

In this Industry Update you will discover:

1. “Long Term Care Providers Push to Remain a Priority for COVID-19 Vaccines”
- **PROVIDER MAGAZINE ONLINE, 3/12/2021; pg. 1**
2. “Ice Cream and Other Ways to Keep Residents Healthy Post-pandemic”
- **McKNIGHT’S LONG TERM CARE NEWS, 3/29/2021; pg. 2**
3. “More than One-third of Operators Believe Occupancy Will Return to Pre-pandemic Levels in 2021: Survey”
- **McKNIGHT’S LONG TERM CARE NEWS, 3/29/2021; pg. 4**
4. “Nursing Home Transaction Volume Could See Near-Term Spike despite Financing Hurdles”
- **SKILLED NURSING NEWS, 3/25/2021; pg. 5**
5. “Nursing Home PPE Requests in Show Chaos of Pandemic’s Early Days — and Shortfalls as Soon as February 2020”
- **SKILLED NURSING NEWS, 3/28/2021; pg. 6**

Provider

LONG TERM & POST-ACUTE CARE

Long Term Care Providers Push to Remain a Priority for COVID-19 Vaccines

Written by: Patrick Connole

3/12/2021

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) sent letters this week to White House Senior Advisor [Andy Slavitt](#), White House Senior Policy Advisor for COVID-19 Equity [Cameron Webb, MD](#), and the [National Governors Association](#) requesting that long term care facilities remain a priority for the COVID-19 vaccines as the next phase of distribution begins.

As of March 11, more than 85 percent of nursing homes and nearly one-third of assisted living and other senior living communities have completed their third and final clinic through the Pharmacy Partnership Program for Long-Term Care.

Moving forward, these facilities need ongoing and rapid access to the vaccines to ensure that new and existing residents and staff have an opportunity to get vaccinated, AHCA/NCAL said.

The association, along with LeadingAge, Argentum, and American Seniors Housing Association (ASHA), has requested that the Biden administration allocate between 50,000 and 75,000 doses per week to the long term care (LTC) pharmacies participating in the Federal Retail Pharmacy Program.

They also requested that priority allocations be designated for all older people who use long-term services and supports, and that provisions be made for providers that serve older people to host on-site clinics and serve homebound people, regardless of where they live, starting in April when more supply is available.

At the state level, AHCA/NCAL urged governors to:

- Allocate vaccines to the LTC pharmacies for administration to LTC facilities;
- Prioritize enrollment of LTC pharmacies as COVID-19 vaccine providers;

- Ensure priority access to state-run vaccination clinics for LTC staff;
- Allow COVID-19 vaccine single-shot syringes under state pharmacy requirements;
- Direct hospitals to immunize patients with the Janssen vaccine before discharge to a LTC facility; and
- Work with provider associations to ensure ongoing access to COVID-19 vaccine.

AHCA/NCAL continues to focus on increasing vaccine uptake, particularly among long term care staff. With support from the Centers for Disease Control and Prevention, AHCA/NCAL expanded its [#GetVaccinated](#) campaign to educate and encourage staff to receive the vaccine.

The campaign will help AHCA/NCAL reach its nationwide goal of getting 75 percent of all nursing home staff vaccinated by June 30, the association said.

McKnight's

LONG-TERM CARE NEWS

Ice Cream and Other Ways to Keep Residents Healthy Post-pandemic

Written by: Steven Buslovich, M.D.

3/29/2021

As nursing home residents and staff get vaccinated, it's clear we still won't be returning to crowded dining halls and ice cream parties anytime soon. But milkshakes, sundaes, bananas, soft pretzels and other snacks will be more than fun treats; they may be lifesaving.

Being immobile and isolated for months isn't conducive to healthy nutrition. Particularly in long-term care settings, socializing is a big part of meals. Deprived of that, many residents may have been eating less. At the same time, fewer visits and busier staff mean that any weight loss and poor eating habits may not be recognized right away.

Add other factors such as oral health issues and medications that interfere with appetite, digestion and nutrition, and this patient population is at great risk for malnutrition.

For residents who have had COVID-19, there may be an additional challenge. According to a [new study](#), these individuals may lose their sense of smell and taste for several months after they recover. This can keep them from eating or drinking enough.

Whatever the cause for malnutrition, these residents are more likely to have a weakened immune system (which increases the risk of infections), poor wound healing, a higher risk of hospitalization and an increased risk of frailty or even death.

Malnutrition also causes muscle weakness and decreased bone mass, which can lead residents to experience a harmful fall. In fact, in [one study](#), malnourished patients were almost 8 times more likely to have an injurious fall than those their non-malnourished counterparts, regardless of age and/or body mass index. This is of particular concern as residents get more active with pandemic restrictions easing.

Like everything else we've done during the pandemic, we need a team approach to keep residents nourished and maintain healthy weights:

- **We all scream for ice cream.** Yes, ice cream played a major part in surviving COVID-19 in this population. As COVID-19 dramatically increases the development of anosmia and ageusia (loss of sense of smell and taste) in residents who already have sensory loss associated with dementia, ice cream is something they still will be attracted to eating due to its temperature, texture and sweetness. These senses tend to be preserved during COVID-19 infection and in those with dementia, hence their interest in eating it. Ultimately, getting calories into these patients has been demonstrated to make a drastic difference in survival and long-term outcomes.
- **Get all hands on deck for feeding residents.** Administrators, human resources staff, therapists, nurses and others can be engaged in helping to feed residents at mealtimes. Consider the use of assistive devices that may make it easier for residents with physical disabilities to feed themselves. For instance, Meal Lifter, is an aide that makes dining easier for those challenged with feeding themselves. Specifically, it is designed to enable people to eat better by increasing the visibility of the dinner plate and reducing the arm and hand movement required to self-feed.
- **Remind staff to offer drinks.** Everyone from frontline workers to housekeeping and maintenance staff should offer residents something to drink whenever they go into someone's room. Encourage them to report to a nurse or other practitioner if they notice that someone isn't eating or drinking.
- **Make sure foods are well-seasoned for taste, but not with salt.** Nonetheless, if residents want a salty food, such as potato chips, let them have it (in moderation). Most experts do not recommend dietary restrictions for nursing home residents, particularly when they are underweight, losing weight or at risk for malnutrition. This includes letting diabetic residents have a cookie or ice cream.
- **Make eating fun.** During the pandemic, some facilities have had staff dressed in costumes deliver classic take-out foods such as burgers, fries, milkshakes and pizza. Others have had days with special themes such as a "trip to Italy" with pastas and other Italian foods, music and decorations. Movie nights with films shown outdoors where residents can watch from their windows or patios can be augmented with popcorn and other movie snacks delivered to their rooms.
- **Involve families.** Even where visitation is still limited, engage family members to find out what foods might be most appealing to their loved one. Encourage them to bring meals, treats or desserts to the facility (even if they can't eat with their family members because of restrictions).
- **Make sure everyone knows to watch for signs of malnutrition.** Those include a lack of interest in food or drink, tiredness and irritability, inability to concentrate, always feeling cold, depression, loss of fat/muscle mass/body tissue, longer healing times for wounds and/or complications after surgery.

Assessing frailty is key to identifying those individuals who may be at greatest risk for weight loss, malnutrition and falls. As facilities open up, make sure these residents have access to nutritional supplements, assistive devices and physical therapy that can help keep them safe as life gets back to a semblance of normal.

March is National Nutrition Month, so this is the perfect opportunity to promote the importance of maintaining healthy weights and nutritional status. And don't forget the power of ice cream!

McKnight's

LONG-TERM CARE NEWS

More than One-third of Operators Believe Occupancy Will Return to Pre-pandemic Levels in 2021: Survey

Written by: Danielle Brown

3/29/2021

Long-term care operators appear to be “cautiously optimistic” after a new survey by the National Investment for Seniors Housing & Care (NIC) found that more than one-third of organizations believe occupancy rates will return to pre-pandemic levels during 2021.

The findings were from [NIC's Wave 24](#) executive survey and were conducted from March 8-21. The survey included responses from 64 senior housing and skilled nursing operators.

Results showed that 38% believe occupancy will return to normal this year, while 44% expect the figure should reach pre-pandemic levels in 2022. Just 2% of operators think it'll be 2024 or later before occupancy levels go back to normal, while 5% didn't have an estimate.

The findings also found that about nine of 10 organizations reported residents being fully vaccinated, which added to the optimism around occupancy.

NIC Senior Principal Lana Peck suggested operations appear to be “cautiously optimistic with hope that the shadow of the pandemic weathered over the past year is fading.” She added that the number of operators reporting a slowdown in move-ins and occupancy drops are also declining.

“In looking back over the past year and the 24 iterations of the executive survey Insights results, it's apparent how closely the survey's results have mirrored the reality experienced by many operators as they faced daily struggles to keep their residents and staffs safe from contagion—and to save lives,” Peck wrote.

American Health Care Association President and CEO Mark Parkinson [last month](#) said long-term care operators will have to rebuild occupancy by at least 1% per month during 2021 in order for it to reach pre-pandemic levels.

He said if that goal is met through the rest of the year providers should “be in pretty good shape.”

(New article on next page)

The logo for Skilled Nursing News features a stylized icon of a four-leaf clover or flower to the left of the text "Skilled Nursing News". "Skilled Nursing" is in a dark grey font, and "News" is in a reddish-orange font.

Nursing Home Transaction Volume Could See Near-Term Spike despite Financing Hurdles

Written by: Maggie Flynn

3/25/2021

An advisory and brokerage firm for senior housing and care operators expects transactions in the space to gather steam in the second half of 2021, with “greater near-term activity in skilled nursing,” according to a virtual investor meeting hosted by BMO Capital Markets that the bank recapped in a March 21 note.

But Blueprint Healthcare Real Estate Advisors, the advisory firm in question, also noted that buyer financing remains a challenge; and more permanent triple-net rent cuts could occur “if the pace of a recovery disappoints,” the March 21 note added.

Blueprint said in that meeting that it “is the busiest it has ever been, and expects a significant pick-up in deal flow into 2H21 after the COVID-induced pause,” with a greater pipeline in the near term for SNF transactions.

Some of that activity is tied to restructurings, according to the BMO note — and even though census and cash flows have deteriorated significantly from the pandemic, asset pricing for senior housing and SNFs has not significantly changed from pre-pandemic levels.

“Blueprint sees well-located SH assets in leading markets with strong operators as still commanding low-to-mid 5% cap rates on stabilized cash flows,” the note said. “Despite significant government support, SNF cap rates are also unchanged at 9-11%.”

Even though financing availability has decreased, with loan to values down about 20% to 50%, banks seem willing to wait for “fundamentals to start to improve before making tougher decisions,” BMO observed in the note, and REITs have been behaving similarly.

“That said, we expect REITs to have to make more permanent rent cuts for struggling triple-net tenants with weaker rent coverage over the coming months,” the note added. “We generally see a quicker recovery in SNF occupancy than SH.”

During Skilled Nursing News’ virtual Payments, Policy, and Capital event in February, Blueprint senior director Amy Sitzman said that while she’s taken multiple calls from potential investors hoping to capitalize on a predicted wave of turmoil in post-acute and long-term care, they have found few suitable transactions.

“I’m not seeing people taking things to market that are in a dire need to sell thus far,” Sitzman said during the summit in February. “Not to say I don’t have any — I do have some — but the amount of interested people that want to see these facilities that are falling apart, or they think they’re going to fall apart, come to market haven’t really been happening.”

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Nursing Home Transaction Volume Could See Near-Term Spike despite Financing Hurdles

Written by: Maggie Flynn

3/25/2021

In the month of February 2020, officials in the soon-to-be pandemic epicenter of New York City fielded 41 requests for personal protective equipment (PPE) from a range of entities, including hospitals, the fire department, and a handful of nursing homes.

Specifically, 14 requests for PPE were made in February by skilled nursing facilities or entities representing them, according to a spreadsheet detailing such requests kept by New York City Emergency Management (NYCEM) and obtained by Skilled Nursing News through a Freedom of Information Law request.

And even though New York would not hit crisis levels of COVID-19 until March 2020, cracks in the supply chain were already starting to show.

On February 7, 2020, for example, the Greater New York Health Care Facilities Association (GNYHCFA) made two requests for face masks, 8,000 for the New Franklin Center for Rehabilitation and Nursing and 15,000 for the Ozanam Hall of Queens Nursing Home.

“Any style mask used in the treatment of a patient under contact or droplet precautions is permissible,” the request for the New Franklin Center notes.

The New York City Department of Health and Mental Hygiene (DOHMH) delivered 6,000 masks to the New Franklin Center on February 11, 2020, and 10,000 to Ozanam Hall on the same day.

But when a request for latex gloves came on February 18 from GNYHCFA on behalf of the Phoenix Rehabilitation and Nursing Center, the DOHMH was able to estimate a February 27, 2020 delivery — but added a notation that “they will not be able to fulfill any resources other than face masks until further notice.”

“Requ[est]ed items are available in the marketplace and cannot be filled via emergency requ[est],” the sheet notes for the request.

There’s a similar notation for requests for GNYHCFA’s request for gowns and surgical masks, also made on behalf of the Phoenix Rehabilitation and Nursing Center, on February 18. Deliveries of some kind do appear to have been made, according to the spreadsheet, with the quantities delivered listed at 8,000 for the gowns, gloves, and masks.

Eastchester Rehab was not so lucky. When GNYHCFA requested 17,500 gloves on February 20, 2020, after Eastchester’s supplier cut its weekly deliveries, the note about the requested items being available on the marketplace is once again present, and the DOHMH delivery quantity is listed at zero.

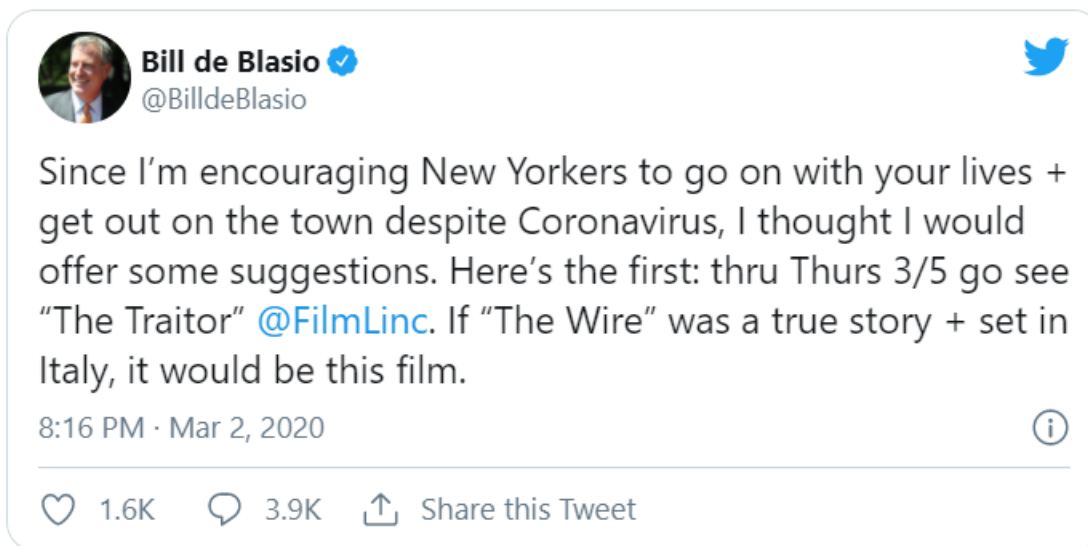
But all of that was in February of last year. COVID-19 would not make itself fully felt in New York’s nursing homes until the next month, March 2020 — and when the coronavirus struck, it was with incredible force. Nursing homes made just 14 requests for PPE from NYCEM in February 2020, but the spreadsheet shows 279 requests for PPE — from nursing homes alone in the New York City area — through March 26.

Some of these requests are duplicates, or split out from other tickets, but even with that caveat, the jump in requests is staggering. When other sources of requests for PPE are included, the number goes from 41 emergency requests in February 2020 — starting from February 6 — to 1,118 in March alone, through March 26.

And for nursing homes, the tone shift in March becomes clear from the very first entry, a request for 5,600 surgical-grade N95 masks made by GNYHCFA for the Beacon Rehab & Nursing Center on March 2.

“Vendors entity has reached out to Gerimedix who informed us that we can only receive 6 cases of masks a week and he only has enough supply to provide for a Max of 5 weeks,” the details of the request note. “[C]urrently we have a flu outbreak and one of our units of 60 residents is under quarantine. All staff on that unit are wearing [sic].”

That same day, New York City Mayor Bill de Blasio sent out a tweet suggesting movies for New Yorkers to check out as they “get out on the town despite Coronavirus.”



Meanwhile, at least some kind of delivery was made to Beacon Rehab as of March 8, according to the spreadsheet, which lists 5,600 N95s as being delivered by the state of New York.

The first requests from a nursing home that was listed as “denied” in the month of March was in response to the Continuing Care Leadership Coalition (CCLC), on behalf of the Rebekah Rehab & Extended Care Center. The requests, made on March 2, were for 144 cases of surgical-grade N95 masks and 30 cases of Purell Advanced Hand Sanitizer.

“Hand Sanitizers are still available to purchase in the general marketplace,” the Additional Notes section of the spreadsheet indicates. “Since self-procurement should still be an option, we cannot fulfill those items as an emergency requ[est].”

The N95 request by Rebekah Rehab was marked as denied, but according to the spreadsheet, it does appear

that a delivery of 23,040 masks was made by the state at some point. The request was ‘escalated to State’ on March 2 and ‘saved by NYS EOC [Emergency Operations Center] Mission Assignment Specialist,’ with notes to place the call on hold.

More requests would soon be pouring in. Out of 293 requests that SNN was able to identify as coming from nursing homes from February through March 2020, 126 were for face coverings, running the gamut from face shields and non-surgical grade masks to surgical masks and N95s.

Out of those 293 requests from nursing homes that SNN could find, 279 were made in March 2020.

And nursing homes were far from the only entities making emergency requests for PPE from NYCEM in March. Across the city of New York, the middle of March saw the department deluged with calls for help from a range of sources, specifically:

- March 14, 2020: 91 requests for PPE
- March 15, 2020: 138 requests
- March 16, 2020: 113 requests
- March 17, 2020: 168 requests

Some of these entries could be duplicates, and one entity could make more than one request, but the spike in volume illustrates the surge in demand — and the incapacity of the state or the providers requesting aid to meet that demand.

In June 2020, New York passed a law [requiring nursing homes to develop a pandemic preparation plan](#), which includes a stipulation that they prove they can secure a two-month supply of PPE.

In March 2020, however, many were turning to the emergency department for assistance. One of them was the Cobble Hill Health Center, which requested 7,200 face masks on March 21, 2020. That request was marked as ‘sourcing,’ which an NYCEM spokesperson told SNN indicates that “Logistics is attempting to identify providers for the resource.”

It is not clear whether any masks were delivered. Cobble Hill’s request for isolation gowns on March 23, 2020, was marked as denied. By April 20, 2020, [NBC News reported that the facility had had 55 deaths](#) presumably caused by COVID-19 — at the time, the highest death toll at any senior care center in the city.

New York has come under fire for how it handled the COVID-19 crisis in the early months with regard to nursing homes in particular. The state in April 2020 passed [a law that shielded hospitals, nursing homes, and other health care providers from liability](#) related to treating COVID-19 patients.

After a public outcry, that law was [partially repealed in June 2020](#), and on this past March 24, the New York Senate [passed legislation](#) rolling back “previous immunity protections that prevented health care facilities, administrators, and executives from being held accountable for harm and damages incurred at facilities.”

The legislation includes [a bill sponsored by Sen. Gustavo Rivera](#) to reform the review process “for change of ownership or operations proposals brought before the Public Health and Health planning Council,” with the goal of ensuring nursing home asset and ownership information are public.

Reports also surfaced last week that the Federal Bureau of Investigation (FBI) is investigating whether Gov. Andrew Cuomo and his aides provided false data on the deaths of nursing home residents to the Department of Justice.

Cuomo has been under a steady barrage of criticism related to New York's nursing homes in COVID-19 and other scandals, but the prominence of the nursing home issue rose after a report from New York attorney general Letitia James found that COVID deaths in the facilities were undercounted by 50%.

Cuomo and his aides have also been accused of a politically motivated cover-up, with administration official Melissa DeRosa admitting that the state "froze" when the federal government asked for more data about nursing home deaths last year. DeRosa and others were concerned that the calls from the Trump Justice Department were politically motivated, she said; the former president and other Republican politicians had repeatedly criticized Cuomo and other Democratic governors for policies that required facilities to accept COVID-positive residents during the early months of the pandemic.

The issue became a partisan wedge during the lead-up to the November 2020 presidential election, particularly as Cuomo shot to national prominence in the media, where he was generally portrayed as a sober, pragmatic counterweight to Trump.

In February, Cuomo hinted at reforms targeting for-profit nursing homes amid the criticism, and announced nursing home reform legislation focused on ownership transparency — as well as caps on profit and executive pay — a few days later.