



MICHAEL J. "MIKE" WAGUESPACK, CPA

Report Highlights

Louisiana's Response to COVID-19 in Nursing Facilities

Louisiana Department of Health (LDH)

Audit Control # 40200011

Performance Audit Services • April 2021

Why We Conducted This Audit

The purpose of this report is to provide information on Louisiana's response to COVID-19 in nursing facilities. In calendar year 2020, Louisiana had 279 nursing facilities serving 25,412 residents. We conducted this audit because, according to the Centers for Disease Control and Prevention (CDC), nursing facility populations are at high risk of being affected by respiratory pathogens like COVID-19 due to their congregate nature and because the population served includes older adults who often have underlying, chronic medical conditions.

What We Found

Overall, we found that nursing facilities experienced staffing shortages, lack of access to personal protective equipment (PPE) and testing supplies, restrictions on visitation and state oversight activities, and decreased revenues due to COVID-19. To address these issues, federal and state government entities provided technical assistance, resources, and funding. Specifically, we found the following:

- Nursing facilities faced staffing challenges throughout the COVID-19 pandemic due to staff exposures to COVID-19, illnesses, or needing to care for family members. For example, 148 (53.4%) of 277 nursing facilities reported a shortage of nursing staff at some point between May 2020 and December 2020.** Louisiana implemented several initiatives to address these shortages, including allowing nurses with out-of-state licenses to work in Louisiana, providing hazard pay, subsidizing childcare for workers, and launching the "Louisiana Health Work Connect" to link facilities with qualified candidates to fill vacant positions.

Louisiana Nursing Facilities Resident and Staff COVID-19 Cases and Deaths* As of February 28, 2021		
	Cases	Deaths
Residents	14,617	2,890
Staff	11,456	N/A
Total	26,073	2,890

*Based on data reported to LDH by nursing facilities, which may have incomplete information or may contain duplicate deaths reported by multiple nursing facilities for the same individual. In addition, LDH stated that it does not publicly report staff deaths in order to comply with the Health Insurance Portability and Accountability Act. LLA did not assess the reliability of this data. Source: Prepared by legislative auditor's staff using unaudited LDH COVID-19 nursing facility data.

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What We Found (Cont.)

- **Nursing facilities lacked access to certain types of PPE at the beginning of the COVID-19 pandemic. In addition, nursing facilities did not always have access to testing supplies, and laboratories did not always provide test results in a timely manner.** To address these challenges, LDH and the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) provided PPE to facilities and LDH deployed strike teams consisting of contracted health care workers to administer tests and transport specimens to laboratories for testing.

PPE Provided to Nursing Facilities By LDH and GOHSEP March 2020 through December 24, 2020	
PPE Type	Count
Gowns	927,416
Surgical masks	841,948
Nitrile gloves	762,870
N95 masks	701,666

Source: Prepared by legislative auditor's staff using unaudited information provided by LDH and GOHSEP.

- **As recommended by the Centers for Medicare & Medicaid Services (CMS), LDH required nursing facilities to restrict entry of all visitors and non-essential healthcare personnel, including family members and some state oversight agencies beginning in March 2020 to control the spread of COVID-19. However, this limited visibility and may have decreased oversight of the quality of care provided to residents.** While visitation was restricted, LDH required nursing facilities to offer alternatives to traditional visitation, such as the use of telecommunication devices, and offered funds to purchase laptops. In addition, effective March 4, 2020, CMS suspended regular survey activities to allow inspectors to conduct targeted surveys and investigate complaints of abuse. Visitation restrictions remained in place until September 2020, when LDH loosened restrictions, in part, because CMS acknowledged that physical separation had taken a physical and emotional toll on residents.
- **Nursing facilities experienced decreased revenues due to declining censuses as a result of deaths and lower admissions due to COVID-19. However, state and federal sources have provided funding and resources to help offset lost revenues and to help with additional expenses, such as purchasing PPE.** Based on COVID-19 data self-reported by nursing facilities to LDH through February 28, 2021, resident census decreased for 214 (76.7%) of 279 nursing facilities between their first and last report submitted to LDH. Additional resources for nursing facilities included an enhanced per diem rate for Medicaid residents and residents of Veterans Homes, federal funding through multiple sources, and loans that can be forgiven if certain stipulations are met.