

HEALTH CARE ADVISORY BOARD

Meeting Summary

June 14, 2021

MEMBERS PARTICIPATING ELECTRONICALLY

Marlene Blum, Chairman
Tim Yarboro, MD, Vice Chairman
Ellyn Crawford
Philippe Beauchene
Rose Chu
Rosanne Rodilloso
Leeann Alberts, JD, MBA
Shikha Dixit, Mount Vernon District
Michael Trahos, DO, At Large

STAFF

Sherryn Craig

MEMBERS ABSENT

Bill Finerfrock, Vice Chairman
Maia Cecire

GUESTS

Gloria Addo-Ayensu, MD, MPH, Health Director, Health Department
Jessica Werder, Deputy Director of Public Health Operations, Health Department
Derek Vucich, Modalia Capital
Kathryn R. Taylor, Associate Attorney, Walsh, Colucci
Denise Chadwick Wright, CEO, Birmingham Green
Dominic Bonaiuto, Director, Central Region Government & Community Relations, Inova Health System
Leah Hoffman, NAACP

Call to Order

The meeting was called to order by Marlene Blum at 7:31 pm.

Audibility of Members' Voices

Chairman Marlene Blum conducted a roll call asking each participating member to state his/her name and the location from which he/she was participating.

Braddock District, Leeann Alberts, JD, MBA, Springfield, VA
Dranesville District, Rosanne Rodilloso, McLean, VA

Hunter Mill District, Ellyn Crawford, Pasadena, CA
Mason District, Rose Chu, Falls Church, VA
Mount Vernon District, Shikha Dixit, Lorton, VA
Providence District, Marlene Blum, Vienna, VA
Sully District, Phil Beauchene, Chantilly, VA
At Large, Tim Yarboro, MD, Reston, VA
At Large, Dr. Michael Trahos, DO, At Large, Falls Church, VA

Chairman Blum passed the virtual gavel to Vice Chairman Tim Yarboro. Ms. Blum moved that each member's voice was adequately heard by each other member of the board, and specifically that each voice was clear, audible, and at an appropriate volume for all other members. Phil Beauchene seconded the motion. The motion passed unanimously.

Need for an Electronic Meeting

Having established that each member's voice could be heard by every other member, Ms. Blum established (1) the nature of the emergency compelling the emergency procedures, (2) the electronic format for the meeting, and (3) public access to the meeting. Ms. Blum moved that the State of Emergency caused by the COVID-19 pandemic makes it unsafe for the Board to physically assemble and unsafe for the public to physically attend any such meeting, and that as such, FOIA's usual procedures, which require the physical assembly of the Board and the physical presence of the public, cannot be implemented safely or practically. Ms. Blum moved that the Board would conduct the meeting electronically through Zoom Conference call, and that the public could access this meeting by telephone 888-398-2342 or through the following link: - <https://us02web.zoom.us/j/82377852337>. Dr. Trahos, DO seconded the motion. The motion passed unanimously.

Continuity in Government

To dispense with FOIA's Usual Procedures to Assure Continuity in Government, Ms. Blum moved that all of the matters addressed on today's agenda must address the State of Emergency itself, are necessary for continuity in Fairfax County government, and/or are statutorily required or necessary to continue operations and the discharge of the HCAB's lawful purposes, duties, and responsibilities. Ellyn Crawford seconded the motion. The motion passed unanimously.

May 10, 2021 Meeting Summary

The meeting minutes from May 10, 2021 were approved as submitted.

Amendment of the HCAB's Remote Meeting Procedures

The Virginia General Assembly has made several important changes to the Virginia Freedom of Information Act (VFOIA) during the 2021 session. Those changes will take effect on July 1, and relate mainly to electronic meetings, permissible during a declared emergency like the current pandemic, and remote participation, which allows some members of a public body to participate via an electronic communication means if a physical quorum of the public body is assembled.

To comply with these changes, the HCAB must amend its procedures to allow for a family member's illness or disability. Other changes include removing travel as a qualifying factor as this only applies to regional boards and correcting the number of meetings members may attend remotely to two or 25%, whichever is greater.

In addition to amending its bylaws, the Office of the County Attorney recommended that the HCAB adopt a formal policy, separate from its procedures. The HCAB staff coordinator will work with the Chairman to streamline the changes to the HCAB's organizational materials. Phil Beauchene moved that the HCAB amend its procedures to reflect recent changes to VFOIA and adopt a stand-alone policy regarding remote meetings. Shikha Dixit seconded the motion. The motion passed unanimously.

Public Hearing on Falls Church Propco, LLC's Special Exception Application SE 2021-DR-004. Derek Vucich, Modalia Capita and Kathy Taylor, Associate Attorney, Walsh, Colucci, presented Falls Church Propco, LLC's proposal to acquire Powhatan Nursing Home.

Operational since 1965, Powhatan Nursing Home is a 160 bed, private-pay Skilled Nursing Facility (SNF). Currently, 22 residents are receiving care at Powhatan Nursing Home. The Nursing Home offers two primary programs: (1) The CarriageWay Home and (2) Long-Term Care. The Applicant will continue both these programs upon the transfer of ownership.

The CarriageWay Home is a program that provides short-term rehabilitation to residents requiring physical, occupational, and/or speech therapy. These residents typically arrive after an acute injury, disability, illness or surgery in the hospital. The program's goal is to quickly and safely rehabilitate the resident, so he or she is able to regain and/or achieve higher function in order to return home.

The Long-Term Care program is for residents who are looking to make a permanent move to the Nursing Home. These residents and their families are seeking 24/7 nursing

care in a safe and supportive environment. The Long-Term Care residents have access to all CarriageWay Home therapies.

The HCAB staff coordinator reached out to the Health Systems Agency of Northern Virginia (HSANV) regarding the region's SNF capacity. While excess capacity exists in other areas of the Commonwealth, the Virginia Department of Health's Division of Certificate of Public Need (DCOPN) has determined a current need for several hundred additional nursing home beds in Northern Virginia, with a projected need for 284 beds in 2022.

With the exception of seeking Medicare/Medicaid certification, the applicant is not proposing to change the SNF's current number of beds, expand its existing use, or make physical changes to the facility. Plans to develop a small memory care unit are being considered, but would be accommodated within the facility's existing blueprint and the operator's safety and security protocols.

The nursing home is currently a private-pay only facility, limiting the population that can afford to pay for skilled nursing services out-of-pocket. Therefore, the applicant is seeking certifications that will make the facility accessible to residents who utilize Medicare or Medicaid programs.

The applicant has filed all paperwork with the Centers for Medicare and Medicaid Services (CMS) to obtain Medicare Certification. The applicant projects that the Certification survey will occur before the end of June 2021 with Medicare Certification granted within 60 days of the survey completion. The Applicant expects issuance of the Medicare Certification by September of 2021, at which time Medicare patients will be accepted into the facility.

Once the Applicant is issued its Medicare Certification, the Applicant will then apply for Medicaid Certification. The applicant estimates that the submission of a complete application for such Certification will occur roughly 60 days after the issuance of the Medicare Certification. The waiting period between these Certifications will allow the facility's staff to adjust to the significantly more comprehensive regulations imposed by CMS. Once the Medicaid Certification application is filed, the Applicant anticipates a 30-day review period before the Medicaid Certification is issued. Upon receipt of its certification, the facility will then accept Medicaid patients.

While nationwide, approximately 85% of nursing home residents are Medicare/Medicaid recipients, the applicant anticipates that the facility's Fairfax County location will allow

for a higher proportion of private pay residents. Therefore, the applicant projects about 35% of its population will be private pay while 65% will be Medicare/Medicaid with certification for about 20 Medicaid beds.

In Virginia, staffing in nursing homes is evaluated on an "hours per resident day" basis. It is further broken down into categories for Registered Nurses, Licensed Practical Nurses, and Certified Nurse Aides. It is important to note that these hours only consider staff that provide direct care to the residents. It generally does not include the Director of Nursing, Director of Quality Assurance/Infection Prevention, and other nursing administrative staff. While some operators try to cut staffing as much as possible to save money, the applicant stated it does not use this approach, citing its 5-star rating at its owned and operated Carriage Hill Bethesda.

Nurse staffing will be divided into three shifts: 7am-3pm (Day Shift), 3pm-11pm (Evening Shift), and 11pm-7am (Night Shift). Other nursing staff will include the Director of Nursing, Assistant Director of Nursing, Director of Quality Assurance, MDS Coordinators, and a Director of Medical Records. Non-direct care, but equally important personnel will include the following departments: Administration, Dietary, Housekeeping, Maintenance, Social Services, and Activities. Should the applicant move forward with developing a small memory care unit, additional enrichment staff (e.g., activity assistants) will be hired.

With respect to recruitment, the applicant stated they have received several inquiries from outside individuals who have expressed interest in leaving a chain of corporate-owned facilities for a family-owned environment, which they cite has higher retention and lower attrition. While a transfer in ownership for some properties might entail replacing existing personnel, the applicant stated it makes every effort to retain staff to enhance continuity of care. At this time, all but two of the original staff have decided to remain.

While the perimeter of the property does not include an exterior fence, the applicant informed the HCAB that upon entering into its agreement with the current owners, a maglock (i.e., magnetic locks) system was installed. All exterior doors are equipped with a keypad entry, which is then programmed into the fire alarm system to allow exit in the event of a fire or other emergency.

SNF providers in a 3-5 mile radius of the current facility as well as professional and community-based organizations were notified of the pending transfer of ownership. The

HCAB coordinator, through the Northern Virginia Ombudsman, provided notice to Powhatan's Resident Council President.

Dr. Trahos, DO moved that the Health Care Advisory Board send a memo to the Board of Supervisors recommending approval to transfer ownership from Powhatan Nursing Home to Vierra Falls Church. Dr. Yarboro seconded the motion. The motion passed unanimously.

Presentation on Birmingham Green. Denise Chadwick Wright, CEO, Birmingham Green, along with several of her staff (e.g., Director of Human Resources, Corporate and Compliance Officer, Chief Operations Officer, Chief Financial Officer, and Special Project Assistant) provided an overview of the facility as well as information on regional funding, direct care staffing, and quality of care, including lessons learned during the COVID-19 pandemic.

Birmingham Green encompasses 54 acres and has served the Northern Virginia region since 1927. In 2019, the facility updated its strategic plan, which is based on six pillars: service, community, quality, people, growth, and finance. Birmingham Green's mission is to serve the community with a holistic approach that welcomes the spirit and nourishes the body and mind for seniors and their care partners.

Birmingham Green provides skilled nursing and assisted living levels of care for approximately 250 residents. The facility partners with select rehabs and pharmacies (e.g., CVS, Omnicare) and collaborates with local colleges and universities. The facility provides transportation for medical services and social engagements and hosts therapeutic animals to facilitate healing and wellbeing.

The District Home is the first building visitors see when entering the campus. It is also the oldest, having opened in 1927. It provides affordable private pay housing to 36 residents. Most rooms are shared occupancy, but there are a few private rooms. All rooms share bathroom facilities, much like a dormitory setting.

The next building is the Virginia Healthcare Center. This one-story building opened in the 1980s and is organized into three neighborhoods serving approximately 60 residents for a total of 180. The building is dually licensed for Medicare and Medicaid. Approximately 30 beds are dedicated to memory care.

Willow Oaks is the newest building opening 13 years ago and is licensed for 92 assisted living beds serving up to 107 residents. Fifteen of Willow Oaks' units are dedicated to

individuals under the age of 62 with a disability. Willow Oaks includes one-bedroom and studio units with full kitchens. Dining services, clinical care and therapy are provided at Willow Oaks.

Residents of Birmingham Green's Nursing Home come from the Northern Virginia region, but approximately 42% are from Fairfax County. About 70% of residents are women; 52% are white; 76% are 71 years or older. Approximately 95% of residents are Medicaid recipients. The remaining 5% receive Medicare or are private pay.

Within assisted living, about 39% of residents come from Fairfax County; 55% are women; 70% are white; and 25% are 71 years or older. One hundred percent of Willow Oaks residents receive Auxiliary Grant funding.

With respect to staff, the majority of Birmingham Green's employees live in Prince William County. About 11% reside in Fairfax County.

Birmingham Green's operational expenses are \$71 million. Fairfax County's funding comprises about 9% of the budget. This calculation is determined using a five-year rolling average for each jurisdiction's utilization.

Since the onset of the pandemic, the number of employees has declined, mostly due to retirements or turnover for those with 1-3 years of service. Approximately 400 employees were on staff in spring 2020; one year later, the number of employees is 375. Despite this drop, retention rates remain high – averaging in the mid 90s. Birmingham Green's rate far exceeds the industry turnover rate of 42%. At midyear, the facility has a 17% turnover rate.

Incentives to increase retention during the pandemic included overtime pay, salary increases, especially for essential staff, flexible scheduling, free meals, continuing education, distribution of gift cards (donated by the community), care packages, paid childcare, and paid and emergency sick leave. There continues to be great demand for Certified Medical Assistants (CMAs).

With respect to recruitment, employees are pre-screened: a pre-hire assessment is conducted along with two background checks and a drug screening. Professional licenses are verified. Random drug testing is conducted for all existing employees.

COVID-19 vaccinations have been administered throughout the community – among residents and staff.

Per Virginia Code, Birmingham Green uses Hours Per Patient Day (HPPD) as its unit of measure for staffing. In the nursing home, the average HPPD is 4.08. In assisted living, it is 2.0. All programs staff to acuity to provide the level of care that residents need.

Ms. Chadwick reviewed a timeline of key COVID-19 milestones:

- 2/26/2020 – Inventoried and ordered additional PPE supplies
- 3/5/2020 - Signage posted in community regarding COVID-19
- 3/13/2020 - Facility Locked Down
- 4/6/2020 - First Staff Infection
- 4/10/2020 – First Resident Infection
- 5/19/2020 – First National Guard Point Prevalence Testing, but due to limited laboratory capacity, results were not timely and were shared after May 27, 2020
- 7/1/2020 – Second National Guard Point Prevalence Testing, but results were not received until after July 14, 2020
- 9/21/2020 – First day of campus based testing (217 tests conducted with no positive cases)

Weekly testing for the entire campus was enacted at the end of September. Vaccination Clinics followed, with four scheduled on 1/5/2021, 1/26/2021, 2/16/2021, and 3/4/2021. Beginning spring 2021, ongoing education continues related to COVID-19 vaccinations.

The facility's last COVID-19 case left quarantine on March 5, 2021, and since that time, there have been no further cases. Testing occurred twice a week before it was reduced to once a week. Today, COVID testing is conducted only for those staff and residents who have not been vaccinated.

Ms. Chadwick discussed lessons learned during the pandemic. Early testing was not as effective as it could have been due to length of time between the test and results (7 to 14 days) lab delays. It was critical to cohort persons that were infected (or PUI) to control isolation neighborhoods. Once the labs were able to handle the testing load, surveillance and containment improved. On campus testing was critical to identifying and managing COVID positive residents and staff. On-campus vaccination clinics were also critical to early vaccination adoption.

Ms. Chadwick assured the HCAB that Birmingham Green is committed to safely admitting new residents into its community and outlined the safety protocols it has implemented. All individuals are screened upon entrance into the facility's buildings.

Indoor, outdoor, window and virtual visits are available. Safe visits by family and loved ones are essential to fostering the spirit of Birmingham Green residents.

COVID-19 tests for staff, residents and visitors are offered onsite, and personal protective equipment is provided. COVID-19 vaccines are also available for all residents and staff.

In recent weeks, many of the facility's enrichment programs and activities have resumed. The Beauty Shop reopened in May. Birdsong tablets are in use, as well as iPads, kindles, and innovation tablets. Grant funding also allowed the purchase of Smart-TVs and additional tablets to increase connectivity among residents and their families and loved ones.

Small socially distanced indoor/outdoor groups are currently in place. Outdoor concerts began this spring. In room dining is still available as needed, but the main dining room is now open in Assisted Living. The Nursing Home's dining room is scheduled to open this summer. Several pictures were shown of drive-by parades, hugging tents, and virtual celebrations.

Ms. Chadwick was very candid in assessing lessons learned during the pandemic. The implementation of telehealth services should have begun earlier than it did. Having a robust, specific infectious disease preparedness plan facilitated overall response. Instead of restricting leave and canceling planned vacations, employees should have been encouraged to take time off early in the response to minimize the employee burnout that eventually occurred.

Other Business. Marlene Blum briefed HCAB members about a meeting with Fire & Rescue/EMS staff related to the HCAB's roles and responsibilities and how the agency can better partner with the board. FRD welcomed the opportunity to attend an upcoming meeting.

Sherryn Craig will survey HCAB members about a future work planning meeting at the end of July or sometime in August.

There being no further business, the meeting adjourned at 10:03 pm.