*Welcome to LLA Reports, a podcast produced by the Louisiana Legislative Auditor’s office. This podcast is intended to be an oral representation of the written report it highlights and is primarily for the use of the Louisiana Legislature.*

This is Julie Floyd. I’m a senior performance auditor with LLA Performance Audit Services. This episode of LLA Reports focuses on our recently released report titled “Louisiana’s Response to COVID-19 in Nursing Facilities.”

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 out of 277 nursing facilities – or about 53 percent – reported a shortage of nursing staff at some point between May 2020 and December 2020.

The state did take several steps to try to address the staff shortages, including allowing nurses with out-of-state licenses to work in Louisiana, providing hazard pay, and subsidizing child care for workers. The state also launched “Louisiana Health Work Connect” to link facilities with qualified job candidates.

We also found that nursing facilities lacked access to certain types of personal protective equipment – or PPE – at the beginning of the COVID-19 pandemic. In addition, the facilities did not always have access to testing supplies, and laboratories did not always provide test results in a timely manner.

According to data from the federal Centers for Medicare and Medicaid Services – or CMS – the most common PPE shortage in Louisiana was N95 masks, with 43 of 263 nursing facilities – or about 16 percent – reporting they did not have a one-week supply for the week ending August 16, 2020. However, access improved over time, with only 23 of 247 nursing facilities – or about 9 percent – reporting they did not have a one-week supply of N95 masks for the week ending December 27, 2020.

To help address the supply problems, the Louisiana Department of Health – or LDH – and the Governor’s Office of Homeland Security and Emergency Preparedness sent PPE to nursing facilities. LDH also deployed strike teams of contracted health care workers to nursing facilities to administer tests and to transport specimens to laboratories.

The nursing facilities were challenged as well by visitation restrictions. At the recommendation of CMS, LDH ordered the facilities to restrict visitation beginning in March 2020 in an effort to control the spread of COVID-19. The restrictions included halting visits from family members and some state oversight personnel. As a result, there was limited outside visibility of nursing facilities, which may have decreased oversight of the quality of care provided to residents.

While in-person visitation was restricted, LDH required facilities to offer alternatives, such as the use of telecommunication devices, and provided funds to buy tablets.

In addition, beginning on March 4, 2020, CMS suspended regular surveys of nursing facilities to allow inspectors to conduct targeted surveys and investigate abuse complaints.

LDH loosened the visitation restrictions in September 2020, in part because CMS acknowledged that the physical separation had taken a physical and emotional toll on residents.

Nursing facilities also saw their revenues decrease last year because of declines in the number of residents caused by COVID-19-related deaths and lower admissions. At the same time, the facilities faced additional costs because of the need for PPE and more staffing.

However, we found that state and federal sources provided funding and resources to help offset the lost revenues and to help facilities with their additional expenses.

The primary sources for COVID-19 funding and resources for nursing facilities included temporary increases to the per diem rates, direct payments through the Provider Relief Fund, grants from the federal Centers for Disease Control and Prevention that provided support for LDH testing, and Civil Monetary Penalty funds that were made available to help the facilities improve visitation and communication capabilities during the pandemic.

As a result of our audit, we developed one recommendation. We recommended that LDH work with stakeholders to identify lessons learned during the pandemic that could help the state and nursing facilities better prepare 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, allow visits, and provide socially distanced activities to engage residents; and/or
* A methodology to ensure the temporary increased per diem rates do not affect rates paid to the facilities after the COVID-19 pandemic ends.

In its response to our report, which is detailed in the report appendix, LDH agreed with our recommendation.

*We hope you found this podcast informative, and that you’ll follow future episodes of LLA Reports. You can subscribe to LLA Reports at Apple iTunes, Google Play, or your favorite podcast platform.*

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*Thank you for listening.*