



LeadingAge Statement from president and CEO Katie Smith Sloan in response to "Sheltering in Danger," an investigative report by the Minority Staff of the U.S. Senate Committee on Finance," Nov. 2, 2018.

We appreciate that the Finance Committee is interested in ensuring that nursing home residents are safe and receive high quality care. Our members, nonprofit providers of aging services, including skilled nursing, share these concerns and live them every day.

As [we said in written testimony to the Committee in September](#), the deaths at Hollywood Hills should never have happened. Had outside witnesses been invited to testify in early September, LeadingAge would have pointed out that the new CMS emergency preparedness rules outline very detailed specifications for emergency plans that address all potential hazards.

First, let's be clear. We make no apology for poor quality nursing home care. Errors should be addressed. Continual improvement is a must. That's why LeadingAge has supported the substantial changes, put into place in late 2017 as part of CMS' new regulations, months after the Florida and Texas events described in this Nov. 2018 "Sheltering in Danger," report.

Regarding the Committee's recommendations, we propose that, prior to adding more regulations -- and risk complicating the decision process administrators and nursing home staff follow when assessing whether to stay or go -- the Committee members speak to administrators and staff whose deep experience in managing disaster situations has yielded success. As the report introduction notes, 'most of the facilities weathered [hurricane Harvey and Irma] without incident...'

We believe that while clear requirements are essential, room must be allowed for human judgment in emergency and disaster situations.

Nobody entrusted with making the decision to evacuate or shelter in place takes it lightly. As we've seen, lives depend on leaders making the right decision - and learning from what happened before. Fortunately, emergency plans and generators were in place to deal effectively with Hurricanes Florence and Michael, both of which occurred after the new rules went into effect.

Let's give the new system a chance to work. Further we suggest that all community partners be part of the solution. For example, nursing homes should be as high as hospitals on the priority list for restoration of power.

In the spirit of continual improvement, we encourage the Committee to adopt a 'learn-from-the-best' mentality. Improve training and preparation, as suggested, and develop a better-informed, receptive and responsive community emergency response system. Draw from the examples of experienced operators, including those who during the recent Hurricane Florence and Michael disasters, demonstrated their ability to properly assess options and manage the situation while working within existing guidelines. (See NPR.org: "[How Nursing Homes are Preparing for Hurricane Florence](#)," Sept. 11, 2018, and NBCNews.com: "[Evacuate or Stay? For Nursing Homes in Storm's Path, the Decision isn't Easy](#)," Sept. 12, 2018)

We would welcome the opportunity to convene providers, CMS, consumers and other stakeholders to meet with the Committee staff to discuss emergency and disaster planning and the experiences of our members with planning and with the new requirements. If the Committee determines that additional requirements are necessary, we respectfully suggest committing new resources to support implementation and evaluate impact.

Finally, all of the nearly 6,000 provider communities that belong to LeadingAge care deeply about supporting each other when disaster strikes. We established the LeadingAge Disaster Relief Fund in 2017. Last year, thanks to more than 1,000 donations from member organizations and people around the country, we raised more than \$680,000 to help those affected by hurricanes, mudslides, and wildfires. This year members contributed nearly \$20,000 to help those affected by Hurricane Florence. All Funds go directly to those in need for basics like food and water.

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