



# Colonial Health & Rehab Center of Plainfield, LLC

*"Family First"*

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*Written testimony of Curtis Rodowicz, Co-Owner & Administrator – 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 Curtis Rodowicz and I am the Co-Owner and licensed Administrator at Colonial Health and Rehab Center of Plainfield, LLC located in Plainfield, Connecticut. Colonial has been providing nursing home care in our community for 37 years. We are a 90 nursing home, and we have 112 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 (0) ZERO - COVID-19 cases, either among employees or residents. In the height of the pandemic, we had we had (0) ZERO – COVID-19 cases.

Our nursing home is a member of the Connecticut Association of Health Care Facilities, and our story is unlike almost all other nursing facilities in that our center has not experienced an active case. We did however experience the everchanging guidance and costly implementation in our center. We were more fortunate than our colleagues thus far. However, we did and continue to struggle with the same preparation and hurdles that still expose our center today. How COVID-19 was transmitting was not clearly known in March and continued to be redeveloped for many weeks thereafter.

Testing was not available for most centers until the end of June to early July. PPE was not able to be adequately secured due to supply chain allocation restrictions and a very competitive market driving costs extraordinarily high. That being said, we set a successful course of action of infection prevention and control including understanding the asymptomatic transmission. We turned the corner on defense, the only strategy available in our arsenal for combating COVID-19 from entering our building. We have been successful thus far but we need more help.

Here are comments on key areas:

Testing: It should be available at full direct cost to the state and federal government. Funding is only available through 10/31/2020 at which point it is transferred to the centers for payment. This testing is clearly an unfunded mandate, but it is necessary for a damage control strategy. Its important to highlight that testing is not singularly an answer to COVID. We must make it available to providers to test residents and staff at the providers discretion. Recently, a center experienced an outbreak and our center was denied the immediate action it requested to test due to proximity. Minimally centers should be testing based on high community prevalence or a local congregate setting spike in infections. Testing monthly for each center could be a substantial unnecessary strain on Care Partners providing the service and wastes the precious financial resources that would cripple a nursing facility if testing becomes a financial obligation.

PPE: While we are thankful for the PPE pickup locations and the many items we received they were not all items needed for the battle against COVID. Providing gowns and gloves that did not meet the medical grade requirements of our centers is appreciated but has been insufficient to meet our needs. Many centers, for many weeks and months, could not procure "appropriate" PPE exposing staff and residents to the spread of the virus.

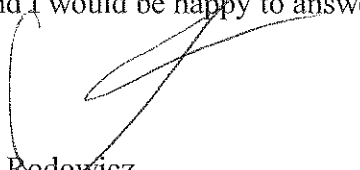
Visitation: While we appreciate the efforts to save lives in a responsible and sweeping way the long term affects are becoming more clear. Residents and families have been left in a position that puts the Nursing Home in a bad light with minimal assistance. Other than demands being put on the providers the only assistance we received was the provision of a few IPADS, which we had already purchased, for increasing

communication efforts. No funding for additional staff, no access to unemployed individuals that could have directly been paid by the state to ensure safe communication and transparency. We did not close to the families we were ordered to. While restricted visitation is needed as another defense mechanism against COVID the demand on the nursing home operators and staff is too great.

Staffing: We are experiencing a greater staffing shortage now than the onset of the virus. There are only 2 new options which are available. Nurse Aide Temporary program and another placement program which has been initiated with hopes of our first employee by October. We have paid incentive payments and have rate increases to attract new staff but still we struggle each day to fill positions.

The pandemic has taken a dramatic toll on our occupancy. In March, our occupancy was 85/90 or 94.4% and has dropped to 77/90 or 85.5%. 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. 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 to keep our finances in balance. Hospital systems are our main referral source and volume is at an all time low for discharges to SNFs. Without new clientele our facility, like others, may not be able to provide services to our local and surrounding communities.

On behalf of everyone at Colonial Health and Rehab Center of Plainfield I thank you and I would be happy to answer any questions you may have.



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