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# COVID 19 Impacts on LTC Residents

Fred Steele, State Long Term Care Ombudsman  
May 24, 2021 presentation to Senate Health Care



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# Resident Impacts

- Anxiety, fear
- Daily calls for 10 months with residents/family crying
- Knowledge that primary vector is their caregivers
- Threats of quarantine (even if leaving for medical appt)
- Residents declining in memory care without family connection
- Residents moved from room to room due to (necessary) COVID co-horting (despite fully furnished, decorated rooms)
- Resident incorrectly told couldn't leave building, now that resident is in a coma and family can't communicate



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# Resident Neglect

- Teeth extractions from lack of needed care
- Decubitus ulcers discovered at hospital
- No bathing provided for weeks
- Dehydration and significant weight loss
- No housekeeping/cleaning for weeks
- Bed wet for hours / residents presented in soiled conditions
- Endless reports of short staffing leading to poor care
- Endless reports of no or inadequate PPE use by caregivers



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# 2020 Timeline for Prevention Guidance

- March - April: best guidance available shared
- May 15: Masks required (but only for direct caregivers)
- July 20: OHA mandates masks + faceshields/eyewear
- August 3: universal eye protection clarified
  
- Did NOT have to “spread like wildfire” after August!



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# COVID #s in LTC after Prevention Guidance

- Aug. 19: 200 deaths / 51 facilities with 10 or more cases
- Sept. 9: 254 deaths / 62 facilities with 10 or more cases
- Oct. 7: 277 deaths / 72 facilities with 10 or more cases
- Nov. 12: 387 deaths / 104 facilities with 10 or more cases
- Dec. 16: 607 deaths / 199 facilities with 10 or more cases
- Jan. 6: 799 deaths / 243 facilities with 10 or more cases
- Feb. 10: 1,039 deaths
- May 12: 1,324 deaths

NOTE: Not official numbers. This is LTCO captured from OHA reported data.



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# Recommendations

- Expect that a “state licensed care” setting be expected to rise above communicable infectious disease spread seen in general community
- Commission formal study for lessons learned and recommendations
  - State Guidance: recommendation vs. requirement ??
  - Caregivers as the primary vector must be addressed
  - Compel universal infectious disease prevention protocols



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# Current Issues

- COVID cases increasing in recent weeks
  - Result: caregiver COVID case = resident impact for 14 days
- Visitation barriers
- Insufficient staffing in many facilities = poor care, resident neglect



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# State & Federal Visitation Guidance

- Jan. 29 ODHS to all NFs, ALFs, RCFs:
  - Opened indoor visitation in counties below Extreme risk
- March 10 CMS to NFs:
  - Directed indoor visitation “at all times and for all residents” (unless exception)
- March 26 ODHS to ALFs, RCFs:
  - Visitation “at all times and for all residents” 14 days after 2<sup>nd</sup> vaccination clinic (unless exception)





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# Exceptions preventing indoor visitation

- Only 5 visitors or 20% of resident population (whichever less)
- ODHS “Executive Order” due to active COVID case
- If quarantine of a resident is advised under public health guidance
- If county positivity rate  $>10\%$  AND  $<70\%$  residents are vaccinated, then unvaccinated residents can’t have visitors
- NOTE: only Adult Foster Homes are now allowed to prohibit visitors during “extreme risk” designations



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# Visitation Barriers

- Facilities were not allowing visitors indoors mid-late April
- Limited days & Limited hours
  - Monday – Friday, 10-11:30 & 3:30-5:00
- Visitors limited to once per week
- Visits limited to 15 or 30 minutes
- Only visits in “designated visitation area” (not in resident rooms)
- Visits must be scheduled in advance



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# Overall Concerns for Residents

- Potential significant weight losses being identified
- Numerous reports of resident cognitive decline
- Increase of residents going on hospice?
  - Potentially to supplement low staffing?
- Ongoing quarantines, even of vaccinated residents, if exiting/returning to their facilities
- Increased recent ODHS EOs, with many due to staff with COVID



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**Questions?**