DRAFT - NOT APPROVED

Nursing Home Oversight Advisory Panel
July 18th, 2026, 1:00 pm
Office of the Chief Medical Examiner, Room 2830

Members Present: Brad Dalton, Carla Hesseltine, Corie Tilman Wolf, Dr. Cameron Webb, Donna Shaw, Emily Hardy, James Dau, Joani Latimer, Joanna Heiskill, John Becker, Steve Ford

Members Absent: Karen Kimsey, Tracey Pompey, Carla Hesseltine

Virginia Department of Health (VDH) Staff Present*:* April Dovel, Director of the Office of Licensure and Certification (OLC); Dr. Cameron Webb, State Health Commissioner; Matt Ahern, Chief Operating Officer, Charlotte Fajardo, Executive Assistant; Geoff Garner, Policy Analyst, Senior; Jim Jenkins, Deputy Director of OLC; Joeseph Hilbert, Deputy Commissioner for Governmental and Regulatory Affairs; Katie Stephens, Commissioner Spokesperson & Communications Specialist; Maria Reppas, Director of the Office of Communications; Peter North, Policy Analyst; Suja Mathew, Policy Analyst.

Department of Medical Assistance Services (DMAS) Staff Present: Andrew Mitchell, Division Director for Payment Innovation and Program Evaluation; Kylee Toland, External Communications and Digital Engagement Manager; Steve Ford, Director; Tammy Whitlock, Deputy Director of Complex Care Services.

Other notable attendees: The Honorable Marvin Figueroa, Secretary of Health and Human Resources (SHHR); Deputy Secretary Lauryn Walker, SHHR.

Call to Order
Secretary Figueroa called the meeting to order at 1:06 pm.

Introduction
Secretary Figueroa welcomed those in attendance to the meeting. Dr. Webb introduced himself as co-chair to the panel and introduced Steve Ford, director of DMAS, and co-chair. Dr. Webb introduced the panel.

Review of Agenda
Dr. Webb reviewed the agenda and the items contained in the Panels folder.

Charge to the Oversight Advisory Panel
Dr. Webb stated the Charge to the Oversight Advisory Panel, asking the panel to provide guidance, advice, and perspective to accomplish several goals.

Nursing Home Oversight – Overview and Update
April Dovel, Director of the Office of Licensure and Certification at VDH presented on the Nursing Home Oversight Plan. Ms. Dovel shared data on complaint volume, categories, and the current state of Nursing Home Oversight. Ms. Dovel shared plans for monitoring and investigation of complaints, and ways to strengthen nursing home oversight through training, assessment, and enforcement standards. There was discussion regarding enforcement and accountability, and the role the Office of Licensure and Certification (OLC) plays in this work. It was noted that the effects of COVID-19 resulted in high staff

turnover, and being unable to fill vacancies, loss of historical knowledge, and time-intensive training requirements which all led to the current recertification backlog. Additionally, there was discussion of regional differences – in how Virginia compares to other states in Nursing Home Oversight and differences in complaint volume within Virginia. Lastly, there was discussion of the effect recertification and complaint investigations may have on each other, and the importance of addressing core common issues across facilities.

Nursing Facility Program Updates

Andrew Mitchell, Division Director for Payment Innovation and Program Evaluation at DMAS presented a Nursing Facility Value-Based Payment (VBP) Update. Provided a general overview of the VBP program for Medicaid, payment results from FY2026, and methodology updates for FY2027. Shared program guiding principles for Nursing Facilities VBP and goals for the program over the next four years.

There was discussion of how data measures are determined and collected, and possible drawbacks or unintended consequences of current measures. There was also discussion on the low rate of nursing facility staffing levels, as well as tracking measures where the Commonwealth struggles to work towards improvement.

Tammy Whitlock, Deputy Director of Complex Care and Services at DMAS presented on Nursing Facility Medicaid Membership. She shared data related to nursing facility ownership, distribution of facilities, and two nursing facility programs administered by DMAS. She highlighted that data sharing between stakeholders enables better decision making.

There was discussion on the star ratings referenced as data points in the presentation. DMAS will be meeting with industry stakeholders at nursing facilities to have conversations about star ratings and what is needed to improve them. Ms. Whitlock stated that DMAS tracks star ratings regionally and will share that with the Panel. Ms. Dovel noted that star ratings can also be impacted by not having a recertification survey completed recently and emphasized the impact the agencies can have on each other.

Public Comment Period

There were 4 people signed up for the public comment period.

Sam Kukich shared that she was on the panel previously and provided information about her organization and their work with nursing facilities. Urged the panel to produce outcomes that lead to systemic change and emphasized the urgency of improving the quality of nursing facility care.

Janet Payne shared her personal experience with a nursing home facility where her mother received care and experienced neglect that led to her death. She urged the panel to take the state of nursing facilities seriously to create change.

Bob Kukich shared his history with the military and the parallels between his service and the need for nursing home oversight. He shared his personal experience with having a mother receive inadequate care in several nursing homes. Requested that the panel improve processes, systems, and provide

resources to nursing homes to address problems on the ground.

Kaye Carrithers shared her background in public health as a nurse, with experience working in and out of nursing facilities, specializing in long-term care. She suggested several ways to improve nursing facility oversight and quality, including removing corporate funding from political campaigns, improving staffing in nursing homes (increased pay, hiring staff to cover gaps, and decreasing travel requirements for inspectors), creating career pathways for students and increasing scholarship opportunities.

Discussion and Next Steps:

There was a discussion on the importance of educating nurses and facility staff on the population they are caring for, not only geriatric care. It is important for each facility to offer staff training to match the needs of their residents and patients, which could increase retention. OLC and DBHDS can work together to better train nursing facility workforce on a statewide level.

Ms. Dovel shared that complaint data, even if not at a level that needs to be addressed by OLC, is sent back to the facilities for their quality assurance processes. Ms. Dovel also shared that OLC is looking into reaching out to members of the workforce who left during COVID-19, to regain historical knowledge, train staff, and assist with complaint triage.

Ms. Tilman Wolf posed the idea of using regional data (star ratings, ombudsman availability, VDH survey trends, facility ownership types) to inform regional initiatives and education. Noted this could also be used when analyzing rotations in the regions and using these data points for comparison.

There was a discussion about the differences in data on star ratings for for-profit nursing facilities vs non-profit facilities. Ms. Whitlock will provide the panel with star ratings for non-profit facilities (3 stars or less). Noted that for-profit facilities have a higher rate of lower star ratings, and how non-profit facilities can model better performance through a pairing system. For example, higher performing administrators paired with lower star or newer administrators, sharing best practices, benefiting both facilities. It was also noted that there was a higher concentration of Medicaid recipients at lower star rated facilities.

Mr. Dalton shared that there needs to be an avenue for families and residents to communicate their experiences to state agencies before things become a long-standing issue.

There was a discussion about the role and importance of having volunteer ombudsmen at nursing facilities. Volunteer ombudsmen often have many responsibilities, need extensive training, and robust volunteer development is required to recruit them. Some local governments contribute to supplementing ombudsman programs, but there are many regions that do not have many ombudsmen.

Ms. Hardy noted that since COVID-19, many facilities which once received both Medicare and Medicaid funding and patients now only have one or the other. She noted that a trend needs to be examined if there are deficits in facilities resulting from this change.

Secretary Figueroa shared that many agencies are tracking nursing home oversight. Secretary Figueroa

asked panel members to discuss and share resources and ideas they have regarding nursing home oversight. Emphasized the need to continue forward movement once backlogs are cleared and oversight is strengthened.

Dr. Webb shared that members will be asked about September and November availability for the next two panel meetings, and in 2027 the meetings will occur quarterly. Dr. Webb acknowledged Deputy Secretary Lauryn Walker for being a leader in this work and advocating for nursing home oversight.

Adjourn:

The meeting was adjourned at 3:26 pm.

The remainder of the document is written comment submitted at the Panel meeting. It may not reflect the position or opinions of the Panel or members.

Dignity for the Aged Overview

Sam Kukich
Director

Our mission is to provide a Voice by advocating, educating supporting and promoting Dignity for residents in Long Term Care Facilities.

Dignity for the Aged

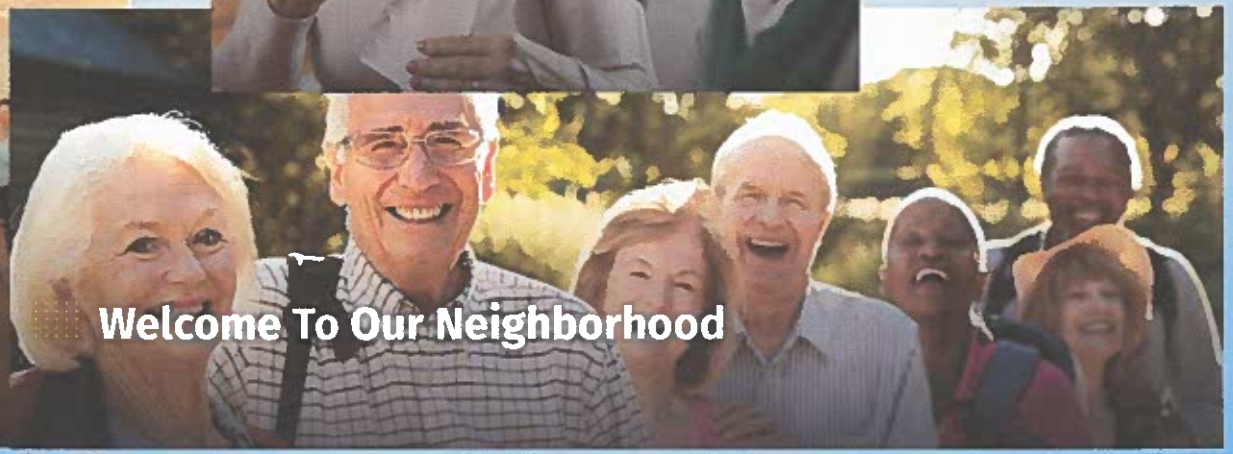
What happens when you need a Nursing Home?

it's important to
Know Before You Go!

ireat Advertising and Activities!

Chef prepared meals

Wellness Activities



Welcome To Our Neighborhood

ow you look Before

- No Feeding
- No Changing
- No Basic Hygiene
- No Toileting
- No Socializing
- Numerous Falls
- Loss of Hearing Aids
- Theft

For **$10,000** a month self pay
(not Medicaid)

How you look After

And there were no responses to resident's concerns!

Sad Truth – Regulations and Laws are Ignored!

U. S. Nursing Home Reform Law of 1987

This Federal law applying to nursing homes requires that each nursing home

"care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident."

It requires an emphasis on **Dignity**, **Choice** and **Self-determination** for residents.

WE HAVE A
NATIONAL CRISIS
IN
POOR CARE
For the Elderly
Residing in
ASSISTED LIVING
and **NURSING**
HOME FACILITIES
Virginia places
38th

Dignity Organization

Residents and Family members don't know where to seek assistance.

So, we developed a Website: **Dignityfortheaged.org** and a **Chapter for each of 50 states (**1500 members nationwide**.)**

- How to file a complaint?
- How to contact your congressman?
- What are the Nursing Home Rights for Residents?
- What is an Ombudsman?
- How does Medicare / Medicaid work?

How can I tell which Nursing Home is a good one?

141 of the 287 Nursing Homes in Va are on the Nursing Home Abuse Watch List!

Virginia Watchlist Facilities

Facility Name	City/State	County	Address	Zip	
AUGUSTA NURSING & REHAB CENTER	Fishersville, VA	Augusta	83 Crossroads Lane	22939	CLICK FOR MORE
SEVEN HILLS REHABILITATION AND NURSING	Lynchburg, VA	Lynchburg City	2081 Langhorne Road	24501	CLICK FOR MORE
HENRICO HEALTH & REHABILITATION CENTER	Highland Springs, VA	Henrico	561 North Airport Drive	23075	CLICK FOR MORE
WONDER CITY REHABILITATION AND NURSING CENTER	Hopewell, VA	Hopewell City	905 Cousins Avenue	23860	CLICK FOR MORE
BIRCHWOOD PARK REHABILITATION	Virginia Beach, VA	Virginia Beach City	340 Lynn Shores Drive	23452	CLICK FOR MORE
ABINGDON HEALTH CARE LLC	Abingdon, VA	Washington	15051 Harmony Hills Lane	24211	CLICK FOR MORE
ALBEMARLE HEALTH & REHABILITATION CENTER	Charlottesville, VA	Albemarle	1540 Founders Place	22902	CLICK FOR MORE
APPOMATTOX HEALTH & REHABILITATION CENTER	Appomattox, VA	Appomattox	235 Evergreen Ave	24522	CLICK FOR MORE
AUTUMN CARE OF ALTAVISTA	Altavista, VA	Campbell	1317 Lola Ave	24517	CLICK FOR MORE
AUTUMN CARE OF MADISON	Madison, VA	[illegible]	[illegible]e Autumn Court	22727	CLICK FOR MORE

GET IMMEDIATE HELP

or Example:

rchwood Park
ehabilitation
nd Nursing Facility

Special Focus Facility

BIRCHWOOD PARK has been designated a Special Focus Facility because of a history of serious quality issues. Find out more on our page dedicated to Special Focus Facilities.

Worst Nursing Home Ratings

BIRCHWOOD PARK received the worst ratings for the following:

Worst Overall Rating (Current)
For the last 38 consecutive months - April, 2022 to September, 2025

Worst Overall Rating (History):
98 months total between October, 2015 and September, 2025

Worst Health Inspection Rating (Current)
For the last 67 consecutive months - June, 2019 to September, 2025

Worst Health Inspection Rating (History):
103 months total between March, 2015 and September, 2025

Worst Staffing Rating (History):
53 months total between July, 2018 and September, 2024

Worst RN Staffing Rating (History):
45 months total between January, 2014 and June, 2022

Source - These ratings are published monthly by CMS (Centers for Medicare and Medicaid Services)

History of Unsafe Staffing

Understaffing has a very human cost, not only to the dignity of nursing home residents but also to their basic safety and well-being. Click here for signs and symptoms of understaffing.

What is inadequate CNA Staffing?

Was BIRCHWOOD PARK staffed at Unsafe levels?:		
Days staffed below 2.0 hours of CNA time for each resident per day	Average CNA care per resident per day	Average overall care per resident per day
2024		
90.4% **331 days** out of 366 days	**1.79 hours** January 1, 2024 to December 31, 2024 (**Below 2.0 hours** is unsafe)	**3.22 hours** of overall care per resident per day (January 1, 2024 to December 31, 2024)
2023		
99.3% **273 days** out of 275 days	**1.66 hours** April 1, 2023 to December 31, 2023 (**Below 2.0 hours** is unsafe)	**3.06 hours** of overall care per resident per day (April 1, 2023 to December 31, 2023)
2022		
82.5% **301 days** out of 365 days	**1.75 hours** January 1, 2022 to December 31, 2022 (**Below 2.0 hours** is unsafe)	**2.98 hours** of overall care per resident per day (January 1, 2022 to December 31, 2022)

Why do Staffing Levels Matter?

Why do staffing levels matter to BIRCHWOOD PARK residents?
98.5% of residents need assistance with toileting and/or incontinent care
94.7% of residents needed assistance transferring from bed and/or wheelchair
73.3% of residents confined to wheelchair and/or bed
58.0% of residents had dementia

Source - These ratings are published monthly by CMS (Centers for Medicare and Medicaid Services)

The Facts – No Accountability for Residents!

- Virginia ranks 38th out of 50, Has a grade of D
- 141/289 Nursing homes in VA are on the Nursing Home Abuse Watch List
- Private Equity Corporations are buying up Nursing Homes for Profits
- Regulations have little effect, filing a complaint does nothing
- When a facility is fined, the money goes to Civil Money Penalties Fund
- Residents are victims, no one helps them, so they die.

Dignity for the Aged

The Business Plan

Residents & Families Pay for and expect Care

Facility Receives Taxpayer Funded Medicare & Medicaid Money

No Matter the standard of care

Problems with care are covered up by facility (hired by owners) by threatening families

Increasing Neglect, abuse, and deaths With no facility liability.

- **Intentional under-staffing (Profit over Care) and haphazard hiring is the reality!**
- **No Doctor on Site Daily**

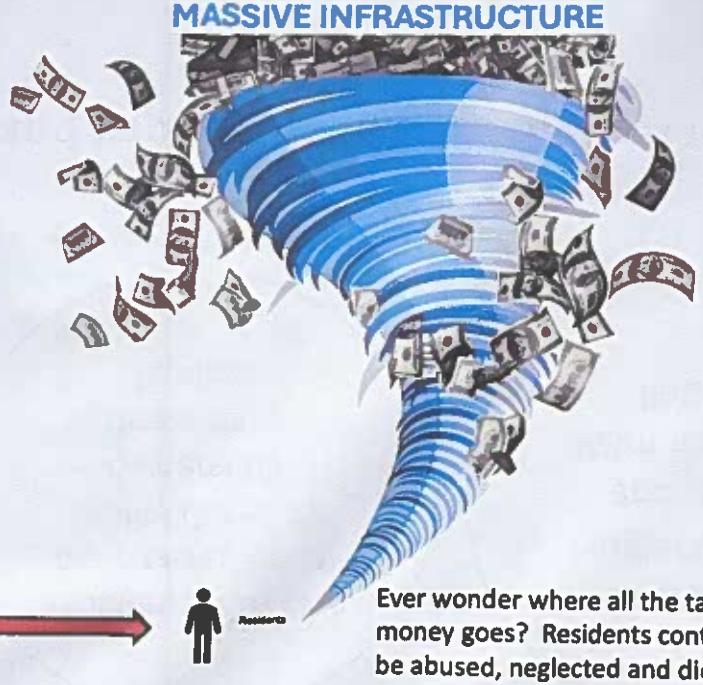
We decided to do some Research to find out Why is this Happening?

U.S. Centers for Medicare/Medicaid Serviced
(CMS in Washington)
73 Whopping Pages of Org Charts
Laws, Rules, Regulations, Penalties...etc. ad nauseam = Medical Care Imperative

Owners/Operators/Government
Maximizing Profit at Expense of Care
(Heavy Expenditure on Lobbyists & Lawyers)
To Protect their **Profit** Interests.

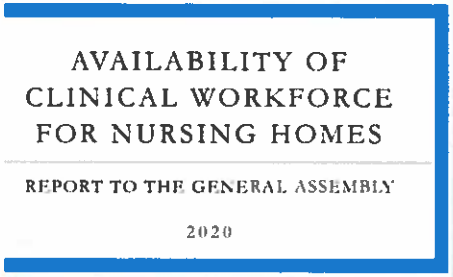
The " **Medical Care Imperative**"
Does NOT "Trickle" Down to
The Nursing Staff/CNAs who
are **RESPONSIBLE for patient care.**

On-Going Intentional Understaffing
Untrained, No Background Checks for Staff
Laws, Rules, Regulation Requirements for
Care are not enforced resulting in:
CATASTROPHIC CARE!



Ever wonder where all the taxpayer's money goes? Residents continue to be abused, neglected and die!

Dignity for the Aged participated in Study 932



- Provided documented information to support the facts that residents are being **neglected, abused and are dying due to lack of care due to understaffing.**

We presented proof that qualified CNAs were leaving the workforce due to **low salary, poor leadership, burn out and an inability to properly care for residents.**

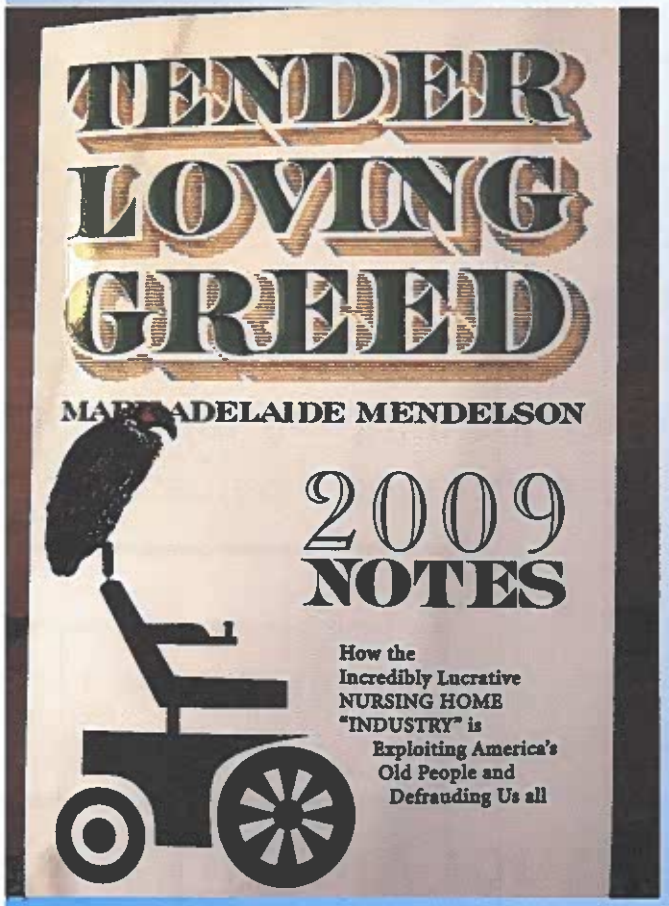
There were **34 recommendations** made at the conclusion of this Work Group 932. Several of the recommendations suggested hiring the **deaf,** the **blind** and **felons** as well as lowering the standards to accommodate unqualified individuals. Our concerns were noted but ignored.

Our Findings begin with Study 932

Residents need/deserve qualified health care staff

Establishing ratios of 6 to 1 regardless of acuity improves the work environment and quality of care for residents.

Mary Adelaide Mendelson's Book



- Rampant Neglect and Abuse
- Profit Before Care System
- Government Failure and Corruption
- The Human Toll

Much of what she revealed is shocking and occurring in over Half of Virginia Nursing Homes.

Where do the Billions of Dollars Go?

lr. Ernie Tosh
ounding Attorney at Bedsore.Law
firm that focuses on nursing home abuse, neglect,
nd financial fraud in the long-term care industry.

espite billions of dollars being funneled through
elated party companies each year, there appears to
e **little to no scrutiny by the federal government on**
ow this money is spent.

ursing homeowners and operators routinely pay
eir related parties **in excess of reported costs**, in
me instances by nearly **1200%**.

JAMES E. CLYBURN
CHAIRMAN
MAXINE WATERS
CAROLYN B. MALONEY
NYDIA M. VELÁZQUEZ
BILL FOSTER
JAMIE RASKIN
ANDY KIM

ONE HUNDRED SIXTEENTH CONGRESS

Congress of the United States

House of Representatives

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

PHONE (202) 225-4400

STEVE SCALISE
RANKING MEMBER
JIM JORDAN
BLAINE LUETKEMEYER
JACKIE WALORSKI
MARK E. GREEN, M.D.

The top Five Chain Companies contacted by Congressman James Clyburn requesting Companies to illuminate ownership/control structures affect decision-making.
No one responded.

Mr. Forrest Preston, Chairman and CEO of Life Care Centers of America
Mr. Hager, Chief executive Officer Genesis HealthCare
Mr. Barry Port, Chief Executive Officer, Ensign Group
Mr. Christ Bryson, CEO, Consulate Health Care
Mr. Jerry Roles, CEO, Sava Senior Care
The Honorable Seema Verma, Administrator, Centers for Medicare and Medicaid Services

Click here to review letters: https://coronavirus-democrats oversight.house.gov/news/letters/clyburn-launches-sweeping-investigation-widespread-coronavirus-deaths-nursing-homes

No Accountability

- Dignity for the Aged called Congressman Clyburn's office to ascertain what the results of the Document Request provided. We were told, "**Nothing was done**".
- The documentation and information requested on June 30, 2020 from Congressman Clyburn would provide valuable information relating to Governor Youngkin's Executive Order 52 should it be completed.
- It is our recommendation that these Document Requests be completed to reveal the Chain-affiliated long-term care companies that tend to receive lower ratings in the Five-Star Quality Rating System, provide lower quality of care, and experience more safety deficiencies than non-profit facilities.

What We Learned – We Have a Fire

141 of 287 VA Nursing Homes are on the Abuse Watch List
Increase in VA Complaints (730 to 1849) and High Priority Complaints (151 to 426) from 2024 to 2025 projections (VDH)
VDH has no summary authority to correct Nursing Home infractions
Inadequate healthcare staffing is directly linked to potential harm and actual harm of residents (OIG)
Abuse citations doubled from 2013-2017, insufficient steps in CMS oversight to address abuse (GAO)
Residents don't understand the "system" or their rights
Rules and regulations are not being implemented or enforced
Covid revealed lack of sufficient staffing, inadequate training, poor staff supervision, and lack of stable leadership
Ombudsman program provides little more than information and mediation
Nursing Homes are organized to make hidden profit ("Tender Loving Greed")

First Priority - Put Out the Fire

Mandate Ratio 6-1 of Residents to Healthcare Staff

Make Virginia a Leader in Change!

We don't need more inspection teams to tell us we are failing,

Nursing Homes have become a place to Die, let's use Executive Order 52 to revitalize nursing homes and bring this population of people back into society.

In the next 5 years 25% of the population will be over the age of 65. We must plan now for this increase in nursing home population to give them a quality of life instead of building more warehouses for them to die.

The students in our Institutions of higher learning can partner with members of the Greatest Generation to correct the current situation.

We Must Begin Now!

Our local Universities can help.
Christopher Newport University's Engagement Program

Nursing Home residents can be included into society by allowing students to get credit for service hours to help nonprofit organizations like Dignity for the Aged provide opportunities for quality-of-life activities by using student's areas of Study. For example:

- Psychology – Geriatric Perception
- Law - how to enforce the laws we have
- Art - colors that appeal to the elderly instead of gray walls
- Music – use the performing arts instead of TV
- Nutrition – analyze the nutritional foods they receive now – what are benefits versus the cost
- Agriculture – design a walking garden
- Communication – What encourages conversation

Questions?

Dignity for the Aged

Contact us at: Dignityfortheaged@gmail.com

Facebook and our webpage:

Dignityfortheaged.org

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Facebook and our webpage:

Dignityfortheaged.org

Put the elderly in Prison

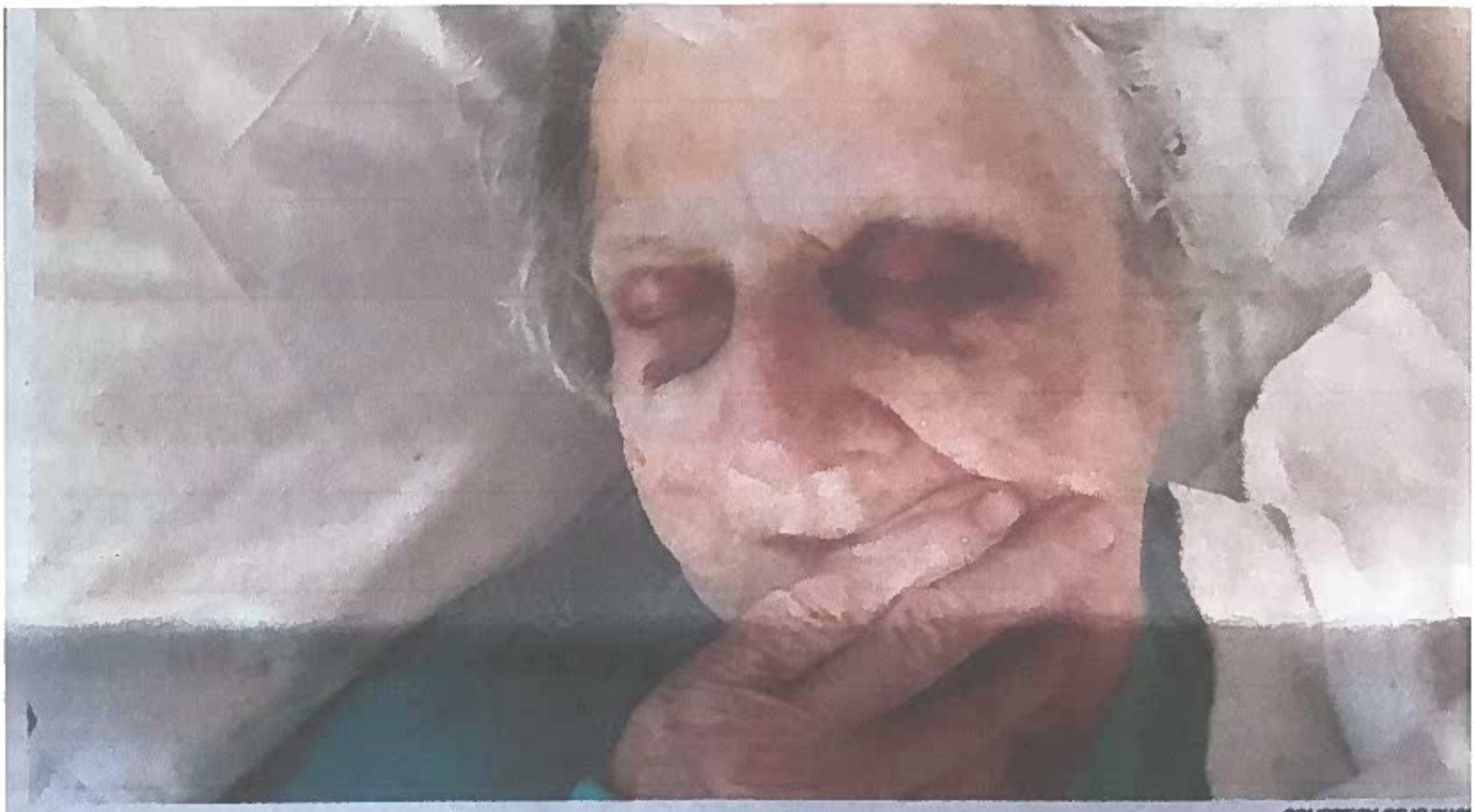
We should place the elderly in prison because
They will get a shower every day,
Video surveillance in case of problems,
3 meals a day, access to a library,
computers, Tv, gym, doctors on-site,
and free medication if needed.

The WELSH Bible

Put criminals in care homes
and they'll get
Cold meals, lights out at 7pm,
two showers a week, live in a smaller room
and pay rent at £2,000 a month!!

It's pretty sad that we treat prisoners
better then the elderly.

Like and share if you agree...



COURTESY OF KUKICH

Sam Kukich's mother-in-law lost 65 pounds and had more than four dozen falls in less than 18 months at one nursing home.

Frequent injuries, low staffin persist in area nursing home

Records show problems at Hampton Ro facilities exce national averages

By Dave Ress
Staff writer

Most Hampton Roads nursing homes have fewer nurses and aides and more violations of health standards than the national averages, putting patients at increased risk of injury or untreated illness, a Virginian-Pilot and Daily Press investigation found.

And many of the facilities where Hampton Roads' most vulnerable adults live -- often unable to feed themselves, move around or even speak -- exceed national averages for resident injuries from falls and open wounds from lying too long in one position, hundreds of pages of state inspection reports and federal data show.

Residents of Hampton Roads nursing homes are more likely than those elsewhere in the country to lose their ability to move around and to manage daily tasks such as eating, dressing and going to the toilet.

Federal and state regulations say little specific about staffing. Nursing homes argue Medicaid, which covers most residents' care, doesn't pay enough to cover the cost.

"Residents are drugged to keep them asleep. Residents are being yelled at and sworn at for falling down. Staff have given residents the wrong medications. People push their call buttons and no one answers, and they are left helpless and crying. Theft is rampant. Residents

See NURSING/Page 8

Subject: Proposed Additions to Meeting Minutes – Nursing Home Investigation Insights

Thank you for sharing the meeting minutes. As a matter of record, and to ensure the minutes fully reflect my presentation, I'd like to propose the following additions. I know I was only given 5 minutes to speak, however the facts and solutions I proposed might have been overlooked and I believe they provide valuable links for information for future discussions.

1. During my remarks, I shared links to investigative letters sent by **The Select Subcommittee on the Coronavirus Crisis** (chaired by **Rep. James E. Clyburn**) to the 5 top nursing home chains. **(Life Care, Genesis, Ensign, Consulate, Sava)** He provided a valuable roadmap to obtain information that addressed the Workstream One. Key theme, of Ownership, Transparency, Cost Reporting, and Workforce Capacity. This roadmap is well organized and contains well defined requirements. https://coronavirus-democrats-oversight.house.gov/news/letters/clyburn-launches-sweeping-investigation-widespread-coronavirus-deaths-nursing-homes

2. I also proposed that Mary Adelaide Mendelson's 1974 exposé **Tender Loving Greed** revealed the nursing home industry as a profit-driven system of rampant neglect, abuse, corruption, and human suffering—conditions that persist in over half of Virginia's nursing homes today. I recommended it as reading for every member of the Advisory Board as it defines what is happening today and the members of the advisory Board would gain great insight to how Nursing Homes are profitable above all. It was also foundational in establishing the Nursing Home Reform Law of 1987. (Available on Amazon) https://www.amazon.com/amazonprime

3. **Nursing Home Abuse Watchlist – These ratings are published monthly by CMS.** Over 141 of Virginia's 287 nursing homes—nearly 50%—are on the Nursing Home Abuse Watchlist for chronic neglect and safety failures This figure highlights systemic issues like understaffing, delayed inspections, and resident-to-resident or staff-perpetrated harm. The watchlist, drawn from Virginia Department of Health (VDH) data, flags homes with substantiated complaints, Immediate Jeopardy (IJ) citations (the most severe CMS violations indicating imminent harm), or repeated deficiencies under tags like F600 (Free from Abuse and Neglect). This is not a surprise that Virginia's nursing homes are abysmal, one only need look at this list.
https://nursinghomesabuseadvocate.com/watchlist/virginia/

4. **Where are the Billions?** I offered to contact the author, **Ernie Tosh** to speak with the Board and explain how nursing homes are financial shell games—with billions paid to owner-linked companies at 1,200% markup with no oversight—and explaining why Virginia's 141 watchlist homes are understaffed and deadly. Billions in taxpayer-funded Medicare/Medicaid payments are being siphoned out of nursing homes through hidden, inflated "related-party" deals—leaving residents neglected, while owners profit with zero federal oversight.. Despite this massive outflow, there is no meaningful federal scrutiny of how the money is spent. Result: Care is starved, residents suffer, and owners hide profits behind complex corporate shells. https://theconsumervoice.org/wp-content/uploads/2024/05/2023-Related-Party-Report.pdf

5. **Solutions.** Virginia universities can transform nursing homes from "warehouses for death" into vibrant communities by partnering students with residents for credit-based service projects that enrich quality of life. Dignity currently using Christopher Newport University's Engagement Program where students earn academic credit for service hours with Dignity for the Aged to design and deliver resident-focused activities using their field of study. These are solutions Dignity for the Aged are being implemented now with our non-profit organization.

MAXINE WATERS
CAROLYN B. MALONEY
NYDIA M. VELÁZQUEZ
BILL FOSTER
JAMIE RASKIN
ANDY KIM

Congress of the United States

House of Representatives

JIM JORDAN
BLAINE LUETKEMEYER
JACKIE WALORSKI
MARK E. GREEN, M.D.

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS
2157 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6143
PHONE (202) 225-4400
https://coronavirus.house.gov

June 16, 2020

Mr. Forrest Preston
Chairman and Chief Executive Officer
Life Care Centers of America
3570 Keith Street, N.W.
Cleveland, Tennessee 37312

Dear Mr. Preston:

The Select Subcommittee on the Coronavirus Crisis is examining the devastating impact of the coronavirus crisis on residents and workers of nursing homes, including at facilities owned by your company. We are writing to seek documents and information regarding the deaths of men and women in your company's nursing homes during the coronavirus outbreak, the conditions that may have contributed to these deaths, and any steps taken to protect residents and workers from further tragedy.

The coronavirus pandemic has taken a severe toll on Americans in nursing homes. Over one-third of America's more than 115,000 coronavirus deaths have been among residents or employees of nursing homes and other long-term care facilities.[1] The pandemic is impacting facilities in all 50 states, with one in four facilities reporting at least one coronavirus case and one in five reporting at least one death.[2] The impact has been particularly pronounced in long-term care facilities with a higher proportion of African American or Latino residents.[3]

At a June 11, 2020, Subcommittee briefing, health experts and affected Americans stated that many nursing homes do not have adequate testing, personal protective equipment, and infection control measures to protect vulnerable residents and workers in these facilities. Briefers explained that the Trump Administration has not provided a comprehensive national

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[1] *'A National Disgrace': 40,600 Deaths Tied to US Nursing Homes*, USA Today (updated June 2, 2020) (online at www.usatoday.com/story/news/investigations/2020/06/01/coronavirus-nursing-home-deaths-top-40-600/5273075002/); Centers for Medicare and Medicaid Services, *COVID-19 Nursing Home Data as of Week Ending: May 31, 2020* (online at data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg).

[2] *A Quarter of U.S. Nursing Homes Report At Least One Coronavirus Infection, First Official Tally Shows*, CNN (June 1, 2020) (online at www.cnn.com/2020/06/01/politics/nursing-homes-us-cases-deaths-covid/index.html); Centers for Medicare and Medicaid Services, *Nursing Home COVID-19 Data* (June 4, 2020) (online at www.cms.gov/files/document/6120-nursing-home-covid-19-data.pdf).

[3] *The Striking Racial Divide in How COVID-19 Has Hit Nursing Homes*, New York Times (May 21, 2020) (online at www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html).

strategy, testing supplies, protective equipment, and oversight to ensure nursing homes take the necessary steps to stop the spread of the virus.[4]

At the Subcommittee's briefing, participants also described how business practices at many long-term care facilities, including understaffing, low pay, and lack of paid leave for workers, contribute to this crisis. Briefers emphasized the need for accountability and transparency with respect to federal funding that many nursing home operators have received.[5]

Life Care Centers of America is one of the largest for-profit nursing home chains in the United States and has experienced severe coronavirus outbreaks at its facilities. More than 250 Americans have died and more than 2,000 have been infected at facilities owned by your company, with at least five Life Care nursing homes reporting outbreaks of 100 cases or more.[6] The Life Care Center of Kirkland was an early epicenter of the virus, with over three quarters of its residents contracting the disease and approximately 45 deaths among residents, workers, and visitors to the facility.[7]

Deficiencies in Testing, Personal Protective Equipment, and Infection Control

Testing residents and workers for the coronavirus is essential to preventing the spread of the virus in nursing homes.[8] On May 18, 2020, the Centers for Medicare and Medicaid Services (CMS) recommended that nursing homes test all residents and staff for coronavirus, and perform weekly retesting of staff, to try to detect and stop the spread of the virus.[9] However, many facilities across the country still lack adequate testing supplies and have failed to meet CMS testing recommendations.[10] The Trump Administration has largely deferred to individual states

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[4] Select Subcommittee on the Coronavirus Crisis, *Press Release: Select Committee Briefing Confirms Urgent Need For Federal Action To Protect Nursing Homes From Coronavirus* (June 12, 2020) (online at coronavirus.house.gov/news/press-releases/select-committee-briefing-confirms-urgent-need-federal-action-protect-nursing).

[5] *Id.*

[6] *Major Nursing Home Chain Violated Federal Standards Meant to Stop Spread of Disease Even After Start of COVID-19, Records Show*, Washington Post (May 17, 2020) (online at www.washingtonpost.com/investigations/major-nursing-home-chain-violated-patient-care-infection-control-standards-before--and-after--pandemic-started-records-show/2020/05/16/f407c092-90b1-11ea-a0bc-4e9ad4866d21_story.html).

[7] King County, *Long Term Care Data Dashboard* (revised May 28, 2020) (online at www.kingcounty.gov/depts/health/covid-19/data/LTCF.aspx); *High COVID-19 Mortality Rate Linked to U.S. Care Facilities*, Forbes (May 26, 2020) (online at www.forbes.com/sites/niallmccarthy/2020/05/26/high-covid-19-mortality-rate-linked-to-us-care-facilities-infographic/#161dfc437352).

[8] Centers for Disease Control and Prevention, *Testing for Coronavirus (COVID-19) in Nursing Homes* (updated June 13, 2020) (online at www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html).

[9] Centers for Medicare and Medicaid Services, *Nursing Home Reopening Recommendations for State and Local Officials* (May 18, 2020) (online at www.cms.gov/files/document/qso-20-30-nh.pdf).

[10] *Two-Thirds of Florida's Nursing Home, Assisted Living Residents and Staff Have Been Tested for COVID-19*, Naples Daily News (updated June 11, 2020) (online at www.naplesnews.com/story/news/local/florida/2020/06/05/two-thirds-florida-nursing-home-residents-staff-not-tested-covid-19/3157295001/); *Coronavirus Testing at Nursing Homes Not Yet Complete, Over 100 Locations Outstanding*, KXAN News (June 3, 2020) (online at www.kxan.com/investigations/coronavirus-testing-at-nursing-homes-not-yet-complete-over-100-locations-

and nursing homes on testing, explaining, "States, territories, and tribes are responsible for formulating and implementing testing plans,"[11] and noting, "Ultimately, nursing homes are responsible for the health and safety of their residents."[12]

Personal protective equipment (PPE) such as masks, gowns, and gloves, as well as hand sanitizer and cleaning supplies, are also essential to limiting the spread of the coronavirus.[13] Yet many front-line workers at nursing homes around the country have reported they are not being provided with PPE and other essential supplies by the facilities at which they work.[14] Workers have been forced to wear protective gear for longer than its intended use, don homemade cloth masks and trash bags, or go without PPE as they care for residents and complete their work. CMS data confirms that hundreds of nursing homes lack adequate PPE.[15] Working in a nursing home without adequate protective equipment increases the risk of spreading the virus.[16]

In light of the highly contagious nature of the coronavirus and the vulnerability of nursing home residents, facilities need to institute infection control and prevention measures to curtail the spread of the virus.[17] However, a recent Government Accountability Office (GAO) report found

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outstanding/); *'It's All Over the Board.' California Still Far from Testing Everyone in Elder Care Homes*, Los Angeles Times (May 31, 2020) (online at www.latimes.com/california/story/2020-05-31/plans-for-coronavirus-testing-in-california-nursing-homes-remain-scattershot).

[11] Department of Health and Human Services, *Report to Congress: COVID-19 Strategic Testing Plan* (May 24, 2020) (online at www.democrats.senate.gov/imo/media/doc/COVID%20National%20Diagnostics%20Strategy%2005%2024%202020%20v%20FINAL.pdf).

[12] Centers for Medicare and Medicaid Services, *Nursing Home Reopening Recommendations Frequently Asked Questions* (May 18, 2020) (online at www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf).

[13] *PPE Plus Infection Control Training Lowers Risk of COVID-19 Among Health Care Workers*, Oregon Health & Science University (May 5, 2020) (online at news.ohsu.edu/2020/05/05/ppe-plus-infection-control-training-lowers-risk-of-covid-19-among-health-care-workers); David Dosa, et al., *Long-Term Care Facilities and the Coronavirus Epidemic: Practical Guidelines for a Population at Highest Risk*, Journal of Post-Acute and Long-Term Care Medicine (2020) (online at www.jamda.com/article/S1525-8610(20)30249-8/pdf); Centers for Disease Control and Prevention, *Responding to Coronavirus (COVID-19) in Nursing Homes* (revised Apr. 30, 2020) (online at www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html).

[14] *Most Nursing Home Workers in New Survey Say 'Life Is At Risk' Daily from Coronavirus*, Time Magazine (June 9, 2020) (online at time.com/5850207/nursing-home-workers-survey/); *One in Five Florida Nursing Homes Tell Feds: We Hardly Have Any Gowns, Masks*, Tampa Bay Times (June 5, 2020) (online at www.tampabay.com/news/health/2020/06/05/one-in-five-florida-nursing-homes-tell-feds-we-hardly-have-any-gowns-masks/); *'It's Getting Worse.' Nursing Home Workers Confront Risks in Facilities Devastated by Coronavirus*, Time Magazine (May 29, 2020) (online at www.time.com/5843893/nursing-homes-workers-coronavirus/).

[15] *Hundreds of Nursing Homes Ran Short on Staff, Protective Gear as More Than 30,000 Residents Died During Pandemic,* Washington Post (June 4, 2020) (online at www.washingtonpost.com/business/2020/06/04/nursing-homes-coronavirus-deaths/).

[16] Megan Ranney, et al., *Critical Supply Shortages—the Need for Ventilators and Personal Protective Equipment During the COVID-19 Pandemic*, New England Journal of Medicine (Apr. 30, 2020) (online at www.nejm.org/doi/full/10.1056/NEJMp2006141).

[17] Centers for Disease Control and Prevention, *Infection Control Guidance* (May 18, 2020) (online at www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html); Centers for Disease Control

the long-term care industry has a "widespread and persistent" pattern of deficiencies. GAO found "most nursing homes ha[d] an infection prevention and control deficiency cited in one or more years from 2013 through 2017 (13,299 nursing homes, or 82 percent of all surveyed homes)" such as staff who "did not regularly use proper hand hygiene or failed to implement preventive measures during an infection disease outbreak." The report warned, "Many of these practices can be critical to preventing the spread of infectious diseases, including COVID-19."[18]

Recent reports indicate that many long-term care facilities failed to utilize appropriate infection control practices during the pandemic. CMS inspections have found that some nursing homes had severe deficiencies in infection control that placed residents' health and safety in "immediate jeopardy," including staff members who failed to wash their hands, wear masks, or follow isolation protocols.[19] For example, an inspector found that a Sunrise Senior Living facility in Kansas called Brighton Gardens of Prairie Village "failed to ensure staff presenting with signs and symptoms of COVID-19 did not work in the facility" and concluded that this "deficient practice increased the risk for transmission and/or development of COVID-19" and placed residents in the affected unit "in Immediate Jeopardy."[20]

Understaffing, Low Pay, and Lack of Paid Leave at For-Profit Nursing Homes

Approximately 70 percent of long-term care facilities in the United States are for-profit and more than half are chain-affiliated.[21] Data from CMS and other research shows that for-profit and chain-affiliated long-term care companies tend to receive lower ratings under the Five-Star Quality Rating System, provide lower quality of care, and experience more safety deficiencies than non-profit facilities.[22]

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and Prevention, Morbidity and Mortality Weekly Report, *COVID-19 in a Long-Term Care Facility – King County, Washington, February 27-March 9, 2020* (Mar. 18, 2020) (online at www.documentcloud.org/documents/6812675-CDC-Life-Care-Center-of-Kirkland.html).

[18] Government Accountability Office, *Infection Control Deficiencies Were Widespread and Persistent in Nursing Homes Prior to COVID-19 Pandemic* (May 20, 2020) (online at www.gao.gov/assets/710/707069.pdf).

[19] *Nursing Homes Violated Basic Health Standards, Allowing the Coronavirus to Explode*, ProPublica (Apr. 24, 2020) (online at www.propublica.org/article/nursing-homes-violated-basic-health-standards-allowing-the-coronavirus-to-explode).

[20] *Federal, State Health Officials: Brighton Gardens Placed Residents in 'Immediate Jeopardy'*, KSHB (May 27, 2020) (online at www.kshb.com/news/coronavirus/federal-state-health-officials-brighton-gardens-placed-residents-in-immediate-jeopardy).

[21] Department of Health and Human Services, National Center for Health Statistics, *Long-term Care Providers and Services Users in the United States, 2015-2016* (Feb. 2019) (online at www.cdc.gov/nchs/data/series/sr_03/sr03_43-508.pdf).

[22] Kaiser Family Foundation, *Reading the Stars: Nursing Home Quality Star Ratings, Nationally and by State* (May 14, 2015) (online at www.kff.org/medicare/issue-brief/reading-the-stars-nursing-home-quality-star-ratings-nationally-and-by-state/); Atul Gupta, et al., *Does Private Equity Investment in Healthcare Benefit Patients? Evidence from Nursing Homes*, New York University Stern School of Business (Feb. 2020) (online at papers.ssrn.com/sol3/papers. cfm?abstract_id =3537612); Kai You, et al., *Do Nursing Home Chain Size and Proprietary Status Affect Experiences with Care?*, Medical Care (Mar. 1, 2017); Charlene Harrington, et al., *Nurse Staffing and Deficiencies in the Largest For-Profit Nursing Home Chains and Chains Owned by Private Equity Companies*, Health Services Research (Aug. 30, 2011).

Over the past decade, many for-profit and chain-affiliated long-term care companies have taken steps to maximize profits for their corporate owners at the expense of protecting their residents and workers. Research regarding the impact of private equity buyouts on quality of care at nursing homes has found that "buyouts lead to significantly lower quality of care, as measured by Five Star ratings generated by CMS" and by the rate of readmission to a hospital within 30 days of entering the nursing home.[23] The measures typically taken by private equity firms and other private owners to increase profitability—including reducing staffing levels, increasing patient volume, and failing to pay living wages or benefits to staff—also appear to have had the effect of worsening coronavirus outbreaks in nursing homes.

Chronic understaffing is a pervasive problem in the long-term care industry. One study found that approximately 75 percent of nursing homes do not have adequate staffing levels.[24] For example, over the past three years, dozens of facilities operated by Life Care Centers of America have been cited during inspections for not having enough health care workers to properly care for patients.[25] Due to understaffing, workers come in contact with more patients and have less time to ensure that sufficient infection control and prevention measures are taken, such as following proper hand-washing protocols between each patient. This leads to the spread of the coronavirus more widely through facilities.

As workers have fallen sick with the coronavirus or stayed home to self-quarantine, to care for children, or for other reasons, staffing shortages have worsened. More than 2,000 nursing homes recently reported staffing shortages to CMS.[26] Across the country, there have been harrowing reports of workers struggling to provide care for upwards of 80 to 100 patients while working double and triple shifts.[27] Residents have received a troubling lack of attention as a result. Family members of residents have reported serious neglect, including seeing their loved ones unfed, left sitting in soiled diapers or lying on the floor for hours at a time, going unwashed for days, and developing bedsores after being left in their beds or wheelchairs for prolonged

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[23] Atul Gupta, et al., *Does Private Equity Investment in Healthcare Benefit Patients? Evidence from Nursing Homes*, New York University Stern School of Business (Feb. 2020) (online at papers.ssrn.com/sol3/papers.cfm?abstract_id=3537612).

[24] *Coronavirus Hits Nursing Homes Hard, as Staff Combat Infections, Shortages*, Wall Street Journal (Mar. 26, 2020) (online at www.wsj.com/articles/coronavirus-hits-nursing-homes-hard-as-staff-combat-infections-shortages-11585250841).

[25] *Major Nursing Home Chain Violated Federal Standards Meant to Stop Spread of Disease Even After Start of COVID-19, Records Show*, Washington Post (May 17, 2020) (online at www.washingtonpost.com/investigations/major-nursing-home-chain-violated-patient-care-infection-control-standards-before--and-after--pandemic-started-records-show/2020/05/16/f407c092-90b1-11ea-a0bc-4e9ad4866d21_story.html).

[26] *The Health 202: Protecting U.S. Nursing Homes Would Have Significantly Slashed Coronavirus Deaths*, Washington Post (June 5, 2020) (online at www.washingtonpost.com/news/powerpost/paloma/the-health-202/2020/06/05/the-health-202-protecting-u-s-nursing-homes-would-have-significantly-slashed-coronavirus-deaths/5ed8f831602ff12947e843f9/).

[27] *Why American Nursing Homes Have Been Hit So Hard By Coronavirus*, Public Broadcasting Service (May 19, 2020) (online at www.pbs.org/newshour/show/why-american-nursing-homes-have-been-hit-so-hard-by-coronavirus); *The Coronavirus's Rampage Through a Suburban Nursing Home*, New York Times (Mar. 21, 2020) (online at www.nytimes.com/2020/03/21/us/coronavirus-nursing-home-kirkland-life-care.html).

periods.[28] Family members also report that nursing homes have failed to provide timely information about outbreaks and symptoms experienced by their loved ones—sometimes only notifying them of a problem after their loved ones passed away.[29] Such practices unquestionably fall short of the care Americans expect for the most vulnerable amongst us.

Low wages also appear to have contributed to the spread of the virus. According to the Bureau of Labor Statistics, the average pay at nursing homes in 2019 was $29,650 for nursing assistants and $26,380 for orderlies,[30] which is just above the national poverty level for a family of four ($25,750 in 2019 and $26,200 in 2020).[31] Due to low pay, many nursing home employees need to work second jobs at other facilities to make ends meet, which increases their risk of contracting the virus and spreading it to nursing home residents and workers.[32]

The refusal of many long-term care facilities to provide medical insurance and paid sick leave to their staff has created additional risks during the coronavirus pandemic. According to a recent SEIU survey, 64 percent of nursing home workers are not receiving paid sick leave if they contract the virus and 72 percent are not receiving paid sick time if they have to self-quarantine for two weeks.[33] 85 percent of nursing home workers reported that they would have trouble paying for food or housing if they could not work for two weeks. Some workers report coming

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[28] *Closed SE Portland Nursing Home Faces $2.4 Million Lawsuit Over Coronavirus Death*, Oregonian (May 21, 2020) (online at www.oregonlive.com/coronavirus/2020/05/closed-se-portland-nursing-home-faces-24-million-lawsuit-over-coronavirus-death.html); *Why American Nursing Homes Have Been Hit So Hard By Coronavirus*, Public Broadcasting Service (May 19, 2020) (online at www.pbs.org/newshour/show/why-american-nursing-homes-have-been-hit-so-hard-by-coronavirus); *As Nursing Home Residents Died, New COVID-19 Protections Shielded Companies from Lawsuits. Families Say that Hides the Truth*, Washington Post (June 8, 2020) (online at www.washingtonpost.com/business/2020/06/08/nursing-home-immunity-laws/); *COVID-19 Patient in Florida Keys Nursing Home Tells of Nightmare Life in Isolation*, Miami Herald (May 21, 2020) (online at www.miamiherald.com/news/local/community/florida-keys/article242887706.html); *NYC Mayor and Health Officials Misled Public About Plans to Move COVID-19 Patients Into Nursing Home, Advocates Say*, ProPublica (Apr. 21, 2020) (online at www.propublica.org/article/nyc-mayor-and-health-officials-misled-public-about-plans-to-move-covid-19-patients-into-nursing-home-advocates-say).

[29] *Closed SE Portland Nursing Home Faces $2.4 Million Lawsuit Over Coronavirus Death*, Oregonian (May 21, 2020) (online at www.oregonlive.com/coronavirus/2020/05/closed-se-portland-nursing-home-faces-24-million-lawsuit-over-coronavirus-death.html); *When Their Mother Died at a Nursing Home, 2 Detectives Wanted Answers*, New York Times (June 4, 2020) (online at www.nytimes.com/2020/06/04/nyregion/isabella-nursing-home-coronavirus.html).

[30] Bureau of Labor Statistics, *May 2019 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 623100 – Nursing Care Facilities (Skilled Nursing Facilities)* (revised Mar. 31, 2020) (online at www.bls.gov/oes/current/naics4_623100.htm#39-0000).

[31] Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *2019 Poverty Guidelines* (online at aspe.hhs.gov/2019-poverty-guidelines); Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *Poverty Guidelines* (Jan. 8, 2020) (online at aspe.hhs.gov/poverty-guidelines).

[32] *'It's Getting Worse.' Nursing Home Workers Confront Risks in Facilities Devastated by Coronavirus*, Time Magazine (May 29, 2020) (online at time.com/5843893/nursing-homes-workers-coronavirus/); *Coronavirus Hits Nursing Homes Hard, as Staff Combat Infections, Shortages*, Wall Street Journal (Mar. 26, 2020) (online at www.wsj.com/articles/coronavirus-hits-nursing-homes-hard-as-staff-combat-infections-shortages-11585250841).

[33] *Most Nursing Home Workers in New Survey Say 'Life Is At Risk' Daily from Coronavirus*, Time Magazine (June 9, 2020) (online at time.com/5850207/nursing-home-workers-survey/).

to work sick and not seeking medical care because they cannot afford to take an unpaid day off from work or pay for a doctor's visit.[34] This creates a risk that sick workers will spread the virus to residents and other staff.

Lack of Transparency in Federal Funding

Congress has enacted a series of funding measures to support certain businesses impacted by the coronavirus crisis. This includes billions of dollars in relief funds paid to long-term care facilities through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act,[35] as well as short-term loans made available through Medicare's Accelerated Payment Program.[36] For example, Genesis HealthCare received a grant of $180 million under the CARES Act and $158 million in advance Medicare payments from the Accelerated Payment Program.[37]

The Trump Administration's distribution of the funds to long-term care facilities and other companies under the CARES Act and other programs has been marked by a lack of transparency. Recipients must agree to use the funds for certain purposes related to the outbreak, but there has been little public reporting on how nursing home operators have actually used the funds.[38] Transparency is critically important to ensure that these taxpayer funds are used appropriately to help the residents and workers of long-term care facilities.

Requests for Documents and Information

We request that you produce the following documents and information by June 30, 2020. Unless otherwise specified, please provide the following information for the period covering January 1, 2020, to the present:

1. Documents sufficient to identify the ownership and organizational structure of the company and any entity owned (in whole or in part), operated, or affiliated with the company, including but not limited to subsidiaries, affiliates, and related

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[34] *Scared and Sick Amid COVID-19: US Nursing Home Workers Afraid to Blow the Whistle*, The Guardian (May 5, 2020) (online at www.theguardian.com/world/2020/may/05/us-nursing-homes-coronavirus-outbreak); David Dosa et al., *Long-Term Care Facilities and the Coronavirus Epidemic: Practical Guidelines for a Population at Highest Risk*, Journal of Post-Acute and Long-Term Care Medicine (2020) (online at www.jamda.com/article/S1525-8610(20)30249-8/pdf).

[35] Department of Health and Human Services, *HHS Announces Nearly $4.9 Billion Distribution to Nursing Facilities Impacted by COVID-19* (May 2020) (online at www.hhs.gov/about/news/2020/05/22/hhs-announces-nearly-4.9-billion-distribution-to-nursing-facilities-impacted-by-covid19.html).

[36] Centers for Medicare and Medicaid Services, *CMS Reevaluates Accelerated Payment Program and Suspends Advance Payment Program* (Apr. 26, 2020) (www.cms.gov/newsroom/press-releases/cms-reevaluates-accelerated-payment-program-and-suspends-advance-payment-program).

[37] *Nursing Home Operator Genesis Details Coronavirus Aid*, New York Times (May 27, 2020) (online at www.nytimes.com/2020/05/27/business/genesis-earnings-nursing-homes-coronavirus.html).

[38] Department of Health and Human Services, *CARES Act Provider Relief Fund: FAQs* (revised June 15, 2020) (online at www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html).

entities. Please provide the name and a brief description of the services each company provides;

2. A list of all long-term care facilities owned by, operated by, or affiliated with the company, or any of the company's subsidiaries or affiliates, in the United States, including the name and address of each facility. Please also include a brief description of the level of care offered by each facility, such as skilled nursing, assisted living, or in-patient rehabilitation;

3. For each facility described in response to Request 2, please provide the following information:

   a. The total number of beds; the total number of residents (including a breakdown of the number of patients whose care is paid for by Medicare or by Medicaid); demographic information for these residents; daily staffing levels broken down by job description category (such as medical director, infection preventionist, registered nurse, licensed practical/vocational nurse, certified nursing aide, nurse aide in training, dietary aide, and housekeeping); ratios of staff to residents and staff hours per resident; and, for each month, the average hourly pay for staff broken down by job description category;
   b. The total number of individuals at the facility confirmed or suspected to have contracted the coronavirus (including a breakdown of the number of resident infections and staff infections); the total number of deaths at the facility confirmed or suspected to relate to the coronavirus (including a breakdown of the number of resident deaths and staff deaths); the total number of coronavirus tests that have been performed (including a breakdown of the number of tests performed on residents and staff); and whether the facility has been designated as a COVID-only facility;
   c. A detailed description of the facility's available quantities of (i) personal protective equipment and other medical supplies (broken down by N95 respirator masks; surgical masks; face shields; isolation gowns; surgical gowns; goggles; disposable caps; disposable shoe covers; disposable gloves; hand sanitizer; and cleaning supplies) and (ii) tests and testing supplies for the coronavirus. Please also provide a description of the estimated time to exhaustion of the supplies and current plans to acquire and distribute additional supplies to each facility;
   d. A detailed description of any shortages the facility has experienced in any of the items listed in Request 3(c) relating to the coronavirus, including type, dates, and the estimated number of individuals impacted by the shortage; and
   e. Information regarding the total number of nurse aides or other staff employed at any facility since January 1, 2020, who have not completed a state-approved training and competency evaluation, including the term of employment, weekly hours worked, average hourly pay per month, and whether the facility has any plans to complete the training and competency evaluation program for the staff member; and

4. All documents or communications regarding formal or informal complaints made about the company or any affiliate, facility, or employee thereof relating to the coronavirus, including complaints made in a judicial or administrative proceeding, by a regulating entity, directly to the company, or in any other manner;

5. A description of all compensation paid to senior executives of the company from January 1, 2020, to the present, including salary, incentive compensation (in any form including cash bonuses, stock grants, stock options, and promote fees), and fringe benefits;

6. For the company and each entity responsive to Request 1, please provide the following information for each year from 2018 to the present:

   a. The entity's total revenue, revenue from Medicare, revenue from Medicaid, and net income;
   b. From January 1, 2015, to the present, whether the entity has been found to have violated any federal or state laws or regulations, including but not limited to findings from state surveys or other inspections. If so, please provide a complete list, including the date and description, of all such violations and copies of all investigative or inspection reports; and
   c. From January 1, 2015, to the present, whether the entity has reached a settlement with or paid any fines to any federal or state law enforcement entity related to a potential violation of any federal or state laws or regulations or deficiencies in providing care. If so, please provide a complete list, including the date and description, of all such settlements or fines; and

7. For the company and any entity responsive to Request 1, all communications with any federal official or employee relating to or arising from the coronavirus;

8. A description of all funding the company or any entity responsive to Request 1 received under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Paycheck Protection Program and Health Care Enhancement Act, the Accelerated and Advance Payment Program, or any other emergency funding provided by the federal government related to the coronavirus, including the program under which the funding was provided, the amount and date of receipt, and a detailed description of how the funds were spent;

9. A description of any additional fees charged by the company or any entity responsive to Request 1 to Medicare, Medicaid, private insurers, or residents related to the coronavirus. For purposes of this request, the term "additional fees" means charges assessed in addition to the daily or monthly fees normally charged by a facility per bed, such as fees for coronavirus testing, meal delivery to residents in isolation, or personal protective equipment or other medical supplies required to care for coronavirus-infected patients; and

10. All policies, protocols, and procedures (including drafts, modifications, training materials, and any other formal or informal guidance) concerning: the coronavirus (including policies on infection control and prevention, testing, and use of personal protective equipment); employee benefits offered to staff at the company's facilities (including the availability of employer-sponsored health insurance and paid leave); information-sharing with residents, families of residents, and government officials; emergency preparedness (including policies governing pandemics); infection prevention and control; and tracking inventory for personal protective equipment, medical supplies, coronavirus tests, and testing supplies.

Modeled after the Truman Committee during World War II, the Select Subcommittee on the Coronavirus Crisis was established by the U.S. House of Representatives on April 23, 2020, pursuant to House Resolution 935, "to conduct a full and complete investigation" of the "efficiency, effectiveness, equity, and transparency of the use of taxpayer funds and relief programs to address the coronavirus crisis," the nation's "preparedness for and response to the coronavirus crisis," and "any other issues related to the coronavirus crisis."

An attachment to this letter provides additional instructions for responding to the Committee's request. If you have any questions regarding this request, please contact Committee staff at (202) 225-4400.

Sincerely,

James E. Clyburn
Chairman

Enclosure

cc: The Honorable Steve Scalise, Ranking Member

Responding to Oversight Committee Document Requests

1. In complying with this request, produce all responsive documents that are in your possession, custody, or control, whether held by you or your past or present agents, employees, and representatives acting on your behalf. Produce all documents that you have a legal right to obtain, that you have a right to copy, or to which you have access, as well as documents that you have placed in the temporary possession, custody, or control of any third party.

2. Requested documents, and all documents reasonably related to the requested documents, should not be destroyed, altered, removed, transferred, or otherwise made inaccessible to the Committee.

3. In the event that any entity, organization, or individual denoted in this request is or has been known by any name other than that herein denoted, the request shall be read also to include that alternative identification.

4. The Committee's preference is to receive documents in electronic form (i.e., CD, memory stick, thumb drive, or secure file transfer) in lieu of paper productions.

5. Documents produced in electronic format should be organized, identified, and indexed electronically.

6. Electronic document productions should be prepared according to the following standards:

    a. The production should consist of single page Tagged Image File ("TIF"), files accompanied by a Concordance-format load file, an Opticon reference file, and a file defining the fields and character lengths of the load file.

    b. Document numbers in the load file should match document Bates numbers and TIF file names.

    c. If the production is completed through a series of multiple partial productions, field names and file order in all load files should match.

    d. All electronic documents produced to the Committee should include the following fields of metadata specific to each document, and no modifications should be made to the original metadata:

        BEGDOC, ENDDOC, TEXT, BEGATTACH, ENDATTACH, PAGECOUNT, CUSTODIAN, RECORDTYPE, DATE, TIME, SENTDATE, SENTTIME, BEGINDATE, BEGINTIME, ENDDATE, ENDTIME, AUTHOR, FROM, CC, TO, BCC, SUBJECT, TITLE, FILENAME, FILEEXT, FILESIZE, DATECREATED, TIMECREATED, DATELASTMOD, TIMELASTMOD,

INTMSGID, INTMSGHEADER, NATIVELINK, INTFILPATH, EXCEPTION, BEGATTACH.

7. Documents produced to the Committee should include an index describing the contents of the production. To the extent more than one CD, hard drive, memory stick, thumb drive, zip file, box, or folder is produced, each should contain an index describing its contents.

8. Documents produced in response to this request shall be produced together with copies of file labels, dividers, or identifying markers with which they were associated when the request was served.

9. When you produce documents, you should identify the paragraph(s) or request(s) in the Committee's letter to which the documents respond.

10. The fact that any other person or entity also possesses non-identical or identical copies of the same documents shall not be a basis to withhold any information.

11. The pendency of or potential for litigation shall not be a basis to withhold any information.

12. In accordance with 5 U.S.C.§ 552(d), the Freedom of Information Act (FOIA) and any statutory exemptions to FOIA shall not be a basis for withholding any information.

13. Pursuant to 5 U.S.C. § 552a(b)(9), the Privacy Act shall not be a basis for withholding information.

14. If compliance with the request cannot be made in full by the specified return date, compliance shall be made to the extent possible by that date. An explanation of why full compliance is not possible shall be provided along with any partial production.

15. In the event that a document is withheld on the basis of privilege, provide a privilege log containing the following information concerning any such document: (a) every privilege asserted; (b) the type of document; (c) the general subject matter; (d) the date, author, addressee, and any other recipient(s); (e) the relationship of the author and addressee to each other; and (f) the basis for the privilege(s) asserted.

16. If any document responsive to this request was, but no longer is, in your possession, custody, or control, identify the document (by date, author, subject, and recipients), and explain the circumstances under which the document ceased to be in your possession, custody, or control.

17. If a date or other descriptive detail set forth in this request referring to a document is inaccurate, but the actual date or other descriptive detail is known to you or is otherwise apparent from the context of the request, produce all documents that would be responsive as if the date or other descriptive detail were correct.

18. This request is continuing in nature and applies to any newly-discovered information. Any record, document, compilation of data, or information not produced because it has not been located or discovered by the return date shall be produced immediately upon subsequent location or discovery.

19. All documents shall be Bates-stamped sequentially and produced sequentially.

20. Two sets of each production shall be delivered, one set to the Majority Staff and one set to the Minority Staff. When documents are produced to the Committee, production sets shall be delivered to the Majority Staff in Room 2157 of the Rayburn House Office Building and the Minority Staff in Room 2105 of the Rayburn House Office Building.

21. Upon completion of the production, submit a written certification, signed by you or your counsel, stating that: (1) a diligent search has been completed of all documents in your possession, custody, or control that reasonably could contain responsive documents; and (2) all documents located during the search that are responsive have been produced to the Committee.

Definitions

1. The term "document" means any written, recorded, or graphic matter of any nature whatsoever, regardless of how recorded, and whether original or copy, including, but not limited to, the following: memoranda, reports, expense reports, books, manuals, instructions, financial reports, data, working papers, records, notes, letters, notices, confirmations, telegrams, receipts, appraisals, pamphlets, magazines, newspapers, prospectuses, communications, electronic mail (email), contracts, cables, notations of any type of conversation, telephone call, meeting or other inter-office or intra-office communication, bulletins, printed matter, computer printouts, teletypes, invoices, transcripts, diaries, analyses, returns, summaries, minutes, bills, accounts, estimates, projections, comparisons, messages, correspondence, press releases, circulars, financial statements, reviews, opinions, offers, studies and investigations, questionnaires and surveys, and work sheets (and all drafts, preliminary versions, alterations, modifications, revisions, changes, and amendments of any of the foregoing, as well as any attachments or appendices thereto), and graphic or oral records or representations of any kind (including without limitation, photographs, charts, graphs, microfiche, microfilm, videotape, recordings and motion pictures), and electronic, mechanical, and electric records or representations of any kind (including, without limitation, tapes, cassettes, disks, and recordings) and other written, printed, typed, or other graphic or recorded matter of any kind or nature, however produced or reproduced, and whether preserved in writing, film, tape, disk, videotape, or otherwise. A document bearing any notation not a part of the original text is to be considered a separate document. A draft or non-identical copy is a separate document within the meaning of this term.

2. The term "communication" means each manner or means of disclosure or exchange of information, regardless of means utilized, whether oral, electronic, by document or otherwise, and whether in a meeting, by telephone, facsimile, mail, releases, electronic

message including email (desktop or mobile device), text message, instant message, MMS or SMS message, message application, or otherwise.

3. The terms "and" and "or" shall be construed broadly and either conjunctively or disjunctively to bring within the scope of this request any information that might otherwise be construed to be outside its scope. The singular includes plural number, and vice versa. The masculine includes the feminine and neutral genders.

4. The term "including" shall be construed broadly to mean "including, but not limited to."

5. The term "Company" means the named legal entity as well as any units, firms, partnerships, associations, corporations, limited liability companies, trusts, subsidiaries, affiliates, divisions, departments, branches, joint ventures, proprietorships, syndicates, or other legal, business or government entities over which the named legal entity exercises control or in which the named entity has any ownership whatsoever.

6. The term "identify," when used in a question about individuals, means to provide the following information: (a) the individual's complete name and title; (b) the individual's business or personal address and phone number; and (c) any and all known aliases.

7. The term "related to" or "referring or relating to," with respect to any given subject, means anything that constitutes, contains, embodies, reflects, identifies, states, refers to, deals with, or is pertinent to that subject in any manner whatsoever.

8. The term "employee" means any past or present agent, borrowed employee, casual employee, consultant, contractor, de facto employee, detailee, fellow, independent contractor, intern, joint adventurer, loaned employee, officer, part-time employee, permanent employee, provisional employee, special government employee, subcontractor, or any other type of service provider.

9. The term "individual" means all natural persons and all persons or entities acting on their behalf.