

**In this Industry Update you will discover:**

- 1) “CEO of Miami Jewish Health Plans for Re-Opening Post COVID-19”  
- **SENIOR LIVING NEWS, 6/10/2020; pg. 1**
- 2) “Lawmakers Move to Repeal Senior Living Industry COVID-19 Immunity Provision”  
- **MCKNIGHT’S SENIOR LIVING, 6/15/2020; pg. 2**
- 3) “Federal Government Needs to Own COVID-19 Issues, Better Help Nursing Homes, Expert Says”  
- **MCKNIGHT’S LONG-TERM CARE NEWS, 6/15/2020; pg. 4**
- 4) “How One Nursing Home Has Stayed COVID-Free: Sanitizing, Stockpiling and Strong Communication”  
- **SKILLED NURSING NEWS, 6/10/2020; pg. 5**

**SENIOR LIVING NEWS®**  
A trusted resource for news and insights

## CEO of Miami Jewish Health Plans for Re-Opening Post COVID-19

**The CEO of Miami Jewish Health has dealt with the same struggles as many other leaders have through the COVID-19 pandemic. Keeping his residents happy and safe is a goal he wishes to meet every day in order to survive one of the world’s most significant health struggles to date.**

Written by: Olivia Beaton

6/10/2020

Jeffrey Freimark, CEO of Miami Jewish Health, one of Florida’s largest senior care organizations, has been leading the fight against COVID-19 in his facility and continues to provide his residents, employees, families, and outsiders, with safety protocols and senior education as re-opening phases begin. Miami Jewish Health has multiple senior care options, including assisted living facilities as well as the PACE program, a non-profit program, featuring a complete health plan for seniors who want to stay in their own homes. They also have an on-campus hospital and clinic that is staffed with geriatric physicians and renowned memory care services. The vision of Miami Jewish health is to be the leading source of healthy aging through their innovative continuum of care. With over 600 residents, and even more patients through the PACE program, Freimark and his staff have been on the frontlines battling COVID-19 and working on a model for senior living communities as the country begins to reopen.

With an 80-year history, Miami Jewish Health has been built with a focus on tomorrow, providing access to the latest research trials, offering a comprehensive line of health services, new facilities and programs, and employing an innovative care model centered on empathy. There is going to be a large shift in the dynamics of senior living communities post COVID-19, with the utmost priority being keeping our most vulnerable members of the community safe, healthy, and happy.

For Freimark and his team, it was never a question of if they would be impacted by the COVID-19 pandemic, but when. Their facility worked closely with local officials and first responders to implement best practices and ensure all caregivers had proper PPE gear. It’s been a long journey, and it’s far from over, but Freimark’s new focus is implementing safety protocols as reopening phases begin across the country.

The first protocol upon re-opening their campus will be implementing a screening and testing process for everyone that enters through the gates. It is crucial to assure that no infected individuals enter the facility that could be a potential risk to the residents.

Within the senior living community, the day to day operations are going to have to shift as well. The biggest challenge facing not only Miami Jewish Health, but senior living communities across the country, is how to keep residents social and safe at the same time. There are many questions facing these unprecedented circumstances, such as room layouts, dining protocols, and cleaning routines. The facility staff has been staying on top of virtual communication in order to keep seniors connected with their loved ones, as well as sending them regular updates about their seniors' wellbeing.

Over the duration of the pandemic, Freimark believes that their actions and precautions had an enormous impact on their number of COVID cases and recoveries. They have been fortunate enough to have 44 residents and patients that have recovered from COVID-19, tested negative twice, went through their recovery unit, and are back in their home units. This amazing recovery rate is directly attributed to the efforts made by caregivers and management to make every resident's health a top priority.

Though Freimark is hopeful for the future, he stresses we are not out of the woods yet and there is still a lot of work to be done, both in senior living communities and in how we treat seniors in our society. In order for senior living facilities to succeed, there requires a public act of being responsible and advocating. The biggest necessity is making sure the senior living communities have proper funding and supplies to keep their residents the number one priority. Freimark urges people to act responsibly, protect their loved ones, and commit to the education and advocacy of seniors. He is hopeful and says, "we will move through this. We all have to remain committed, but we will move through this successfully, we have to be optimistic."

There is still uncertainty about what a post-COVID-19 world is going to look like, both inside and outside of senior living communities, however, efforts such as those that Miami Jewish Health is making will be extremely important in order to create a safe and secure environment for the most vulnerable members of society. With the proper protocols in place and the ability to overcome challenges as they arise, Miami Jewish Health looks forward to beginning their opening phases while always assuring the health of their residents comes first and foremost.



## Lawmakers Move to Repeal Senior Living Industry COVID-19 Immunity Provision

**Two New York lawmakers are taking on a new law in order to fight for the rights of residents and their families. Through their efforts to repeal the recently enacted law they hope to take the correct steps toward broader opportunity for resident advocacy.**

Written by: Kimberly Bonvissuto

6/15/2020

New York lawmakers have introduced legislation to hold senior living communities accountable “for harm and damages incurred” during the COVID-19 pandemic by repealing a blanket immunity law that shielded facilities from legal action.

The bill, introduced by state Assemblyman Ron Kim (D-Queens) and Sen. Alessandra Biaggi (D-Bronx), would repeal protections in the public health law related to the Emergency or Disaster Treatment Protection Act, which provided immunity from liability for “any harm or damages” sustained as a result of providing health care services during the COVID-19 pandemic, unless the act was “willful or intentional criminal misconduct, gross negligence, reckless misconduct or intentional infliction of harm.”

The law, which protects hospitals, nursing homes and other healthcare facilities, including assisted living communities, also shields facilities from lawsuits alleging misconduct due to resource or staffing shortages.

“Repealing [the immunity protection] allows families to pursue a process in which they can be heard and seek corrective actions so their loved ones didn’t die in vain,” Kim said in a news release.

Gov. Andrew Cuomo issued an executive order in March providing immunity, and the law was enacted in April.

“While it is abundantly clear that nursing homes have not received the full support that they need to weather this pandemic, that does not mean we completely strip away their responsibility for the care of our loved ones,” Biaggi said in published reports.

On Friday, Kim and Biaggi hosted a Zoom press conference and memorial “for the 6,000 people who died alone in New York State nursing homes.”

“This has been the hardest period of time in our state’s history. The past three months have been so challenging physically, mentally, spiritually and emotionally, and it’s all related to COVID-19,” Biaggi said during the press conference, which she called an opportunity to “bring a voice to the loss and justice to the loss.”

She acknowledged that the long-term care industry did not receive the resources and support needed from the beginning but said facilities should not abdicate their responsibility for the safety of their residents. By repealing the liability portion of the law, Biaggi said it can provide transparency and accountability for every family who lost a loved one.

“Repealing this provision will allow for every family to be able to hold accountable the facilities that have engaged in negligence, but right now are prevented from doing that,” she said.

Kim, who lost an uncle in a nursing home to COVID-19 in April, said repealing the provision will help in “finding the truth, exposing the truth and seeking some level of justice for loved ones who unnecessarily passed away alone.”

Kim said the state handed senior living and care business executives a “get out of jail free card,” disincentivizing the industry from doing more to save lives. He said discussion about immunity should be done openly in a public hearing with families who have lost loved ones.

“They took that conversation away for us and we should be having that conversation now,” Kim said.

Several other states have passed laws or issued executive orders providing COVID-19 liability immunity to long-term care providers and facilities.

# McKnight's

## LONG-TERM CARE NEWS

### 'Federal Government Needs to Own' COVID-19 Issues, Better Help Nursing Homes, Expert Says

**Federal health policy expert, David Grabowski, is pushing for the federal government to take further steps to accept responsibility for the decline of conditions within the skilled nursing sector. With greater efforts to support facilities across the country, there should be faster progression of recovery as well.**

Written by: Danielle Brown

6/15/2020

Federal authorities need to stop the blame game and take more responsibility getting vital testing, protective equipment and other needed elements to nursing homes during the COVID-19 pandemic, a leading health policy expert believes.

That was the core message from federal health policy expert David Grabowski, Ph.D., in testimony before a House panel late last week.

Coordinated action by the federal government to ensure all U.S. nursing home providers have enough personal protective equipment and support for staff members is dramatically needed, said Grabowski, professor of healthcare policy, Department of Health Care Policy at Harvard Medical School.

“Nursing homes all over the country desperately need PPE, testing and support for the workforce. I believe the federal government is best positioned to provide those resources,” said Grabowski, also a commissioner for the Medicare Payment Advisory Commission, to McKnight's Long-Term Care News.

“We need to stop blaming particular states or nursing homes and invest in protecting all our nursing home residents and staff,” he added.

Grabowski was among several industry experts and workers to speak during the Thursday hearing held by the Select Subcommittee on the Coronavirus Crisis. He criticized a lack of investment in the industry by the government during the hearing, explaining that nursing homes have been “underfunded for years and struggled with staffing and other issues prior to COVID.”

Grabowski stressed the need for continuous, rapid and accurate testing for all residents and staff members in order to identify and respond to COVID-19 cases as they emerge. That type of effort needs to be led by federal authorities, he emphasized.

“Rather than pushing the logistics and costs of testing and PPE to states and nursing homes, the federal government needs to own this issue. The federal government should set a consistent policy across all U.S. nursing homes and then provide states and nursing homes with the resources to achieve it,” Grabowski told lawmakers. “If we have testing and PPE in place, we would be able to move safely towards opening nursing homes again to family members.”

Grabowski also called for higher reimbursement for nursing homes to help them maintain staffing levels, prevent layoffs and properly pay the direct care workforce risking their health and lives daily to care for residents.

“The federal government needs to put dollars in place that flow directly to workers in terms of hazard pay and other benefits,” he added.

Landmark had been proactive in stopping nonessential visits and tours before any guidance was issued advising those practices, he said. Actions affected staffing, too.

“In one of the communities, we did have an aide who worked at our facility as well as at one of the nursing homes that had a pretty bad outbreak,” Kononenko said. “So they had to tell the staff right away, ‘Pick a place where you work, but you can’t work at multiple places anymore.’ ”

## Skilled Nursing News

### How One Nursing Home Has Stayed COVID-Free: Sanitizing, Stockpiling and Strong Communication

**In a rare situation for skilled nursing, one facility in Connecticut has kept its patients and staff completely protected thus far from the threat of the novel coronavirus (COVID-19). Vernon Manor is an exceptional case of patient care, staff education and extra precautions to keep every resident safe and healthy throughout the current crisis we are facing.**

Written by: Maggie Flynn

6/9/2020

The presence of COVID-19 in nursing homes has been splashed across news reports across the country, but at least according to federal data, the majority of skilled nursing facilities have been able to keep the virus outside.

One facility in Connecticut, Vernon Manor, had all 93 of its residents test negative for COVID-19 on May 22, due to a variety of measures that it took from the onset of the coronavirus in the U.S.



In addition to emphasizing planning and communication, Vernon Manor worked to secure personal protective equipment, invest in building upgrades to improve the quality of air, and entering an agreement to sanitize N95 masks with a Federal Emergency Management Agency (FEMA) contractor.

SNN caught up with Vernon Manor administrator Angela Perry to talk about the steps that the facility took to stay ahead of the virus — some of which happened before the U.S. entered lockdown to combat the spread of COVID-19.

This interview was recorded on May 29 and reflects the COVID-19 situation at the time; on June 9, Perry told SNN that Vernon Manor remains COVID-19 free.

*This interview has been condensed and edited for clarity.*

**Some of the preventive measures that Vernon Manor took were put in place before the end of the month of February. Which ones were put in place so early, and why were they the ones chosen?**

We have been watching the global market — and the national, delocalized market, in particular, the World Health Organization — so we were able to at least have on our radar earlier on what was happening in China.

Then [there was] the initial case in the Washington nursing home at the end of February, but prior to that is also flu season. So we're dealing with the flu season and then this coronavirus appears. We really wanted to be proactive and identify early on what some of our preventative measures can be.

We put together a [Strengths, Weaknesses, Opportunities, and Threats] analysis just to kind of look at what our strengths and opportunities, some of our weaknesses may have been — and see how we can mitigate those areas.

Obviously with the coronavirus, it was completely unknown to the United States, and of course, to Vernon Manor. So we really wanted to continue to monitor the trends, seek out information from our managing partners — they are very much so involved in the health care market space. They are always sharing information with us in collaboration with our Connecticut Association of Healthcare Facilities, Mutual Aid, the Department of Public Health. So there's always information that's provided to us. That really put us in a position where we really wanted to be proactive.

Earlier on, we initiated masking of our health care workers at the facility. I think that was one of the initial steps, where there was the initial front-line barrier to reduce exposure.

In addition to that, prior to March, we implemented the REME Halo In-Duct air system, which is — to explain in layman terms, I guess — an in-duct air purifier, a technology that is capable of purifying the central air conditioning or heating system. It brings fresh, outdoor air inside; it also reduces odors, and it has been tested on airborne and surface bacteria and viruses. We installed those units in February.

In addition, we have a unit called Novaerus — movable, standalone units that provide patented purification technology to continuously pull contaminated indoor air across these internal short-exposure plasma coils. It deactivates airborne microorganisms and viruses.

We have these small units placed at high-traffic areas within a facility, such as our nurses' stations, our conference rooms, our employee break areas and so forth.

We also have a really good relationship with our medical supply vendor. So just looking at, again, the global market and what's happening in China, with the factories starting to close, our vendor actually came to the facility, met with myself and a few other of my teammates, and we went over our medical supplies, what our ordering patterns have been over the prior quarter, and what potentially may be placed on allocation in the future.

Surgical masks were at a point where it was challenging to acquire — and if it wasn't nationwide, it was headed in that direction. So those were items that we were really trying to source out earlier on. Our supply vendor was able to pull together a list of all of our inventory of what we've ordered over the past three months, and potentially what items may be placed on allocation in the future. Those were the items that we said: Okay, let's see how we can get to a three-month supply. Should we run into an issue moving down the road, we will at least have a reserve available. So that was the initiation of our stockpile.

But of course, utilizing one vendor was not the only route that we had to take; we really had to go deep within our business relationships, whether we had contracts with them or not. We just reached out to all of our resources to see what was available, and what we can place orders for and what may be available down the road. It was truly a collaborative effort, not only from myself — the managing partners, staff members who may have outside relationships, and all of us being able to come together and identify what our needs are currently, and what our potential future needs are. Those were some of the areas that we mitigated.

I think I mentioned we put together a SWOT analysis as a part of our quality assurance program. We were able to clearly see, in black-and-white, what opportunities were, and then from there, we would literally conduct drills on a daily basis within the management team — identifying what are areas of collaboration, and sharing that information with the staff within the facility, and hearing feedback from them on what other opportunities there may be to improve.

**For the equipment that was installed in February, was that installed because of COVID-19 specifically? Or was it because of the flu, or some other reason?**

Just looking at the trends with the flu, the flu was very prevalent in Connecticut in February, so trying to identify opportunities with that on how we can mitigate the spread of that virus — and then coronavirus just fell right in line, overnight it seems like.

I think the timing really helped us out, because we were already exploring it and then we implemented it, and then coronavirus was right around the corner. I want to say it was probably a two-week or less than that lag time

For all of the renovations and equipment, do you happen to know how much this cost the facility to put in place?

I don't have the numbers in front of me — the Novaerus units, I want to say at that point, it was around \$5,000 or so. The REME Halo units — it was north of \$6,000 for sure.

**One of the steps you took was contracting with a FEMA contractor to decontaminate and sanitize N95 masks, which is not something I thought about in terms of equipment. How did that come to your attention, and how did that arrangement come about?**

The facility learned about Batelle [Decontamination] through one of the groups in in communications from our Connecticut Mutual Aid and our association group. But Batelle is actually contracted by [the Federal Emergency Management Association]. They have a specific technical process that you have to follow to ensure that N95 masks can actually be returned to the facility, so they can't be soiled in any fashion at all. Based on their protocol, they will have to destroy them.

So we have to be very meticulous on our end, and make sure the ladies aren't wearing makeup or there's not any other defects on the actual equipment, so that it can be cleaned and returned within their appropriate measures. But that was actually communicated to us through the Connecticut Mutual Aid and our nursing home association.

**With this round of tests that Vernon Manor ran for its residents, did Vernon Manor secure these tests, or was it supplied by the state of Connecticut?**

One of my nurses was able to build a really good rapport, a relationship with one of the individuals who works at the Department of Public Health lab.

We did have to coordinate with them at state [level], that we were intending to test all of our our residents. She did have to coordinate with them to be able to pick up the available test kits that we needed, and then we had to strategically plan an actual day to do the actual swabs in the facility, then take them back to the testing site, so that we can receive the results — within 24 hours was the goal.

It really did have to be coordinated between the facility and the testing site, so that we have the sufficient amount of swabs available, the staff available in the facility so that we can do it in that snapshot, notifications to the family members and residents — and also being able to return to the swabs to the site so that they can test the bundle at the same time.

**Was it Vernon's Manor's responsibility to secure the testing, or did the state say: Here's the mandate, here's where you go to get testing?**

The state of Connecticut did mandate all nursing homes would be tested, and there was two different ways to go about it. We do participate in a weekly WebEx with the Department of Public Health, and they did indicate a particular process. One day, the facility would expect to receive a call from someone from the agency, coordinate the actual date that the test will be performed, when the test would have to be dropped off to the lab, and then what the turnaround would be.

However, some facilities in the state did not wait for the Department of Public Health to reach out to the facilities. Some just went ahead and did it on their own — and that's what we did.

We were very eager, I guess. We really wanted to just move forward with the process. We've been monitoring the residents with a specific COVID assessment since since March, so we pretty much knew what our resident baselines were. They weren't any (residents) that we're sensing with any fever or any other respiratory illness,



and we haven't had any confirmed cases. We really just wanted to know, black and white, what our current status was.

### **Are there plans for testing going forward, now that you have these results?**

A couple things. If we have any presumptions of positives, we will be required to continue to test until the facility no longer has any positives on COVID. However, due to our cohorting strategies, we have been testing pretty much all along or at least within the past month, so that we were certain if we were to transfer a resident, or residents from one unit to another, we knew what their status was.

We've been doing that for at least a month, just making sure we weren't moving and exposing our other residents to any potential infections. Every time we conducted the testings, the results were in our favor, and we will continue to do so.

There's three cohorting-designated units that the facilities are required to have in the state of Connecticut: [First is] the observation unit, which means if we are meeting residents from the hospital, they are required to be tested prior to admission. In most cases, they're tested at least two times. However, we know that the COVID testing is only a snapshot in time, so the state has encouraged the facilities to place those new admissions on our observation unit for 14 days.

From the observation units, they will then be transferred to what you would call either a clean unit or a nonexposed unit. And at that point we will want to test our residents, prior to that transition from one unit to another, just to be certain as an additional preventative measure.

### **Can you talk about the role of the employees in this, and how you've worked with them to help them stay safe and be aware of what they need to do?**

Communication, communication, communication. I think that is the biggest key for anybody to be successful. I strongly believe that if there's one link that's broken, the entire chain will be broken. We've been very aggressive for our surveillance rounds, in our surveillance at our main entrance. In addition to the requirement from the state of Connecticut, we have appointed entry and exits for health care workers, vendors, or any essential personnel.

We've used that as one point of opportunity just to nudge or encourage, reinforce the staff of what are the healthy interventions we need to always be mindful: washing your hands, wearing your mask, and any other appropriate infection control protocol.

Also, we meet with the staff on an ongoing basis; we provide huddles on various units within the facility where we're sharing updates and different infection control protocols from infection-control nurses. I like to communicate with them what our overall efforts are, to share information from a more local or state level as well, just so that the staff here knows what other facilities' challenges or opportunities have been.

We actually had two conference calls last week with two other facilities. One facility is actually one of the designated COVID facilities in the state of Connecticut, and the other facility has a COVID-dedicated unit. So it was really interesting hearing from our colleagues — what the experiences have been navigating through the process, and what they have learned, so that we can share information with each other. So I think that's been valuable.

Also, every Wednesday, we have what we call an employee town hall where there's a dial-in number and the employees — if they choose to, and we strongly encourage them to do so — participate on that call. We can give weekly updates on any plans that we have to mitigate any concerns, issues, just with that open dialogue from the frontline staff and management. That's ongoing.

We provide staff surgical masks while they're at work, but also while they're at home just as an additional measure for protection — going to the grocery store, going to the park or anywhere there's other people that we may come in contact with. The company really wanted to be able to provide confidence and assure our health care workers are safe when they're not at work.

**Out of all the different factors that go into the spread of COVID-19, some are outside the SNF's control. But what are some of the most important factors that were in the facility's control, that helped ensure there wasn't an outbreak?**

In our control: I think what's been on our side, we haven't had any infections in the facility, so we really had an opportunity to reflect on what was happening around us and sharing best practices.

Even with speaking with an administrator that has a COVID-dedicated facility, she indicated things she wished she would have done sooner which was masking and conducting the temperatures at the main entrance. She said even one week sooner may have helped, and I think at that point, we were already masking and conducting surveillance at the main entry point.

Just hearing that even a week may have made a difference — and we did initiate that practice just a little sooner than others — I think that may have led to the reduction of spread of the virus.