

May 29, 2019

Chair Keny Guyer, Vice-Chairs Sanchez and Noble, Members of the Committee:

My name is Linda Rotz. I am the administrator for Good Samaritan Society-Curry Village skilled nursing facility, a non-profit organization driven by a mission to share God's love with seniors and others in need. Good Samaritan Society-Curry Village is celebrating its 50th anniversary this year as the only skilled nursing center in Curry County. I have been a nursing home administrator for 39 years. Curry Village proudly maintains a 5-Star Quality Rating from the Center for Medicare and Medicaid Services (CMS) – the highest ranking a skilled nursing facility can receive. Today I'm here to share my experiences dealing with workforce challenges in coastal Oregon, and hopefully provide you with some idea of what it's like to provide care for some of the state's most vulnerable in this extremely tight labor market.

Curry Village is the only skilled nursing facility serving Southwest Oregon and the Brookings/Gold Beach coastal area. The nearest skilled nursing facility is 100 miles away, a two hour drive, to the east or to the north of Brookings. Due to limited medical resources in our area, many Curry County seniors end up in hospitals in cities hours away. These seniors would much rather be cared for close to home, however due to the limitations set by the CNA staffing ratios and the extremely limited workforce in the area, we are faced daily with the dilemma of having to decline admissions from local seniors. I can honestly say that it breaks my heart every time we have to turn someone away who just wants to stay close to home in their time of need.

The issue is not small - we received 78 hospital referrals between July 1 and September 30 of last year, yet we were only able to accept 22 patients for admission during that same period, due to our staffing limitations and staffing guidelines that do not allow flexibility or innovation. That means 56 seniors who needed post-acute care had to be placed elsewhere, far away from their homes and loved ones.

Workforce challenges are not unique to long term care or our corner of the state, but they are certainly more acute in rural, especially coastal, communities, where we are competing with our follow health care partners for these valuable employees. We are doing everything in our power to overcome these broader staffing pressures:

- Increasing staff pay and offering referral and new employee bonuses;
- Providing tuition assistance and scholarships for professional development;
- Contacting every licensed nurse and certified nursing assistant in the region and informing them of the job opportunities at our community;
- Launching an extensive media marketing campaign via radio, newspaper, and online job postings in the Rogue Valley, Coos Bay area, and even Northern California;

- Offering financial and technical assistance to licensees seeking endorsement from the Oregon Board of Nursing; and
- Collaborating with our local community college to serve as a clinical training site for their RN and CNA programs, and even adding a new CNA class.

After all these efforts and more, we are still struggling to develop, recruit and retain the necessary number of qualified staff. Every single employee is precious to us, and our center has a very low turnover percent compared to the industry average, but we do lose people through natural attrition. Yet, it can take weeks and sometimes months to recruit a replacement CNA. To put it simply, this is a much larger issue than our one community can realistically solve.

To compound our issues, we are currently facing a regulatory challenge from the Department of Human Services (DHS). On a quarterly basis, skilled nursing facilities submit staffing reports. In these self-reports from last summer, we fractionally missed the mark on ratios for a number of shifts, ultimately because we lacked the number of certified nursing assistants to fill in when members of our team were out sick or couldn't make it to work for other reasons. Despite missing the mark on particular shifts, it's also clear that we made every effort to find and hire more staff and worked together seamlessly as a team to cover for our staffing shortages. During this challenging period, we also averaged more hours per patient day than is required by DHS. There is no evidence that our high level of care was ever diminished. Our DHS surveys over this time period never indicated any challenges with our quality of care. Despite sharing with the agency all our efforts to recruit and be innovative in finding new staff and detailing how we managed our care responsibilities effectively as a team, we now face up to a **\$20,000 fine**. We are currently appealing this penalty and hope to get to a more reasonable solution but responding to regulators has been a very time consuming and resource intensive process that has used up valuable and limited staff time. At the end of the day, DHS has ratios they need us to hit, but we live in the real world – and qualified CNAs simply do not exist in the numbers that DHS is requiring of us. We simply cannot discharge a resident prematurely because of a nursing assistant vacancy. That said there is tremendous opportunity to consider common sense, and develop practical solutions that will not compromise resident safety, care and services.

Thank you for your time today, and I'd be happy to answer any questions you may have.



Linda D. Rotz
Administrator