In Hampton Roads nursing homes, low staffing and resident injuries are the norm

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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 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, the Daily Press found after reviewing several hundred pages of state inspection reports and federal data.

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 regulation say little specific about staffing. Nursing homes argue that Medicaid, which covers most residents' care, doesn't pay enough.

"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 are left in soiled briefs for hours," said Sam Kukich, whose anger over her mother-in-law's care led her to form a Peninsula-based support group, Dignity for the Aged.

Family members often feel powerless — afraid to speak up about a mother whose diarrhea was untreated for six months, or elderly people left for hours after they've wet themselves, or who sit in dining rooms, unable to feed themselves and unfed. They fear that complaining might make it even harder to get the care they pay thousands of dollars a month to secure.

The problem, they say, is simple: There aren't enough staff in the homes.

"Virginia's nursing homes are dedicated to providing high-quality care to every resident entrusted to their care. The challenges facing Virginia's nursing homes are wide-ranging from the complex care needs of our residents, to nationwide staffing shortages, to a

complex reimbursement system that does not fully cover the cost of care for Medicaid recipients," the Virginia Health Care Association, the group that represents almost all nursing homes in the state, said in a written statement.

"There are countless instances of residents whose health and well-being improved because of the care they received in a nursing home," the association added.

Falling

Some of the more than four dozen falls Kukich's mother-in-law suffered in less than a year and a half at St. Francis nursing home in Newport News happened as staff simply watched, according to nursing records that Kukich reviewed.

It's hard to know how many falls she suffered since one note from May 2017 says simply, "note resident had several falls due to lack of safety awareness." That was written 10 days after "CNA watched fall" and three weeks before the note "observed by nurse rolling out of her (wheelchair) at Nurse station," according to the notes Kukich made when reviewing the records.

Her mother-in-law lost 65 pounds while at St. Francis, a Bon Secours Health System facility, Kukich added.

"Bon Secours strives daily to provide care centered on the individual that is safe, compassionate and highly reliable, and we are committed to a relentless pursuit of that goal," spokeswoman Emma Swann said in a statement. "To keep resident care at the forefront of what we do, we invest significantly in our staff."

She added that three Bon Secours nursing homes — St. Francis, DePaul Transitional Care Unit and Maryview Nursing Care Center — all received three stars and above in the most recent ratings from the federal Centers for Medicare and Medicaid Services.

The three-star rating is considered average; St. Francis's reported staffing is half the national average for registered nurses and 9 percent below the national average for nurse's aides, according to CMS's data. It is 55 percent below the the suggested standard CMS began recommending in 2001 for registered nurses and 24 percent below its recommendation for nurses aides.

Seeking help

CMS is the agency that, through Medicare, pays for skilled nursing care. It also funds half of Virginia's Medicaid program, which pays for more than 60 percent of residents in nursing homes. The state health department inspects homes and investigates complaints.

But despite all those eyes on homes, Kukich said it is still hard for relatives to know where to turn when helpless patients aren't getting the care they need.

It can be hard even for the experts, too.

One local advocate, a retired professor of medicine who ran geriatric medicine programs for Johns Hopkins, Tufts and the University of North Dakota, said it took three weeks for one Norfolk nursing home to order the MRI that revealed a broken vertebrae from a fall she suffered after an unqualified staff member tried to help her move. While he pushed the home to order the scan, it tried to discharge her. It moved her to a wing where she couldn't receive the daily showers and physical therapy her doctor ordered.

Then she was sent to a Peninsula nursing home, which first cancelled a doctor-ordered cardiac MRI because it meant she could not be billed for physical therapy that day, then tried to bounce her out by sending her to an affiliated hospital's emergency room.

Those near misses with discharges are why the retired professor said he didn't want her name mentioned. But the discharge threats aren't his only concern, as she's been bounced from home to home already.

The Peninsula nursing home where she now lives took a day to get around to giving her a low dose of antibiotics after her coughing and breathing difficulties prompted a diagnosis of institution-acquired pneumonia — that is, a lung infection by antibiotic-resistant bacteria.

When the retired professor came to visit that evening, the home told him she was doing fine, with a normal temperature. But to his eyes, her state was so appalling that he called 911 — and when the EMTs took her temperature, it was 102. She was hospitalized for 10 days, with triple pneumonia. Her diabetes had gone so out of control that the hospital had to give her IV insulin.

Untreated illness

Pneumonia and diabetes crisis while in nursing home care may not be an isolated issue, state inspection records suggest.

Consulate Care of Williamsburg didn't monitor one resident's blood glucose, a critical measure of risk for people with diabetes, and didn't tell her doctor or family when her short-acting insulin was discontinued last year, a state investigation found.

Sixteen days after she arrived at the nursing home, she vomited coagulated blood and Consulate sent her to a nearby hospital, where she had a blood sugar level greater than 900, which puts a person at risk of coma and death. She also had a blood infection, pneumonia and a condition in which her body was breaking down fat at a deadly pace. The hospital reversed the last, and antibiotics brought her pneumonia under control.

When she returned to Consulate, it discontinued all medications except for so-called "comfort care" ones such as morphine and antidepressants. She died in the facility.

"I fell straight to the floor and hit my head first," a woman in the Northampton nursing home told a visiting health department inspector, describing a 2017 fall that broke her left thighbone — the biggest and strongest bone in the body.

Though she complained of pain, she wasn't X-rayed until four days later. She fell as an aide tried an unapproved technique to move her from her chair to her bed. I have been scared to get out of bed, so I stay in bed," she said.

Consulate failed to treat another resident's open wound for seven days last July, despite a doctor's order, although they filled in forms saying they had done so, state inspectors found.

By the following month, nursing notes reported the resident's ankle was swollen, that skin was sloughing off and a smelly pus was draining from the area. The notes added that the resident grimaced with pain when a nurse touched the area. The facility's staff did not report its neglect to treat the wound.

Because nursing residents often can't move themselves easily, and older people tend to have more fragile skin, making sure sores don't get worse and turn into open wounds is a key task for staff.

Roughly 60 percent of Hampton Roads homes reported patients having open skin wounds more often than the national average, a Daily Press review found. The same percentage of homes reported above average numbers of residents became less mobile during their stay.

Gaps in care

An inspector at Envoy of Williamsburg spotted one woman slumped over in her wheelchair, drooling slightly in full view of anyone passing by. She was sitting at one end of the bed, which was so close to her roommate's that the privacy curtain couldn't be drawn.

The inspector found her in exactly the same spot, slumped over the same way the next morning — and in a series of quick stops through early afternoon.

There were food particles on the front of her blue sweat suit which appeared to be crumbs and a creamy substance like oatmeal. Nobody ever brushed these off in all those hours.

Another Envoy resident complained that the staff was rude and would not listen to him when he had respiratory difficulty.

The home's records, when reviewed by a state inspector, showed an instance when he complained of trouble breathing, while a check showed his blood oxygen was low.

The records did not show he was given oxygen or that staff tried any of the standard taps on a chest that can clear breathing passages.

What they did show was an emergency room admission later that day.

A doctor's note from the hospital reported an old spine fracture from a car accident meant the man had difficulty clearing his lungs. The chest tapping that the man didn't get at the nursing home, but that a respiratory therapist administered in the E.R., got him breathing more normally.

Staff at Signature Healthcare of Norfolk staff didn't notice a bedsore on one resident's upper buttocks until it advanced to a stage where a patch of skin 2½ by 1½ inches had sloughed off — even though the week earlier they had reported skin damage to the resident's thigh.

A Bon Secours Maryview resident told a state inspector that he gets short of breath when going to the bathroom, and that his portable oxygen tank wasn't in his wheelchair holder.

When asked where the tank was, "he stated he didn't know it was over there somewhere." It was in fact found unsecured and standing next to the door of the resident's room; with the oxygen inside at 2,000 pounds per square inch of pressure, the officials declared a situation of immediate jeopardy which mean they could order staff to fix it right away. Forty minutes later, inspectors found another unsecured oxygen tank in another resident's room.

A longstanding issue

A 2016 study by a team of professors of medicine and nursing at Vanderbilt University, the University of California at San Francisco and the University of British Columbia reported that inadequate nurse staffing was the basic reason for quality of care problems.

They noted noting that since 2001, the U.S. Centers for Medicare and Medicaid Services has said homes needed to have enough registered nurses to provide 45 minutes of care a day for each resident. Only 11 of Hampton Roads' 57 homes meet this standard.

On top of that, the Medicare agency also recommended nursing homes have enough nurses' aides to provide between 168 and 180 minutes of care per patient per day. Only five Hampton Roads homes exceed the lower number and only two the higher one.

Follow-up studies, weighing the actual needs of nursing home residents, suggest that on average nursing homes probably ought to provide about 65 minutes of registered nurse care per patient per day and 40 minutes of care by licensed practical nurses. That would reduce the amount of time needed from nurses' aides, but only 13 Hampton Roads homes would meet that lower standard. And only five of those would meet the RN and LPN standard.

The need for enough staff wasn't a secret. Even before the Medicare agency's recommendation, the federal Nursing Home Reform Act of 1987 set a standard, requiring one registered nurse director of nursing be on duty for eight hours a day, seven days a week, and one licensed practical nurse on evening and night shifts. Otherwise, it said homes were required to have "sufficient" staff, without defining that. While 41 states have set some additional standards, Virginia has not.

But about a decade after the 1987 law, Congressional attention shifted to costs, setting rates for what Washington will pay for Medicare beneficiaries receiving skilled nursing care. Those seem to have covered costs, and more — the team from Vanderbilt, UCSF and UBC reported nursing home profits from Medicare have ranged from 10 percent to 21 percent since 2010.

Medicaid rates, which are set by states, are a different story. Virginia's Department of Medical Assistance Services says it pays homes a margin over their average costs. The calculation is complicated and backward-looking, and includes no standard for LPN or aide staff levels and no incentive for homes to boost staffing or enhance services.

"Basically, the aim to maintain the status quo," said Steve Ford, senior vice president for policy and reimbursement at the Virginia Health Care Association, a group that represents more than 90 percent of nursing homes in the state.

The base rate that nursing homes get for Medicaid patients is set every three years. The state looks at the direct and overhead costs of all the homes in a geographic area and bases the rate on the middle.. If a home's costs are above that average, perhaps because it has more nurses' aides, it gets no extra money, Ford said. The state does pay homes more or less than the base rate based on how ill and disabled its residents are. It costs more to care for sicker residents, so those homes get more.

Recently, the state has approved inflation adjustments, though it skipped in 2016 and granted only a part of what its outside consultant recommended in 2017. The current base rates are pegged to costs mid-ranked homes reported from 2011 to 2014 — a time in which the state skipped inflation adjustments and when homes cut back spending to try to stay out of the red.

On average in Virginia, Medicaid pays for the care of 62 percent of nursing home residents. Medicaid, however, accounts for only about 40 percent of Virginia nursing homes' total revenue, Ford said.

The 47 Hampton Roads nursing homes reporting financial results to the Virginia Health Information service, a joint venture of insurers, health care providers and state officials that compiles data on hospitals and nursing homes, earned a profit of $2.7 million on net

revenue of $418 million in 2017. If 40 percent of that revenue came from Medicaid, and 62 percent of costs did, that means Medicaid pays about 35 percent below what it costs nursing homes to care for its beneficiaries in Hampton Roads.

Isolation

Nursing homes don't like the idea of state-ordered staffing ratios. The mix of residents and their needs can vary so much that a one-size-fits-all approach wouldn't work, said April Payne, vice president of quality improvement at the state nursing home association. Assuring high quality care with the right staffing mix is a priority at all homes, she said.

Still, what regulators report shows something is missing.

Among the residents who caught a state health official's eye during an inspection The Gardens at Warwick Forest in Newport News last summer was a woman with long facial hair.

On the inspector's third pass by the woman's room, she spoke up: "It's been a long time since I've been shaved. Can you shave me? I would really like to be shaved."

The inspector noted another woman lying in bed with nothing to occupy her — not even a radio or TV. On a fourth trip past her room, the inspector asked if the staff had provided any of the one-to-one activity they are required by regulation to provide.

"The resident tried to mouth some words that were not discernible and began to cry," wrote the inspector, who asked for help from an LPN.

The LPN immediately told the resident, "Now you know I have been in here to see you many times. I gave your medicines, made sure you were clean and asked you if you needed anything. I have done everything I was supposed to do for you. So what's the matter?"

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