

May 15, 2020

Pasadena City Council, Mayor and City Manager

c/o Mark Jomsky

100 North Garfield Ave.

Pasadena, CA 91101

Re: Covid-19 and Pasadena Skilled Nursing Facilities

On May 12, *Pasadena Star News* reported nine out of 10 coronavirus deaths in Pasadena have been linked to long-term care facilities like nursing homes and that these facilities “comprise nearly seven out of 10 of the city’s total coronavirus cases.” Let that sink in: nearly 70% of the city’s coronavirus cases and 90% of deaths from the disease are linked to long-term care facilities. These statistics are shocking. If the virus is essentially confined to nursing homes, then not only are the closures of all “non-essential” businesses and stay-at-home orders inappropriate, but the spread of the novel coronavirus outside of these facilities is miniscule.

Knowing these statistics raises two very important questions: What are we doing to protect the population most vulnerable to infection, and why are we subjecting the rest of the city to economic disaster if it’s not completely necessary?

What would Pasadena’s Covid-19 infection rate look like if long-term-care facilities were measured independently and not averaged in with the general population? I would like to encourage you to examine Pasadena’s percentages of Covid-19 infections and resulting deaths with and without nursing facility cases included. There are many Pasadena residents who feel the data as it is currently presented is misleading and that it is creating unnecessary panic when the reality is that our infection rates, *excluding* nursing homes, is very low.

Make no mistake: I am not suggesting that the high infection rate at nursing homes isn’t of concern. This is personal for me. Just this week our family had to remove my father from his skilled nursing facility in Long Beach, where there’s been a very recent outbreak of 20 Covid-19 cases and one death. He is still in the incubation period and my family is on pins and needles praying he does not contract the virus.

What I’ve learned about the management of nursing facilities throughout this process with my dad has been alarming. The lack of oversight and limited protocols in place to protect the health of these patients and staff defies common sense. In my dad’s facility, they didn’t quarantine patients until *after* they showed symptoms, even if they had already been exposed to the virus by another ill resident. They were also limited on testing capabilities—my dad was not tested

until a second patient was discovered to have Covid-19. The staffing levels in his facility were also becoming a problem because employees were understandably calling in sick. Let's not forget that these employees go home to their own families, who now risk exposure as well.

I personally observed that not all entrances and exits to the facility were guarded by temperature readings, people were coming and going freely from the back entrance, and social distancing protocols were not being maintained. I never saw staff wipe down the facility iPad being passed from room to room, nor I did see staff wash their hands as they entered my dad's room while on Facetime with the facility. My dad was even brought out of his room without a mask to visit with me through a window. If such basic safeguards were not in place, how could our family be certain the health department was keeping the same staff from treating both Covid-19 and non-Covid-19 patients? How could we be confident in their protocols regarding PPE? With staffing shortages, how could we be assured employees were not picking up shifts at other locally infected nursing facilities?

After speaking with the Long Beach Health Department about my dad's experience, it made me wonder what the City of Pasadena requires of the facilities that operate here, especially as it relates to Covid-19. The current counts provided by the Pasadena Health Department for long-term care facilities are unacceptable—in one facility alone we had 77 confirmed positive residents and 16 deaths. (See chart below for full counts.) This is especially troubling when you consider that if the number of reported Covid-19 cases are below 11 for a facility, they do not have to publicly report the exact number of infections. This, of course, masks the severity of the outbreak. It is imperative the council and staff are aware of these statistics so that we can fix this crisis with common sense regulations.

Dr. Christina Ghaly, health services director for LA County, said "self-isolation and social distancing was the only tool public health officials had two months ago to slow the spread of COVID-19, the disease caused by the coronavirus." If they hadn't done so, Ghaly said, "the deaths would have been much higher." ([Pasadena Star News, May 14](#)) Looking at the death rate at our local nursing facilities, I don't see how the rates could be much higher. Could we have protected these residents by putting in more stringent protocols and oversight?

It is time to ask hard questions about how we are protecting this vulnerable population, and why we have allowed this disease to fester in this type of medical facility. I ask the City Council and Mayor to put forth the following questions to the Pasadena Health Department in order to understand and prevent the spread of Covid-19 within our city limits in regards to these facilities:

- 1) If a skilled nursing facility has an outbreak, what is the protocol in place for testing the facility employees and residents? Does everyone get tested? If there are only one or two cases, do they still test the entire facility?
- 2) Is it required to quarantine the Covid-19 positive patient *as well as* all who came in contact with the patient who tested positive? How does the city confirm the facility is following through with quarantine?

- 3) At what point is testing repeated during the incubation period for all those exposed to the Covid-19 patient?
- 4) What kind of tests are they using (rapid or blood) and how many days does it take to get the results? If the blood test results take a few days, are all patients and employees quarantined during the delay?
- 5) Are patients only quarantined after they show symptoms or does quarantine start after suspected exposure?
- 6) Do the skilled nursing facilities have all necessary resources to conduct the tests?
- 7) Is hand washing required when traveling from room to room by all employees?

I see an opportunity here for the City of Pasadena to do better. As a former RN, I really do believe we are creating a bigger public health pandemic by not immediately re-opening our city, but we can't do that until we get the overall number of infections down. We need to focus our energy where the problem is most urgent: long term care facilities. If we can be more proactive in helping prevent the spread of Covid-19 by putting stringent protocols in place for these nursing facilities, we can drastically reduce our infection rates overall and finally get back to work. Nursing homes need a safety and infectious disease overhaul and the time for this now.

Thank you for the consideration,

Erika Foy

Foothill Heights Care Center

Confirmed Residents	15
Confirmed Staff	<11
Total Deaths	1

Arbor Vista

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

GEM Transitional Care Center

Confirmed Residents	46
Confirmed Staff	16
Total Deaths	9

Brighton Care Center

Confirmed Residents	77
Confirmed Staff	30
Total Deaths	16

Golden Cross Healthcare

Confirmed Residents	56
Confirmed Staff	<11
Total Deaths	3

Californian Pasadena Convalescent Hospital (The Californian)

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

Huntington Post-Acute (Pasadena Meadows)

Confirmed Residents	58
Confirmed Staff	12
Total Deaths	8

Camellia Gardens

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	1

IMPACT House - Pasadena

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

Fair Oaks by Regency Park

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

Jasmine Terrace

Confirmed Residents	62
Confirmed Staff	24
Total Deaths	9

Rose Garden

Confirmed Residents	30
Confirmed Staff	33
Total Deaths	7

Legacy Care of Pasadena

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

St. Vincent's

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	1

Pasa Alta Manor

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

Villa Esperanza

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

Pasadena Care Center

Confirmed Residents	<11
Confirmed Staff	<11
Total Deaths	0

Villa Gardens

Confirmed Residents	18
Confirmed Staff	17
Total Deaths	5

Pasadena Grove Health Care

Confirmed Residents	40
Confirmed Staff	25
Total Deaths	3



Martinez, Ruben

From: Sonja Berndt <sonja.berndt19@gmail.com>
Sent: Monday, May 18, 2020 9:42 AM
To: Public Comment
Cc: Jomsky, Mark
Subject: 5/18/2020 City Council Meeting Agenda Item #16.A. -- Public Comment

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FOR MAY 18, 2020 CITY COUNCIL MEETING PUBLIC FILE ON AGENDA ITEM # 16.A. COVID-19
Update: ORAL REPORT ON UPDATED HEALTH ORDER ISSUED MAY 14, 2020

FOR PUBLIC FILE ONLY – NOT FOR READING OUT LOUD

Dear Mayor Tornek, Vice Mayor Hampton, and Members of the Pasadena City Council:

I am a longtime resident of Northeast Pasadena. I was a critical care nurse in my early career life. Like Erika Foy, who has also submitted a letter to the City Council on this agenda item, I am very concerned about the high number of COVID-19 cases and deaths from the virus related to Pasadena’s long-term care facilities. In Pasadena, 90% of COVID-19 deaths are related to our long-term care facilities, while in Los Angeles County and Orange County, the rates are 51% and 25%, respectively.

It is reported that the Pasadena Public Health Department (PPHD) will be submitting a written report to the City Council shortly addressing this issue. I urge the members of this Council to thoroughly examine that report to determine how this City might have better outcomes for our most vulnerable residents on a going-forward basis. I urge the PPHD to reach out to other cities that have had better outcomes and to the California Public Health Department to determine whether additional measures need to be adopted such as better education and training of staff in those facilities, in-person inspections of the facilities rather than the virtual inspections that have been conducted by the PPHD, etc. Also, if there are state regulatory gaps, I hope those will be addressed. Perhaps since Pasadena has its own health department, there will be a unique way for our city to bridge those gaps with state legislation.

Thank you for your consideration.

Sonja Berndt, R.N. (inactive), J.D.

05/18/2020
Item 16 A