

<https://www.henricocitizen.com/articles/medical-director-of-henrico-facility-where-40-have-died-we-feel-like-were-the-experts-in-treating-covid-positive-patients/>

Medical director of Henrico facility where 40 have died: ‘We feel like we’re the experts in treating COVID-positive patients’



By Tom Lappas, April 11, 2020

On the day Canterbury Rehabilitation and Healthcare Center in Henrico’s Far West End suffered the 40th COVID-19-related death of a resident – the second most of any single facility in the United States – the center’s medical director championed its ability to serve infected patients.

“We feel like we’re the experts in treating COVID-positive patients now,” Canterbury Medical Director Jim Wright said during a far-reaching 40-minute press briefing at Libbie Mill Library.

Only one other facility in the nation has experienced more deaths than Canterbury – the Life Care Center of Kirkland, Washington, with 43 – but Wright termed the virus’s rapid spread through the center as something that “no facility, no group could have been prepared for.

“Being an expert in an incurable disease doesn’t mean you can cure it.”

Canterbury has reported a total of more than 120 infections among its residents – 40 of whom have died – and 25 among staff members, all of whom Wright said have recovered. He described the latter as a positive, since the assumption is that people cannot contract this strain of the virus twice, meaning those staffers now can work with COVID-positive patients without fear. (In the coming week, the center will participate in a new test that may be able to identify people who have developed immunity.)

“It’s not a great niche to be in, but it’s the niche we’re in,” he said.

During his session with reporters, Wright struck a variety of tones:

- mournful, saying that that center has “been fighting a battle with COVID-19 for the past month now. And it is a battle that at times we feel we are losing.”
- annoyed, suggesting that government fines levied against nursing homes with operations infractions are “stupid” and “ridiculous” (Canterbury has not been fined, but the Life Care Center in Washington was fined \$611,000 by the Centers for Medicare and Medicaid for a number of failures leading to, and continuing during, that center’s outbreak.
- critical, blaming past and ongoing staffing issues on the fact that the center is disadvantaged by the Medicaid reimbursement funding structure (“It is a chronic problem in not only our facility but any publicly funded facility to maintain appropriate staffing,” he said.)
- positive, suggesting that the worst of the outbreak is over (“The atmosphere now is one of hope,” he said. “The residents see that we are nearing the end of the process.”)

At the same time, Wright seemed to acknowledge that the center is likely to witness more deaths, saying that it is “under less of a crisis, taking care of patients who are dying.”

Despite the overwhelming number of deaths and virus cases at the center, Henrico Health Director Danny Avula praised Wright and the Canterbury staff’s response to the outbreak.

“The folks at Canterbury Rehab. . . have adopted new infectious control practices and have done everything in their ability to contain this virus,” Avula said. “As we’re seeing here and as we’re seeing all over the country, that job has proven to be incredibly difficult.”

Mixed messages from county officials

Avula’s tone was in contrast to that of Henrico County Manager John Vithoukaskas, who April 2 issued a not-so-veiled criticism of the center through a message to the other 40 senior communities in Henrico.

“My message to [senior facilities] is, when we knock on your door, let us in,” Vithoukaskas said. “When we call, pick up the phone.

“We knocked on the door initially [at Canterbury], and the reaction was not positive.”

Vithoukaskas was frustrated initially by the fact that Canterbury officials did not respond to a visit from Henrico officials offering help after the facility’s first positive case of the virus became known, though he said the tone quickly changed in the following days.

But Friday, Avula said that the county’s health department had interacted smoothly with Canterbury staff from day one.

“From the get-go, Canterbury notified us of the very first case that they had of COVID-19. And we have been involved with them,” Avula said.

Wright chalked up the general government’s initial frustration to a misunderstanding.

“There was a visit from the county during our most critical phase of the crisis,” he said. “They rightly so wanted to discuss our response and how they could help. We were not able to accommodate that request because...we were dealing with a crisis and staffing shortage and simply didn’t have the bandwidth to sit down with them and talk with them. I think it was as simple as that.”

'Unfortunately, we continue to have deaths'

Canterbury, formerly known as Lexington Court, has been under new ownership since mid-January, when New Jersey-based Marquis Health Services purchased it for just more than \$8 million from an organization operated by Graham Adelman (the son of its founder, Louis Adelman, who built it in 1980). Marquis hired a new administrator, Jeremiah Davis, just two months ago.

Although Canterbury experienced staffing shortages prior to the outbreak of the virus and even more afterwards – when some employees feared for their own safety and didn’t come to work – things are better now, Wright said. Marquis Health has filled positions with nurses and staffers from other states, staffing agencies have provided others and the VDH provided 20 nurses at one point to help test residents for COVID-19, he said.

“My sense is we’re up to where we should be with our staffing today,” Wright said. “Unfortunately, we continue to have deaths.”

But Canterbury staffers have learned more about the virus and how it can affect the at-risk population, he said.

“We know that not only in our population but in this particular population around the country, if someone develops life-threatening symptoms – usually that’s the viral pneumonia, where you’re having severe shortness of breath, low oxygen levels, coughing – that is not curable.

“We at first were hoping that hospitals could do something to extend the lives of those people with the viral pneumonia. So initially, we were sending a lot of those people to the hospital. We found that every one of those patients died on the ventilator within two to five days.”

From that point forward, he said, facility officials have suggested to families of residents with similar cases that “there is nothing that the hospital is going to offer to your loved one to extend their life” and that remaining at the center – comfortable around familiar faces and friends – may be a more desirable option than dying among strangers in an unfamiliar place.

Later in his remarks, though, Wright appeared to contradict himself, when describing how he has witnessed some patients recover.

“If their immune system is up to the job, you can get them to fight it off,” he said. “I’ve seen that. We’ve been able to keep people going through a viral pneumonia and come out the other side with the palliative measures that we’re doing.”

‘We are going to see this over and over again’

Canterbury officials have not been able to conclusively determine how the virus was introduced to its

site, but Wright suggested that it either came from an employee or a visitor and that the former was most likely, since the facility has nearly 150 part- and full-time workers.

During a press briefing April 2, Henrico Health Director Danny Avula said that Canterbury had notified all 147 of its employees that they must work only for Canterbury if they want to continue in their roles.

But at Friday's briefing, Wright indicated something different.

"We were working and continue to work with a number of staff that circulate between buildings," he said, though some of those employees were told by the other senior communities at which they work that they were not welcome there after testing positive.

Asked what he would have done differently in retrospect to address the virus, Wright said he would create nursing homes with private rooms for each patient (those at Canterbury have roommates); ensure proper staffing levels; pay nurses enough so that they didn't need to work at multiple facilities to make ends meet; and provide greater access to the outdoors.

"I would have a nursing home funded by a society that puts more emphasis on treating our elders the way they should be treated," he said. "When we as society see that it is appropriate to warehouse our elders, to underpay their staff so that there are chronic staffing shortages – if we see that that is an adequate treatment of our elders, then we are going to have a bad time. We are going to see this over and over again.

"This will not be the last untreatable virus to decimate our elders."

<https://www.henricocitizen.com/articles/virus-test-results-by-zip-code-provide-mixed-bag-of-evidence/>

Virus test results by ZIP code provide mixed bag of evidence

By Tom Lappas, May 12, 2020

New Virginia Department of Health data is providing details about what COVID-19 testing looks like throughout Henrico County.

But the data – which generally shows the number of tests administered and the number of positive results among residents of each of the county’s 15 ZIP codes – is not exact science and doesn’t necessarily reflect actual risk of contracting the virus in any given area, according to Henrico Health Director Danny Avula and VDH officials.

Roughly 6,000 county residents – just shy of 2 percent of the county’s overall population – have been tested during the first two months of the pandemic. But most testing conducted to date has been of people with some symptoms, Avula said – which inherently results in a higher percentage of positive tests.

The region, Avula said, has reached an “in-between” phase of testing, during which it is increasing the number of tests administered through public and private providers but doesn’t quite have the type of mass testing needed to begin evaluating people without symptoms, he said.

“It’s hard to really interpret how to view the positivity rate,” he said.

To wit: about 40 percent of the 550 people tested in the Tuckahoe ZIP code of 23238 and 38 percent of the 252 tested in the Highland Springs ZIP of 23075 have tested positive. But in both cases (particularly the former), the results are heavily skewed by outbreaks at long-term care facilities, where dozens of people have been tested and the general risk is much higher than elsewhere in the community.

“When you go into a nursing home where you’ve had multiple cases and then you do widespread testing, it’s going to yield high cases,” Avula told the Citizen Monday, “and the more you test, the more you’re going to find.”

Still, he said, some of the hyper-local results are showing meaningful evidence, such as testing that his department (which also handles the city of Richmond) has been conducting on site in underserved or heavily uninsured communities in both localities.

“We have seen higher positivity rates in those ZIP codes,” he said. “That would certainly confirm our thinking that your lower-income workers are going to have more opportunities for exposure because of the types of jobs that they’re working.”

ZIP Code	Confirmed cases	Testing encounters*	Percent of tests positive
23059	38	482	7.8
23060	71	589	12
23075	102	252	40.5
23150	27	203	13.3
23222	63	423	14.9
23223	183	999	18.3
23226	66	331	19.9
23227	46	473	9.7
23228	77	631	12.2
23229	59	537	10.9
23230	10	121	8.2
23231	94	614	15.3
23233	96	602	15.9
23238	209	550	38
23294	41	303	13.5
TOTAL	1182	7110	16.7

Yellow bar indicates ZIP codes split between Henrico and Richmond

*Reflects total number of tests given, rather than the number of people tested

*Source: Virginia Department of Health

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Among the five ZIP codes split between Henrico and Richmond, the test results look like this:

- 23222 (Laburnum Avenue corridor near Richmond Raceway) – 63 of 423 tested positive (14.9 percent);
- 23223 (Laburnum Avenue corridor roughly between Mechanicsville Turnpike and White Oak Village) – 183 of 999 tested positive (18.3 percent);
- 23226 (Monument Avenue and Patterson Avenue corridors between the city line and Three Chopt Road) – 66 of 331 tested positive (19.9 percent);
- 23227 (Chamberlayne Avenue corridor) – 46 of 473 tested positive (9.7 percent);
- 23230 ZIP Code (Willow Lawn corridor) – 10 of 121 tested positive (8.3 percent);

The first two among that list contain a number of the communities Avula referenced. The third is home to a varied immigrant population. The challenges that people living in or near poverty face when dealing with the pandemic are significant, Avula said. Those with jobs rely upon each paycheck to survive, so they have less incentive to be tested – or to report testing positive to their employers if they do, since many don't get paid for sick leave.

Many also live in households with a number of family members or even other families – creating a potential breeding ground for the spread of the virus if one person is infected, Avula said.

The importance of contact-tracing

Excluding the skewed results from the 23075 and 23238 ZIP codes, the positive rates among the other

seven Henrico-only ZIPs are roughly aligned, ranging from a low of 11 percent positive in the Near West End's 23229 to a high of 15.9 percent in Short Pump's 23233, with all but one (23294) having seen an average of almost 600 tests conducted to date.

The ZIP code with the lowest percentage of positives among those tested is Glen Allen 23059 (which Henrico shares with a portion of Hanover); the positive rate there is less than 8 percent, among the 482 tests administered.

When possible, the ZIP code figures reflect where a person lives, not where he or she was tested, VDH spokeswoman Julie Grimes told the Citizen. But available data doesn't always allow that plan, she said.

"For example, we may get a positive lab result that doesn't have the patient's address," Grimes wrote in an email. "To count this case, we use the address of the doctor who ordered the lab test. During the course of the interview, we may find out that the case-patient sought care from their doctor in one county, but actually lives in a different county."

VDH officials constantly update their data based upon whatever new information they receive, which could result in changes day to day.

A key component of slowing the spread of the virus is contact tracing – the process through which a healthcare official identifies with a newly-diagnosed carrier all the people with whom he or she was in close contact during the time when the virus could have been spread, then contacts those people to let them know.

"If we can't do that, then the disease is just going to continue to spread unabated," Avula said.

His department had four contact tracers – all epidemiologists – before the pandemic. It now has 108 who have been trained to perform the duties (a mix of staff members and Virginia Medical Reserve Corps volunteers), he said. Seventy of those were trained last week and began their efforts this week.

New daily cases in Henrico and Richmond number between 30 and 50, Avula said, but so far his contact tracers have been able to reach out to each new case. The challenge, he said, will be keeping up with the demand when the number of new cases is closer to 75 or 100 each day in the coming weeks.

"We've got to build infrastructure to be able to keep up with those cases," he said.

Yesterday, Virginia received its first shipment of a portion of the 175,000 swab kits that the federal government is delivering to states – enough to test about 2 percent of the state's population. White House officials Monday told governors nationwide that they want all of the country's 15,000 long-term care facilities and their one million residents to be tested within the next two weeks.

"That does raise this question – do we have enough testing to actually do that? And I don't know the answer to that," Avula said. "Everything I am hearing at the state level is we probably do if all these test kits come in."

'We can't be in this place forever'

Henrico County last week concluded its two-week COVID-19 drive-through testing site for front-line employees and their spouses or partners, as well as some officials from other localities and local

organizations, and found that less than half of one percent of the more than 2,000 people tested had the virus, while only about two percent had antibodies to it (meaning they had already been infected and had recovered).

Those numbers, too, are difficult to weigh, Avula said. The positive side is that very few cases were discovered, but on the other hand, “Way fewer people in the population have actually been exposed to this disease than we think,” he said. He estimated that statewide, only 1 or 2 percent of residents have actually had the virus so far.

That could signal a longer period of having to deal with the virus, but it also could indicate that efforts to flatten the curve are working.

With Virginia set to implement the first phase of its “reopening” Friday, if data remains consistent until then, more businesses will open and crowds of as many as 50 people will be allowed to congregate, with social distancing precautions intact.

Avula favors a slow reopening but also conceded, “We can’t be in this place forever” with businesses closed and people staying home for weeks.

Other challenges are popping up, too. Healthcare officials have learned that the virus presents itself in a much wider variety of forms than initially anticipated, Avula said, and its symptoms – initially thought to wear off about about 10 to 14 days – in some cases can last much longer. One local patient exhibited symptoms of the virus for five weeks, he said, and others continue to test positive well beyond 14 days of the onset of symptoms – and beyond the time at which they feel fully recovered.

That has presented particular challenges for some long-term care facilities trying to decide whether to allow once-hospitalized patients back into their homes if they feel fine but continue to test positive, Avula said.

“It’s a weird disease – it’s creating a lot of confusion about when somebody’s cleared,” he said. “It’s not a great situation for anybody.”

<https://www.henricocitizen.com/articles/federal-data-provides-partial-glimpse-into-covid-19s-nursing-home-impact/>

Federal data provides partial glimpse into COVID-19's nursing home impact

By Tom Lappas, June 5, 2020

Henrico residents are getting their first detailed look at the impact of COVID-19 in the county's nursing homes – at least in part.

Federal government officials June 4 [released their first compilation of data](#) about how the virus is affecting nursing homes nationally, but in Henrico (as elsewhere) it paints an incomplete picture, at best.

That's the result of several factors.

First, the data – which includes documentation of how many residents and staff members have tested positive for the virus or died from it, among many other metrics – only is required from nursing homes that accept Medicaid or Medicare-based residents. Those facilities number about 15,300 nationwide and fall under the umbrella of the Centers for Medicare and Medicaid Services, which is compiling the information each facility submits to the Centers for Disease Control. CMS announced April 19 that it would begin requiring the data in May.

But only 13 of Henrico's 40 or so long-term care facilities fit that criteria.

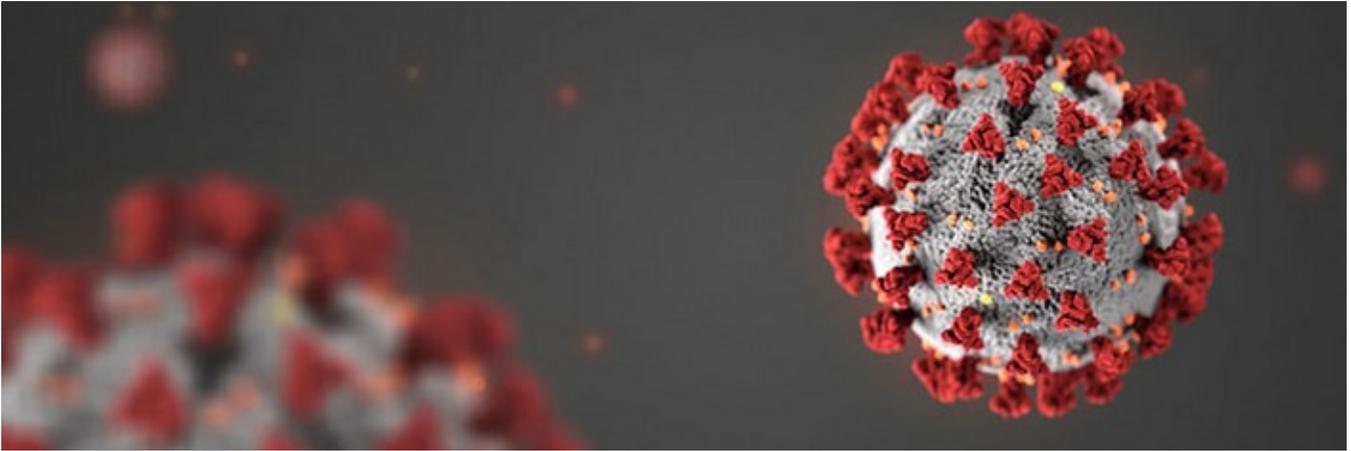
Second, qualifying facilities are required only to provide virus-related data from early May forward; some may choose to report data from earlier, but doing so is optional, according to CMS guidelines. In Central Virginia, the pandemic began in mid-March, so 45 days or so of important data may not be included. (For example, Canterbury Rehabilitation and Healthcare Center – which has witnessed the deaths of 51 residents from the virus – reported only two deaths in the CMS report, presumably the only ones that have occurred since early May.)

Third, CMS officials have acknowledged that the data is likely to contain a number of errors – either because facilities reported information incorrectly or because CMS officials didn't have sufficient time to ensure its accuracy before publishing the data earlier this week.

For example, one Arlington, Virginia nursing home is shown as having had 83 virus-related deaths, when in fact, it has had none, a representative of the center told the website InsideNova.com. The data also shows that a New Jersey nursing home with fewer than 100 beds has had 756 virus-related deaths; that's also wrong (the actual number, according to news service InvestigateTV, is 16).

According to the CMS, “in an effort to be transparent, CMS made the data collected by the CDC [Centers for Disease Control] public as quickly as possible balancing transparency and speed against the potential of initial data errors.”

Effectively, the agency provided the data as fast as it could at the potential expense of doing so with errors.



Beth Sholom hit hard by virus

Of the 13 Henrico nursing homes required to report data to the CDC, 11 have done so, while two – Elizabeth Crump Health and Rehab and Little Sisters of the Poor – have not, according to the CMS. (The CMS is providing an initial reporting grace period for facilities but then will fine them \$1,000 per week or more for each week they fail to report their data.)

Beth Sholom Home of Virginia, on John Rolfe Parkway in the Far West End, reported the highest numbers of COVID-19 cases (52) and deaths (13) of the remaining 11 facilities.

Glenburnie Rehabilitation and Nursing Center on Libbie Avenue reported eight total deaths and 34 total cases among residents, while Westport Rehabilitation and Nursing Center on Forest Avenue reported 6 deaths and 29 cases.

Henrico Health and Rehabilitation Center on North Airport Drive in Highland Springs reported 36 cases but no deaths, and in addition to the 2 of its 51 deaths Canterbury Rehabilitation and Healthcare Center reported, it also noted 32 cases of the virus among residents.

The other 6 facilities that reported data – Lakewood Manor, Manorcare Health Services of Richmond, Our Lady of Hope Health Center, Parham Health Care and Rehabilitation Center and The Laurels of University Park – reported no deaths and only nine combined cases.

The data does not indicate the period for which each facility is reporting data, however, so it's unclear which facilities (if any) are reporting the entirety of their virus-related experiences and which are reporting only data from early May forward.

All 13 facilities reported that residents have access to tests on site. Four – Henrico Health and Rehab (24), Beth Sholom (18), Lakewood Manor (10) and Glenburnie Rehab and Nursing (10) reported at least 10 staff members had tested positive for the virus.

Glenburnie: No supply of common PPE, according to data

According to the data, Glenburnie officials reported having no supply of any of the most common forms of PPE: N95 masks (which are considered the most effective at preventing the virus from being transmitted to or from a person wearing one), gloves, gowns, hand sanitizer or protective eyewear.

All of the 12 other facilities reported having at least some of each set of supplies, although Canterbury Health and Rehab reported less than a one-week supply of N95 masks and less than a week's supply of surgical masks, too.

Henrico Health and Rehab, Westport Rehab and The Laurels at University Park each reported a shortage of nursing staff members.

The CMS statistics show that nearly 32,000 deaths have occurred in the CMS-regulated nursing homes – just about one-third of all deaths nationwide. It's unknown how many of the other deaths occurred in other long-term care facilities that are not subject to the CMS reporting requirements.

