

For the second time in days, the Office of Healthcare Quality (OHCQ), Department of Health (DOH) and Center for Medicare and Medicaid Services (CMS) have taken the unprecedented, highly irregular and, in our view, inappropriate step of releasing communications to the press at the same time they were sent to Sagepoint. This process circumvents Sagepoint's due process to dispute the judgements before these documents become public. We believe this action is punitive and designed to send a chilling message to all other nursing homes in the State. While we clearly cannot speak to all aspects of the citations issued to Sagepoint for concern about state privacy and federal HIPPA laws, we can openly express that many of the notations in the CMS – OHCQ issued document are patently false. For example, it has been reported OHCQ was in our building on March 30. That is factually incorrect. OHCQ states we did not practice hand hygiene and proper PPE use. This is factually incorrect. In addition, OHCQ stated we did not follow cohorting practices. This is factually incorrect.

Perhaps some better questions may be why OHCQ posted the first assistance and guidance to the nursing home industry, an industry they oversee, on their website just a little over a week ago. Why did calls from the nursing home administrators to OHCQ for assistance prior to the introduction of the virus on the east coast go unanswered? Why, when COVID-19 first appeared in Maryland did OHCQ continue to remain silent?

In responding to certain citations, we explained we were following the guidance of Health and Human Services (HHS) nurses with whom we spoke; however, we were instructed by OHCQ to remove the reference to HHS guidance in order for our required plan of correction to be accepted. (The Centers for Disease Control and Prevention later issued the same HHS guidance.) Failure to have the plan accepted would have resulted in further penalties to Sagepoint. We had no choice but to make the changes required by OHCQ and CMS, and were not able to submit our full response until that was completed.

We actively sought information in addressing issues. What we received was instead criticism, blame, and action by an agency only focused on covering themselves and making an example of a non-profit nursing home that lacks the financial and political resources to adequately face off with state and federal agencies.

Rather than receive assistance, we received the CMS mandate that all nursing homes must accept COVID-19 positive patients as discharges from the hospital. That mandate, coupled with ineffective and ever-changing infection prevention guidance, leaves all nursing homes completely vulnerable to the ravages of this virus. Despite all of our early warnings, we, like many other nursing homes, watched this perfect storm wreak havoc on our five star Medicare rated facility.

Beginning in February, long before this pandemic hit Charles County, Sagepoint warned State and local officials of the lessons learned at Kirkland nursing home in Washington State. Proactively, we educated officials about the problems of asymptomatic spread and lobbied for the need for universal testing in nursing homes. We warned of the severe lack of testing capabilities and badly-broken supply chains preventing acquisition of adequate PPE for staff protection. Additionally, we had concerns that CMS mandated that all nursing homes must accept COVID-19 positive patients as discharges from the hospital. Again, that mandate coupled with ineffective and ever-changing infection prevention guidance left all nursing homes completely vulnerable to the spread of this virus in a vulnerable elderly population.

Thankfully, with assistance from our partners at MEMA and our local Department of Emergency Services, we were one of the fortunate facilities to have acquired and distributed the correct PPE items prior to any known COVID-19 in our building.

Additionally, Sagepoint acted above and beyond governmental recommendations including fighting for approval from the Maryland Department of Health to be an earlier adopter of universal testing. Our plan for testing and separating residents was presented on April 2 to the Maryland and Charles County Departments of Health. We implemented CDC, CMS and Maryland Department of Health guidance and mandates in many instances well before required. Still, this virus is deadly in nursing homes, and losing even one of our Sagepoint family is devastating and heartbreaking.

This outbreak did not happen because of anything we did, but because the virus is highly contagious and presents with and without specific symptoms. We believe the actions we took saved lives. The sad fact is even with proper reporting and universal testing, the clinical results for nursing homes are horrifying. The rate of death for those that have COVID-19 in nursing homes ranges from 30-50%. These statistics are true within Maryland, Oregon, other states across the country as well as in Ireland, England, Norway, and beyond.

We have continued to receive incredible community support, and support and encouragement from families that have both lost a loved one and those that have not. We continue to have tremendous support from our staff that remain dedicated to providing services to the most vulnerable during a time when families cannot be with their loved ones. We know we are blessed for all of these things.

However, without a shift in the paradigm of the agencies that oversee nursing homes from blaming to providing assistance and being supportive, these types of penalties will happen again to someone else. As prepared and proactive as we were, this happened TO us. This will happen to many more nursing homes unless there is more understanding of how nursing homes are disadvantaged due to accepting pandemic admissions; working with limited space; servicing the most vulnerable population; and working in an environment with a novel and highly-susceptible disease.