LOUISIANA'S RESPONSE TO COVID-19 IN NURSING FACILITIES

LOUISIANA DEPARTMENT OF HEALTH

PERFORMANCE AUDIT SERVICES
ISSUED APRIL 21, 2021

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LOUISIANA LEGISLATIVE AUDITOR
MICHAEL J. "MIKE" WAGUESPACK, CPA

April 28, 2021

The Honorable Patrick Page Cortez,
President of the Senate
The Honorable Clay Schexnayder,
Speaker of the House of Representatives

Dear Senator Cortez and Representative Schexnayder:

The purpose of this audit was to provide information on Louisiana's response to COVID-19 in nursing facilities.

We found that nursing facilities in Louisiana faced staffing challenges throughout the COVID-19 pandemic because of staff exposure to COVID-19, illness, or the need to care for family members. For example, 148 (53.4 percent) 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.

Nursing facilities also lacked access to certain types of personal protective equipment (PPE) at the beginning of the COVID-19 pandemic. In addition, we found the 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, the Louisiana Department of Health (LDH) and the Governor's Office of Homeland Security and Emergency Preparedness 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.

We found as well that the oversight of the quality of care may have decreased after LDH required nursing facilities to restrict entry of visitors and non-essential healthcare personnel, including family members and some state oversight agencies. The restrictions were the result of recommendations made by the federal Centers for Medicare and Medicaid Services (CMS) to control the spread of COVID-19. 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 tablets. In addition, effective March 4, 2020, CMS suspended regular survey activities to allow inspectors to conduct targeted surveys and investigate complaints of abuse.

Revenues for nursing facilities may have decreased because of a decline in the number of residents caused by COVID-19-related deaths and lower admissions. However, we found state and federal sources provided funding and resources to help offset lost revenues and to help facilities with additional expenses, such as purchasing PPE.

The report contains our findings, conclusions, and recommendations. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to LDH for its assistance during this audit.

Respectfully submitted,

Michael J. "Mike" Waguespack, CPA
Legislative Auditor

MJW/aa

COVID19 NURSING FACILITIES

Louisiana Legislative Auditor

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Louisiana's Response to COVID-19 in Nursing Facilities
Louisiana Department of Health

April 2021

Audit Control # 40200011

Introduction

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.[1] 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.

As of February 28, 2021, Louisiana nursing facilities had reported a total of 26,073 resident and staff COVID-19 cases and 2,890 COVID-19-resident deaths, as shown in Exhibit 1.[2] Appendix C details these and other measures by nursing facility. Nursing facility resident deaths accounted for 30.1% of the 9,608 COVID-19-related deaths in Louisiana as of February 28, 2021. Since the beginning of the COVID-19 public health emergency (pandemic),[3] state and federal entities including the Louisiana Department of Health (LDH), the Centers for Medicare and Medicaid Services (CMS), and the CDC have issued guidance and requirements to control the spread of COVID-19 in nursing facilities. LDH issued guidance to nursing facilities directly by email or fax and via the Health Alert Network[4] and provided technical assistance to nursing facilities through Infection Control Assessment and Response (ICAR) reviews. In addition, the Louisiana Nursing Home

Exhibit 1
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.

[1] The number of nursing facilities includes those that were operating at some point during the COVID-19 pandemic, between March 2020 and February 2021. The number of residents was calculated based on each nursing facility's first COVID-19 report submitted to LDH between March 2020 and May 2020. Two nursing facilities do not accept Medicare or Medicaid.

[2] 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. The LLA did not assess the reliability of this data.

[3] On January 31, 2020, the U.S. Department of Health and Human Services Secretary declared a public health emergency for the United States in response to COVID-19. Louisiana's first case was identified on March 9, 2020.

[4] https://ldh.la.gov/index.cfm/page/3179

Association (LNHA) stated that it provided information to nursing facilities on how to update and implement infection prevention and control policies and procedures.

According to state law,[5] all nursing facilities are under the jurisdiction of LDH.[6] In addition, to be eligible to participate as a nursing facility in the Medicare or Medicaid Programs, facilities must adhere to federal regulations established by CMS. LDH provides routine oversight of nursing facilities through inspections (surveys) to evaluate compliance with state and CMS requirements. However, effective March 4, 2020, CMS suspended regular survey activities to allow inspectors to focus on complaints of abuse and to conduct Targeted Infection Control Surveys (targeted surveys).

Prior to the COVID-19 pandemic, nursing facilities were required to have infection prevention and control programs. These programs are important because they prevent, recognize, and control the spread of infection in a nursing facility; however, 87 (31.1%) of 280 Louisiana nursing facilities surveyed from 2013 through 2017 had infection prevention and control deficiencies cited in multiple years.

Source: U.S Government Accountability Office (GAO)

Due to heightened infection prevention and control protocols during the COVID-19 pandemic, our audit procedures were limited to interviews and document reviews as we were unable to visit nursing facilities. Our sources of information included CDC, CMS, and LDH guidance and policies; findings of the Coronavirus Commission for Safety and Quality in Nursing Homes[7] (Coronavirus Commission); results of the LDH surveys and targeted surveys; and analysis of various data sets. We also interviewed stakeholders and other state agencies, including the LNHA, the Governor's Office of Elderly Affairs (GOEA), the Louisiana Department of Veterans Affairs (LDVA), and the Louisiana State Board of Nursing, as well as nursing facility staff. See Appendix B for our detailed scope and methodology and a full list of the sources we used. The objective of this audit was:

To provide information on Louisiana's response to COVID-19 in nursing facilities.

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. Appendix A contains LDH's response to this report, and Appendix B contains our scope and methodology. Appendix C lists each nursing facility's COVID-19 case and death data as of February 28, 2021, resident census as of each nursing facility's first COVID-19 report to LDH, the number of deficiencies on recent surveys, and their CMS staffing rating as of January 1, 2020.

[5] Louisiana Revised Statutes (LRS) 40:2009.1
[6] The Louisiana Department of Veterans Affairs has primary oversight authority over State Veterans Homes.
[7] *Coronavirus Commission for Safety and Quality in Nursing Homes* (September 2020). https://sites.mitre.org/nhcovidcomm/wp-content/uploads/sites/14/2020/09/FINAL-REPORT-of-NH-Commission-Public-Release-Case-20-2378.pdf

Objective: To provide information on Louisiana's response to COVID-19 in nursing facilities.

Overall, we found that nursing facilities experienced staffing shortages, lack of access to 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.

- **Nursing facilities lacked access to certain types of personal protective equipment (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.

- **As recommended by 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 tablets. 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 censuses 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.

These issues and the state's response are discussed in more detail in the sections below.

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.

According to the U.S. Department of Health and Human Services' (HHS) report, *COVID-19 Intensifies Nursing Home Workforce Challenges,*[8] the COVID-19 pandemic imposed immense challenges on the nursing facility workforce, compounding pre-existing difficulties with hiring and retaining nursing staff. The Coronavirus Commission also found that low wages, high resident-to-staff ratios, and increased pressure to deliver care for residents with complex needs under difficult conditions contribute to gaps in care for nursing facility residents.

Nursing facilities experienced significant staffing challenges during the COVID-19 pandemic. According to LDH data, as of February 28, 2021, nursing facilities reported 11,456 staff cases of COVID-19. Staffing was a challenge due to staff quarantining after exposure to COVID-19, illness, or needing to care for family members. As shown in Exhibit 2, nursing facilities reported staffing shortages in multiple personnel areas from May 24, 2020, through December 27, 2020. These shortages may have affected the quality of care that residents received. For example, LDH conducted 895 targeted surveys from March 2020 to October 2020 and identified deficiencies where the nursing facility failed to ensure adequate staffing to meet resident needs, such as staff not bathing residents and staff not answering calls from residents.

Exhibit 2
Percent of Louisiana Nursing Facilities Reporting Staffing Shortages by Type of Staff
May 24, 2020, through December 27, 2020*

Staff	Percent of Facilities
Nurse Aides	58.1%
Nursing Staff	53.4%
Other Staff	47.7%
Clinical Staff	35.0%

* Nursing facilities reported a shortage at least once during this period.
Source: Prepared by legislative auditor's staff using unaudited CMS COVID-19 data. This data was not collected prior to May 24, 2020.

[8] *COVID-19 Intensifies Nursing Home Workforce Challenges* (October 2020). https://aspe.hhs.gov/system/files/pdf/264156/COVIDNH.pdf

Staffing shortages experienced during the COVID-19 pandemic were exacerbated by the shortages that existed in nursing facilities prior to the COVID-19 pandemic. To ensure quality care, state regulations[9] require that nursing facilities provide a sufficient number of nursing service personnel consisting of registered nurses (RN), licensed practical nurses (LPN), and nurse aides (NA). According to multiple stakeholders, recruiting and retaining sufficient staff was a challenge prior to the COVID-19 pandemic. According to the Louisiana State Board of Nursing's *Nursing Demand Report*,[10] there were an estimated 261 RN vacancies, 597 LPN vacancies, and 1,509 NA vacancies in nursing facilities during calendar year 2018.

State regulations[11] require Louisiana nursing facilities to provide 2.35 hours of care per resident per day. According to CMS Nursing Home Compare data, Louisiana's total nursing staff hours per resident per day exceeded this requirement at 3.73 hours per resident per day, but was less than the national average of 3.87 hours as of January 1, 2020, as shown in Exhibit 3. This data also shows that, as of January 1, 2020, 228 (84.1%) of 271[12] Louisiana nursing facilities had a staffing rating of 2 or lower, meaning that these nursing facilities are considered to have staffing quality below the national average.

Exhibit 3
Louisiana Nursing Facilities
Staffing Hours per Resident per Day
As of January 1, 2020

Personnel Type	Louisiana Average	U.S. Average
NA	2.29	2.31
LPN	1.13	0.87
RN	0.30	0.69
Total Nursing Staff	**3.73**	**3.87**

Source: Prepared by legislative auditor's staff using unaudited CMS Nursing Home Compare data.

Louisiana has taken multiple steps to address staffing shortages in nursing facilities in response to the COVID-19 pandemic. The goals of these actions include expanding the healthcare personnel workforce by allowing out-of-state workers, easing hiring requirements, providing childcare, and providing hazard pay. Some examples of Louisiana actions to address these shortages include the following:

- On March 31, 2020, Governor John Bel Edwards issued an executive order[13] that allowed nurses with out-of-state licenses to work in Louisiana. In addition, Louisiana was already part of various state compacts[14] that allow healthcare personnel such as nurses and physicians to be licensed in one state but practice in other states during a health care emergency such as the COVID-19 pandemic.

- LDH modified the requirements for temporary nurse aides to become Certified Nurse Aides (CNAs). Nursing facilities can employ individuals to work as

[9] Louisiana Administrative Code (LAC) 48:9823
[10] Louisiana State Board of Nursing. *Louisiana's 2019 Nursing Workforce Demand Report* (August 2020). http://lcn.lsbn.state.la.us/Portals/0/Documents/2019%20LCN%20Nurse%20Demand%20Report.pdf
[11] LAC 48:9823
[12] While there are 277 nursing facilities that accept Medicare or Medicaid, six nursing facilities did not receive a staffing rating.
[13] La. Executive Order No. 38 JBE 2020 (March 31, 2020), https://gov.louisiana.gov/assets/Proclamations/2020/38-JBE-2020.pdf
[14] This includes the Uniform Emergency Volunteer Health Practitioner Act, which allows the states to recognize out-of-state licenses for a variety of health practitioners during a state of declared emergency, and the Nursing Licensure Compact, which is an agreement between states that allows nurses to have one license but practice in other states that are part of the agreement.

temporary nurse aides for a maximum of four months while they complete a CNA training program and a state-approved competency evaluation (a test) to become a permanent CNA. LDH will accept training and work performed as a temporary nurse aide in lieu of the CNA training program. Temporary nurse aides must still pass a background check and facilities must ensure that they demonstrate competency in skills and techniques necessary to care for residents' needs.

- LDH launched the "Louisiana Health Work Connect" initiative to help facilities fill healthcare personnel staffing shortages due to the COVID-19 pandemic. A total of 178 unique candidates were matched by the program to the 121 nursing facilities enrolled in the program from April 2020 through August 2020, but the program did not track how many workers were actually hired. The program was primarily staffed through volunteers via the U.S. Digital Response, which assisted government entities in responding to the COVID-19 pandemic. LDH noted that finding sufficient, quality candidates was a challenge, and nursing facility staff noted that applicants were often no longer available by the time they contacted the applicants.

- To support essential workers, including nursing facility staff, the Louisiana Department of Education expanded the Child Care Assistance Program to allow eligible workers access to subsidized child care at licensed childcare centers participating in the program, or through registered and certified family childcare and in-home providers. However, the department did not track the number of individuals in various fields of occupation, including those in nursing facilities, who enrolled in the program.

- Act 12 of the 2020 First Extraordinary Session provided for a one-time "hazard pay" rebate of $250 for front-line workers, including nursing facility personnel, whose adjusted gross income is $50,000 or less. As of December 28, 2020, when distributions ended, a total of $38.1 million had been provided to front-line workers.

Nursing facilities lacked access to certain types of personal protective equipment (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.

Effective infection prevention and control activities involve the use of PPE, such as gloves, gowns, and masks by healthcare personnel and nursing facility residents to protect themselves and others while care is being provided. Other important activities include screening and testing to identify individuals who might be infected with COVID-19 in order to implement measures to prevent it from spreading to others. To assist with infection prevention and control

activities, LDH performed 300 Infection Control Assessment and Response (ICAR) reviews[15] to provide guidance and recommendations to nursing facilities on how to address gaps in infection control. LDH also conducted 895 targeted surveys to monitor compliance with infection prevention and control requirements. LDH and 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.

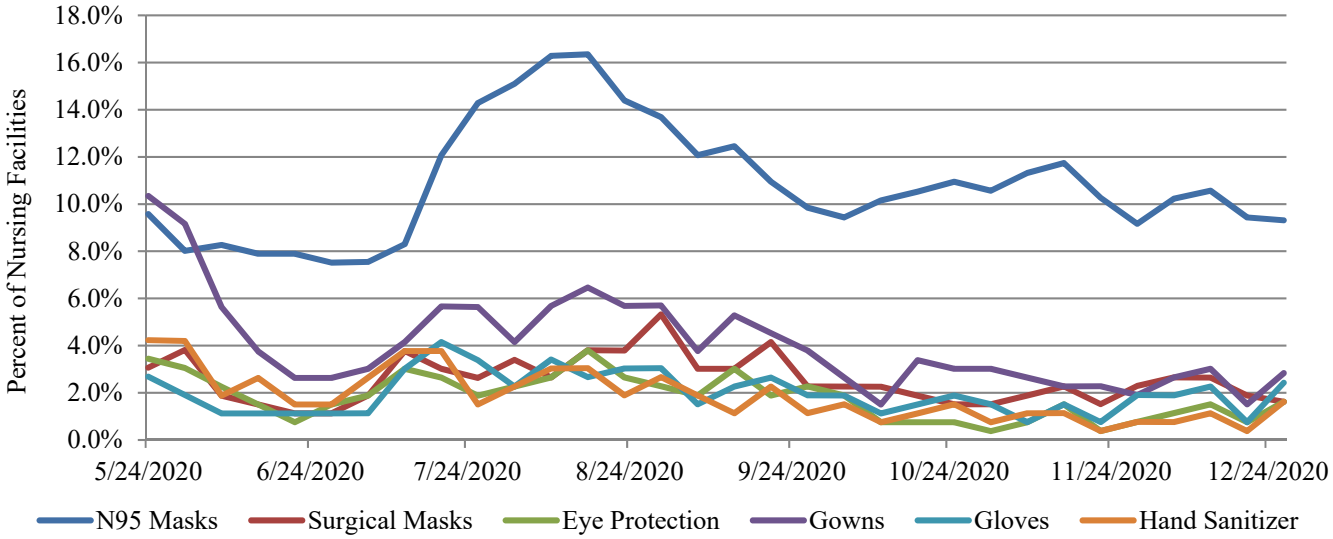
Access to certain types of PPE, including N95 masks, was a challenge at the beginning of the COVID-19 pandemic, but state and federal initiatives have helped to improve access. The Coronavirus Commission found that traditional supply chains for PPE were overwhelmed at the beginning of the COVID-19 pandemic, and LDH also found that nursing facilities had difficulties obtaining PPE, primarily in March 2020 and April 2020, when there were national shortages. To address the lack of PPE supplies, the Federal Emergency Management Agency (FEMA) issued a 14-day supply of PPE to all nursing facilities in April 2020.

According to CMS data,[16] the most common PPE shortage in Louisiana was N95 masks, with 43 (16.3%) of 263 nursing facilities reporting to CMS that they did not have a one-week supply for the week ending August 16, 2020. However, access improved over time, with only 23 (9.3%) of 247 nursing facilities reporting they did not have a one-week supply of N95 masks for the week ending December 27, 2020. Exhibit 4 summarizes the percentage of respondents reporting a lack of PPE to CMS, by PPE type, from May 24, 2020, when LDH began to collect this data, through December 27, 2020.

[15] The ICAR process existed prior to the COVID-19 pandemic to provide technical assistance related to infection prevention and control for nursing facilities. According to LDH, the results of these reviews are kept confidential to help encourage participation by facilities.

[16] Nursing facilities reported answers to these questions to CMS weekly. The total number of nursing facilities is based on the number that responded for the week ending shown.

Exhibit 4
Nursing Facilities Reporting Lack of PPE (One-Week Supply)
May 24, 2020 through December 27, 2020



Source: Prepared by legislative auditor's staff using self-reported nursing facility data provided by CMS.

From March 2020 through October 2020, LDH and GOHSEP employees staffed a PPE hotline for health care agencies, including nursing facilities, to call for assistance with obtaining PPE. In October 2020, LDH closed the hotline and began taking PPE requests by email. At that time, LDH also implemented a vetting process that required health care agencies requesting PPE from the state to provide proof that they attempted to purchase PPE from at least five vendors, but the vendors were not able to provide the needed PPE. According to LDH, this vetting process helped to ensure that health care agencies attempted to obtain PPE before requesting assistance from the state.

Both LDH and GOHSEP purchased PPE with existing state funds and expect to be reimbursed by FEMA at 100% of cost. However, neither LDH nor GOHSEP tracked expenditures by facility type, so the amount spent on PPE for nursing facilities is not available. Exhibit 5 shows the total number of PPE items distributed to nursing facilities by the type of PPE from March 2020 through December 24, 2020. According to the November 2020 LDH Nursing Home Status Survey,[17] 194 (72.4%) of 268 respondents stated that the impact of discontinuing PPE supplements would be "significant" or "critical", with "critical" meaning that they could not function without this support.

Exhibit 5
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.

[17] In the Nursing Home Status Survey, the total number of respondents varied for each question.

According to targeted surveys conducted by LDH, there were gaps in screening activities conducted by nursing facilities. The purpose of screening activities is to prevent individuals with COVID-19-like symptoms, recent risk of exposure, or a recent positive test result from interacting with nursing facility residents and staff. In order to help prevent the transmission of infections in nursing facilities, CMS and CDC guidance recommends that all healthcare personnel be screened at the beginning of their shift for symptoms of, or exposure to, COVID-19 using activities such as temperature checks and questionnaires about symptoms and activities outside of the nursing facility. If healthcare personnel are ill, then they should leave the workplace to prevent the spread of COVID-19 within the nursing facility.

However, according to ICARs conducted by LDH, many nursing facilities had gaps in screening staff during March 2020 and April 2020. In addition, the targeted surveys conducted by LDH showed multiple instances of issues with screening activities such as screening questionnaires not being completed, out-of-range temperatures not being rechecked, and nursing facilities not ensuring compliance with screening requirements. Other screening issues noted in the targeted surveys included a lack of staff available to conduct screening, staff using a side door to enter the nursing facility rather than the front door where screening took place, and staff who stated that they knew the protocols for screening but did not follow them.

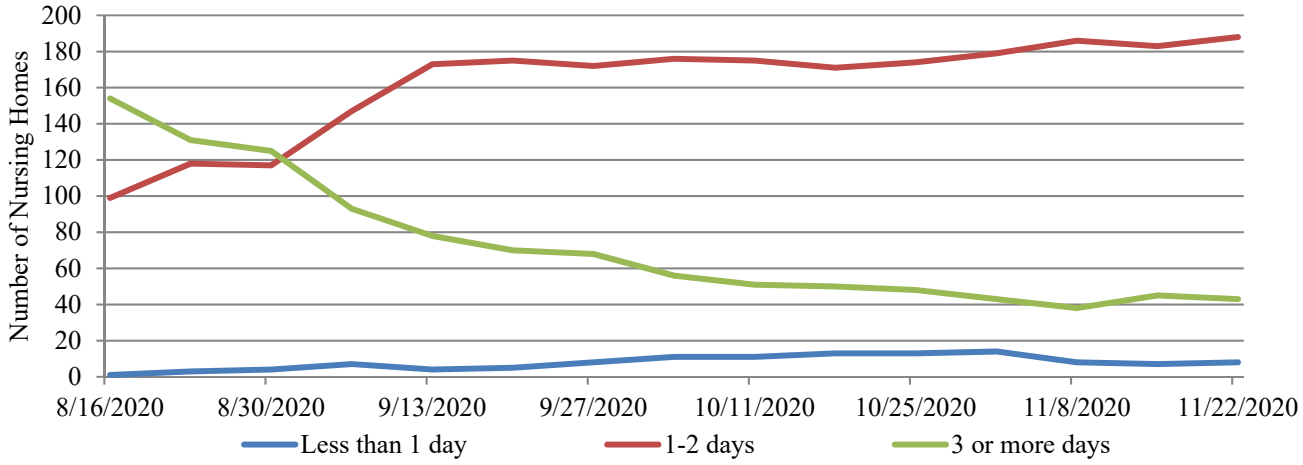
Nursing facilities also faced challenges related to COVID-19 testing, including lack of access to supplies and delayed test results. On May 8, 2020, LDH issued guidance for initial and on-going testing of all residents and healthcare personnel in nursing facilities. Effective June 17, 2020, LDH began requiring weekly testing for nursing facility staff. On October 16, 2020, LDH required testing twice a week if the positivity rate in the parish in which the nursing facility is located was greater than 10%. However, LDH noted that nursing facilities experienced a shortage of testing supplies such as swabs used to collect specimens and the viral transport media used to transport specimens to laboratories. FEMA and HHS provided swabs and viral transport media to the state to address the shortages caused by national supply chain constraints. With help from the National Guard, LDH distributed these resources to nursing facilities.

The Coronavirus Commission stressed the need for rapid testing to mitigate the potential spread of COVID-19, and the CDC recommended that healthcare personnel with COVID-19 be excluded from work. However, test results in Louisiana were delayed early in the COVID-19 pandemic, which potentially delayed the time it took for exposed individuals to take necessary precautions. For example, staff may have continued working and potentially exposed residents and other staff while waiting for test results. According to CMS data, as of August 16, 2020, when CMS began collecting this information, 154 (60.6%) of 254 nursing facilities reported that it took three or more days to receive test results. Our audit on the *Integrity of Data Reported on the COVID-19 Dashboard,* issued in December 2020,[18] also found that laboratories did not always submit COVID-19 test results in a timely manner. However, the time it takes for nursing facilities to receive test results has improved, as only 43 (18.0%) of 239 nursing facilities reported that it took three or more days to receive test results, as of November 22, 2020.

[18] Louisiana Legislative Auditor. *Integrity of Data Reported on the COVID-19 Dashboard - Office of Public Health* (December 2020), http://app.lla.state.la.us/PublicReports.nsf/0/0106C2554F213DFA862586400075675F/$FILE/000221C4.pdf?OpenElement&.7773098

Exhibit 6 shows the delays in receiving test results reported by nursing facilities from August 16, 2020, through November 22, 2020.

Exhibit 6
Nursing Facilities Reporting Average Number of Days to Receive Test Results
August 16, 2020 through November 22, 2020



Source: Prepared by legislative auditor's staff using self-reported nursing facility data provided by CMS.

To alleviate the burden of conducting tests and obtaining supplies, LDH began deploying strike teams staffed with contracted healthcare personnel in June 2020 to administer COVID-19 tests in nursing facilities. According to LDH, as of January 2021, strike teams had been assigned to 140 nursing facilities in Louisiana. A strike team visits a nursing facility once a week, and a single strike team visits multiple nursing facilities in a day to conduct all staff and resident testing and coordinate transport of specimens to the laboratories. Nursing facilities were selected for strike teams based on positivity rates of residents and staff. In addition, when strike teams were available, testing assistance was offered to any nursing facility that indicated they needed additional support. According to the November 2020 LDH Nursing Home Status Survey, 142 (53.0%) of 268 nursing facilities noted the impact of discontinuing the strike teams would be "significant" or "critical," with "critical" meaning they could not function without this support. As of November 2020, OPH had spent $9.8 million in CDC grant funds on these strike teams. In addition, to assist with testing, LDH used CDC grant funds to contract with nine laboratories to perform testing for nursing facilities. As of January 5, 2021, LDH had paid approximately $50.2 million for 460,576 tests conducted by the contracted laboratories.

As recommended by 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.

According to CMS, the vulnerable nature of the nursing facility population, combined with the inherent risks of congregate living in a health care setting, required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing facilities. The Coronavirus Commission and CMS found that, while limiting the duration and frequency of close contact among individuals within nursing facilities reduces the risk of transmission, these practices can result in unintended harm to residents' health. The Coronavirus Commission also found that restricting visitation limits the ability of families to verify resident well-being and raises quality of care concerns due to reduced state inspection and survey activity during this time.

According to CMS, infection prevention and control activities, such as isolating or cohorting residents and restricting visitation, are essential to prevent the exposure to and transmission of COVID-19 in nursing facilities but can also negatively impact the physical and mental health of residents. CDC, CMS, and LDH guidance directed nursing facilities to cancel group activities and use cohorting and isolation to prevent the spread of COVID-19. For example, some facilities created "COVID-19-only" wings, and some facilities used private rooms to isolate residents. The ability of a nursing facility to convert areas into "COVID-19-only" areas was dependent on the layout of the building. In addition, at least one nursing facility in the state became a "COVID-19-only" facility and accepted transfers of residents with COVID-19 from other nursing facilities.

Cohorting groups together individuals with the same condition (i.e., confirmed case, suspected case, potential exposure) in a dedicated space within a nursing facility.

Isolation places infected or potentially exposed individuals in a private room.

Effective March 16, 2020, LDH required licensed nursing facilities to restrict entry of all visitors and non-essential healthcare personnel, with exceptions for compassionate care such as end-of-life situations. According to the GOEA Ombudsman, the visitation guidance was not always clear to facilities, which led to inconsistent implementation by nursing facilities. For example, some nursing facilities did not offer window visits, while others did. Visitation restrictions remained in place until September 2020, when LDH loosened restrictions, in part, because CMS acknowledged that physical separation had physically and emotionally affected residents. Responses to the November 2020 LDH Nursing Home Status Survey showed that re-opening visitation created issues, including noncompliance with infection and prevention control protocols and increased the staffing needed to schedule and monitor visits. However, 176 (75.2%) of 234 respondents indicated that allowing some visitation had a positive impact overall or had not resulted in serious issues.

According to the Coronavirus Commission and several stakeholders, physical isolation and prolonged separation from loved ones can contribute to increased anxiety and depression. The Coronavirus Commission also found that these practices can instill loneliness and increase the risk for health conditions such as cognitive decline, stroke, high blood pressure, and other complications. CMS infection prevention and control guidance[19] states that nursing facility staff should take measures to reduce or minimize any potential psychosocial negative effects of

[19] *Medicare State Operations Manual*, Appendix P – Survey Protocol for Long Term Care Facilities. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_p_ltcfpdf.pdf

isolation (e.g., boredom, anger, withdrawal, depression) and proactively ensure that individualized needs, such as activities, are met. According to stakeholders, some nursing facilities made efforts to mitigate these negative impacts through socially-distanced games and activities (e.g., bingo through the telecommunications system).

While visitation was restricted, LDH required nursing facilities to offer alternatives to traditional visitation and encouraged options, such as virtual visitation using telecommunication devices. To assist nursing facilities, LDH made civil monetary penalty[20] funds available to purchase telecommunication devices, such as iPads and similar tablets. As of December 28, 2020, 145 (52.0%) of 279 nursing facilities applied for funds for these devices and received a combined total of $433,203. However, according to the Coronavirus Commission and stakeholders, virtual visitation often provides an insufficient substitute for in-person visitation when combined with limitations due to differing physical and cognitive abilities; unfamiliarity with equipment; and availability of equipment, Internet, and staff assistance. LDH also made civil monetary penalty funds available to nursing facilities for visitation aids such as tents and plexi-glass. As of December 28, 2020, 107 (38.4%) of 279 nursing facilities had applied for these funds and received a combined total of $239,362.

Restricting visitors and non-essential healthcare personnel from entering nursing facilities limited visibility and may have decreased oversight of the quality of care provided to residents. According to the Coronavirus Commission and multiple stakeholders, restricting visitors and non-essential healthcare personnel from nursing facilities made it difficult for residents' representatives, family members, and government agencies to observe their status, which can limit opportunities to identify or intervene in cases of abuse or neglect. Since the beginning of the COVID-19 pandemic, traditional observation and oversight from LDH, GOEA's Long-Term Care Ombudsman Program, and the Attorney General's Medicaid Fraud Control Unit (MFCU) was limited. These entities and their typical activities include the following:

- *LDH Health Standards* surveys nursing facilities at least once every 15 months to inspect for compliance with CMS requirements, including quality of care. However, in response to the COVID-19 pandemic, CMS suspended normal inspection activities so states could focus on targeted surveys, which are limited in scope, meaning that there was less direct observation of residents' conditions. LDH staff also receives and investigates complaints about nursing facilities.

- *The GOEA Long-Term Care Ombudsman* investigates complaints in nursing facilities and serves as an advocate for residents' rights. GOEA stated that while regional ombudsmen normally visit nursing facilities to observe care and advocate for residents, they could not visit nursing facilities in person from March 2020 until September 2020.

[20] Civil monetary penalty funds are paid to CMS by nursing facilities found to be non-compliant with Medicare or Medicaid program requirements. A portion of these funds are returned to states to support activities that benefit nursing facility residents and that protect or improve their quality of care.

- *The Attorney General's MFCU* receives complaints and investigates incidents of abuse and neglect involving nursing facility residents. Its primary role in entering nursing facilities is to retrieve records and interview witnesses involved in investigations of abuse or neglect of nursing facility residents. Because MFCU Special Agents are considered law enforcement, they were allowed to enter nursing facilities throughout the COVID-19 pandemic for those investigative purposes. However, MFCU Special Agents visited nursing facilities less than half as often as they usually would due to a reduction in abuse or neglect complaints it received, as well as on-going infection prevention and control concerns.

Because oversight agencies were not always physically in nursing facilities during the COVID-19 pandemic, there was less opportunity to observe and monitor the quality of care provided to residents. Although LDH was able to conduct targeted surveys during the COVID-19 pandemic, these surveys do not comprehensively analyze the quality of care delivered by nursing facilities like annual surveys do. In addition, complaints made to LDH about nursing facilities declined by 57 (3.3%), from 1,738 in calendar year 2019 to 1,681 in calendar year 2020. LDH stated that COVID-19 restrictions decreased opportunities for family members to visit loved ones in person, which contributed to the decrease in complaints.

In LDH surveys conducted prior to the COVID-19 pandemic, 188 (67.9%) of 277 nursing facilities received a total of 530 deficiencies related to resident quality of life or care; resident rights; or abuse, neglect, or exploitation.

Source: CMS Nursing Home Compare data based on surveys conducted between February 7, 2019, and February, 28, 2020.

Complaints to GOEA also decreased by 323 (24.4%), from 1,324 in calendar year 2019 to 1,001 in calendar year 2020. According to GOEA, this could have been because residents had fewer opportunities to talk privately with ombudsmen without regular, in-person visits. The GOEA Ombudsman and MFCU staff stated that the complaints they received during the COVID-19 pandemic were mostly related to quality of care, including concerns about residents not being bathed, being left in soiled diapers or clothes for hours, not receiving the assistance they need to eat or drink, or other incidents due to decreased staff attention, especially for residents isolated due to COVID-19.

The reduction in state oversight means the state may lack valuable information about the care that residents received during the COVID-19 pandemic. This is especially important because CMS suspended reporting requirements for quality measures that nursing facilities typically report, such as percent of residents experiencing falls with major injury, urinary tract infections, and pressure ulcers (bed sores). According to CMS, these quality measures are used to assess a nursing facility's ability to provide high-quality health care and are components of the underlying data for Nursing Home Compare. However, nursing facilities were not required to report quality measures from January 2020 through June 2020. According to CMS, the reporting requirements were waived to assist health care providers while they directed their resources toward caring for their patients and ensuring the health and safety of patients and staff.

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.

According to the Louisiana Nursing Home Association, nursing facilities experienced additional costs during the COVID-19 pandemic due to the need for PPE and additional staffing. In addition, nursing facilities have experienced reduced income due to declining censuses (number of residents). However, nursing facilities have received funding and resources to assist them in addressing the COVID-19 pandemic, including payments from the federal government, increased daily rates, and resources, such as PPE and assistance with testing residents and staff.

Increased costs, due to the COVID-19 pandemic, and decreased revenues, due to declining censuses, may have created financial challenges for some nursing facilities. In response to the November 2020 LDH Nursing Home Status Survey, 44 (16.8%) of 262 respondents stated that they had cost increases of 30.0% or more due to COVID-19 that were not covered by federal resources. In addition, 93 (36.5%) of 255 respondents answered that they only had enough cash to cover all operational expenses, including testing and PPE, for 30 days or less. According to stakeholders, nursing facilities have also lost revenue because their censuses declined due to decreases in the number of hospitalizations,[21] more people being hesitant to use healthcare facilities such as nursing facilities, individuals choosing to reside elsewhere during the COVID-19 pandemic as a result of visitation restrictions, and resident deaths. As of February 28, 2021, Louisiana nursing facilities had reported a total of 2,890 resident deaths caused by COVID-19. Based on COVID-19 data self-reported by nursing facilities to LDH through February 28, 2021, resident censuses decreased for 214 (76.7%) of 279 nursing facilities between their first and last report to LDH. Overall, Medicaid service days (days a resident was in a nursing facility) for Louisiana nursing facilities declined by approximately 25.7%, from 563,335 in March 2020 to 418,484 in December 2020.

Nursing facilities and LDH have received additional funds and resources to address the COVID-19 pandemic. The federal government appropriated supplemental funding related to COVID-19 through various acts, as shown in Appendix B. The primary sources for COVID-19 funding and resources for Louisiana nursing facilities included temporary increases to the per diem rates, direct payments to nursing facilities through the Provider Relief Fund, grants from the CDC that provided support for testing from LDH, and Civil Monetary Penalty funds made available to nursing facilities for improving visitation and communication capabilities during the COVID-19 pandemic. In addition, as discussed in previous sections of this report, nursing facilities have received resources and support from other sources such as PPE from FEMA, LDH, and GOHSEP, and assistance from strike teams for conducting testing. Information about the various sources of funding and support is described below.

[21] According to the Louisiana Nursing Home Association, hospitalizations are nursing facilities' largest source of admissions. During the COVID-19 pandemic, fewer patients went to hospitals due to restrictions on elective surgeries.

Increased/Enhanced Per Diem for Medicaid Eligible Residents. On April 20, 2020, CMS approved LDH's request to temporarily increase Medicaid daily reimbursement rates for privately-owned nursing facilities by $12 effective March 1, 2020, through the end of the COVID-19 public health emergency. LDH pays each private nursing facility a specific daily rate calculated by its contractor, Myers and Stauffer LLC, which uses cost report data to calculate the rates. As of January 1, 2020, prior to the $12 add-on, the rate ranged from $163 to $212 per day per Medicaid recipient. CMS approved the change in the daily reimbursement rate to ensure that sufficient health care services would be available to meet the needs of individuals enrolled in the Medicaid program, but there were no restrictions specified for how the additional $12 should be spent. According to LDH, the temporary $12 add-on will not impact the calculation of rates in the future;[22] however, LDH is still working on a methodology to ensure this.

Of the 279 nursing facilities operating during calendar year 2020, 257 (92.1%) are eligible for Medicaid payments. According to LDH, the $12 add-on resulted in $55.5 million in additional payments to nursing facilities from March 2020 through December 2020. However, LDH stated that the decline in service days mentioned previously has led to a decline in base payments that exceeds the $55.5 million from the $12 add-on. In response to the November 2020 LDH Nursing Home Status Survey, 187 (69.3%) of 270 respondents stated that suspension of the $12 add-on would have a "critical" impact on their operations and that they could not function without this support. The responses to the November 2020 LDH Nursing Home Status Survey also showed that the $12 add-on was most often used to pay for PPE, direct care staff, screening activities, and physical changes to the nursing facility to comply with federal and state requirements.

Increased Per Diem for Veterans Homes. The Coronavirus Aid, Relief, and Economic Security (CARES) Act increased the per diem rate for Veterans Homes by 2.9% beginning in March 2020, from $112.36 to $115.62. According to LDVA, the increase in the per diem rate resulted in $679,214 in additional payments to Louisiana Veterans Homes from March 2020 to December 2020. However, according to LDVA, this amount is insufficient, as the Veterans Homes' revenue decreased by $6.9 million from March 2020 to December 2020 compared to the same time period in 2019 due to a low census.

Provider Relief Fund. The CARES Act and the Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act provide for direct funding to eligible health care providers, including nursing facilities, via the Provider Relief Fund (PRF), which is administered by HHS. PRF distributions are specifically for health care-related expenses or lost revenues that are attributable to COVID-19. For example, nursing facilities can use these funds to purchase supplies, such as PPE, to pay for increased workforce and training, and for infection control expenses such as testing. Starting January 15, 2021, nursing facilities were required to submit documentation to HHS to prove the funds were used in accordance with requirements, and nursing facilities that received these funds will be subject to audit. Funds not used for designated purposes must be paid back to HHS. According to stakeholders, some facilities have been hesitant to use these funds since the designated purposes have changed several times, and they are unsure if they will have to repay the funds. As of March 2021, HHS made PRF payments

[22] These rates are calculated based on the actual audited costs incurred at nursing facilities and adjusted quarterly based on the level of care required by residents.

specifically to nursing facilities through three targeted distributions, as described in Exhibit 7 below.

Exhibit 7
HHS Targeted Provider Relief Fund Distributions for Nursing Facilities
As of March 2021

Distribution	Description	Amount	Number of Nursing Facilities
Nursing Facility	Eligible nursing facilities received a per-facility payment of $50,000 plus a per-bed payment of $2,500 to prevent, prepare for, and respond to COVID-19; to be used for health care related expenses or lost revenues that are attributable to COVID-19.	$98.9 million	278
Nursing Facility Infection Prevention and Control Relief	Eligible nursing facilities received a per-facility payment of $10,000 plus a per-bed payment of $1,450 for infection control expenses.	$52.1 million	277
Nursing Facility Quality Incentive Payments*	Incentive Payments for nursing facilities that demonstrate that they have established a safer environment than the community in which they are located based on infection rates and deaths; to be used for infection control expenses.	$35.2 million	245
Total		**$186.2 million**	

* These payments are ongoing. The amount presented is based on data available as of March 2021, which includes payments through December 2020.
Source: Prepared by legislative auditor's staff using unaudited HHS Provider Relief Fund data.

In addition to the targeted distributions specifically for nursing facilities, HHS also made several general distributions totaling $92.5 billion to eligible health care providers, including nursing facilities that are participants in state Medicaid/CHIP programs and certain Medicare providers. As of March 9, 2021, HHS had not published the complete amounts by state for these general distributions. However, according to HHS data, at least 4,944 Louisiana providers, which includes more than just nursing facilities, received at least $548.9 million from two of the general distributions that distributed a total of $54.5 billion.

Paycheck Protection Program. The Paycheck Protection Program (PPP) is a loan designed to provide a direct incentive for small businesses to keep their workers on payroll. PPP loans can be used to help fund payroll costs, and the loan will be forgiven if all employee retention criteria are met and the funds are used for eligible expenses. Louisiana businesses with a nursing facility North American Industry Classification System code received 214 PPP loans totaling $14.2 million, with loan amounts ranging from less than $100 to $1.06 million.

CDC grant funding for the Office of Public Health. The Coronavirus Preparedness and Response Supplemental Appropriations Act, the CARES Act, and the PPPHCE Act authorized the CDC to issue grants for COVID-19 related activities administered by the states. LDH received grant funds from the Epidemiology and Laboratory Capacity for Infectious Diseases program, which were intended to assist state health departments in support of a broad range of COVID-19 testing and epidemiologic surveillance-related activities. LDH spent $9.8 million in

grant funds for strike teams for nursing facilities and approximately $50.2 million to pay for testing of nursing facility residents and staff, as discussed previously.

Civil Monetary Penalties for Medicare and Medicaid certified nursing facilities. CMS may impose a civil monetary penalty against nursing facilities that do not comply with Medicare and Medicaid requirements. A portion of the funds collected from nursing facilities is returned to the state in which the penalty was imposed, and states may use these funds to support activities that benefit nursing facility residents and that protect or improve their quality of care. After the outbreak of the COVID-19 pandemic, CMS allowed states to distribute the civil monetary penalty funds to nursing facilities to purchase telecommunication devices and visitation aids. As of December 28, 2020, Louisiana nursing facilities had received a total of $672,565 to purchase visitation aids and/or telecommunications devices to be used during the COVID-19 pandemic, as discussed previously.

Recommendation 1: LDH should work with stakeholders to identify lessons learned during the COVID-19 pandemic that could help the state and nursing facilities be better prepared for future public health emergencies, including:

- Initiatives that were most effective at addressing staffing shortages;
- Initiatives that were most effective at addressing PPE supply shortages and testing challenges;
- How nursing facilities could better facilitate communication with family members, visitation, and socially distant activities to engage residents; and/or
- A methodology to ensure that the temporary, $12 Medicaid enhanced per diem rate does not affect rates paid to nursing facilities after the COVID-19 pandemic ends.

Summary of Management's Response: LDH agreed with this recommendation and stated that it will explore options presented by LLA, as well as any of its own initiatives, to utilize lessons learned from this pandemic for any future public health emergencies.

APPENDIX A: MANAGEMENT'S RESPONSE

John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

April 15, 2021

VIA E-MAIL ONLY
Thomas H. Cole, CPA, CGMA
Temporary Legislative Auditor
P.O. Box 94397
Baton Rouge, Louisiana 70804-9397

Re: Louisiana's Response to COVID-19 in Nursing Facilities

Mr. Cole:

On behalf of the Louisiana Department of Health (LDH), I acknowledge receipt of your correspondence dated March 31, 2021, in regards to your office's conclusions and the recommendation related to Louisiana's Response to COVID-19 in Nursing Facilities. LDH also appreciates the opportunity to address the conclusions and the recommendation presented in your report. Along those lines, please allow this correspondence to serve as the LDH official response thereto.

The Louisiana Legislative Auditor noted the following conclusions in its review and LDH has provided its response following each conclusion –

LLA Conclusion-

- 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.

LDH Response-
LDH concurs that nursing facilities faced staffing challenges during this time under review and notes that LLA concluded that 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.

LLA Conclusion-

- Nursing facilities lacked access to certain types of personal protective

equipment (PPE) early on in the 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.

LDH Response-
LDH concurs that nursing facilities faced issues obtaining PPE and testing supplies early on in the Public Health Emergency (PHE). LDH notes that LLA concluded that in order to address these challenges, LDH and the Governor's Office of Homeland Security provided PPE to facilities and LDH deployed 'strike teams' consisting of contracted health care workers to administer tests and transport specimens to labs for testing.

LLA Conclusion-
- As recommended by CMS, LDH required nursing facilities to restrict entry of all non-essential visitors, with exceptions, 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 may have decreased oversight of the quality of care provided to residents.

LDH Response-
LDH concurs that CMS recommendations were implemented in regard to nursing facilities. However, LDH contends that its Health Standards Section (HSS) continued to conduct investigations during this time as per the survey prioritization guidelines from CMS. LDH notes that LLA concluded that while visitation was restricted, LDH required facilities to offer alternatives to traditional visitation such as the use of telecommunication devices and offered grant funds to purchase laptops or tablets. In addition, effective March 4, 2020, CMS suspended regular survey activities to allow inspectors to conduct targeted surveys and investigate complaints of abuse. LDH was allowed by CMS to prioritize the most serious health and safety threats such as infectious disease and abuse. In addition, the CMS memo that was released in September 2020 indicated that residents should have immediate access to an Ombudsman, through contact by phone or through the use of other technology.

LLA Conclusion-
- 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.

LDH Response-

LDH concurs that nursing facilities may have experienced decreased revenues during the early part of the pandemic as stated by LLA.

The Louisiana Legislative Auditor made the following recommendation to LDH-
LDH should work with stakeholders to identify lessons learned during the COVID-19 pandemic that could help the state and nursing facilities be better prepared for future public health emergencies. This plan could include:
• Initiatives that were most effective at addressing staffing shortages,
• Initiatives that were most effective at addressing PPE supply shortages and testing challenges,
• How nursing facilities could better facilitate communication with family members, visitation, and socially distant activities to engage residents, and/or
• A methodology to ensure that the temporary Medicaid enhanced per diem rate does not affect rates paid to nursing facilities after the COVID-19 pandemic ends.

LDH Response to LLA's Recommendation
LDH concurs with the recommendation that LDH should work with stakeholders to identify lessons learned during the COVID-19 pandemic that could help the state and nursing facilities be better prepared for future public health emergencies. LDH will explore options presented by LLA, as well as any of its own initiatives, to utilize lessons learned from this pandemic for any future public health emergencies.

Corrective Action Plan
LDH will conduct a review of the conclusions presented in this report, the LLA recommendation and information available to LDH related to its response to this PHE to develop a plan for how the department may respond to future PHEs. This review will be accomplished by internal review and meetings held with stakeholders to discuss the department's response to the PHE. We expect to complete this corrective action by June 30, 2021.

You may contact Teresa Broussard, LDH Compliance Officer by telephone at 225-219-3454 or by e-mail at teresa.broussard@la.gov with any questions concerning this matter.

Sincerely,

Dr. Courtney N. Phillips

APPENDIX B: SCOPE AND METHODOLOGY

This report provides the results of our performance audit on Louisiana's response to COVID-19 in nursing facilities. We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. This audit generally covered January 1, 2020, through December 31, 2020, and included skilled nursing facilities, nursing facilities, and Louisiana's five State Veterans Homes. Our audit objective was:

To provide information on Louisiana's response to COVID-19 in nursing facilities.

We conducted this performance audit mostly in accordance with generally-accepted *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide reasonable basis for our findings and conclusions based on our audit objective. We did not conduct tests to determine the reliability of data, and we did not review internal controls. However, we believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. To answer our objective, we performed the following audit steps:

- Reviewed Louisiana state laws and regulations and federal laws and regulations related to operating a nursing facility, including staffing requirements and infection prevention and control requirements.

- Reviewed federal laws passed in response to the COVID-19 pandemic including: Coronavirus Preparedness and Response Supplemental Appropriations (CPRSA) Act (PL 116-123) effective March 6, 2020; Families First Coronavirus Response (FFCR) Act (PL 116-127) effective March 18, 2020; Coronavirus Aid, Relief, and Economic Security (CARES) Act (PL 116-136) effective March 27, 2020; and Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act (PL 116-139) effective April 24, 2020.

- Reviewed guidance provided by the state and federal government related to COVID-19, including visitation restrictions and screening and testing requirements.

- Interviewed stakeholders including: members of the legislature, the Louisiana Nursing Home Association (LNHA), and the American Association of Retired Persons (AARP).

- Interviewed state agencies including: the Louisiana Department of Health (LDH), the Louisiana Department of Education (LDOE), the Governor's Office of Homeland Security Emergency Preparedness (GOHSEP), Louisiana Department of Veterans Affairs (LDVA), the Governor's Office of Elderly Affairs (GOEA),

the Louisiana State Board of Nursing (LSBN), and the Louisiana Attorney General's Medicaid Fraud Control Unit (MFCU).

- Reviewed best practices, research materials, and reports related to nursing facilities and the COVID-19 pandemic, including the Coronavirus Commission for Safety and Quality in Nursing Homes (issued September 2020), the U.S Government Accountability Office letter to the U.S. Senate Committee on Finance (issued May 20, 2020), and the CMS State Toolkit on Actions to address COVID-19.

- Obtained and analyzed CMS Nursing Home Compare data to determine staffing ratings and to identify nursing facilities with deficiencies. Data collection and reporting for CMS certified nursing facilities was in place prior to the COVID-19 pandemic and includes ownership information, deficiencies found during surveys, quality measures, staffing ratings, and other information.

- Obtained and analyzed CMS COVID-19 Nursing Home Data to quantify challenges. This federal COVID-19 data reporting requirement for all nursing facilities became effective May 8, 2020. It includes case and death counts for staff and residents of nursing facilities and information related to challenges such as staffing and PPE shortages.

- Obtained and analyzed LDH COVID-19 nursing facility data to identify cases and deaths of residents and staff. Nursing facilities began reporting this information to LDH in March 2020. This information was self-reported by nursing facilities and may have incomplete information or may contain duplicate deaths reported by multiple nursing facilities for the same individual. LLA did not assess the reliability of this data. See Appendix C for more information on fields used for analysis.

- Obtained and analyzed LDH Targeted Infection Control Survey reports for Louisiana nursing facilities with infection prevention and control deficiencies.

- Obtained and analyzed LDH Medicaid rate sheets to determine the current per diem for nursing facilities and quantify the impact of the additional $12 add-on to the per diem.

- Obtained and analyzed the November 2020 LDH Nursing Home Status Survey. LDH sent a survey to Louisiana nursing facilities in November 2020 with questions related to PPE, visitation, point-of-care testing, and the fiscal impacts of the COVID-19 pandemic. There were 328 responses from nursing facilities and skilled nursing facilities. This survey also included responses from 12 facilities providing different types of long-term care, such as adult residential facilities and intermediate care facilities for the developmentally disabled.

- Obtained and analyzed LDH Statewide Incident Management System data and complaint data related to nursing facilities.

- Obtained and analyzed GOEA ombudsman complaint data related to nursing facilities.
- Obtained and analyzed Provider Relief Fund (PRF) distribution information published by HHS to determine the amount of PRF distributed to Louisiana health care providers.
- Obtained and analyzed Paycheck Protection Program loan data to determine the amount of loans made to Louisiana businesses with a nursing facility North American Industry Classification System code.
- Obtained and analyzed information from the Office of Aging and Adult Services showing Civil Monetary Penalty funds requested by nursing facilities to purchase telecommunication devices and visitation aids.

APPENDIX C: NURSING FACILITY DATA

This appendix provides information for each nursing facility in Louisiana. The nursing facility census, resident and staff cases, and resident deaths are based on self-reported COVID-19 information submitted by nursing facilities to LDH between March 28, 2020, and February 28, 2021, and thus may be incomplete. LLA did not assess the reliability of this data. Census shows the first resident count reported by the nursing facility to LDH between March 28, 2020, and May 27, 2020, depending on when the nursing facility registered to begin reporting COVID-19 cases and deaths to LDH. Total resident cases include all individuals who resided at the nursing facility during the course of their infection, including those who recovered, died, or moved out of the nursing facility. Locally-acquired resident cases include only the number of infections that began while at the nursing facility, as some facilities are actively accepting COVID-19 positive individuals from other facilities. Total resident deaths includes duplicates because each death was reported by every nursing facility where the resident resided while infected. In addition, the appendix also includes CMS Nursing Home Compare total health deficiencies identified during surveys conducted between February 7, 2019, and February 28, 2020, which includes infection prevention and control deficiencies, as well as the CMS Nursing Home Compare staffing rating as of January 1, 2020 (a rating of 5 is the best rating).

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Acadia Parish								
Church Point	Acadia St. Landry Guest Home	107	59	59	3	56	3	2
Crowley	Encore Healthcare & Rehabilitation Center (The)	67	88	75	23	43	0	2
Crowley	Southwind Healthcare and Rehabilitation	105	175	109	35	86	3	2
Rayne	Camelot Place	103	23	23	2	38	7	2
Rayne	Ellington (The)	108	78	78	15	62	6	2
Allen Parish								
Kinder	Kinder Retirement and Rehabilitation Center	68	86	78	21	47	4	2

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Oakdale	Allen Oaks Nursing and Rehab Center	75	68	62	8	42	5	2
Oberlin	St. Frances Nursing and Rehab Center	78	69	69	8	28	2	2
Ascension Parish								
Donaldsonville	Chateau D'Ville Rehab and Retirement	95	63	61	13	42	5	2
Gonzales	Ascension Oaks Nursing & Rehab Center	96	76	76	19	50	2	1
Gonzales	Gonzales Healthcare Center	95	32	30	2	36	4	2
Assumption Parish								
Napoleonville	Assumption Healthcare and Rehabilitation	66	43	42	9	38	2	3
Avoyelles Parish								
Bunkie	Bayou Vista Community Care	46	55	54	6	36	1	2
Center Point	Oak Haven Community Care Center	89	47	47	4	48	6	2
Dupont	Avoyelles Manor Nursing Home	65	40	38	2	45	4	2
Hessmer	Hessmer Nursing Home	90	38	35	3	23	0	2
Mansura	Riviere de Soleil Community Care Center	123	54	51	7	61	6	2
Marksville	Colonial Nursing Home	3	23	22	3	16	0	2
Marksville	Valley View Healthcare	76	68	62	8	56	3	2
Simmesport	Bayou Chateau Nursing Center	61	51	48	10	44	0	1***
Beauregard Parish								
Deridder	Deridder Retirement and Rehab Center	51	38	37	2	18	1	2
Deridder	Westwood Manor Nursing Home, Inc.	99	70	69	7	40	4	2
Bienville Parish								

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Arcadia	Leslie Lakes Retirement Center	88	81	77	12	65	6	1***
Arcadia	Willow Ridge Nursing Home	11	97	96	18	61	16	2
Ringgold	Ringgold Nursing and Rehabilitation Center	88	65	65	3	48	11	2
Bossier Parish								
Bossier City	Colonial Oaks Skilled Nursing and Rehabilitation	112	101	99	6	56	14	1
Bossier City	Cypress Point Nursing and Rehabilitation Center	85	63	63	21	44	2	1
Bossier City	Garden Court Health and Rehabilitation Center	32	28	21	6	13	10	2
Bossier City	Heritage Manor of Bossier	50	43	43	1	29	9	2
Bossier City	Northwest Louisiana Veterans Home	135	73	68	28	53	0	Not Rated
Bossier City	Old Brownlee Community Care Center	55	11	11	1	35	3	3
Bossier City	Pilgrim Manor Skilled Nursing and Rehabilitation	132	78	78	26	44	7	1
Bossier City	Riverview Care Center Bossier City Senior Living	127	124	119	23	46	9	1
Caddo Parish								
Shreveport	Booker T. Washington Skilled Nursing and Rehabilitation	48	227	56	30	39	8	1
Shreveport	Bradford Skilled Nursing and Rehabilitation (The)	114	53	53	19	47	10	1
Shreveport	Claiborne Healthcare Center	57	126	35	4	36	7	1
Shreveport	Garden Park Nursing & Rehab Ctr	143	96	80	26	53	3	2
Shreveport	Guest House Skilled Nursing and Rehabilitation (The)	146	82	79	6	63	5	1

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Shreveport	Harmony House Nursing & Rehab Ctr., Inc.	114	83	83	11	26	2	1
Shreveport	Heritage Manor South	115	95	95	21	75	10	2
Shreveport	Heritage Manor Stratmore Nursing & Rehab Ctr	116	83	74	0	53	7	2
Shreveport	Heritage Manor West	103	79	79	19	64	11	1
Shreveport	Highland Place Rehab and Nursing Center	169	151	144	41	70	12	2
Shreveport	Live Oaks Retirement Community	133	60	60	19	74	6	3
Shreveport	Magnolia Manor Nursing and Rehabilitation Center, LLC	88	75	74	7	46	6	1
Shreveport	Pierremont Healthcare Center	128	88	84	17	59	19	2
Shreveport	Progressive Care Center	48	47	47	6	39	5	2
Shreveport	Roseview Nursing & Rehabilitation Center	112	105	99	18	62	8	2
Shreveport	Shreveport Manor Skilled Nursing and Rehabilitation	74	42	38	8	56	2	1
Shreveport	Southern Hills Healthcare and Rehabilitation	77	27	27	5	29	9	2
Shreveport	Southern Oaks Nursing & Rehab. Ctr.	55	38	38	3	34	10	1
Shreveport	Spring Lake Skilled Nursing and Rehabilitation	125	80	79	12	53	12	1
Shreveport	Village Health Care at The Glen	104	43	32	6	57	10	2
Shreveport	Willis-Knighton Extended Care Center	4	4	4	0	9	1	4
Vivian	Vivian Healthcare Center	65	41	40	15	35	7	1
Calcasieu Parish								

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Dequincy	Care Center of Dequincy (The)	57	43	43	8	17	3	2
Lake Charles	Gardens and Guardian House (The)****	53	23	9	3	15	5	2
Lake Charles	Grand Cove Nursing & Rehab. Center	94	19	16	2	30	3	2
Lake Charles	Lake Charles Care Center****	157	46	45	8	31	4	2
Lake Charles	Landmark of Lake Charles****	126	82	82	19	76	1	2
Lake Charles	Resthaven Nursing and Rehab Ctr	130	126	124	24	87	7	2
Lake Charles	Rosewood Nursing Center****	77	19	19	2	27	3	2
Lake Charles	St. Martin de Porres****	128	78	72	8	24	2	2
Sulphur	High Hope Care Center	85	87	84	16	33	0	1
Sulphur	Holly Hill House****	88	43	43	9	27	10	2
Caldwell Parish								
Columbia	Haven Nursing Center	71	49	47	12	47	2	2
Catahoula Parish								
Jonesville	Columns Community Care Center (The)	85	58	57	8	55	3	2
Claiborne Parish								
Haynesville	Heritage Nursing Center	40	18	17	4	21	4	3
Homer	Claiborne Rehabilitation	57	19	18	3	14	5	1***
Homer	Presbyterian Village of Homer	44	39	39	12	43	6	3
Concordia Parish								
Ferriday	Camelot Leisure & Living	62	50	44	7	44	2	2
Ferriday	Heritage Manor Health & Rehab Center	45	38	37	3	32	8	2
De Soto Parish								
Mansfield	DeSoto Retirement & Rehab Ctr, Inc.	58	41	41	8	31	5	2
Mansfield	Mansfield Nursing Center	59	51	48	6	37	2	1
East Baton Rouge Parish								

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Baker	Northridge Care Center	89	29	28	2	24	3	2
Baton Rouge	Affinity Nursing & Rehab Center	101	65	55	10	31	3	2
Baton Rouge	Baton Rouge General Medical Center, SNF	7	17	17	1	23	0	5
Baton Rouge	Baton Rouge Health Care Center	95	53	49	6	60	0	2
Baton Rouge	Capital Oaks Nursing & Rehabilitation Center	108	43	43	9	19	3	1
Baton Rouge	Capitol House Nursing & Rehab Center	97	60	60	4	34	13	1
Baton Rouge	Care Center (The)	81	87	34	11	30	2	1
Baton Rouge	Carrington Place of Baton Rouge	127	55	55	16	19	10	1
Baton Rouge	Colonial Care Retirement Center	47	47	47	10	18	3	1***
Baton Rouge	Flannery Oaks Guest House	101	26	26	4	28	1	1
Baton Rouge	Guest House (The)	123	69	67	16	40	1	1
Baton Rouge	Heritage Manor of Baton Rouge	100	92	88	21	39	7	2
Baton Rouge	Jefferson Manor Nursing & Rehab Ctr	102	26	26	4	33	3	2
Baton Rouge	Landmark of Baton Rouge	112	55	49	12	38	3	1
Baton Rouge	Landmark South Nursing and Rehabilitation Center	126	68	64	10	55	3	2
Baton Rouge	Nottingham Regional Rehab Center	118	146	81	18	26	17	2
Baton Rouge	Old Jefferson Community Care Center	118	106	102	26	60	0	2
Baton Rouge	Ollie Steele Burden Manor Nursing Home	59	15	14	1	35	0	Not Rated
Baton Rouge	Sage Rehabilitation Hospital (SNF)	18	38	38	0	32	4	5
Baton Rouge	St. Clare Manor Nursing Home	151	79	69	14	46	4	3

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Baton Rouge	St. James Place Retirement Community	360	52	52	12	68	2	1***
Baton Rouge	Sterling Place Nursing Home	142	72	63	15	28	3	1
Baton Rouge	Woodleigh of Baton Rouge Senior Living (The)	96	54	54	13	36	0	2
Zachary	Lane Nursing Home	33	0	0	0	6	0	3
Zachary	Zachary Manor Nursing & Rehab. Center	78	57	57	4	35	1	1
East Carroll Parish								
Lake Providence	Shady Lake Nursing Home	56	36	34	4	36	4	2
East Feliciana Parish								
Jackson	Louisiana War Veterans' Home	113	85	85	25	55	1	1***
Jackson	Villa Feliciana Chronic Disease Hospital & Rehab - SNF	159	37	37	4	53	0	4
Slaughter	Grace Health and Rehab	121	86	82	22	43	1	1
Evangeline Parish								
Basile	Basile Care Center	57	37	33	8	37	2	2
Mamou	Savoy Care Center	63	37	37	2	28	10	2
Pine Prairie	Prairie Manor Nursing Home	86	73	72	5	78	0	2
Ville Platte	Heritage Manor of Ville Platte	119	85	82	18	76	1	2
Franklin Parish								
Winnsboro	Legacy Nursing and Rehabilitation of Winnsboro	67	58	56	5	55	5	2
Winnsboro	Plantation Manor Nursing & Rehab Ctr, LLC	125	113	104	14	87	1	2
Wisner	Mary Anna Nursing Home	40	26	26	5	30	1	3
Wisner	Plantation Oaks Nursing & Rehab Center	55	30	30	5	27	2	1
Grant Parish								

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Colfax	Colfax Reunion Nursing & Rehab Center	97	69	68	19	39	6	1
Pollock	Woods Haven Nursing Care & Rehab	57	34	34	1	29	3	2
Iberia Parish								
Jeanerette	Maison Teche Nursing Center	75	60	60	12	38	2	3
New Iberia	Belle Teche Nursing & Rehab Center	105	62	49	5	58	3	2
New Iberia	Consolata Nursing Home	64	25	24	5	29	4	3
New Iberia	New Iberia Manor North	74	37	37	13	31	11	2
New Iberia	New Iberia Manor South	91	61	55	24	53	8	2
Iberville Parish								
Plaquemine	Landmark of Plaquemine	85	38	38	11	29	19	2
Plaquemine	Legacy Nursing and Rehabilitation of Plaquemine	88	45	41	11	33	10	1
Jackson Parish								
Jonesboro	Forest Haven Nursing and Rehab Center	121	107	93	23	95	0	1
Jonesboro	Wyatt Manor Nursing & Rehab. Ctr	53	26	14	6	17	2	2
Jefferson Parish								
Gretna	Bayside Healthcare Center	65	27	25	17	17	4	1***
Gretna	Belle Vie Living Center	63	62	47	13	26	2	1
Harahan	St. Joseph of Harahan	112	155	106	20	52	3	1
Harvey	Maison De'ville of Harvey	68	42	42	5	28	18	1***
Harvey	West Jefferson Healthcare	100	35	35	1	13	10	1
Jefferson	Jefferson Healthcare Center	164	109	102	23	32	4	1
Jefferson	Ochsner Medical Center Skilled Nursing Facility (SNF)	30	19	18	2	20	0	5
Kenner	Chateau Living Center of Kenner	180	144	109	2	77	9	1
Kenner	Waldon Health Care Center	92	30	29	4	26	9	1

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Marrero	Marrero Health Care Center	73	63	56	24	24	0	1
Marrero	Wynhoven Health Care Center	149	66	63	28	47	0	2
Metairie	Colonial Oaks Living Center	74	32	32	5	21	2	1
Metairie	East Jefferson Hospital SNF	19	0	0	0	3	1	5
Metairie	Metairie Healthcare	96	57	55	13	39	2	2
Metairie	St. Anthony's Nursing Home	8	68	63	28	32	6	2
Jefferson Davis Parish								
Jennings	Camelot Brookside	114	11	11	2	36	0	2
Jennings	Jeff Davis Living Center	65	43	39	8	41	5	1
Jennings	Southwest Louisiana War Veterans Home	141	73	73	6	75	1	5
Welsh	Golden Age of Welsh	90	67	57	10	57	2	2
La Salle Parish								
Jena	Jena Nursing and Rehab Center	73	51	51	9	39	17	2
Jena	LaSalle Nursing Home	72	44	44	6	46	0	3
Lafayette Parish								
Broussard	Camelot of Broussard	136	59	59	6	70	3	2
Carencro	Evangeline Oaks Guest House	115	38	38	12	43	14	3
Lafayette	Amelia Manor Nursing Home	98	43	42	3	26	11	3
Lafayette	Cornerstone at the Ranch	65	32	32	3	31	4	4
Lafayette	Courtyard Manor Nurse Care Ctr & Assisted Living	76	71	71	16	39	5	2
Lafayette	Lady of the Oaks Retirement Manor	117	37	36	0	40	4	1
Lafayette	Louisiana Extended Care Hospital Transitional Care Unit-5th fl*****	31	0	0	0	3	0	Not Rated
Lafayette	Magnolia Estates	143	195	54	13	83	7	3
Lafayette	Maison de Lafayette	161	44	42	7	71	4	2

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Lafayette	River Oaks Retirement Manor	80	3	2	0	30	2	1
Lafourche Parish								
Cut Off	South Lafourche Nursing and Rehab	97	56	56	14	36	8	1
Lockport	Broadway Nursing and Rehab Center	110	91	86	19	46	0	2
Thibodaux	Audubon Health and Rehab	130	82	76	25	41	4	2
Thibodaux	Lafourche Home for the Aged	64	46	46	11	37	1	2
Thibodaux	Thibodaux Healthcare Center	64	44	43	22	33	9	2
Lincoln Parish								
Ruston	Alpine Skilled Nursing and Rehabilitation	116	56	55	11	60	7	1
Ruston	Princeton Place - Ruston	69	19	17	4	33	2	3
Ruston	Ruston Nursing and Rehabilitation	136	110	106	12	81	5	2
Livingston Parish								
Denham Springs	Golden Age Healthcare and Rehabilitation Center	164	74	57	8	52	3	1
Denham Springs	Harvest Manor Healthcare and Rehabilitation Center	161	152	143	30	63	3	1
Denham Springs	Sage Specialty Hospital******	N/A	N/A	N/A	N/A	N/A	0	N/A
Madison Parish								
Tallulah	Legacy Nursing and Rehabilitation of Tallulah	101	36	35	6	61	4	2
Morehouse Parish								
Bastrop	Cherry Ridge Skilled Nursing Facility	81	27	26	1	30	2	2
Bastrop	Lagniappe Healthcare	81	17	17	1	24	1	2
Bastrop	LeGrand Healthcare and Rehab	86	56	50	10	47	7	2
Mer Rouge	Oak Woods Home For The Elderly	69	28	28	2	31	7	3

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Natchitoches Parish								
Natchitoches	Courtyard of Natchitoches	93	14	14	1	33	2	3
Natchitoches	Natchitoches Community Care Center	88	54	53	10	48	4	2
Natchitoches	Natchitoches Nursing and Rehabilitation Center	68	77	76	17	44	12	2
Orleans Parish								
New Orleans	Chateau de Notre Dame	155	146	53	13	37	3	3
New Orleans	Covenant Nursing Home	8	35	32	5	10	3	1***
New Orleans	Ferncrest Manor Living Center	150	48	46	5	17	11	1
New Orleans	Good Samaritan Rehab and Nursing Center	102	31	31	5	29	1	2
New Orleans	Jo Ellen Smith Living Center	145	59	55	23	33	4	1
New Orleans	John J. Hainkel Jr Home & Rehabilitation Center	79	5	5	0	5	2	4
New Orleans	Lafon Nursing Facility of the Holy Family	113	38	38	7	33	9	2
New Orleans	Maison Orleans (Uptown Healthcare Center)	149	101	94	5	38	8	1
New Orleans	Our Lady of Wisdom Health Care Center	127	24	24	8	32	1	2
New Orleans	Poydras Home*******	52	30	29	2	37	N/A	N/A
New Orleans	River Palm Nursing and Rehab	166	75	65	20	34	12	1
New Orleans	St. Anna's at Lambeth House*******	58	29	29	14	20	N/A	N/A
New Orleans	St. Jude's Nursing Home	56	4	4	2	17	5	1***
New Orleans	St. Luke's Living Center	66	32	32	14	9	7	1

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
New Orleans	St. Margaret's at Mercy Nursing Home	94	16	16	2	13	5	1***
New Orleans	Willow Wood at Woldenberg Skilled Nursing Facility	53	24	24	8	47	0	1***
Ouachita Parish								
Monroe	Avalon Place Nursing Home	92	62	53	5	42	5	2
Monroe	Christus St. Joseph Home	87	102	92	19	55	2	2
Monroe	Delta Grande Skilled Nursing and Rehabilitation	61	11	10	0	25	2	2
Monroe	Mary Goss Nursing Home	53	35	35	5	39	7	3
Monroe	Northeast Louisiana War Veterans Home	134	51	51	8	54	0	Not Rated
Monroe	Oaks (The)	71	32	32	7	33	10	2
Monroe	Ouachita Healthcare and Rehabilitation Center	164	125	113	20	89	2	1
Monroe	St Francis Medical Center SNF*****	10	7	7	2	8	2	5
West Monroe	Guest House Nursing and Rehabilitation	112	17	17	1	49	12	2
West Monroe	Landmark Nursing & Rehab Ctr of West Monroe	131	103	84	14	85	3	1
West Monroe	Ridgecrest Community Care Center	84	78	64	18	68	7	3
Plaquemines Parish								
Belle Chasse	Riverbend Nursing and Rehabilitation Center	5	46	46	14	22	1	2
Pointe Coupee Parish								
New Roads	Lakeview Manor Nursing Home	85	58	58	11	49	0	1
New Roads	Pointe Coupee Healthcare	100	80	80	23	61	5	1
Rapides Parish								
Alexandria	Lexington House	125	54	50	6	49	1	2
Alexandria	Matthews Memorial Health Care in Alexandria	102	61	55	8	36	5	1

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Alexandria	Naomi Height Nursing & Rehab	87	110	76	16	74	5	2
Alexandria	Regency House of Alexandria	57	13	13	2	9	0	3
Alexandria	Summit (The)	121	100	84	13	60	1	2
Pineville	Hilltop Nursing and Rehab Center	104	87	87	16	59	4	2
Pineville	Oaks Care Center (The)********	110	69	NOT REPORTED	8	32	6	1
Pineville	St. Christina Nursing & Rehab Center	103	82	82	3	50	19	3
Pineville	Tioga Community Care Center	87	68	66	5	57	7	2
Red River Parish								
Coushatta	Green Meadow Haven	96	79	79	12	41	6	2
Richland Parish								
Delhi	Deerfield Nursing & Rehab Center	59	28	28	0	34	6	2
Rayville	Colonial Manor Nursing & Rehabilitation Home	63	28	28	4	43	10	1
Rayville	Rayville Nursing & Rehab Ctr, Inc.	58	6	6	0	25	4	1***
Sabine Parish								
Many	Many Healthcare Center	75	78	41	11	50	2	1
Many	Sabine Retirement & Rehab. Center	87	72	64	10	46	0	2
Zwolle	Toledo Retirement and Rehabilitation Center	35	1	1	0	9	6	1
St. Charles Parish								
Destrehan	Ormond Nursing and Care Center	122	75	65	17	27	0	2
Luling	Luling Living Center	85	54	54	13	29	5	1
St. Helena Parish								
Greensburg	St. Helena Parish Nursing Home	58	4	4	0	34	3	Not Rated
St. James Parish								
Lutcher	Chateau St. James Rehab and Retirement	88	49	45	11	27	8	1

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
St. John the Baptist Parish								
Laplace	Twin Oaks Nursing	102	56	53	18	39	1	2
Reserve	Southeast Louisiana War Veterans Home	139	81	81	41	47	0	Not Rated
St. Landry Parish								
Arnaudville	J. Michael Morrow Memorial Nursing Home	147	95	94	39	52	8	2
Eunice	Eunice Manor	88	61	59	6	21	0	1***
Eunice	Oak Lane Wellness & Rehabilitative Center	88	52	43	9	35	3	2
Opelousas	Heritage Manor of Opelousas	98	59	51	7	64	4	2
Opelousas	Our Lady of Prompt Succor Nursing Home	102	40	39	2	42	0	3
Opelousas	Senior Village Nursing and Rehabilitation Center	147	93	89	12	60	1	1
Palmetto	Tri-Community Nursing Center	53	17	17	2	16	2	3
St. Martin Parish								
Breaux Bridge	St. Agnes Healthcare and Rehab Ctr	101	65	64	18	26	2	2
Saint Martinville	Landmark of Acadiana Nursing Home	116	115	115	16	74	2	2
St. Mary Parish								
Franklin	Legacy Nursing and Rehabilitation of Franklin	27	87	87	20	43	3	1
Morgan City	Legacy Nursing and Rehabilitation of Morgan City	69	41	40	6	25	9	2
Patterson	Patterson Healthcare Center	94	95	58	12	33	6	1
St. Tammany Parish								
Covington	Christwood- Skilled Care	18	16	5	1	70	0	4
Covington	Forest Manor Nursing and Rehabilitation Center	167	134	126	47	66	2	2
Covington	Trinity Trace Community Care Center	45	43	28	5	53	0	3

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Lacombe	Lacombe Nursing Centre	80	60	60	6	34	4	2
Mandeville	Heritage Manor of Mandeville	118	75	74	17	27	2	2
Mandeville	Pontchartrain Health Care Center	106	63	58	16	49	3	2
Slidell	Greenbriar Community Care Center	111	104	93	33	69	3	2
Slidell	Heritage Manor of Slidell	101	132	90	24	50	1	3
Slidell	Trinity Neurologic Rehabilitation Center	87	58	58	10	49	3	2
Tangipahoa Parish								
Amite	Tangi Pines Nursing Center	70	42	42	7	24	5	2
Hammond	Belle Maison Nursing & Rehabilitation Center	58	45	45	9	41	2	3
Hammond	Hammond Nursing Home	106	63	55	10	47	0	1
Hammond	Heritage Healthcare - Hammond	69	48	42	2	30	2	1
Hammond	Landmark Nursing Center in Hammond	140	81	81	13	75	0	2
Ponchatoula	Camelot Community Care	124	48	43	2	68	5	3
Terrebonne Parish								
Houma	Chateau Terrebonne	173	100	98	21	56	12	1
Houma	Heritage Manor of Houma	114	72	68	21	44	4	2
Houma	Maison Deville Houma	122	30	30	4	27	13	1***
Houma	Oaks of Houma (The)	104	35	33	17	32	0	2
Houma	Terrebonne Gen. Med. Ctr - SNF	2	1	1	0	7	0	1***
Union Parish								
Bernice	Bernice Nursing and Rehabilitation Center	81	84	84	4	56	2	3
Farmerville	Arbor Lake Skilled Nursing and Rehabilitation	86	55	51	9	44	3	1
Farmerville	Farmerville Nursing and Rehabilitation Center	86	66	63	10	39	11	2
Vermilion Parish								

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies*	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Abbeville	Eastridge Nursing Center	85	8	8	2	33	0	2
Abbeville	Maison du Monde	108	16	8	2	25	6	2
Gueydan	Gueydan Memorial Guest Home	53	42	42	3	25	2	1***
Kaplan	Kaplan Healthcare Center	65	58	57	14	29	0	1
Kaplan	Vermilion Health Care Center	107	82	82	3	56	2	2
Maurice	Pelican Pointe Healthcare and Rehabilitation	108	88	83	18	64	7	2
Vernon Parish								
Leesville	Woodlands Healthcare Center, LLC (The)	130	60	52	7	38	5	2
Rosepine	Rosepine Retirement & Rehab Center	68	72	68	10	37	4	2
Washington Parish								
Bogalusa	Resthaven Living Center	103	69	59	11	43	4	2
Franklinton	Good Samaritan Living Center	59	36	36	5	28	0	2
Franklinton	Heritage Manor of Franklinton	92	57	56	15	20	11	2
Webster Parish								
Minden	Meadowview Health and Rehab	134	65	64	9	67	9	1
Minden	Town & Country Health and Rehab	128	91	90	17	77	9	1***
Springhill	Carrington Place of Springhill	58	19	19	0	20	6	1
West Baton Rouge Parish								
Port Allen	Legacy Nursing and Rehabilitation of Port Allen	116	52	52	16	30	7	1
West Carroll Parish								
Oak Grove	Carroll Nursing Home	47	48	48	10	41	4	3
Oak Grove	West Carroll Care Center, Inc.	75	61	61	12	47	3	2
West Feliciana Parish								
Saint Francisville	St. Francisville Country Manor	117	64	60	5	43	8	1

City	Nursing Facility Name	Census	Residents			Staff	Health Deficiencies	Staffing Rating **
			Total Cases	Locally Acquired Cases	Total Deaths	Total Cases		
Winn Parish								
Winnfield	Autumn Leaves Nursing & Rehab Center	108	51	48	3	49	4	1
Winnfield	Winnfield Nursing & Rehab	85	67	63	11	44	6	3
Total		**25,412**	**16,339**	**14,617**	**2,890**	**11,456**	**1,254**	

* Health deficiencies include deficiencies related to: quality of life and care deficiencies, resident assessment and care planning deficiencies, resident rights deficiencies, environmental deficiencies, pharmacy service deficiencies, nutrition and dietary deficiencies, freedom from abuse, neglect, and exploitation deficiencies, nursing and physician services deficiencies, and administration deficiencies.
** "Not Rated" includes facilities without enough data to calculate a staffing rating and current participants in the Special Focus Facility program, which do not receive a staffing rating.
*** These nursing facilities either did not submit staffing data, reported a high number of days without a registered nurse on site, or submitted data that could not be verified through an audit.
**** These facilities were affected by hurricanes Laura and Delta in August 2020 and October 2020 and remained closed as of February 28, 2021.
***** These acute care hospitals discontinued their units that operated under nursing facility licenses.
****** This facility did not submit COVID-19 reports to LDH and did not appear in CMS Nursing Home Compare in January 2020.
******* CMS Nursing Home Compare data is not available for these nursing facilities because they do not accept Medicare or Medicaid.
******** This nursing facility never filled out the Locally Acquired Resident Cases field in its reports to LDH, so the number of its 69 cases that originated in the facility cannot be determined.
Source: Prepared by legislative auditor staff using LDH COVID-19 Nursing Facility data and information from CMS Nursing Home Compare.