

Villa Maria Nursing and Rehabilitation
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Written testimony of Cindy Disco, Owner / Administrator, Villa Maria Nursing and Rehabilitation Community, Inc. – Listening Session of the Public Health, Human Services Appropriations Committees – COVID-19 Connecticut Skilled Nursing Facility Issues

Good morning Senators Osten, Abrams and Moore, and Representatives Walker, Steinberg and Abercrombie, and to the members of the Appropriations, Public Health and Human Services Committees. My name is Cindy Disco. I am Owner and Administrator at Villa Maria Nursing and Rehabilitation Community, Inc. in Plainfield, Connecticut. Villa Maria has been providing nursing home care in our community since 1956. We are a 62 bed skilled nursing facility, and we have 80 employees working at our facility. Thank you for scheduling this listening session and for including skilled nursing facility issues among the COVID-19 topics.

I would like to focus my testimony on the nursing facility occupancy issue we are facing, and how our concerns about our occupancy recovery path ahead present our biggest challenge as we continue to work diligently to get on the other side of this terrible pandemic.

But first I want to talk about where we were in March and where we are now.

Today, our nursing facility has zero COVID-19 cases, either among employees or residents. In the height of the pandemic, we had none. We were one of the lucky ones... so far. We are located in the Northeast corner of Connecticut. We had a "heads up" on the virus, but our anxiety level as a small facility was high. We worried that we could not find PPE, we worried that we would take an infected patient and not be able to control the spread, we worried that an employee would become contagious and bring the virus into the facility, we worried that we would not be able to give patients the connections that they needed to their families. The one thing that we did not worry about was that the patients would be loved and cared for through this pandemic.

Our nursing home is a member of the Connecticut Association of Health Care Facilities, and our story is not unlike almost all other nursing facilities, and what the operators, residents and caregivers experienced over the last months. However, when the knowledge of how COVID-19 was transmitting became known, and no one understood this is March, when testing became widely available, when we were able to secure adequate

PPE, and when we set a successful course of action of infection prevention and control understanding the asymptomatic transmission we turned the corner on eradicating COVID-19 from our building, and it worked.

Here are comments on key areas:

1. We had to leave beds open to ensure that we could manage the required isolation when a new patient came into the facility. This resulted in lost income for the facility.
2. Testing has been expensive to do on our own, and it took quite a while to get a care partner and then the payment for the testing was limited. Once we tested negative for 14 days, any further testing was not covered. Now we worry with children going back to school that the spread of COVID will be a threat to our facility through our workers. Why aren't the children being tested prior to going back to school. We don't feel that testing has been as available and affordable as it could have been.
3. Families panicked when they heard that loved ones might be delivered to COVID facilities if they became ill.
4. PPE was non-existent. We were unable to get PPE at all in the beginning. If we had not been ordering it previously we could only order a minimal amount. We resorted to washable gowns at one point. Our weekly drops of PPE were limited and brought in mostly washable gowns and KN95 masks. We were told a few weeks in that we had to use medical grade masks and had to scramble to find some. A stand-alone facility is not the ideal situation in a pandemic. We struggled along and luckily, we did not have to use much of our limited supply. We did finally attain a good supply of disposable gowns and face masks and shields by the end of May. We are steadily purchasing a large enough supply that if the pandemic circles around back to us, we will be prepared.
5. Our facility is a small older facility, originally built in 1956. We are a one story building and have made family visits a priority. The weather was not conducive in the beginning, but we had a dozen iPads that we used to connect to families along with an old laptop for "Skyping". We hired a few young people attending high school to work as recreation aides, increasing our recreation staff to manage the family "visits" that we had outside.

6. We have been steadily adding staff in the last few months. We hired 3 "8-hour" Nurse Aides. We are thankful to QVCC for running an online program so that these integral staff people who truly want to be nurse aides, can complete their training and get their certificates.

7. Funding has been adequate for our facility because we have been Covid-free. The unknown is the taxing. Will we be taxed on the funding as income? Do we save some of the funding to pay for the taxation?

The pandemic has taken a dramatic toll on our occupancy. In February, our occupancy was 92%. This month we are at 85%. We are optimistic about the steady but slow continued occupancy recovery. The federal and state support we have received has been critical, but our main concern is that it will run out long before our occupancy recovers. That is not this month or next month. There is no question that a bridge to get us to a sustainable occupancy and revenue level is going to be needed later in the fall and into 2021. Even now, we are reducing hours, or contemplating layoffs to keep our finances in balance.

On behalf of everyone at Villa Maria Nursing and Rehabilitation, thank you and I would be happy to answer any questions you may have.