

Hnited States Senate WASHINGTON, DC 20510-2606

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APPROPRIATIONS

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FINANCE

INDIAN AFFAIRS

October 8, 2020

The Honorable Seema Verma Administrator Centers for Medicare & Medicaid Services U.S. Department of Health and Human Services 200 Independence Avenue SW Washington, DC 20201

Dear Administrator Verma:

I write concerning a pattern of apparent negligence and mismanagement at the Whitefish Care and Rehabilitation facility, located in Whitefish, Montana, which may have contributed to the tragic deaths of 13 Montanans. As someone who wants to ensure that our most vulnerable are protected, particularly during the COVID-19 pandemic, I urge you to further investigate the circumstances surrounding these deaths and reevaluate this facility's suitability to continue providing care as well as whether the state survey agency properly enforced the regulations in place to protect residents.

Findings from recent surveys conducted by the Montana Department of Public Health and Human Services (DPHHS) have revealed appalling conditions, including patients languishing in their own urine and feces, and having to wait days or weeks between showers. This is simply unacceptable, and the Centers for Medicare & Medicaid Services (CMS) has recognized that Whitefish Care and Rehabilitation has fallen short on providing quality resident care and has placed a consumer alert icon next to its name on Medicare's Nursing Home Compare website, which indicates that a facility has been cited for resident harm or potential harm for abuse or neglect. Additionally, Medicare has given this facility an overall rating of "much below average," or one star out of five. Further, the Department of Veterans Affairs relies upon CMS certifications in determining veterans' eligibility for long term care, and was funding care for several residents at this facility at the time of their death.

Following an outbreak of 21 COVID-19 cases in August, a DPHHS survey found that staff members roomed presumptive COVID-19 positive residents with COVID-19 negative residents, staff were not wearing proper PPE, and staff did not adhere to social distancing guidelines. Following this survey, CMS gave this facility an "immediate jeopardy," or IJ rating, which is assigned when there is "a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident." Shortly after being cited, the IJ rating was removed by CMS and the state of Montana following the approval of a plan of correction to bring the facility back into compliance.

In light of these disturbing developments, I request your immediate attention into this matter and a report of your findings, including recommendations to ensure the health and safety of residents moving forward.

Sincerely,

STEVE DAINES United States Senator