



Testimony on COVID-19 in Pennsylvania's State Veterans' Homes

**Joint Hearing of the House and Senate Veterans' Affairs & Emergency
Preparedness Committees**

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Good morning, Chairs Stefano, Muth, Boback, Sainato and members of the House and Senate Veterans Affairs and Emergency Preparedness Committees. My name is Keara Klinepeter, and I serve as the Executive Deputy Secretary for the Department of Health. Thank you for the opportunity to share the Department of Health's critical work as both a facilitator of assistance to and regulator of Pennsylvania's state Veterans Homes through the COVID-19 global pandemic.

As you may know, the Pennsylvania Department of Health is charged with the licensure and certification of nursing homes. The Department's Office of Quality Assurance oversees this important regulatory oversight of monitoring compliance through surveys, commonly known to the public as facility inspections, to ensure that facilities are providing adequate resident care in compliance with all applicable laws and regulations. This applies to federal law and regulation since, in addition to the department's role as the state survey entity, it is also contracted by the Centers for Medicare and Medicaid Services (CMS) to serve as the federal survey entity for nursing homes. As a quick point of clarity, the department does not license or regulate personal care homes or assisted living residences – both of which are licensed by the Department of Human Services and typically serve residents needing less acute care. This is important because some settings within state Veterans Homes are outside of the Department's regulatory purview. In our regulatory role, we license the skilled nursing facility settings within all Pennsylvania's state Veterans Homes.

As you know, COVID-19 impacted every facet of life. Its impact on residents and staff at state Veterans Homes was no different. Tragically, over 600 total cases and over 70 deaths were attributed to the six state Veterans Homes. Certainly, this impact was not for lack of work to mitigate the spread in these and other similar settings. In addition to our regulatory role, the COVID-19 pandemic required the Department to assist many long-term care facilities that were experiencing resident and staff outbreaks, urgent needs for PPE, and up-to-date guidance to help them manage the impact of the virus in their facilities. The Department worked tirelessly with many other Commonwealth agencies and other partners to provide critical supports needed to ensure that facilities could manage these outbreaks and protect residents. This testimony will outline both roles and our efforts within them to protect residents.

First, relating to our regulatory role, the Department's Quality Assurance Licensure staff have continuously worked to ensure that facilities are providing care that meets statutory and regulatory requirements. Throughout the COVID-19 pandemic, the department has met this goal, but not without significant challenges. As you may know, from March 2020 to August 2020, CMS directed state regulatory authorities to cease non-emergency annual surveys to prevent the introduction of COVID-19 into the facility by an inspector. During this timeframe, DOH performed virtual surveys, however, complaint surveys have been done on-site. In addition, department surveyors visited every nursing home according to CMS requirements to review infection control protocols and practices starting in June 2020. And to further ensure appropriate infection control protocols, DOH Quality Assurance surveyors have been fit-tested for appropriate personal protective equipment (PPE) usage to mitigate the spread of the virus.

During the COVID-19 pandemic, the department worked to ensure that complaint surveys were investigated thoroughly. From March of 2020 and over the course of the pandemic, the Department has performed 46 surveys in state Veterans Homes. As with any nursing home investigation, depending on the seriousness of any deficiencies identified, one or more of the following state and federal-level enforcement actions may begin, including trainings and fines up to admission bans and severe license

implications. Each nursing home receives the written survey results and must provide a plan of correction outlining how the identified issues will be resolved. Nursing homes are surveyed again, based on their plan of correction, to ensure that the plan was implemented appropriately and effectuated. All nursing home survey results are available at each facility and on the department's website at <http://www.health.state.pa.us/SurveysPosted/>.

The Wolf Administration has recognized the unprecedented nature of the pandemic and the pressures it has placed on long-term care, broadly. As a result, much of our focus has been using any available tool to prevent the spread of this deadly virus into these facilities, including state Veterans Homes. Those tools include regular issuance of guidance sharing best practices and CDC-recommended prevention strategies, regulatory flexibility with appropriate oversight, free PPE distribution, infection control guidance, prudent visitation protections, universal testing, staffing assistance, the deployment of the National Guard, and utilizing numerous vendors to assist with infection control best practices, staffing, testing, and PPE decontamination. In addition to these measures, homes within the jurisdictions of county or municipal health departments would have also received infection control advice and guidance on non-regulatory issues from their local health department as they have primary public health jurisdiction in those instances.

The Department has provided many of these resources to state Veterans Homes for the benefit and protection of their residents and staff. The Department has sent over 9,000 face shields, 45,000 gowns, 73,000 N-95 masks, 29,000 procedure gloves, and 8,000 procedure masks to state Veterans Homes for use. In addition, in the early months of the pandemic when scarcity of PPE was at its highest, the Department leveraged FEMA-supported resources, such as the Battelle's PPE decontamination system to allow for multiple uses of N-95 masks. This service was provided at no cost to any healthcare setting who chose to utilize it.

In addition, the Department also leveraged the support of the Regional Response Health Collaborative Program (RRHCP) – now known as the Regional Congregate Care Assistance Teams (RCAT) – created by action of the General Assembly. This resource has been invaluable across the long-term care continuum to help support facilities experiencing severe needs due to facility outbreaks. State Veterans Homes have used this resource to help stabilize challenging situations in the facilities.

To proactively identify and isolate COVID-19 positive residents and staff, serial testing requirements were put in place by the Department in June of 2020, once testing was more widely available. CMS later instituted a similar requirement that is tied to county transmission rates. Serial testing has been a critical part of proper isolation and quarantine to ensure that infected residents are triaged and cared for with the utmost protections to the benefit of themselves, other residents, and the staff who provide them care.

Finally, vaccination against COVID-19 provides all of us a pathway out of this pandemic. While we cannot speak for the vaccination effort at Delaware Valley Veterans Home since it falls under Philadelphia's Vaccine Administration Program, all of the remaining five State Veterans Homes participated in the federal Pharmacy Partnership, a federally-run operation executed through partnership with CVS and Walgreens, to vaccinate all interested residents and staff in their skilled nursing facilities. Moving forward, vaccine will be provided through normal ordering processes to ensure that new residents and new employees also can receive the COVID-19 vaccine on an ongoing basis. This strategy leverages federal allocations through the Federal Pharmacy Partnership while also allowing facilities to work with

their typical long-term care pharmacies. Those facilities whose typical long-term care pharmacies are not enrolled as COVID-19 vaccine providers can choose to use one of the other participating pharmacies continuing to offer vaccine to staff and residents. If that is not available to them, the department will work with them to ensure they receive the vaccine.

Under this strategy, the Department has provided information and technical support to interested long-term care facilities and long-term care pharmacies. Long-term care pharmacies are able to administer the vaccine directly at the facility, or use a contractor, such as the long-term care facility itself, to perform some or all of the eligible pharmacy's vaccine administration and reporting duties. Furthermore, all nursing facilities will be required to report vaccination data to CMS for both residents and staff. This reporting information is posted online by CMS on a regular basis.

As we shared, many of these resources have helped our state Veterans Homes and other long-term care facilities, but still the virus has impacted too many Pennsylvanians. We know the challenges faced by residents, staff, and families have been immense. We thank all of the frontline staff, residents, and families who unfortunately have sacrificed so much. Working together all parties have a role in continuing to uphold the regulatory and statutory standards for care to ensure good quality of life for the residents who have already given so much to the country. Thank you for the opportunity to participate in today's hearing and I am happy to take any questions you may have.