

Lawmakers, families look for answers to nursing home deaths

Bill Cummings and Tatiana Flowers June 6, 2020 Updated: June 8, 2020 10:59 a.m.

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1 of 6 Alexander Stamatien, of West Haven, died of COVID-19 in April. Photo: Contributed photo

When Alexander Stamatien's daughters were finally told by a nursing home worker that their father might be infected with COVID-19, they had a terrible sense of foreboding.

Stamatien, they learned, had been living at the Willows Rehabilitation and Nursing Center in Woodbridge in the same room with a COVID-positive patient — separated only by a thin curtain.

The practice was considered a “last resort” when the coronavirus began assaulting the state's nursing homes and staff scrambled to figure out who had the deadly disease and how to separate patients.

“That was the first [we heard] of his roommate having it,” said Stamatien's daughter, Margaret Borelli, who was among the many family members across the state seeking information by phone after nursing homes were locked down in March to prevent the spread of the virus.

“But clearly, they knew that the roommate had tested positive,” Borelli, a West Haven resident, said. “At that point, I said, ‘He's got COVID, and this is the end for him.’ ”

Stamatien died April 19 at Yale New Haven Hospital of dehydration, sepsis and COVID-19, Borelli said.

He is among the more than 2,500 nursing home patients to have died in Connecticut during the new coronavirus pandemic with COVID-19, the disease caused by the virus.

The tragic death toll at Connecticut's nursing homes has exposed systemic shortfalls and deficiencies that will test the state's resolve and willingness to alter how they operate.

Through interviews with family members, nursing home workers, union members, state lawmakers, federal and state officials and nursing home operators, Hearst Connecticut Media found a litany of problems in nursing homes.

The most common issues reported were claims of under staffing, inadequate infection control plans, repeated violations of standards with little or no penalty, a virus testing program that failed to separate patients and shortages in basic supplies that protect staff and patients.

Hearst also found family members who found it difficult to find out how their relative was doing, whether they had coronavirus and even if they had died from the disease. Some nursing homes resisted revealing how many patients were infected and what administrators were doing to stop the spread.

Connecticut lawmakers are now calling for legislative hearings and possible remedies as they complain about state and federal oversight of the facilities.

“Nursing homes across the state and country are severely underfunded, but the inadequacies of the system are now apparent for everyone to see,” said Senate Majority Leader Bob Duff, D-

Norwalk. “There needs to be more funding, better oversight and we have to decide as a society if we are willing to pay for that.”

U.S. Sen Richard Blumenthal, D-Conn, is pushing federal legislation that requires weekly testing of nursing home residents and staff, ensures sufficient personal protective equipment supplies are on hand, provides training for workers and mandates that facilities employ a full-time infection control preventionist.

“We owe it to our seniors and all of our loved ones that we do better in our nursing homes,” Blumenthal said recently during a Senate Aging Committee hearing on nursing homes.

State Sen. Matt Lesser, D-Middletown, vice chairman of the public health committee, echoed Blumenthal.

“What’s happening in nursing homes has been tragic and it’s had devastating impact on families across Connecticut,” Lesser said. “It’s the result of longstanding issues and a model that is increasingly suspect as to how we deliver care to seniors and people with disabilities.”

But Matthew Barrett, president of the Connecticut Association of Health Care Facilities, said nursing homes have done the best they could in an unprecedented situation.

“We believe Connecticut nursing homes are performing at an extraordinary level given the challenges of fighting this insidious virus while faced with changing guidance, an inadequate PPE supply chain and a statewide testing initiative that has only recently begun,” Barrett said.

Not separating patients

Borelli said the family doesn’t know when Stamatien got the virus because despite repeated calls they often had a hard time getting someone at the nursing home to answer the phone or their questions.

Stamatien was tested for COVID-19 the day before he was admitted to the hospital, Borelli said. But the nursing home said the test could not be processed and he was tested again at Yale New Haven Hospital, she said.

Richard Feifer, chief medical officer for Genesis Health Care, which owns the Willows, insisted infection control is a top priority.

“Staff at each facility are working hard every day to care for the residents under extremely difficult circumstances and are doing their best to comply with constantly changing guidance and requirements issued by various regulatory bodies,” Feifer said.

But Feifer said state-run testing was limited during the early stages of the virus, making it difficult to determine who had the virus and who didn’t, and there was not always space to separate patients.

“In those situations, movement of exposed residents to private rooms on the same unit was a preferred solution, but private room availability did not always allow this,” Feifer said.

“As more symptomatic residents could be tested, we implemented cohorting policies on April 27 that included guidance for using multipurpose spaces in the facilities — day rooms, gyms — to temporarily house residents until they could be safely cohorted,” Feifer said.

Federal inspection reports show the Willows was cited in 2019 for failing to provide and implement an adequate infection prevention and control program. Two years earlier, it was cited for failing to have enough nurses to provide adequate care.

Genesis did not answer specific questions about Stamatien or his care at the nursing home.

So far, 19 patients at the nursing home have died or are believed to have died due to the coronavirus.

Av Harris, a spokesman for the state Department of Public Health, said COVID positive residents should not room with a non-COVID resident.

But, he added, some nursing homes had difficulty keeping patients separate.

“If separating COVID positive residents from those without COVID-19 is not possible, separation by a curtain and six feet is the last resort,” Harris said, adding testing to determine who had the virus steadily increased.

As the infection rate grew, Gov. Ned Lamont created COVID-only nursing homes to separate positive patients from those not suffering from the virus.

The state only recently mandated that all patients and staff at nursing homes be tested.

Oversight and regulation

The federal Centers for Disease Control and Prevention estimate that 2.1 million people live in nursing homes or assisted living facilities. Those residents account for 43 percent of all COVID deaths in the U.S., according to the Foundation for Research and Equal Opportunity.

In Connecticut, roughly 60 percent of all coronavirus deaths involve nursing home patients.

The common threads in the nursing home industry — a collection of private facilities usually owned by a large parent corporation — are Medicare and Medicaid, the primary sources of funding and regulation for the homes.

The federal Centers for Medicare & Medicaid Services, along with the CDC, sets most of the rules. State health departments also enforce various regulations and are contracted by CMS to conduct many of the yearly inspections.

A registered nurse must be on duty 24 hours a day, aides receive mandated training and patient care plans and staffing levels are scrutinized by regulators.

Still, all that oversight failed to prevent the wave of deaths that swept through the state's 213 nursing homes.

An examination of inspection records dating back to 2017 show the facilities are routinely cited for similar issues. The same citations move from nursing home to nursing home, popping up in one facility and later at another.

Typical violations include failing to halt the spread of infection, not protecting the safety and well-being of patients, failing to provide appropriate ulcer care, giving the wrong drugs, not reporting abuse in a timely manner and procuring food from unsatisfactory sources.

The state DPH last month, in response to the wave of deaths, ordered spot inspections at each nursing home. The early results: nearly every facility has been cited for poor infection control.

State and federal regulators rarely fine nursing homes, leveling \$2.3 million in penalties on Connecticut's multi-billion dollar industry between 2017 and 2019, federal records show.

In a statement, CMS said enforcement action against nursing homes rose 15 percent during the pandemic period, and monetary penalties increased by 22 percent.

"Throughout this public health emergency, CMS has made nursing homes the center of our efforts to protect residents from the ongoing threat of COVID-19," the agency said.

CMS noted that over 7,000 targeted infection-control and immediate-jeopardy investigations of nursing homes have been conducted since March 1.

State Rep. Vincent Candelora, R-North Branford and a public health committee member, said there is plenty of blame to go around.

"I feel as if the nursing homes are always used as a scapegoat," Candelora said. "The only thing the state has done is to increase inspections and reporting to set them up to be the fall guy. That's why I'm sympathetic to these homes; the state is positioning itself to not be responsible."

Candelora said the state does not provide adequate funding for proper staffing ratios.

"And then we point the finger at them for disfunction," he said.

'Significantly wrong'

State Sen. Saud Anwar, D-South Windsor, a medical doctor and vice chairman of the public health committee, said Connecticut has done a "very poor job" overseeing its nursing homes.

“Something has gone significantly wrong,” Anwar said. “The oversight at the beginning could have been significantly better.”

Anwar said nursing homes are generally underfunded.

“They cut corners that led to outbreaks and mixing patients and staff for COVID and non COVID patients,” Anwar said. “That has led to progression and increased deaths. I have complained to DPH and they claim that everything is right.”

Anwar said he supports increasing funding for nursing homes, more rigid state oversight and more training and education over infection control.

Lesser said lawmakers should convene hearings quickly over what happened at the nursing homes, even if the format is virtual, and take action based on what is uncovered.

“The oversight mechanisms we have are not robust enough, and in some cases appear to be a little bit too cozy with the industry,” Lesser said.

“The failure to assess fines when homes are violating the law or apply consistent use of infection control policies is really problematic,” Lesser added.

Lesser said he has specific questions about testing, infection control, legal liability and how extra state funding was applied to purchasing PPE and hazardous duty pay.

State Rep. Jonathan Steinberg, D-Westport and a public health committee chairman, said he expects there will be legislative discussion and action related to how nursing homes and DPH handled the virus.

“I think we’ll be doing analyses and lessons learned well into the next year, and beyond, as we’re looking at both short-term and long-term improvements to our nursing home system, and not just nursing homes,” Steinberg said.

Steinberg said he’s interested in updating protocols for patient testing and separating infected patients, mandating adequate supplies of protective equipment, more transparent reporting of cases and protocols for staff who work at multiple facilities.

State Sen. Marilyn Moore, D-Bridgeport, for years has pushed legislation mandating cameras in patient rooms as a way to increase oversight and accountability.

“Now more than ever, I think we’ve got a chance of getting it,” Moore recently told Hearst, referring to past failure to pass the bill.

Blumenthal said the legislation he introduced at the federal level with other senators also provides at least two weeks paid sick time for workers, allocates \$500 million for “strike teams” staffed with experts that would be deployed after three or more people at a nursing home contract the virus and requires CMS to set criteria for COVID only facilities.

Virus down the hall

For now, though, families are left with questions that they can't answer.

Debbie Anderson, whose mother, Bernice Opelt, was a patient at Kimberly Hall North nursing home in Windsor, said she still doesn't know if COVID-19 took her mom's life.

"They had tested her, and then called me, and said the lab messed up the test," Anderson said.

In 2018, inspectors cited Kimberly Hall, which is owned by Genesis, for failing to provide and implement an infection prevention and control program.

So far, 44 patients at Kimberly Hall North have died or are presumed to have died from the coronavirus.

Wendy Hensel said her mother, Linda Grayeck, was diagnosed with COVID at Maefair Health Care Center in Trumbull, owned by Athena Health Care Systems. Hensel said she believes her mother may have gotten COVID from a staff member but said she cannot prove it.

Her mother died at Bridgeport Hospital on April 10, presumed to have succumbed to COVID-19. Family members said they had not visited Grayeck in at least the three weeks before she died because of the nursing home's lockdown order. Also, Grayeck hadn't gone for any doctor's appointments.

"So, I'm assuming that's where she contracted it," Hensel said about the nursing home. "I did not consider getting her an autopsy. She tested positive for COVID in the emergency room and I trusted the hospital and didn't feel that I needed to get an autopsy."

Inspection reports show that Maefair, which has lost 34 patients with COVID, was cited in 2019 for failing to provide and implement an infection prevention and control program. The facility was fined \$11,700 in 2018 for an unidentified violation.

Tim Brown, a spokesman for Athena Health Care Systems, said the facility complies with state and federal requirements regarding infection plans.

"Past infection prevention findings noted by the Hearst inquiry were unrelated to an actual infection or resident harm," Brown said. "They also were all quickly addressed and corrected, including staff education and re-training, where indicated."

Brown noted that Athena was chosen by the state to operate four newly established COVID-only nursing homes.

"The fact that Athena was asked to operate these centers speaks to the level of confidence state regulators have in our ability to do so safely," Brown said.

Borelli and her sister, Kathleen Brochu, who lives in Vermont, said before their father's death, they had already been concerned about the care he was receiving at the Willows.

Stamatien was moved to the nursing home in late January for rehabilitation after a fall at his home months earlier put him in the hospital.

Brochu, a nurse for 44 years, said she saw the nursing home's staff not follow basic protocols, such as hand washing, after they changed a resident. They also were delayed in responding to his need to use the bathroom.

"After nobody would come, (he'd) be forced to either have a bowel movement in the diaper that they put him in, rather than the Depends we gave them to put him in, or he'd pee in the diaper and he'd be caught sitting in the diaper, which consequently gave him this horrible ... pressure sore," Brochu said.

The women were last able to see Stamatien on March 11, when they were informed the nursing home was entering a sort of lockdown due to the pandemic.

"I understood why they were doing it, and at the time, it seemed like a good idea," Borelli said. "But in hindsight, it didn't help anything and plus, it seemed like once nobody was going in, there was no accountability anymore. And so, we had really no idea what was really going on."

Editor's note: An earlier version of this story said Linda Grayeck died while at Maefair Health Care. According to her daughter, Wendy Hensel, Grayeck died at Bridgeport hospital.

bcummings@ctpost.com