**Many nursing homes in the country were already lacking in staff and equipment when the coronavirus struck**

Links to datasheet:

* **Number of adults at risk per state and average number of nursing home beds in respective states** : <https://docs.google.com/spreadsheets/d/1Ahox0nLy2-wAEGoLeJPHBVzR4OwzA94vUdgy8ER_GE4/edit#gid=0>
* **Number of U.S. Adults At Higher Risk Of Serious Illness If Infected With Coronavirus** : <https://docs.google.com/spreadsheets/d/1jNNNfRzet1mNbjhHQxXoCU3LckeCpVr2Mfe7fY1uEY0/edit#gid=0>
* **Staffing Rating of Nursing Homes with Coronavirus Outbreaks** : <https://docs.google.com/spreadsheets/d/11uN-OOGZCrzOshLukmozjxgt05HoGNigVcfKi82uSD0/edit#gid=0>

Data Visualization Links:

* **Total Nursing Hours in 622 Nursing Homes With Coronavirus Outbreaks** : <https://infograph.venngage.com/view/50271c2f-8baa-4c34-879c-bea17a9b34a4>
* **Number of nursing home beds per 100 adults at risk of infection of COVID-19 in the U.S.** : <https://infograph.venngage.com/view/07a3422f-a15c-4792-8671-80c4fd7c25c0>

Many nursing homes in the country were understaffed and underequipped even before the coronavirus pandemic struck the nation, analysis of publicly available data shows.

The KFF analysis of Behavioral Risk Factor Surveillance System shows that over 92 million of 246 million U.S. adults are at a higher risk of serious illness if they get infected by the coronavirus. Yet, according to the Centers of Disease Control and Prevention (CDC), there are only 1.7 million licensed beds in the 15,600 nursing homes in the U.S.

The inspections conducted by the Center for Medicare and Medicaid Services (CMS) also show that over 66 percent of the nursing homes with coronavirus outbreaks only had enough staff to attend to each resident for three or less hours a day on an average.

CMS determines the staffing rating of a facility based on the total nursing hours per resident a day, which includes the combined number of hours put in by Registered Nurses (RN), Licensed Practical Nurses (LPN) and nursing aides.

It is difficult to say if the lack of resources in nursing homes contributed to the massive outbreaks of the virus nationwide, but experts said that these facilities were nowhere near equipped to deal with a pandemic.

“The nursing homes are mostly for-profit centers with inadequate staffing and almost no infection control plans,” said Charlene Harrington, professor emerita of sociology and nursing at the University of California, San Francisco. “They were sitting ducks when the pandemic hit them.”

Harrington also said that over 63 percent of the nursing homes in the country had been flagged for violation of federal infection-control rules by the Centers for Medicare & Medicaid Services before the COVID-19 outbreak.

Another survey by KFF found that infection-control violations were more common at nursing homes with fewer nursing staff than at facilities with higher staffing levels.

Inspection reports by the CMS said that many of the reasons behind the spread of infections within a facility were the lapse of basic hygiene practices, such as nurses and kitchen staff not washing their hands as they moved from one patient to the other or handled food for patients. They also either failed to wear protective equipment when attending to contagious patients in isolation or did not properly dispose of their equipment after visiting such patients.

“While these incidents may seem like small and insignificant, repeated violations of these infection-control rules add up an infection outbreak,” said Patricia Hunter, the Washington State Long-Term Care Ombudsman, who addresses complaints from residents and families and advocates for nursing home reforms.

Cami Neidigh, whose 90-year old mother Geneva Wood contracted the virus while undergoing rehab at the Life Care Center of Kirkland, said that she was surprised to see that over half of the staff at the facility weren’t wearing masks or any other protective equipment when she last visited the facility in the first week of March. Moreover, even visitors were not required to wear masks inside the facility.

The Life Care Center of Kirkland was one of the first major cases of coronavirus outbreaks in nursing homes. While Wood was transferred to a local hospital and made a miraculous recovery, by end of February 129 people linked to the nursing home had tested positive for the virus. Of those, 35 had died, including patients far younger than Wood.

Since then, health inspections conducted by the Center for Medicare and Medicaid Services have found that the nursing home didn’t implement proper sanitizing and social distancing rules among both the staff and the residents.

“It makes me really angry the nursing homes didn’t take care of their own,” Neidigh said. “The higher-ups could definitely have prevented the outbreak if they took proper care of their staff.”

According to a Kaiser Family Foundation analysis (KFF), 41 percent of coronavirus-related deaths in the country have occurred in nursing homes and assisted-living facilities, with some states having as high as 80 percent of deaths in nursing homes.

But industry leaders said that the no manner of preparation could have readied the nursing home industry for the unprecedented scale with which the coronavirus has spread.

“The overwhelming majority of folks that live in our facilities are not only elderly, but they have multiple underlying conditions,” Mark Parkinson, the president and chief executive officer of the American Health Care Association and National Center for Assisted Living said in a statement. “This, combined with the insidious nature of the virus, makes taking care of COVID-19 patients very difficult.”

Parkinson, however, added that the inability of long-term care facilities to obtain equipment, particularly facemasks, over the last few months, has proven to have tragic results. The virus passes through coughing and maybe even just through breathing, and so the inability to access a sufficient supply of masks has made it virtually impossible to stop the virus inside of buildings.

The White House has since announced that the Federal Emergency Management Agency (FEMA) will be delivering two weeks’ worth of Personal Protective Equipment (PPE) to all the 15,400 nursing homes in the country.

Parkinson also said that the nursing homes didn’t have adequate testing equipment. As patients affected by COVID-19 are largely asymptomatic, without testing it is virtually impossible to identify residents or staff affected by the virus in these facilities, making it even more difficult to stop the spread of the virus.

“Unfortunately, until recently, nursing home residents and staff were not at the highest priority level for COVID-19 testing,” Parkinson said. “And that has led to tragic results.”

Yet according to experts, problems with staffing have also significantly contributed to the difficulties in keeping coronavirus outbreaks contained in nursing homes. Long-term care facilities experience frequent staff turnover, and new or temporary workers are less likely to be familiar with a facility’s protocols.

Health inspectors also reported that many nursing homes have had difficulty making sure that potentially infected workers stay home. This is mainly due to the low wages and limited time-off benefits most nursing staff receive.

But even if nursing homes are successful in getting infected workers to take days off, they may run into trouble finding replacements.

“Low RN staffing will inevitably lead to violations for infection control and poorer overall quality in nursing homes,” Harrington said. “While this is a classic case, the very nature of the COVID-19 virus has made it far more serious than anything the nursing homes have had to deal with before.”