through Aug. 8, 2020.

DOH issues guidance allowing for the resumption of visitation in nursing homes, pediatric nursing homes and ACFs that have been COVID-19-free for at least 28 days.

7-14-20: LeadingAge New York and Elena DeFio Kean, Principal at Hinman Straub P.C., present a webinar on the intricacies of paying staff New York State COVID-19 paid sick time.

7-23-20: LeadingAge New York and Andrew Martin, Public Assistance Chief at the New York State Division of Homeland Security and Emergency Services (DHSES), present a webinar on the ins and outs of the application process for FEMA public assistance funding.



LeadingAge NY Staff Mobilize Amid COVID-19 Pandemic


In mid-March, as the COVID-19 pandemic began its grip on New York, LeadingAge NY staff were suddenly sent home to work remotely as per an Executive Order from Governor Cuomo. Knowing things were moving fast on this front, the IT team mobilized to ensure that each staff person had the appropriate resources and remote access to continue our work from home.

Without skipping a beat, our new world of Zoom and Microsoft Teams was underway. The Advocacy and Public Policy staff met each morning on Teams to discuss the continual influx of Executive Orders and directives that overwhelmed members and immediately established a weekly member update webinar to provide analysis of the documents, answer questions and offer support.

In response to the fast-moving crisis, LeadingAge NY staff quickly coordinated free Zoom webinars that provided members with information and data to assist them as they battled the virus and heroically worked to keep residents safe and happy in the new world of isolation from peers and families. Additional webinars were developed to help members understand their obligations under new and evolving federal and state paid sick leave laws, as well as the interplay of those laws. As needs arose during the chaos, LeadingAge NY staff were positioned to support members by finding answers or seeking out experts who could help find the answers. Unfortunately, at times there were no answers to be found.

By late spring, the LeadingAge NY Education Workgroup had developed a plan to move all in-person conferences for the remainder of 2020 to a virtual setting, bringing members the enriching and relevant programming and continuing education credits they seek in a safe, low-cost environment. Nothing will replace the in-person experience, however, and our hope is to be back in Saratoga Springs someday soon.

As the virus numbers began to decline and discussions about reopening began to pick up, LeadingAge NY staff began to formulate a plan to phase employees back to work in the office. The office was re-engineered to comply with social distancing requirements, cleaning and sanitation logs were put in place, personal protective equipment was procured and electronic screening questionnaires were created for staff to fill out each day prior to reporting to work. This is the new normal.

LeadingAge NY is very proud of our team and the way they wholeheartedly dedicated themselves to helping members navigate the unprecedented waters of the COVID-19 pandemic. Let us hope that many lessons were learned and that all of us are better prepared to face this type of public health crisis in the future. 



A Data-Informed Approach to Infection Control During the Pandemic

Susan Chenail, RN, CCM, RAC-CT, Senior Quality Improvement Analyst,
LeadingAge NY Technology Solutions, LLC

Never has the ability to passively monitor and evaluate infection control processes been as important as during the COVID-19 pandemic. One of the Centers for Medicare and Medicaid Services (CMS) measures that can be used to passively monitor infection control programs is Percent of Residents with a Urinary Tract Infection, which reports the percentage of residents experiencing a Urinary Tract Infection (UTI) in the last 30 days. While the measure is publicly reported on Nursing Home Compare (NHC), the data is three to six months old – too outdated

to use to effect real change in care processes that could influence the spread of infection. Using Quality Apex, a software application that displays performance on CMS quality measures in real time, facilities can evaluate the effectiveness of their infection control programs.

The factors that make frail elderly residents vulnerable to a UTI can also predispose them to other infections like COVID-19. Likewise, the clinical processes put into place to prevent UTIs are comparable to those used to prevent the spread of COVID-19, such as handwashing (the number one infection control intervention), use of hand sanitizer, appropriate use of personal protective equipment, providing residents with proper hygiene, proper handling and changing of soiled clothing, linen and appropriate laundering practices, hydration, infection surveillance and reporting to the Quality Assurance/Performance Improvement (QAPI) Committee.

Quality Apex is a Minimum Data Set (MDS)-based analytic program that turns MDS data into real-time quality measure rates. With this information, facilities can evaluate their protocols and processes to determine whether modifications or closer clinical review are warranted. For example, Quality Apex calculates a user's performance on the UTI measure after every upload, informing the user of real-time data that the Infection Control Officer can use to inform the QAPI Committee, CMS' approved methodology for improving the life and quality of care for nursing home residents.

Quality Apex also provides users with the ability to assign threshold goals to measures.

By setting a threshold goal for Percent of Residents with a Urinary Tract Infection, Quality Apex monitors and displays the results using an indicator line that tells the user whether they are meeting the threshold or when it has been breached. With a quick scan of the dashboard, a user will know when a closer review of clinical practices is required, not be surprised three to six months later when improper

The factors that make frail elderly residents vulnerable to a UTI can also predispose them to other infections like COVID-19.

Using Quality Apex, a software application that displays performance on CMS quality measures in real time, facilities can evaluate the effectiveness of their infection control programs.

(See A Data-Informed Approach on page 19)

infection control


A Data-Informed Approach ... (Continued from page 18)

infection control practices may have caused the spread of infection. The ability to act sooner rather than later is important in stopping the spread of infection and thus preventing resident harm.

In addition to existing performance monitoring features, Quality Apex will soon provide predictive analytics with the ability to identify those residents who are at risk for a UTI. Using this information from Quality Apex, clinicians will be able to target preventative interventions to avoid UTIs.

The COVID-19 pandemic has shined a spotlight on the critical importance of infection control measures, monitoring and surveillance and real-time evaluation of clinical processes. Use Quality Apex as a tool for continuous, real-time monitoring as a way to optimize precious resources in the fight to control the spread of infection.

To learn more about Quality Apex, please schedule a demo by visiting qualityapex.com or contact Marguerite Carroll, Business Development Liaison, at mcarroll@leadingageny.org.

For questions regarding how Quality Apex can assist you and your team in preventing the spread of infection, please contact Susan Chenail at schenail@leadingageny.org. 

One important application of data analytics is performing predictive analytics and risk stratification



Quality Apex has added new features to enable risk stratification of residents and support strong performance on these high value measures:

- ▶ Hospitalization
- ▶ Rehospitalization
- ▶ UTI
- ▶ Pressure Ulcers
- ▶ Falls with Major Injury

RISK ANALYSIS NOW AVAILABLE IN QUALITY APEX!



The benefits of risk stratification are:

- ▶ Enables proactive management of residents, instead of reactive
- ▶ Supports implementation of preventative strategies
 - ▶ Reduces negative outcomes
 - ▶ Increases satisfaction of residents and families
 - ▶ Promotes person-centered care

Contact Marguerite Carroll at MCarroll@leadingageny.org or cell 518-441-7431

partners TOGETHER



Commercial Printer Creates, Delivers 2K Face Shields to Parker Jewish Institute


Parker Jewish Institute gratefully received 2,000 face shields created and delivered by Hatteras, a commercial printing firm in Tinton Falls, New Jersey.

The face shields are for Parker's dedicated health-care workers on the frontline at Parker Jewish Institute as they tend to patients, many of whom are the populations' most vulnerable to the unrelenting coronavirus.

Bill Duerr, the president of Hatteras, described the experience as "most

humbling," adding "there's been an overwhelming response."

Like other companies, the firm saw business slow once the pandemic hit, so Duerr sought ways to put his resources to good use.

"I saw there was a big need for face shields made of materials that we typically print on," Duerr said. He found a prototype to create the face shields. And in one week his team created and donated 7,000 face shields to local hospitals. 

About HIPAA Risk Assessments and Best Practices

One of the key elements of HIPAA compliance is risk assessment. This requirement was part of the original HIPAA privacy rules in 2003. However, it was bolstered in 2013 with the Final Omnibus Rule, which extended compliance and risk assessment regulations to business associates.

Without conducting risk assessments, complying with HIPAA rules is near impossible and exposes you to non-compliance fines. Fines issued vary depending on the severity of the breach or compliance levels. Most HIPAA fines fall under the 'willful neglect' category, which attracts steep penalties.

With fines of such magnitude on the table, non-compliance can cost you your business.

When it comes to HIPAA compliance, there are many regulations to follow, and none has greater significance than the other. As such, the best way to ensure you are compliant at all times is to follow a HIPAA compliance checklist such as:

- Know which assessments and annual audits apply to your institution.
- Perform all necessary audits and assessments and document all deficiencies after analyzing the results.
- Develop remediation measures and put them in action. Follow up with annual reviews and updates when needed.
- Appoint a HIPAA compliance and security officer.
- Conduct annual HIPAA compliance training for all staff.
- Document HIPAA training for staff members and attestation of HIPAA policies.
- Ensure that business associates are compliant with HIPAA rules.

- Set out and review processes that allow your team to report breaches and how violations are reported to the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR).

The Importance of HIPAA Compliance Training for Your Team

A patients' PHI contains a large amount of sensitive information. When such data falls into the wrong hands, it could have serious implications for you and them. On the patients' side, exposure of such information may reach their relatives or employers without their permission. Hackers can also use such information to impersonate patients for fraud.

Without conducting risk assessments, complying with HIPAA rules is near impossible and exposes you to non-compliance fines.

When such data is exposed, your facility will be liable and can face steep fines. As such, it is vital to adhere to all HIPAA rules. However, this is easier said than done.

For your team to achieve and maintain compliance, they must be aware of the steps needed to protect patient information. It is crucial to conduct regular staff compliance training for HIPAA. Compliance Training can be best achieved by working with a reputable institution such as GreyCastle Security.

How Can GreyCastle Security Help?

When it comes to HIPAA, it's all about risk management, which involves identifying, controlling, and mitigating risks in the information system. To ensure clients' systems are secure, GreyCastle Security uses a four-phase risk assessment approach.

(See About HIPAA Risk Assessments on page 42)



About HIPAA Risk Assessments ... (Continued from page 21)

- **Phase 1 - Scope It**
The first phase involves scoping the system to understand its boundaries, criticality, and sensitivity in the following areas:
 - Software
 - Hardware
 - Mission
 - Personnel
 - Interfaces and integration
 - System and data criticality
 - System and data sensitivity
- **Phase 2 - Gap Assessment**
During this phase, systems are assessed to uncover vulnerabilities in terms of:
 - Security violations
 - Industry standards (ISO, CIS, NIST)
 - External intel
 - An analysis of the current controls is also conducted to determine whether they are complete according to practice,

are conducted, senior leadership will receive a report on the findings and recommended controls. The report will assist with decision making on matters of budget and operations.

HIPAA Is More than About Cybersecurity

Primarily, HIPAA rules are designed as protective measures against increasing cyber threats. However, HIPAA goes beyond protecting information and into saving lives. If your security is breached, service delivery will be affected, thus putting patients' lives at risk.

Are you looking for a cybersecurity company with experience in healthcare and HIPAA? GreyCastle Security helps organizations achieve HIPAA compliance through risk assessments and staff training. Reach out to GreyCastle Security today to achieve HIPAA compliance.

About GreyCastle Security

GreyCastle Security is a proud partner of LeadingAge New York. GreyCastle Security is a leading healthcare cybersecurity readiness provider, with expertise in risk mitigation, HIPAA compliance, certification, and privacy. From budgetary restraints to earning executive buy-in, we've seen it all and understand not all cyber roadblocks are created equal. That's why our award-winning solutions and project plan roadmap are customized for your healthcare organization.



Headquartered in Troy, New York, our work has been peer-recognized on a national basis. We have earned clients trust as their cybersecurity advisor in over 80% of states across the United States while also routinely supporting our clients in India, China, and the EU.

GreyCastle Security is a subsidiary of Assured Information Security (AIS). For more information about who we are and what we do, visit [greycastlesecurity.com](https://www.greycastlesecurity.com).

If your security is breached, service delivery will be affected, thus putting patients' lives at risk.

- formalized and repeatable, or non-existent.
 - **Phase 3 - Risk Analysis**
Once the vulnerabilities are identified, the risk they pose to the organization is analyzed based on the threat of the source as well as their capability and motivation. This analysis also involves assessing the effectiveness of current controls and the level of impact on operations, finances, and the reputation of a company if the threat occurs.
 - **Phase 4 - Control Recommendations**
To ensure clients' data is protected, GreyCastle recommends controls to mitigate risk. These recommendations will be based on:
 - Laws and regulations
 - Organizational policy
 - Impact on operations
 - Feasibility
 - Cost-benefit analysis
 - Safety and reliability
- Once all the four phases of risk assessment



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A Tale of Two Sisters

Barbara Blatt, PT, Preferred Therapy Solutions

The COVID-19 pandemic shattered health care like nothing we have ever seen before. It spread at an alarming speed, leaving a devastating trail of destruction in its wake. This virus cast a wide net, but its greatest impact has been on the post-acute care industry. Our geriatric and frail skilled nursing facility (SNF) residents are by far the most vulnerable and at-risk population. The challenges SNF providers and this susceptible group face continue to be formidable.

The Preferred Therapy Solutions COVID-19 Recovery and Treatment Program highlights the physiological impact of COVID-19 on the body systems of the elderly. Patients with COVID-19 have demonstrated a host of pulmonary, cardiac, neurological and psychological issues such as intense inflammatory responses, increased tachycardia, coronary spasm and cerebrovascular accident. Thousands have succumbed to the virus and lost the battle. Yet, as we embark on the journey to recovery, there are positive results and achievements as well. While the facts and stories surrounding this virus have been disheartening and inconceivable, there are also an emerging number of success

This virus cast a wide net, but its greatest impact has been on the post-acute care industry.

stories. Two sisters from Long Island, NY have one such tale to tell.

Mary P., an 86-year-old SNF nursing supervisor, and Patricia D., her 84-year-old sister, both contracted and remarkably beat COVID-19. Just days apart, Mary and Patricia developed shortness of breath (SOB), cough and weakness. They battled together (yet apart) through thick and thin, as sisters

do, at the hospital and then in a SNF. Against many odds, they recovered and returned to the home they share.

Before the virus ravaged her body, Mary was fully independent, working, driving and cooking. She even went to the gym several times a week! One evening, Mary left work early due to a dry, hacking cough and complaints of feeling winded,

The patient presentation is key to understanding how the COVID-19 patient can react to even low-level functional mobility.

chilled and zapped of all strength. She reported that it was as if something was taking over her body and holding her hostage. Mary tested positive for COVID-19 and was simultaneously diagnosed with severe bilateral pneumonia, acute respiratory distress and rapid atrial fibrillation.

Mary spent more than two weeks in the hospital with unresolved pneumonia, difficulty breathing, extreme lethargy and dizziness. She was on four liters of continuous oxygen and was in a fragile state. A combination of prednisone and other medications facilitated the improvement of her lung capacity. It was amazing that she did not end up on a ventilator. Mary was finally discharged to the SNF where she worked and was welcomed back with open arms, albeit as a resident.

Patricia describes a similar series of events and sentiments. Before her hospitalization, she was very energetic, loved to dance and go bowling and was an active member of the community. Prompted by the worsening of her symptoms, Patricia went to the emergency room and tested positive for

(See *A Tale of Two Sisters* on page 25)

A Tale of Two Sisters ... (Continued from page 24)

COVID-19. She spent close to two weeks in the hospital before being discharged to the rehab center.

During the sisters' rehab stay, severe fatigue, muscle weakness, SOB, poor activity tolerance and depression plagued them. Tasks such as rolling over in bed, sitting up and coordinating breathing with eating became challenging. They could not fathom walking or performing daily activities. It seemed like those milestones would come only in the distant future, if at all.

The Preferred Therapy Solutions COVID-19 Recovery and Treatment Program provided education on pulmonary, cardiac and neurological systems; energy conservation techniques; observational signs of hypoxia; and low-level treatment and documentation strategies. The patient presentation is key to understanding how the COVID-19 patient can react to even low-level functional mobility.

With guidance from their physical and occupational therapists, a precise plan of care was developed to address the sisters' distinct deficits and challenges. Oxygen management, monitoring of vital signs and pacing came into play at each stage of their recovery. Sophisticated planning, expert assessment and daily modification of their programs allowed Mary and Patricia to progress safely while providing them with encouragement and motivation. Although there were some difficult days,

COVID-19 may have stripped the sisters of their energy, mobility and strength, but it never stripped them of their fighting spirit!

the sisters eventually became less oxygen-dependent and gradually demonstrated increased strength, balance and mobility. After a month, they were strong enough to return home with family and caregiver assistance. Armed with an in-home program of breathing exercises and energy conservation techniques provided by their physical and occupational therapists, Mary and Patricia were ready to face the world.

COVID-19 may have stripped the sisters of their energy, mobility and strength, but it never stripped them of their fighting spirit! It is quite uplifting to know that they beat the odds and are continuing to recover at the home they share. They represent hope for those who are currently struggling with COVID-19. These sisters certainly have a tale to tell. 🌱

Preferred Therapy Solutions is a leading provider of rehabilitation program management to post-acute care facilities and agencies, offering comprehensive rehabilitation programs focused on superior care, patient satisfaction and customized solutions tailored to fit each facility's unique needs. Preferred Therapy Solutions provides strategic partnerships in full service, consulting and in-house management.

YES, WE CAN!

Health Benefits Renewal Is Coming, Ready or Not

COVID-19 underscores the urgent need for employers to radically rethink their employer-sponsored health benefits strategy for the upcoming health benefits renewal season. The traditional fully-insured model of employee health insurance is no longer cost-effective, nor does it benefit employees in the long run. As such, a new – and better – solution must be found.

New York State requires medical insurance carriers to announce any intent to increase premiums with the Department of Financial Services (DFS) and with their policyholders. Carriers in downstate New York like Oxford, Empire, Aetna, Emblem and Oscar are all requesting double-digit increases for the upcoming benefits renewal season. Upstate carriers are projecting single-digit increases at renewal. It's time to get to work.

Engineered with LeadingAge New York members in mind


Cool Insuring Agency, LeadingAge New York's employee benefits endorsed vendor, is proud to announce that we have partnered with Nonstop Wellness to help LeadingAge New York members discover a new way to fund their employee health benefits. Nonstop Wellness is a proprietary partially self-insured product, combining the cost savings of a self-funded plan with the financial predictability of a fully-funded plan. By combining a major medical plan with the Nonstop Wellness program,

organizations will gain greater control of their employer-sponsored health insurance spend while offering their workforce health benefits with robust first dollar coverage.

First Dollar Coverage

What first dollar coverage means is that Nonstop Wellness pays for in-network health care costs first. The employee does not have to pay up-front costs to go to the doctor – like copays – and they do not have to meet an up-front deductible for the plan to kick in for expenses like medical care visits, pharmacy costs or even hospitalizations. In addition to reducing health inequity and promoting greater economic and physical well-being for your employees, first dollar coverage can be leveraged as a powerful recruitment and retention tool.

Results

East Harlem Council for Human Services, Inc. recently reduced their annual employee health benefits spend by more than \$230,000 by transitioning from a traditional fully-insured health plan to the Nonstop Wellness program. They were also able to reduce employee contributions to premiums and design a health plan that promotes access to primary care with first dollar coverage for all in-network covered services. 

Want to know what Nonstop Wellness looks like for your organization?

nonstop[®]
WELLNESS

Jody Schreffler, Vice President of Nonstop Administration & Insurance Services, Inc., at jschreffler@nonstopwellness.com or 503-260-5634

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Mark Baker, Vice President of Cool Insuring Agency's Employee Benefits Division, at mebaker@coolins.com or 518-783-2665, ext. 196



One important application of data analytics is performing predictive analytics and risk stratification



Quality Apex has added new features to enable risk stratification of residents and support strong performance on these high value measures:

- ▶ *Hospitalization*
- ▶ *Rehospitalization*
- ▶ *UTI*
- ▶ *Pressure Ulcers*
- ▶ *Falls with Major Injury*

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 - ▶ *Reduces negative outcomes*
 - ▶ *Increases satisfaction of residents and families*
 - ▶ *Promotes person-centered care*

Contact Marguerite Carroll at MCarroll@leadingageny.org or cell 518-441-7431

Q&A With Hilary Forman, Chief Clinical Strategies Officer at HealthPRO® Heritage

Hilary Forman identifies Opportunities to Improve Cash Flow (And Outcomes!) Amidst the Turmoil of the PDPM Transition and COVID-19

The unique dynamics of the Patient-Driven Payment Model (PDPM) – coupled with the crisis response to COVID-19 – have created a perfect storm of worry about cash flow challenges. Based on her perspective as a consultant on health care redesign and clinical reimbursement and also a therapy provider, Hilary offers strategic insights into opportunities that exist for skilled nursing facilities (SNFs) to leverage cash flow advantages, balance expenses and improve the overall bottom line impact of PDPM and COVID-19.

Q: What interesting trends have been identified since PDPM – and in light of COVID-19 – that can inform a go-forward approach for SNFs looking to optimize cash flow?

A: Interestingly, SNFs that were well-prepared for PDPM and became adept at admitting, documenting and capturing optimal codes for more complex populations are also generally better at managing the challenges presented by COVID-19. Alternatively, facilities that had not yet adopted strategies and best practices that drive clinical outcomes and reimbursement under PDPM are the ones struggling with exacerbated cash flow issues that have really come to light during the COVID-19 crisis. These providers may want to consider having an outside Minimum Data Set (MDS)/billing expert conduct chart audits to identify areas for improved documentation and coding practices, because even after eight months, many SNFs are still leaving revenue on the table related to suboptimal documentation, coding and billing processes.

Another opportunity for improving revenue is related to Centers for Medicare and Medicaid Services (CMS) changes for skilling in place and 3-day waivers. Extended through the 25th of July, SNFs should absolutely still be utilizing these waivers to capture opportunity to avoid re-hospitalizations, provide optimal care and recognize additional revenue.

Q: Many SNFs were just getting comfortable with leveraging group and concurrent therapy in the new world of PDPM. Just as therapists and patients were ramping up this treatment approach, the COVID-19 pandemic derailed the progress. What is the future of group and concurrent therapy?

A: The use of group and concurrent therapy will return slowly. As of June, HealthPRO® Heritage has begun recommending the appropriate provision of group and concurrent therapy with the support of our physician consultant, Dr. James Avery, and in accordance with Centers for Disease Control and Prevention (CDC) and CMS guidelines. After all, several benefits exist for those communities that can safely reintegrate group and concurrent treatments, including social well-being for residents who have been isolated/quarantined and the priceless peer-to-peer interaction that improves outcomes. Obviously, the use of group and concurrent therapy can help mitigate therapy costs, too, but it must be provided safely and with clearly defined benefits.

For those facilities looking to reintegrate group and concurrent therapy, HealthPRO® Heritage has harnessed dedicated staffing

(See Q&A With Hilary Forman on page 29)

Q&A With Hilary Forman ... (Continued from page 28)

for specific patient populations and strategized on gym redesign to allow for socially distanced group treatment. Also, we have allocated specified hours and spaces that could be utilized for group therapy (e.g., only at day's end, prior to scheduled cleaning and disinfecting or early morning for COVID-19-negative patients following evening cleaning to mitigate exposure from others).

Q: What strategic suggestions can you offer SNFs to make a short- and long-term impact on their fiscal bottom line?

A: For those SNFs that rely on a therapy company to support their rehab team, ask what additional resources are available (beyond the provision of traditional therapy services) to help meet specific organizational goals. Are there additional services to help improve efficiencies (such as workflow and/or documentation redesign) that will ultimately help to offset the cost of therapy? How is your current partner strategically contributing to your program's overall performance (not only from a clinical perspective, but also an economic one)?


Now is the opportune time to assess whether your therapy contract is equitable, strategically well-aligned with market dynamics and reflecting the drastic changes brought by COVID-19. Evaluate your options, because there is not a one-size-fits-all answer to the question "What's the best structure for therapy contracts?" SNFs must first clearly define their own organizational goals and vet what model best suits their needs. For example, smaller SNFs may simply want a contract based on one of the several traditional rate structures, while some providers may want to consider a holistic, partnership approach that includes strategy consulting and services for the whole house to drive net performance and will consider pricing based on a "percent of the whole" per diem reimbursement rate. Many not-for-profit organizations value the benefits associated with maintaining in-house therapy departments but may want to consider the advantages of accessing resources, utilization pathways (to

manage efficiency/cost) and clinical pathways (to assure exceptional outcomes) via experts that specialize in therapy management.

Therapy contracts should be customized to reflect what is most important to you as a provider (e.g., patient-centered care, payer mix targets, clinical outcomes that drive network partnerships/census, revenue targets). As such, partnership agreements should reflect different rates for different payers and account for Institutional Special Needs Plans (I-SNPs) and Managed Medicare Part B, if applicable. Also, consider the advantages of pricing and terms based on incentives for driving quality outcomes, performance outcomes and/or fiscal cost savings.

Moreover, whether in house or outsourced to a rehab company, therapists on site at your community are in a unique position to strategically drive outcomes. Specifically, consider whether your therapists:

- Are highly trained and expected to work at the top of their license to maximize care planning and outcomes;
- Understand/are interested in your community's overall goals and are able to align initiatives in support of those goals;
- Are able to support big-picture initiatives that impact Star Ratings and Quality Measures and/or support case mix index (CMI) processes to help the community's overall standing;
- Proactively provide solutions during the COVID-19 crisis such as virtual support and education for leadership and frontline teams to ensure safety and high-quality patient care; out-of-the-box therapeutic solutions to maintain high-quality functional outcomes throughout the pandemic; and willingness to help source personal protective equipment (PPE) and take the lead in infection control initiatives.

I hope some of these tips help providers as they carefully consider next steps and look toward the future! 

Nursing Home Workers – The Unsung Heroes of the COVID-19 Crisis: When New York State Abandoned the Nursing Home Industry

By Dana Walsh Sivak, Esq., Senior Associate, Genser Cona Elder Law

Nursing homes battling on the front lines of the COVID-19 pandemic fell victim to a series of mixed messages and misguided policies issued by the highest levels of New York's State leadership, resulting in catastrophic loss of life among elderly New Yorkers. Nonetheless, nursing home workers rose to the challenge of caring for their residents in the face of insurmountable challenges in their time of most dire need.

There is growing outrage among New Yorkers as the numbers of COVID-19-related deaths in nursing homes, particularly among low-income and minority individuals, become known, and questions are raised as to why policies were enacted that directly placed these vulnerable individuals in nursing homes at increased risk of becoming infected with the deadly virus. From the outset, it was clear that elderly individuals and those with pre-existing medical conditions and compromised immune systems had the highest risk of suffering life-threatening or fatal complications from the virus.

When New York became the epicenter of America's COVID-19 outbreak, the government primarily focused on providing hospitals with the support and equipment they needed to care for sick New Yorkers, leaving nursing homes largely on their own.

When New York became the epicenter of America's COVID-19 outbreak, the government primarily focused on providing hospitals with the support and equipment they needed to care for sick New Yorkers, leaving nursing homes largely on their own. Nursing home operators struggled to locate and procure personal protective equipment (PPE) for their staff, often at inflated prices, and address staffing shortages resulting from the increased needs of their residents and

employees falling ill themselves. Without any visitors allowed into facilities, health care workers had to field all of the calls from concerned family members and provide the only "hand to hold" for residents fearful of contracting or dying from the virus. Unfortunately, health care workers who cared for these residents over months or years at their facilities were forced to watch them die, alone, often bearing witness to tearful good byes with their families over video calls once nothing more could be done for them.

This emotional toll for nursing home workers is hardest to bear, knowing that more could have been done to support the nursing homes in their efforts to save lives had proper policies been put into place and consistent guidance issued by the State. Nursing homes were provided conflicting guidance from the state and federal governments regarding how soon an employee could return to work after testing positive for COVID-19, resulting in some returning to work while potentially contagious. Limited testing capacity and delayed results prevented nursing homes from knowing whether residents and employees had COVID-19, further impacting their ability to prevent the spread of the illness within their walls.

The most egregious failure, however, occurred on March 25, 2020, as COVID-19 was spreading rapidly throughout the state, when the Department of Health issued a directive to nursing homes that "[n]o resident shall be denied re-admission or admission to the [nursing home] solely based on a confirmed or suspected diagnosis of COVID-19." By placing residents with COVID-19 in nursing homes – described by Governor Cuomo as "the optimum feeding ground for this virus" – the State's directive overwhelmed nursing homes and created a perfect storm for the virus' spread to other residents.

(See *Nursing Home Workers* on page 31)

Nursing Home Workers ... (Continued from page 30)

Additionally, when the high death rates in nursing homes came into public view, in yet another mixed message from the State, Governor Cuomo repeatedly pointed out that many nursing homes were “privately owned” and suggested that if they could not provide care to residents, the State would come in and “do the job” for them – perceived by many as a threat, rather than an olive branch or offer of support. This baseless distinction between nursing homes and hospitals – many of which are privately owned as well – and policies which shifted the burden from hospitals to nursing homes made clear that while hospital workers’ efforts were being appreciated and publicly lauded, nursing homes received no such support as the virus’ death toll continued to rise.

A small measure of support came through New York’s Emergency or Disaster Treatment Protection Act (EDTPA), which loosened recordkeeping requirements and granted immunity from claims arising from COVID-19-related occurrences, provided that facilities use their “best efforts” to care for their residents with their limited resources. However, this did nothing to help nursing homes prevent unnecessary deaths in the first place. They were not looking for an “out” – they were hoping desperately for a lifeline, which never came.

Ultimately, on May 10, 2020, Governor Cuomo reversed the policy requiring nursing homes to admit COVID-19 patients to their facilities, but this course reversal came too late for those impacted by the transfer of more than 4,500 COVID-19 patients to nursing homes pursuant to the original directive. The heartbreaking truth is that more than 5,800 nursing home residents lost their lives due to complications from COVID-19 in New York. We will never know if more could have been saved had New York not issued its ill-fated directive on March 25, 2020 and allowed it to remain in place for two months before rescinding the policy.


As New York has surpassed the peak of the COVID-19 outbreak, but a potential second

wave looms on the horizon, we have learned valuable lessons. We have learned that nursing home workers were the “unsung heroes” of this pandemic despite a clear lack of support from the State. Whether they provided life-saving medical care, at great risk to themselves, or offered a hand to hold during a resident’s last moments, nursing home

The heartbreaking truth is that more than 5,800 nursing home residents lost their lives due to complications from COVID-19 in New York.

workers each fought valiantly on the front lines of the COVID-19 crisis in a variety of meaningful ways. It is our hope that, drawing on these lessons, the State will enact policies designed to support nursing homes in their efforts to care for our elderly population going forward. However, if New York fails to do so, we must lobby for the necessary changes at the state level that allow our heroic nursing home workers to receive the support they deserve.

About Genser Cona Elder Law

Genser Cona Elder Law is a leading law firm in the area of health care facility reimbursement and recovery, elder law, litigation and collections. Our firm handles all aspects of complex Medicaid eligibility and applications, Fair Hearings, Article 78 proceedings, guardianships, PRUCOL and the resolution of all issues related to resident financial accounts, including litigation in all counties throughout New York State. We successfully resolve 90 percent of the most complex cases in favor of the facility, and we understand the particular concerns of non-profit health care facilities. Many of our non-profit clients have been with us for decades as we significantly improve their bottom line. 

Ms. Walsh Sivak can be reached at 631-390-5000 or via email at Dana@genserlaw.com.

Genser Cona Elder Law, 225 Broadhollow Road, Suite 200, Melville, New York 11747 www.genserlaw.com.

Health Insurance Renewal Planning in the COVID-19 Era: A Guide and Checklist for a Compressed Planning Period

COVID-19 underscores the urgent need for employers to radically rethink their employer-sponsored health benefits strategy for the upcoming health benefits renewal season. The traditional fully-insured model of employee health insurance is no longer cost-effective nor does it benefit employees in the long run. As such a new — and better — solution must be found.

Health benefits renewals are coming, ready or not

With the uncertainty surrounding the current crisis, CFOs and HR leaders have a tremendous responsibility to strategically plan for a potentially challenging upcoming health benefits renewal season. Gold-level business partner, Nonstop Administration & Insurance Services, Inc., invites you to [download this informational guide](#) to health benefits purchasing to help your organization balance cost with humanity when designing health plans for employees.

With the uncertainty surrounding the current crisis, CFOs and HR leaders have a tremendous responsibility to strategically plan for a potentially challenging upcoming health benefits renewal season.

The Nonstop Health Benefits Guide & Checklist features:

- Updated best practices that reflect upon and address present concerns related to health benefits decision making
- A month-by-month checklist with timeline to ensure a streamlined renewal experience
- Recommendations for use of technology in health insurance renewals and tips for converting open enrollment from in-person to virtual

[Download NOW.](#)

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Comprehensive Healthcare Solutions Supports Frontline Heroes Through COVID-19 Billing and AR Assistance

COVID-19 has impacted the world on both a global and personal level. Among all demographics, the nursing home and senior communities were the most adversely affected. Administrative staff in senior community settings were faced with the incredibly daunting challenge of protecting their patients – the most vulnerable of the population – with barely a roadmap to follow. Senior communities faced new policy and procedure practices countered by severe staffing shortages, incredible shortages in supplies and a mounting mortality rate. It was a harsh and painful fight on the front lines for those pioneers and innovators, but the health care heroes battled on.

We put all our available resources toward ensuring that nursing home staff would have total peace of mind that their AR and financial issues were being handled with the utmost importance during this time.

While keeping their focus on patient care and safety, the heroes had little space to deal with the tremendous financial challenges and burdens that this pandemic caused.

Our story is one of understanding that our clients' priority was caring for their patients and that we could support them by relieving them of all AR concerns. We put all our available resources toward ensuring that nursing home staff would have total peace of mind that their AR and financial issues were being handled with the utmost importance during this time. Comprehensive Healthcare Solutions (CHS) and our team of billers showed tremendous resilience and stewardship to support our clients.

Resilience is defined by the capacity to recover quickly from difficulties. For us, that meant taking responsibility for our clients' needs despite the difficulties. Many of our staff were in COVID-19 hotspots. Some were dealing with illness and loss. Others were challenged with child care arrangements. Working together as a team with the lock down and then social distancing restrictions was another area of difficulty, yet our team stood through the challenges with incredible resilience and flexibility.

What did this pandemic teach us? It highlighted for us that the resilience and strength of our core values could pull us

through the darkest of times and allow us to reach beyond our client base to support others. We learned about community and sharing. Recognizing the enormity of the challenges facing

nursing homes, we at CHS brainstormed how to extend our support to help this community that is hurting. We saw the need for temporary staffing to fill in for staff on leave and the need for clarity in dealing with the complexities and billing coding due to COVID-19-related Centers for Medicare and Medicaid Services (CMS) 1135 waivers. To respond to those needs, CHS opened a free support hotline to assist nursing homes. We are available to offer guidance and clarity on 1135 waiver billing codes in addition to extra staff support to assist with billing. We feel it's the least that we can do – to be there for the frontline heroes who are sacrificing so much to care for our elderly population. 🌱



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Uncertain Times Ahead

For 2020, the insurance market has reached a crossroads. After approximately 20 years of a soft, buyer-friendly insurance market, we are moving toward a firming or hardening market — one that is less friendly to insurance buyers.

While the effects of this hardening insurance market on long term care will depend on a variety of factors, most facilities will see premium increases for their insurance coverage overall. In fact, most facilities may see double-digit rate increases at their renewal.

It's important to remember that you are not in this alone. To help you navigate the hardening market, you first need a broker who understands your business and its unique risks and will advocate on your behalf.

Compounding the issue, all of this is unfolding at a time when the COVID-19 pandemic has upended life and business as we know it. This has exacerbated the already hardening insurance marketplace. While the full human and economic cost of the COVID-19 pandemic has yet to be seen, it's clear that it has had a profound influence on most all businesses across the country. Facilities are facing challenges related to operational changes, the health and safety of their workforce, new compliance requirements and revenue forecasts. The COVID-19 pandemic is sure to influence the insurance industry, likely from both an operating model and pricing perspective.

In addition to COVID-19, the following factors were already impacting the insurance marketplace:

- Catastrophic losses — Floods, hurricanes, wildfires and similar disasters are increasingly common and devastating. Years of costly disasters like these have compounded losses for insurers.
- Inconsistent underwriting profits — Both frequency and severity of insurance claims have increased.
- Eroding investment returns — Insurance companies also generate income through investments, but that has decreased.
- Litigation funding — One of the factors driving social inflation has to do with increased litigation and insurance claims.
- Plaintiff-friendly legal decisions and large jury awards — The overall public sentiment toward large businesses and corporations is deteriorating, and anti-corporate culture is more prevalent than ever.

While this is unwelcome news for many facilities, they are not powerless. Now more than ever, it's essential for facilities to take a proactive approach when it comes to their risk management efforts and their insurance policies. Put another way, in an insurance and risk environment with many unknowns, facilities should focus on addressing the factors they can influence.

It's important to remember that you are not in this alone. To help you navigate the hardening market, you first need a broker who understands your business and its unique risks and will advocate on your behalf. Secondly, you need an insurance broker who can tell your risk story to insurance carriers in a way that will best

(See *Uncertain Times Ahead* on page 39)



Uncertain Times Ahead ... (Continued from page 38)

position your facility come renewal time. Finally, you need a broker who understands your industry inside and out, the dynamic insurance landscape and how to provide targeted loss control solutions.

Remember, in these uncertain times, the LeadingAge NY Insurance Program through Cool Insuring Agency, Inc. is here to provide the guidance and expertise your business needs. While not immune from the current insurance climate, the

While this is unwelcome news for many facilities, they are not powerless. Now more than ever, it's essential for facilities to take a proactive approach when it comes to their risk management efforts and their insurance policies.

increases are significantly lower than the general marketplace for long term care facilities, and there are financial and coverage benefits not available elsewhere. 📈



members TOGETHER



Amsterdam Nursing Home Celebrates its Nurses

In honor of National Nursing Week, the Nursing Department, while practicing social distancing, gathered outside the facility for group photos. Jim Davis, President and CEO, said "we salute and thank our nurses every day for their skills, kindness and caring. Led by Ms. Gertrudes DeGuzman, Vice President of Nursing, I couldn't ask for a more dedicated group of nurses and CNAs." The week-long celebration culminated in a celebration luncheon. 🍷

The following is a letter
from Beckey Batchelor to acknowledge
care providers at The Manor at Seneca Hill:

I wanted to share with you some of my thoughts on the global pandemic and how it's being handled at The Manor at Seneca Hill, from a patient's family perspective.

During this time of uncertainty, the staff at The Manor have reached out to us, very consistently, daily. They have given us updates when something changes in protocol, my sister's care plan, and even just to say no changes on their end but wanted us to know all is well.

The staff does FaceTime calls with my sister to both my brother & I several times a week. It's hard for her not to see us, and us not to see her. The calls are so fun, and we get to see each other! I am sure the staff have a lot to do, but they never rush us through our calls.

Sandi has a second family at The Manor that she loves, and they love her as much as we do. The pandemic is very scary times, but I have peace of mind that every step of precaution is being done to ensure the safety of the residents.

My heartfelt gratitude goes to each one of the staff members at The Manor for being essential and giving the very best of care to our loved one.

Sincerely,

Beckey Batchelor



Life is Still Beautiful at The GreenFields

The GreenFields Continuing Care Community has suspended visitation until further notice and social distancing has altered the way meals are served and resident activities are presented. Even in the wake of these changes, life is still beautiful at The GreenFields.



“The changes in routine have been proactive and well planned,” wrote Paul & Judy Kroll, GreenField Manor residents. “Group activities, limited to the first ten residents to show up, are still going on...staff members take orders and do limited grocery shopping for residents.

Grace’s Place Cafe is still offering its daily specials, which are delivered. A huge effort is being put forth by the kitchen and dining room staff, with dinners being delivered to each apartment. The GreenFields staff’s efforts are certainly what we would deem above-and-beyond-the-call-of duty!”

In addition, The GreenFields Activities and Creative Arts departments are assisting residents with communicating with their family members through a variety of methods, including phone, Skype, FaceTime and Zoom. Resident birthdays are being celebrated in earnest — including one celebrating 105 years and another celebrating 101 years. GreenFields drivers have been taking residents for “joy rides” around the area to help combat cabin fever. A number of residents have also presented various forms of entertainment, including DVDs and CDs, to other residents.

The GreenFields has also received an overwhelming amount of community support. The Niagara Lutheran Health System Board of Directors, residents’ families and patients have supplied employees with many lunches, snacks, and desserts. The employees and children of The GreenFields Childcare Center, Imagination Station, welcomed employees to their facilities with chalk drawings and thank you messages. Hundreds of masks have come in from all over the state, as well as headbands designed to take pressure off employees’ ears from their masks. Try-It Distributing, on behalf of Anheuser-Busch, donated energy drinks for all employees.

Residents have received handmade cards from the children of Marilla Primary School and flower arrangements from local florists and families.

The GreenFields Continuing Care Community is also continuing to hire, including restaurant, hospitality, and retail workers who may have been displaced as a result of COVID-19. Please visit thegreenfields.org/careers/ for a list of open positions and ways to apply. 

The Niagara Lutheran Health System is a not-for-profit organization that provides for the physical, social, and spiritual needs of the individuals we serve, in a Christian environment. The GreenFields Continuing Care Community on Broadway in Lancaster provides residential living at GreenField Manor and assisted living at GreenField Court. GreenField Terrace provides memory care and enhanced assisted living. GreenField Health & Rehabilitation Center provides 24-hour skilled nursing care, dementia care, respite care and myriad rehabilitation services.





Judson Meadows Assisted Living Community Nurses

In honor of Nurses Week, we wanted to recognize our hardworking nurses and aides for all the hard work, time, and love they put into their jobs. These are just a few of the ladies that keep our residents healthy and safe. Great job ladies. Thanks for all you do.

Coronavirus Concerns Show Increased Need, Demand for Home Care, Experts Say

By: Daniella Silva, reporter for NBC News, specializing in immigration and inclusion issues, as well as coverage of Latin America.

With hospitals filling up with coronavirus patients, experts said the pandemic has highlighted the increased need and importance of care in the home.

For people recovering from COVID-19, home care can be both essential and elaborate, involving a health care professional who provides additional oxygen, monitors vital signs, administers medication and helps with daily tasks such as eating, bathing and getting in and out of bed.

Home care professionals and nurses said the coronavirus pandemic shows how crucial the industry is. It provides life-saving services to people who are vulnerable while keeping them safe in their own homes.

“It’s been quite a dramatic challenge for all of us and certainly the public health challenge of our lifetime,” said Dr. Steven Landers, president and CEO of the Visiting Nurse Association Health Group, which serves New Jersey and Ohio.

“Nurses, therapists, home health aides, they have really shown up to help fragile, medically vulnerable people stay home and also help people come home from hospitals and nursing homes, which have been under incredible stress,” he said.

Landers said his organization has helped more than 500 patients in New Jersey with home services get out of hospitals and emergency rooms. The workers have adapted to the pandemic, learning new protocols and infection control regimens and wearing new types of protective equipment, he said.

Olga Jarrín, a registered nurse and assistant professor in nursing science at Rutgers University, said there is often a lack of public awareness about what home care is and who can benefit from it. “It can be so many different things,” she said.

There are “three big buckets” of home care, Jarrín said: the short-term, immediate care a person may receive after they leave a hospital and need additional treatment; monitoring and management of a chronic illness over time; and palliative care.

Home care also includes a broad range of medical and personal services for people who need assistance in the home. That can include help with daily living needs, such as services provided by a home health aide, as well as medical needs provided by medical professionals, such as nurses or therapists.



Olga Jarrín, a registered nurse and assistant professor in nursing science at Rutgers University, said there is often a lack of public awareness about what home care is and who can benefit from it. “It can be so many different things,” she said.

Home care can include personal daily tasks such as help with medications, bathing and turning to prevent bed sores. It can also include medical care such as taking care of wounds, administering infusions and injections, providing physical therapy, managing and monitoring vital signs and other medical interventions.

(See *Coronavirus Concerns* on page 45)

Coronavirus Concerns ... (Continued from page 44)

Vicki Hoak, executive director of the Home Care Association of America, said the coronavirus pandemic has “absolutely changed the face of home care” and “upended everything about our daily operations.”

“I think it’s caused us all to think about our mission, the way we deliver the care, the way we communicate and how we’re regarded by other partners in the health care communities,” she said. “My hope is that absolutely more light has been shed on this valuable workforce.”

Home care employees are also critical front-line workers in the fight against coronavirus, Hoak said, and face similar issues hospitals face, such as the initial lack of life-saving personal protective equipment. Such equipment is essential to protect patients the home care workers serve every day and to protect themselves, she said.

“We deliver care in people’s private homes. We’re kind of like the invisible care provider,” she said. “We see any change of condition and we can monitor and we can keep people safe.”

Jarrín said one recent positive change to home care is allowing nurse practitioners and physician assistants to order home health care services for Medicare patients through the CARES Act.

“Some of the restrictions on practices have been really opened and are going to benefit patients and the home health care teams that have been working against these limitations,” she said.

(See *Coronavirus Concerns* on page 46)



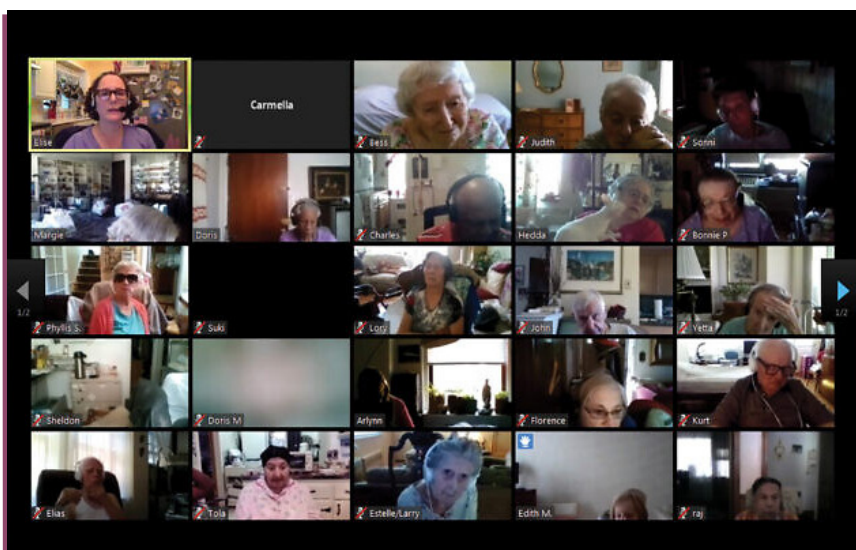
Coronavirus Concerns ... (Continued from page 45)

She said there could also be an influx of experienced nurses coming into home health care.

"I think there's going to be a huge, growing demand. This has been the fastest-growing need for home care services," she said. "I think we're going to see a tremendous growth."

Warren Hebert, chief executive officer of the HomeCare Association of Louisiana, said he also believed there would be increased skilled nursing in the home setting, as well as more community-based services and more palliative and hospice care in the home.

Hebert said families might begin seeking out additional home care options and maintaining independent living at home following reports of how coronavirus spread widely in nursing homes and other facilities. According to data collected by NBC News, at least one-third of the 90,000 known coronavirus deaths in the United States are linked to nursing homes and other long-term care facilities.



"I think that we're going to see families thinking much harder and having much more conversation about whether that's the right choice or not," he said.

Hebert said in light of the pandemic and fears of infectious diseases, going forward "we need to be more intentional about the way we go about building the relationship between the health care provider and the patient and the patient's family."

Some families have been refusing home visits from a nurse or therapist because of those fears, he said, so it was critical for providers to communicate protocols and ensure the safety of their patients.

"That home health nurse needs to find the way to build trust and confidence with the patient and their family," he said. "If that nurse can help to manage the person's chronic illness well, then it keeps them out of the hospital or an urgent care center or the emergency department."

Roger Noyes, director of communications for the Home Care Association of New York State, said the "pandemic has really required all sectors of health care to rethink everything."

"For home care, that includes everything from basic supply issues to the role of technology in providing care," he said.

Noyes said in New York City, home care providers have long employed telehealth monitoring and a range of telecommunication systems that have been important in keeping patients safe during a pandemic.

But to date, Noyes said, that has not been covered by Medicare.

Beyond medical services, video technology is providing much-needed mental and social services during a time when so many have been isolated from their loved ones, Noyes said.

(See *Coronavirus Concerns* on page 47)

Coronavirus Concerns ... (Continued from page 46)

“So, it’s really important for the federal government to follow the trend on where telehealth is going and the need to reimagine elder care services in a way that employs telehealth systems to help patients at home,” he said. “We’re finding that telehealth is vital for reducing exposure in a time of crisis like this.”

Beyond medical services, video technology is providing much-needed mental and social services during a time when so many have been isolated from their loved ones, Noyes said.

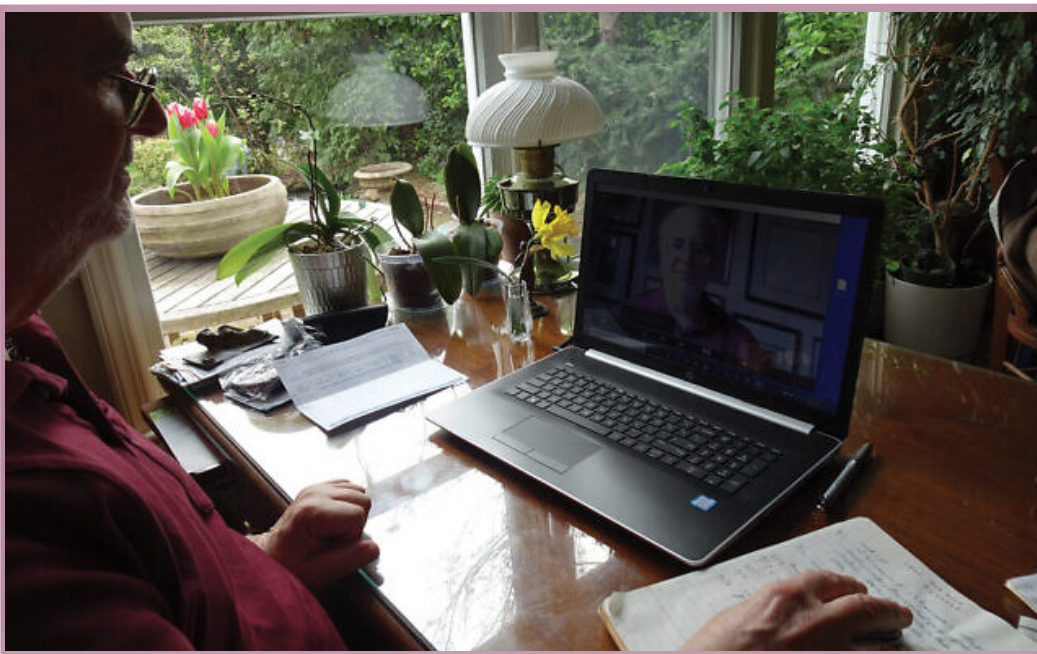
Noyes said they have received a grant to work with a home care agency called Selfhelp Community Services in New York City to build an online senior center with interactive, video-based live classes for home care providers to offer their patients statewide. It will provide older adults a chance to interact with each other while learning about a variety of topics such as music, history and the arts through partnerships with institutions such as museums.

Roger Noyes, director of communications for the Home Care Association of New York State, said the “pandemic has really required all sectors of health care to rethink everything.”

“Everyone who is experiencing this crisis knows that social Isolation is a way of life right now for all of us to some degree, and we also know technology has become a major bridge for that type of connectivity we yearn for in this moment of crisis,” Noyes said.

Russell Lusak, Selfhelp’s chief operating officer, said the virtual senior center provided social interaction for older adults during a time of extreme social isolation and depression.

“That connection to other people is so important,” he said. “It’s a great option for people that otherwise wouldn’t have the ability to go to a senior center. It’s such an incredible thing to see.” 🌱



Lowes Home Improvement Donates 700 Flower Baskets for Mother's Day to Residents and Nursing Staff of Wartburg

Lowes Home Improvement has graciously donated 700 flower baskets to moms and grandmothers at Wartburg in recognition of Mother's Day. On behalf of Lowes Home Improvement, "We know that Mother's Day may feel a bit different than in years past, and we hope this makes it a little brighter."

Dr. David J. Gentner, Wartburg President & CEO, said, "On behalf of those who are on the front lines of the health crisis, the reminder that spring is here and that Mother's Day weekend is upon us is more important than the world can imagine and my personal thanks to Lowes Home Improvement for their generosity."

Greg Poole-Day, Wartburg's Chief Operating Officer, said of the nursing staff, "Today is the first day of 2020 National Nurses' Week. As we look back on the past 8 weeks and how it has affected everyone - from a local to a world level - nurses continue to be at the forefront of caring for the sick and promoting health for all of our residents and patients, and their families. On behalf of the Administrative team of Wartburg, our sincere and everlasting gratitude for all you have done, and all that you will continue to do to keep our residents safe, healing those who are sick, comforting those in distress, and easing the pain of those who are dying."

There has been an overwhelming community appreciation for the courageous care giving staff on this campus who've worked to combat the greatest healthcare crisis in more than a century and under unprecedented physically and emotionally challenging circumstances. Our gratitude for their passion, commitment, and continued service is everlasting. 🌱

About Wartburg: Wartburg, located in Westchester County, NY, offers integrated, comprehensive senior residential and healthcare services. Unlike conventional retirement communities, Wartburg provides a wide range of services to both residents living on their beautiful 34-acre campus and people in their own homes. From independent, assisted living and award-winning nursing home care to inpatient/outpatient rehabilitation, home care and adult day care services, their continuing care approach has earned them a trusted reputation. Wartburg also provides caregiver support at every stage with an array of options to find the level of care that considers the whole family.



Baskets for Mother's Day to Residents and Nursing Staff of Wartburg in Mount Vernon. The flowers were provided by CK Greenhouses of Cheshire, CT.



Fiesta Time at Eddy Hawthorne Ridge Senior Living

Lets Fiesta! Our wonderful staff brought a margarita cart to the doors of our residents to celebrate Cinco de Mayo.

Children's Care Home Keeps Kids Virus-free Through Diligence, Self-sacrifice

By Hailey Eber

A typical day for nurse Jillian Coar at the Elizabeth Seton Children's Center, a facility in Yonkers that offers long-term care to medically complex youth, involves administering medications, monitoring feeding tubes, suctioning tracheostomies and dressing wounds.

But since the facility had to stop allowing visitors, even family, in March, Coar's work now also includes hosting tea parties and sing-alongs, giving hugs and cuddles to her young charges and arranging FaceTime sessions for friends and family.

"We're not just nurses now," says Coar. "We're standing [in] for the parents also."

"We have to protect their emotional well-being as well as their health," adds her colleague Vanessa Andrews, director of child life, therapeutic recreation and volunteers. "It's both hard and heartbreaking, but it also drives us to keep going because it's what these kids have."

The center took early drastic steps to keep its children safe during the COVID-19 crisis, not allowing visitors, requiring all staff to change into their scrubs on the premises and wear masks, upping their already intensive cleaning and sanitation procedures. They also closed its school and implemented social distancing between both staffers and patients. It's been a great challenge, but it's paid off. To date, not one patient has contracted the virus, a stark anomaly among residential-care facilities.

"Our kids have never been so healthy," says CEO Pat Tursi. She credits their success at keeping the virus out of the center, in part, with their day-to-day vigilance in non-pandemic times.



"We have a wonderful infection prevention program year-round," she says, noting that they have a full-time nurse dedicated to infection prevention and regularly consult with an infectious disease doctor, Dr Natalie Neu at Columbia University Medical Center.

An outbreak at the center, which is the largest pediatric nursing facility in the country, would prove particularly devastating.

(See Children's Home Care on page 51)

Children's Care Home ... (Continued from page 50)

The 169 children who live there have a host of serious conditions, from rare genetic diseases to seizure disorders, neurological issues and cerebral palsy. The majority of them don't communicate verbally. Many have chronic lung disease, 65 are on ventilators full-time, and another 25 or so require partial ventilation.

"These kids are some of the most medically fragile kids in the world," Coar explains.

In February, Tursi assembled the leaders from all of the various departments of the center, school, dining, nursing, medical, rehab, child life, human resources, purchasing and finance, to come up with a coronavirus plan.

"We wanted to make sure we did everything we could to protect the children," she says. "We got ahead of the curve. We started implementing things two to three weeks ahead of executive orders."

There were a number of considerations. Residents typically see several specialists, but outside medical care now has to be limited to emergencies only, since going out to a doctor's office or hospital is just too dangerous. Transporting a patient from Elizabeth Seton Children's often requires an ambulance and both a registered nurse and respiratory therapist.

"You're taking two [staff] members and a child and going into an unclean environment, and then bringing them back here," says Tursi, noting that the kids now see specialists online.

"[Not doing] that has made a big difference."

As is typical, a few kids from the center have required hospitalization (for reasons unrelated to COVID-19) since this all began. When they were readmitted to Elizabeth Seton Children's, they were sequestered for 14 days. The center's school, which was shut down in March, now functions as an isolation ward for such purposes.

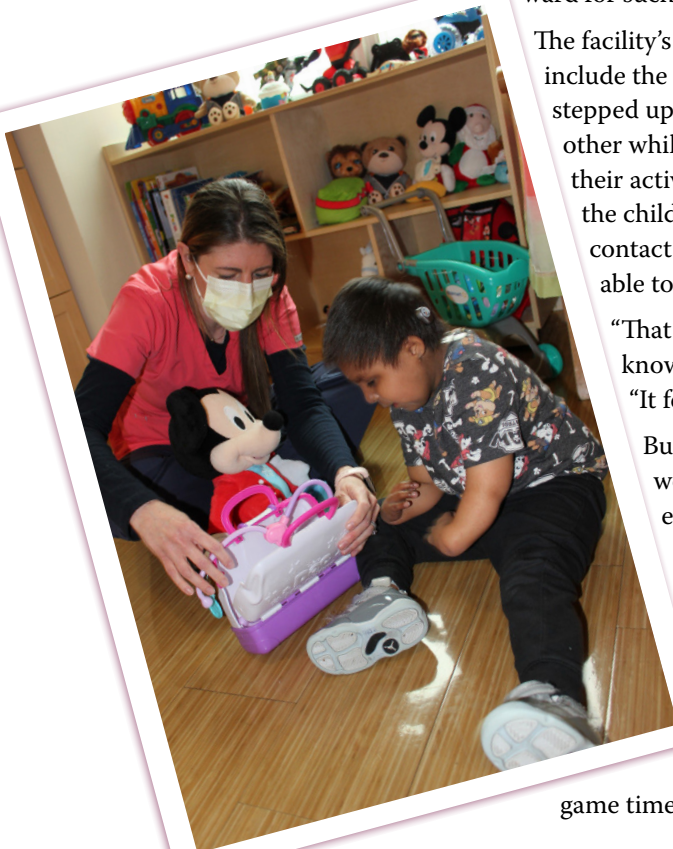
The facility's already vigilant cleaning procedures, which include the use of an electrostatic sprayer, have also been stepped up, and the staff limit their contact with each other while working and during lunch breaks, restricting their activity to certain units each day. And, not only are the children not allowed visitors, they also have limited contact with each other, which means they are no longer able to see their friends in other units.

"That was hard to get used to, because with kids, you know, you're always all gathered together," Tursi says. "It felt against all of our core values."

But the staff have come up with creative workarounds to keep their patients happy and entertained.

"Like a lot of the parents are doing at home now, we've tried to get on board with all of the virtual activities that are possible, visiting the aquarium, going to the museums and really trying to create a day that's as exciting and interesting as it was before this happened," says Andrews. "We even organized a virtual game time so that the kids could see each other."

(See Children's Home Care on page 52)



Children's Care Home ... (Continued from page 51)

The no-visitation policy has been especially hard on parents. One opted to care for her child at home instead; another moved into the facility to remain with their child. But most have had to stay away, which has been difficult.

"Never in his lifetime have we gone so long without being together," says Rachel Amar, whose 17-year-old son Max has lived at Elizabeth Seton for the past 14 years. "This is an enormous and heartbreaking change for both of us."

Before the pandemic, Rachel, who lives in Old Westbury, would come to the center every day to spend time with Max, who was born with a small lower brain stem and can't breathe, move or swallow on his own. She'd attend school with her son and then spend several hours reading to him, snuggling and undertaking some of his medical care.

"I know that it's because of my daily visits, hugs, tons of kisses, massaging, singing, touching, laughing and reading that he is actually living and thriving," says the mother. "[Not being able to see him] has upended my life, because Max is my life." Now, they FaceTime daily and staffers send pictures of Max enjoying activities, which helps. "It gives me comfort that he is happy, and I can see it," she says. "The staff is like his second family. And, in turn, they're my second family."

Coar, meanwhile, is separated from her own 17-year-old son, sending him to live with her parents in an effort to keep her patients safe. "It's hard, because you don't want to bring [the virus] in," she says, but being away from her child is difficult. "I'm coming home by myself, there's no one here."

Amar says she is extremely grateful for such sacrifices and for all that those at Elizabeth Seton Children's do. "If I could tell the staff who care for Max one thing it would be: Their hard work and dedication is greatly appreciated and their love for these children is apparent," she says. "I cannot thank you enough." 🍀



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Brookmeade Family Car Parade

Yesterday, Brookmeade Community felt the incredible kindness and support as 204 cars paraded around the campus and paid tribute to our staff and residents.

We had Karen Zobel, CEO & Administrator along with NYS Senator Sue Serino – Michael Green, Board President, and Carolyn Bernit, Foundation Board President, at the parade along.

The parade consisted of decorated cars, community leaders, volunteers, former & current residents and families, partnering organizations, and people from all walks of life. Some of the organizations and departments that came: Rhinebeck Fire Department, West Clinton Fire Department, NYS Trooper, Rhinebeck Village Police, Ramapo for Children, Rhinebeck at Home, Rhinebeck & Red Hook Chamber, Rhinebeck Soccer League, Northern Dutchess News, Hudson Valley Magazine, Emergency Paramedics.

Rhinebeck and Red Hook Chamber of Commerce, Rhinebeck Responds & Rhinebeck Community Forum and the Hudson Valley Magazine were kind enough to promote our event:

The Brookmeade Family Car Parade was a special and memorable day at Brookmeade that we will all cherish. Many tears were shed by our families and staff during the parade. A lot of our families, volunteers, and affiliates that we miss dearly participated. The signs and comments we kept hearing from our parade goers touched us all. Many of our staff members have expressed how special this parade was and yesterday countless families expressed appreciation for the event during this emotional and tough time for them. The parade was an absolute demonstration of the pride and strength of Brookmeade and a great way to kick off Nursing and Long Term Care week. 🌱





Jefferson's Ferry Residents Say Thank You to Staff, Providing Free Meals

The residents at Jefferson's Ferry Life Plan Community fully embrace the lifestyle that continues to give back to their quality of life. They demonstrated that belief in their community recently, rallying to raise funds to provide meals to the hardworking Jefferson's Ferry staff as a way of thanking them for the exceptional services that they provide to residents. Twelve year resident Margaret (Marge) Pols chaired a fundraiser that over four days raised more than enough money to provide two full meals to every active staff member at the life plan community, with the additional monies allocated to fund Jefferson's Ferry's staff education and assistance program and holiday bonus fund.

"This latest outpouring of generosity is one of many gestures of appreciation that demonstrates the bond that our residents have with our staff," said Jefferson's Ferry President and CEO Bob Caulfield.


"The commitment to community that we all share makes Jefferson's Ferry a very special place to live."

Close to 120 residents contributed to the fund, with donations ranging from \$5.00 to \$500.00. Each staff member received two vouchers good for any meal from the community's café, which serves breakfast, lunch and dinner.

"Jefferson's Ferry is our home, and as neighbors in this community we wanted to demonstrate our thanks to an incredible staff," said Marge Pols. "They always go the extra mile, and then some, to keep us well supplied with life's necessities."

About Jefferson's Ferry (www.jeffersonsferry.org) Jefferson's Ferry is a nonprofit Life Plan community for active adults age 62 and above, with Independent living cottages, apartments, assisted living, and a quality health care center all on one site. Located in South Setauket, a vibrant community along Long Island's north shore, Jefferson's Ferry is surrounded by various attractions, shopping, beaches, theaters, and a world-renowned university. Jefferson's Ferry offers exceptional living and amenities, including restaurants, fitness center, indoor pool, computer center, library, recreational areas, gardens, and gazebos. A mix of cultural excursions, civic activities, and a community of residents who participate in shaping Jefferson's Ferry's future, ensures a spirited and engaged lifestyle.

The Vincent Bove Health Center at Jefferson's Ferry earned a 5-star rating from The Centers for Medicare and Medicaid Services (CMS), and was named a "Best Of" nursing home by U.S. News & World Report. Jefferson's Ferry as a whole received the industry wide Community Choice Award for resident satisfaction and engagement and Pinnacle Quality Insight's 2019 Customer Experience Award.

FitchRatings has assigned Jefferson's Ferry a BBB+ bond rating. Locally, Jefferson's Ferry has consistently been voted Best Retirement Community and Best Assisted Living on Long Island by The Long Island Press. Jefferson's Ferry has also regularly been recognized for Excellence by the Hauppauge Industrial Association's Business Achievement Awards program. 



"Not all super heroes wear capes!" "You're appreciated!" "Thanks for being awesome!"

These are just a few of the phrases that can be seen as staff make their way down the main hallway at Cabrini of Westchester. Large poster boards have been set up with encouraging and heartfelt messages to let all the staff know how grateful the administration is for the dedication and hard work they are exhibiting throughout the coronavirus pandemic.

In an effort to keep spirits up, Cabrini of Westchester's caring team have been devising ways to entertain the residents who are restricted to their rooms in order to keep them safe, and planning small appreciation gestures for staff who are working so tirelessly.

Sheri Gottlieb, director of therapeutic recreation, and her staff have come up with many creative ways to engage the residents who cannot gather in groups due to this highly contagious virus. They are televising bingo to the residents' rooms on a television channel that broadcasts throughout the building via the chapel. Sheri calls out the numbers from the chapel, while her staff is on the unit checking/repeating numbers then texting Sheri when there is a winner to distribute prizes.

Other activities include hallway exercise, word games and, with the help of all of the social workers assigned to each unit, FaceTime and SKYPE for residents to communicate with their loved ones.

In addition to the signage in the hallway that thanks the staff for their hard work, the administration, missionary sisters and trustees have come up with ways to express their gratitude. Each employee has been given a \$10 gift certificate to the Cabrini café, Girl Scout cookies were distributed to all staff with an announcement of a bonus payment to be made during this crisis, and Trustees have ordered individually wrapped snacks for all to enjoy. More of these kinds of gestures will take place while staff are valiantly working to keep each resident safe during this uncertain time.

Cabrini of Westchester is committed to staying vigilant and proactive to ensure the health and safety of each resident and to provide all necessary and compassionate care. Thank you to each member of our staff that strives daily to provide truly loving care to every single one of our patients and residents. 🍀

Cabrini of Westchester is a not-for-profit Catholic ministry sponsored by the Missionary Sisters of the Sacred Heart of Jesus and is dedicated to caring for people of all faiths through programs and services which promote independence, dignity, and well-being. Cabrini of Westchester is rated a five star nursing home by the New York State Centers for Medicare and Medicaid Services and offers short-term rehabilitation, sub-acute care, respite care, skilled nursing care, palliative care, Alzheimer's and dementia care, pastoral care and home care throughout Westchester County and the Bronx. For more information or to support our mission, please call (914) 693-6800 x 502 or visit www.cabrini-eldercare.org.



Heritage Ministries Designs COVID-19 Testing Stations

Design Will Protect Staff, Residents, and Preserve PPE Supplies

As mandated, testing of employees in long term care facilities has been ordered across New York State, two of Chautauqua's largest providers of skilled nursing services, Heritage Ministries and Lutheran Jamestown, have begun working together to ensure employees and residents within both organizations remain safe throughout the new testing process. This includes a newly designed testing station created by the team at Heritage, with the help of a locally owned small business.

Lisa Haglund, newly confirmed Heritage Ministries president and CEO, shared, "The health and safety of our staff and residents are of the utmost importance. As we have been directed to move into mandated testing for all employees by Governor

Cuomo's office, we needed to determine how we could implement that efficiently, while complying with all regulations. We have to balance these changes with the actual realities of supply chain challenges, increased prices of personal protective equipment (PPE), the impact to staffing ratios, and preventing any impact to care."

Haglund also expressed that she and Tom Holt, President and CEO of Lutheran Jamestown, share the same thoughts, and will be working together to continue providing a safe environment for the residents, staff, and families of each organization. "Tom and I have spoken at great length, and we are both committed to the continued support and protection of our staff and residents as we navigate through these new policies". The collaboration efforts will include best practices for COVID-19 prevention, advocacy with state and federal officials, as well as other infrastructure needs, as it relates to testing of staff.

Randy Jackson, Heritage Vice President of Facilities Management, and his team,

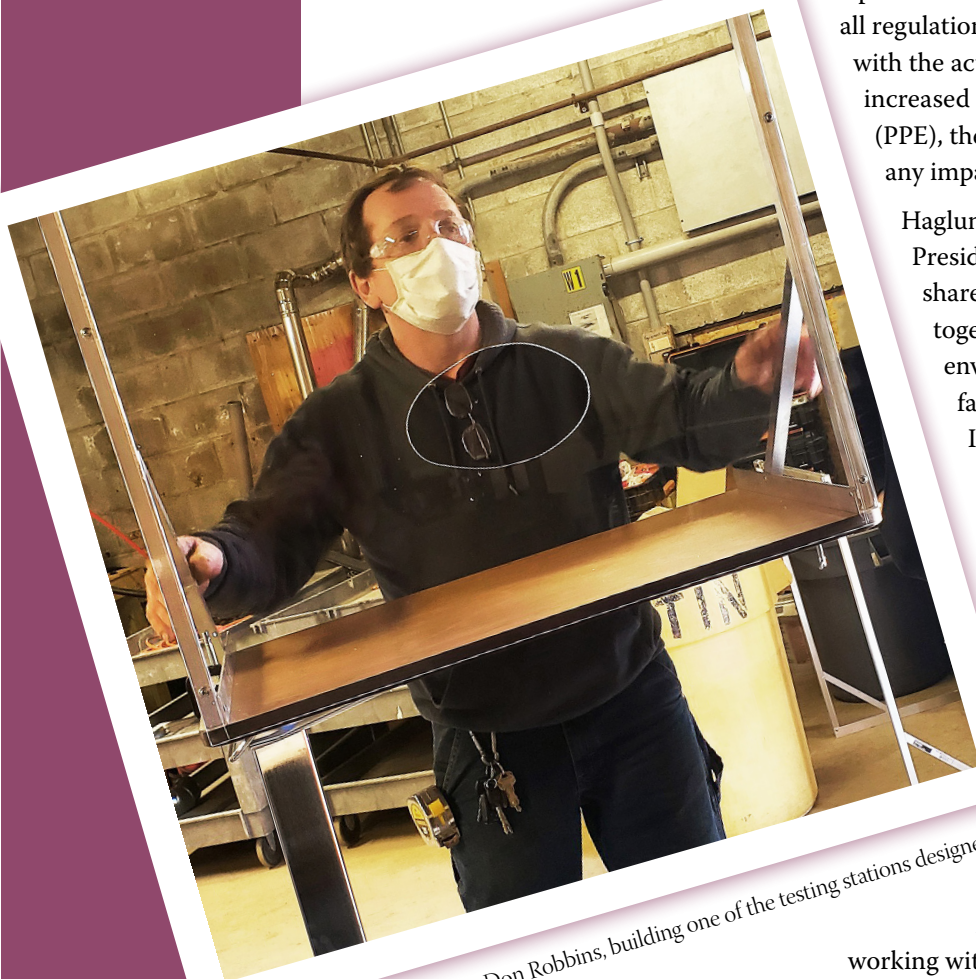
led by Glenn Williams, have been

working with a local Chautauqua County business,

D & S Glass, to meet these new testing needs. A mobile testing

booth has been designed that will provide the ability to safely administer

COVID-19 tests on-site while limiting exposure in both directions. D & S Glass will be providing materials for the project to allow Heritage to quickly implement the new testing process with their staff and residents after product testing.



Heritage employee, Don Robbins, building one of the testing stations designed by the Heritage Ministries team

(See *Heritage Ministries* on page 59)

Heritage Ministries ... (Continued from page 58)

Jackson explained that the booths will be adaptable to allow staff members to adjust to the height of each staff person or resident, accommodating for those who are unable to actively sit up or stand easily. The booths will feature a plexiglass wall with a small access panel for test administration. The wall will protect both residents and staff from exposure, and will also help preserve valuable, and sometimes difficult to obtain, personal protective equipment (PPE), which would normally have to be changed out after each test and potential exposure. Heritage is also developing a plan to effectively clean and disinfect each station after use with the help of their certified infection control nurse.


“I am thankful for our team and Michael LaTone at D & S Glass for working quickly to develop a solution to protect everyone”. Haglund went on to say, “It is this collaboration of local businesses that is so important now, as we all come together to protect our county and move forward.”

Haglund also discussed that in the same spirit of cooperation, Heritage will be sharing this design with Lutheran so they may also quickly implement in their senior living communities in Chautauqua County.

“At this difficult time in our industry, it is important that we work together to protect our most vulnerable population, our seniors. Working with our fellow senior living communities is essential in order to provide the absolute best care for all of our residents,” she stated.

Tom Holt shared, “Working together has never been more important. We need to protect our most vulnerable population: our seniors. It is the right thing to do and it is the thing we must do in order to provide the best care to those who have been entrusted to us. Kudos to Heritage and D & S Glass for the creative design. We look forward to implementing its use on our campus.”

Lutheran, located in Jamestown, New York, offers a continuum of care that supports an individual's journey through life with compassion, dignity, and respect. Lutheran's vision for the future is to be an innovative leader and first choice for employment, living, and care.

Heritage Ministries was founded in 1886 and has grown from its original campus in Gerry, NY, to six locations in New York with additional affiliations across the United States. As a not-for-profit provider of senior care and housing, Heritage is a leader in the industry, employing approximately 1,500 team members, and serving over 2,500 individuals annually. With locations in New York, Pennsylvania, Illinois, and Washington, Heritage and its affiliates provide rehabilitation and skilled nursing services, memory care, independent retirement housing, and assisted living. Homestead Stables provides intergenerational equestrian opportunities as well as boarding, training, lessons, and a therapeutic riding program. In addition, childcare is provided at two campuses, allowing for intergenerational programs. For more information on Heritage Ministries, please visit www.heritage1886.org 

We have to balance these changes with the actual realities of supply chain challenges, increased prices of personal protective equipment (PPE), the impact to staffing ratios, and preventing any impact to care.”

At Valley Health Services – Kathy Cimino The Toughest Job I Ever Loved...

COVID-19 has taken its toll on everyone's mental, emotional and financial health. For some, they have the added burden of addressing how they are going to live, feed their family and try to go back to as normal a lifestyle, as possible, in light of this pandemic aggressor.

Facing it head-on is Kathy Cimino, hairdresser of 22 years at Valley Health Services. Salon services were halted, along with most of the country's business operations, at the onset of COVID-19.

Cimino also works part-time as an Assistant Manager at New York & Company, New Hartford.

Cimino needed to find a way to financially support herself and her family, when the salon operation ceased. She decided to enroll in Valley Health Services' Certified Nursing Assistant Program, become certified and work as a CNA to support our most vulnerable elderly population.

She also wanted to stay close to her mother, Shirley Marine, who has been a resident of Valley Health Services for the past three years. Cimino lives in Ilion, NY, with her daughter Christina, age 23, and two dogs, Bear and Peach. Her daughter Chelsea, lives in Troy, NY.

So, what is her perception of this new career path? "This is the hardest job I have ever had, and I have been working for 40 years." Cimino says the job is physically and mentally challenging. Yet, it is so very rewarding. Her typical day starts at 7 a.m., with mentor and CNA colleague, Mary Hurteau, who sets the tone for the day. Cimino states how in awe she is of Hurteau because she is so patient and compassionate with the residents. "She truly has the best interests of the residents at heart." As a CNA, Cimino's role is providing basic patient care under the direction of the Charge Nurse. Performing such tasks as feeding, bathing, dressing, grooming or moving patients and changing linens is an everyday occurrence.

Cimino says she is so grateful for having this experience. She says she gets to check on her mother every day. She understands how difficult it is for families to be away from their loved ones in light of the no visitation policy. Cimino says this has been an eye-opening experience and all Valley Health Services staff – from administration to direct-care, nursing, CNAs, RAs, dietary, housekeeping and more should be commended for the great job they do in caring for residents 24/7 – day in and day out. Cimino states emphatically, "I would never have put my mother here, if I did not truly believe in this place. I am so thankful for the quality care, engagement and love they have for my mother and all residents. Families truly can rest assured that their loved ones are well taken care of here."

One thing is for sure – all the residents know Cimino, love and feel comfortable with her! Her million-dollar smile and sparkling personality puts everyone at ease. The residents enjoy visiting with her, throwing a few jokes from time to time and know she will find their brand of humor entertaining. When the residents need someone to listen to them, she lends an ear without any hesitation. Cimino thought she worked hard at her hairdressing job, but she says being a CNA is so much more hands-on. She says the most challenging part of the job is comforting residents, when they are missing their families. Sometimes it's hard to put their mind at ease. Cimino loves being around the residents, stating, "they make me feel good; they have a lot of stories and it is enjoyable to listen to them."

As we approach June 2020, National Certified Nursing Assistants Week is on the horizon from June 14 to 21 and, specifically, Thursday, June 18th is National Certified Nursing Assistants Day.

(See *At Valley Health Services* on page 61)

At Valley Health Services ... (Continued from page 60)

This celebratory day is dedicated to those who devote their lives to the well-being of others. Valley Health Services' President, Lisa M. Betrus, expressed her gratitude to Cimino and all the CNAs who are so invaluable in providing hands-on direct care to our elderly population. Betrus states, "I could not be more proud of all the staff at Valley Health Services for their dedication to our residents and ensuring their well-being, during this most unprecedented time. I am humbled to work beside them." 🌱



LI State Vets Home Expands Help to Veterans at Home

By Rich Acritelli

Kindness, devotion, hard work, and determination; these are the words to describe the loyalty that the Long Island State Veterans Home at Stony Brook has toward its patients. While the COVID-19 pandemic has made their mission immensely difficult, this facility is carrying out its responsibilities to support our local veterans at this nursing home. This staff has adapted to the hardships of this virus, and they are finding different ways of helping many elderly veterans who have served in practically every military branch.

The vets home has created a multi-faceted program that helps people from Riverhead to Massapequa. Leading the way is Jean Brand, the Program Director of the Adult Day Health Care Program, with their efforts based in Stony Brook and in the homes of these older populations who rely on the services. Even before the coronavirus changed operations, staff members have provided assistance in cooking, bathing and nutritional aid that allows for breakfast and lunch to be served along with taking home a meals for dinner. They also provided rehabilitation for physical and speech therapy programs. As the veterans ages range from the mid 60's to over 100 years old, the staff's devotion also allows the older counterparts to take a brief break in handling the rigors of treating their loved ones.

From the start of the day, the state nursing home provides transportation to bring citizens that served from World War II, Korean and Vietnam to Stony Brook. Due to this current pandemic, the programs are now more home based. Although these were necessary changes, according to Brand, the organization is finding new ways to help these older citizens. Through a home delivery program, several meals a week are organized and distributed to the elderly. Brand and her staff are currently preparing food that is non-perishable and easy to eat. Deliveries also include necessary items that have been difficult to purchase such as toilet paper, masks, wipes, paper towels and soap. They have also sent home word puzzles and other games to help keep their minds sharp and to pass the time, as many of these veterans that are spending numerous hours in their houses.

With many longterm relationships built up at Stony Brook, the staff misses these familiar faces and their stories of service of defending our nation during many trying times. Many of these men and women are considered family members to the staff. The entire staff, through expertise and professionalism, has for many years attended to the many diverse needs of these men and women. They have implemented telehealth to boost morale and at the same time to safely utilize social distancing initiatives to keep a watchful eye on the health of their patients. Although sending home food is a primary function of this program, many of these telephone calls are keeping the lines of communication open, and range from a simple hello to necessary inquiries about serious ailments.

Brand spoke about a unique program that was created to connect the patriotic stories of national service to the students of today. The Long Island Museum has worked with the vets home through a pen pal project which has younger men and women reach out to veterans to learn about their lives. Even as this has been tough period, this idea has

(See *LI State Vets Home* on page 63)

LI State Vets Home ... (Continued from page 62)

developed relationships between different generations. Young people have seen and heard the examples of service by our senior population. This writing programs has also allowed younger students to identify the various issues that impacted the mobility and health concerns that have widely plagued older populations.

Not since the days of the 1918 Spanish Flu has our nation had to handle a health crisis of this magnitude. The numbers of the people that have been impacted are still staggering, but the efforts of places like the Long Island State Veterans Home continue to adapt and overcome many of these medical challenges that still pose a major concern to this country. This homcare program has completely shown the determination of longtime staff members like that of Brand and her fellow workers to help their patients before, during and after this sickness is finally subdued. 🌱

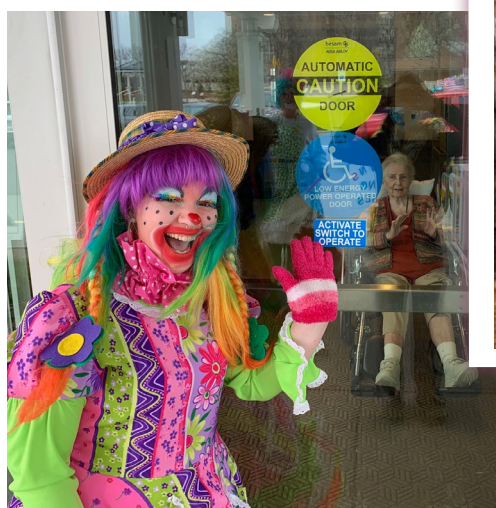
Rich Acritelli is a social studies teacher at Rocky Point High School and an adjunct professor of American history at Suffolk County Community College.



Jewish Senior Life Residents Enjoy “Sunshine” Moments

Jewish Senior Life campus and spirits were brightened on Mother’s Day weekend in many ways. Thank you to The Grease Paint Alley Clowns Inc. for braving the cold and snow to bring a little “sunshine” to residents. The campus was brightened by the sight of 20 clowns parading around the Jewish Home of Rochester’s Farash Tower and Cottages.

There was a record number of families that came for window visits to celebrate Mother’s Day. It was a celebration, albeit a nontraditional one, but it lifted the spirits of all of our mothers. Thank you to the Grease Paint Alley and families for bringing smiles and laughter to residents. 🌈

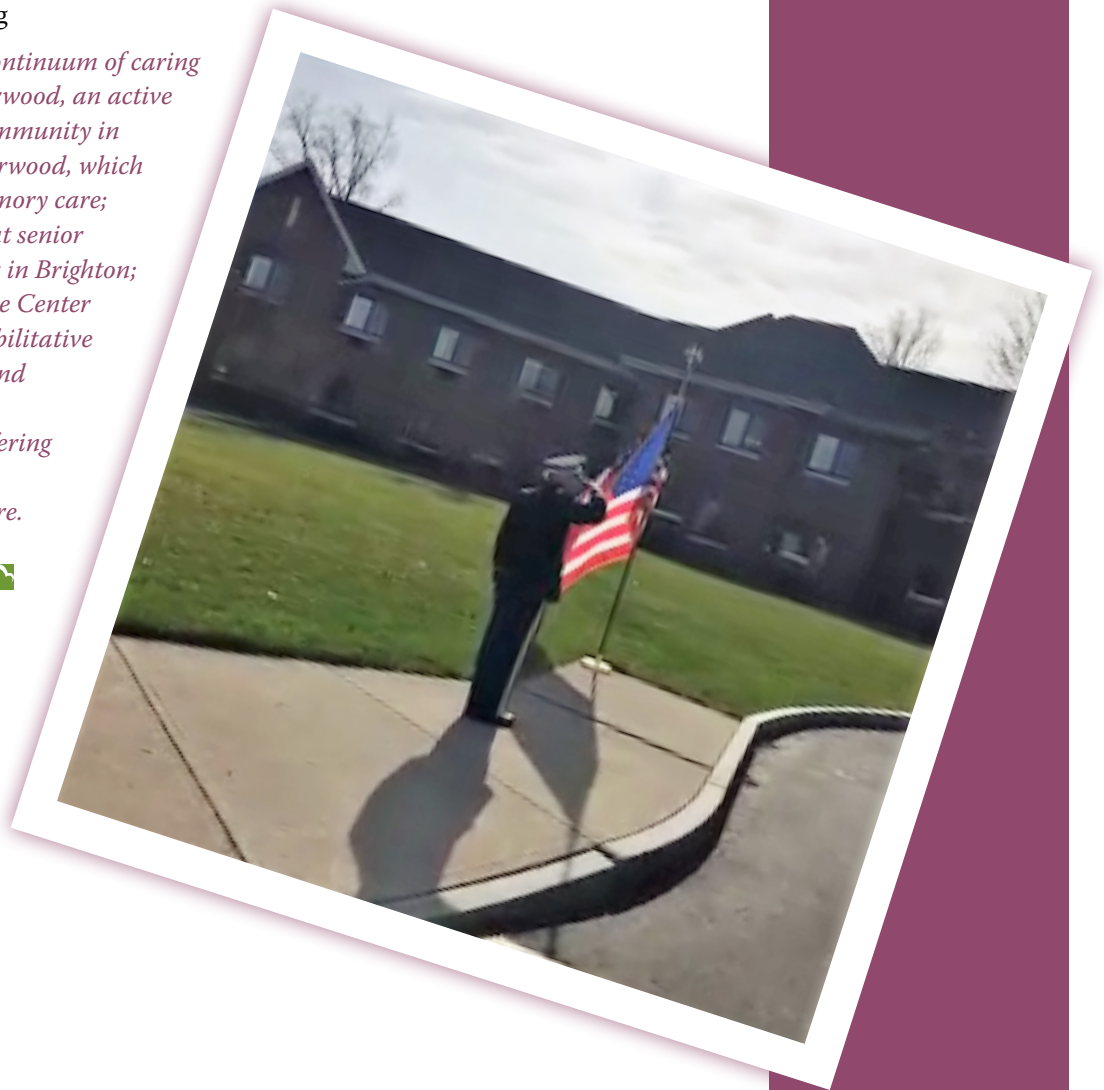


Friendly Home Veterans Honored with Outdoor Salute

Veterans who live and work at the Friendly Home received a special five minute salute this morning from Major Steve McAlpin. He says it is his way of thanking veterans and letting them know that their service will never be forgotten, especially in these trying times. Maintaining social distance, Major McAlpin saluted veterans outside of the Friendly Home. The salute was live streamed on the Friendly Home's internal television channel for residents to watch as it happened. The Friendly Home is grateful to Major McAlpin, and to all of our service men and women, past and present!

About Friendly Senior Living

The Friendly Senior Living continuum of caring communities includes Cloverwood, an active independent senior living community in Pittsford; Glenmere at Cloverwood, which offers assisted living and memory care; Linden Knoll, an independent senior living apartment community in Brighton; the Lovejoy Transitional Care Center which offers short-term rehabilitative care at the Friendly Home; and the Friendly Home, a skilled nursing home in Brighton offering 24-hour care, rehabilitation, memory care and hospice care. For more information, visit friendlyseniorliving.org. 🌱



Parker Jewish Institute's New Concierge Call-Line Helps Families Stay in Touch

Parker Jewish Institute for Health Care and Rehabilitation has implemented a new Family Call Center Call-Line Service to help family members connect with loved ones who are residents or patients of the skilled nursing facility.

The new Family Call Center service enables families to stay in touch and informed at a time when visitation is largely prohibited, based on state and federal guidelines, to protect against the spread of COVID-19.

Members of Parker's Admissions Department, as well as employees from the Institute's Social Adult Day Health Program, were redeployed to staff the new center. They speak with callers about non-emergent matters, and direct family members to the correct resource. The Concierge Call-Line Service had already been in the planning stages, but Parker's Administration moved the service forward as an immediate way to help the Institute's community navigate coronavirus.

The Family Call Center Call-Line Team can be reached at 718-289-2888, seven-days-a-week.

The Parker team spoke with families of the Institute's patients and residents prior to the service's launch to inform them about the new Call Center. Staff also told families about the ability to spend time with loved ones on FaceTime through Parker's iPads. Staff members walk family members through the process of accessing the technology so that they can visit virtually with loved ones.

And through the help of Parker's Therapeutic Recreation leaders and other team members, patients and residents are ensuring the virtual visits and conversations take place. For example, one hospice patient was able to speak with her daughter, thanks to the assistance of a Parker Therapeutic Recreation employee who brought the phone to the bedside of the patient, who otherwise would have had difficulty lifting the phone.

"During this time of social distancing to ward against the



(See *Parker Jewish* on page 67)

Parker Jewish ... (Continued from page 66)

spread of coronavirus, it is more important than ever for families to see and speak with each other to stay in touch and overcome feelings of isolation,” said Michael N. Rosenblut, Parker’s President and CEO. “Parker’s new Family Call Center Call-Line Service extends our ability to further help families get the information they need, quickly. And the ability to connect family members through virtual technology fosters family connections, which are so vital during this stressful time.”

Parker’s administration continues to evaluate and refine policies and services to meet the needs of patients, residents and their families. Visit parkerinstitute.org and click on the COVID-19 tab for updates.

About Parker Jewish Institute for Health Care and Rehabilitation

Parker Jewish Institute for Health Care and Rehabilitation, which is headquartered in New Hyde Park, New York, is a leading provider of Short Term Rehabilitation and Long Term Care. At the forefront of innovation in patient-centered health care and technology, the Institute is a leader in teaching and geriatric research. Parker Jewish Institute features its own medical department, and is nationally renowned as a skilled nursing facility, as well as a provider of community-based health care, encompassing Social Adult Day Care, Home Health Care, Medical House Calls, Palliative Care and Hospice.

The Concierge Call-Line Service had already been in the planning stages, but Parker’s Administration moved the service forward as an immediate way to help the Institute’s community navigate coronavirus.



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Rainbow Challenge at Living Center South

Jen Brown, Certified Occupational Therapist Assistant, spearheaded this idea and worked with the rehab and activities teams to trace Living Center South resident's hands to create these inspiring windows!



Clarence's "Cozy Catering" Donates Lunches to Brothers of Mercy Caregivers

On Friday, March 27th, armed with over four boxes of food and desserts, local restaurant owner Rob Schofield, of Clarence's "Cozy Catering", donated lunch to an entire team of dedicated caregivers at the Brothers of Mercy Wellness Campus. Over 30 healthcare workers at Brothers of Mercy's Sacred Heart Home enjoyed made-from-scratch wraps, sandwiches and baked goods.

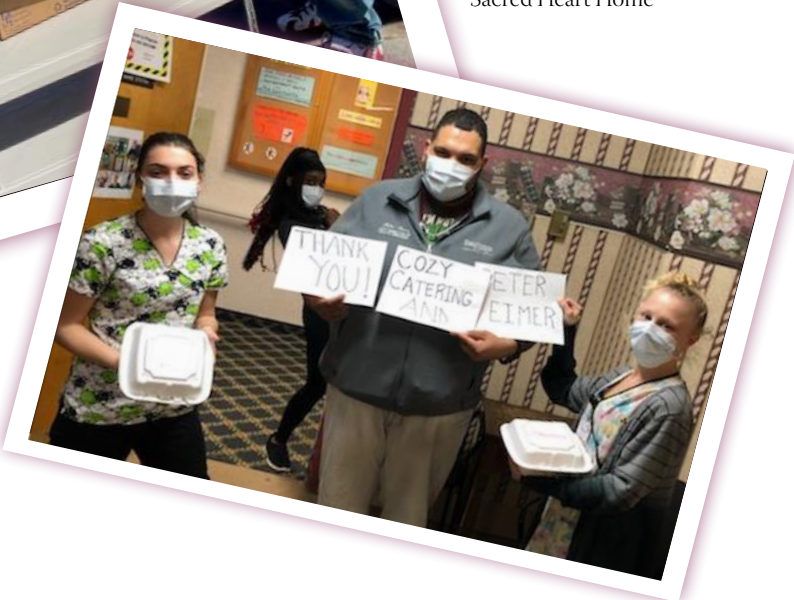
This supportive gesture by Rob and his team was meant to reflect just how much these caregivers are valued, especially during this difficult time. The idea came from longtime friend and former classmate of Rob's, Tricia Asaro, who wanted to do something to help amidst the community's continually evolving COVID-19 crisis.

Rob was happy to team up with her by sharing his resources and talent to make sure Clarence's local caregivers could eat well and know that their efforts are appreciated! Schofield, who has been in the restaurant business for over 27 years, states:

"There's been a really strong showing and outpouring of support in the WNY restaurant scene at a time when many people are looking for ways to help. It's been great to be a part of this! We are very happy to support Brothers of Mercy."

(See "Cozy Catering" on page 71)

Rob Schofield, owner of Cozy Catering, donates 30 lunches to hardworking healthcare workers at Brothers of Mercy's Sacred Heart Home



"Cozy Catering" ... (Continued from page 70)

The Brothers of Mercy's Sacred Heart Home employs fifty dedicated care team members and currently houses approximately fifty residents. Team members have been working incredibly hard to provide extra support and care, as well as take many precautionary measures to safeguard all elderly residents of the assistive living community against COVID-19 risks.

"This generous donation from the Cozy Catering team truly made our day here at Sacred Heart! It was an act of kindness felt and appreciated by every member of our team who has been working tirelessly to provide extra support and comfort to our residents in these past few weeks. Thank you, Rob, Tricia and team!"

– Mindee McDonald, Administrator, Brothers of Mercy Sacred Heart Home

Ranked Western New York's largest retirement community, 5-star Skilled Nursing Center, and independent living community by Buffalo Business First, the Brothers of Mercy's not-for-profit, Catholic mission has been serving WNY seniors for almost 100 years. Offering a continuum of lifestyle and care options, the Brothers of Mercy ministry of services include Skilled Nursing, Inpatient & Outpatient rehabilitation, Assistive Living, Independent Living, Spiritual Care, Respite, Hospice & Home Care. For more information, call 716-759-6985 or visit www.brothersofmercy.org



Welcome New Members

Primary Members:

Coburg Village, Inc.
ElderONE
UHS – Binghamton General Hospital – Transitional Care Unit

Associate Basic Members:

Michael Gsellmeier, Vice President, First American Healthcare Finance
Zathary Ilarraza, Regional Director of Client Services, Specialty RX
Jill Johnson, Partner, Lumsden & McCormick, LLP
Leeanne Nagle, Director of Marketing, Harmony Healthcare International
Tom Whitemore, Furniture Specialist, Phoenix Contract, Inc.

Associate Plus Members:

Jamie Billings, Director of Field Marketing, PharmScript, LLC
Israel Rosenberg, COO, Comprehensive Healthcare Solutions, LLC

Events & Education

For more information on upcoming events [click here.](#) 

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