

'They're Death Pits': Virus Claims at Least 7,000 Lives in U.S. Nursing Homes

More than six weeks after the first coronavirus deaths in a nursing home, outbreaks unfold across the country. About a fifth of U.S. virus deaths are linked to nursing facilities.

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April 17, 2020

The first warning of the devastation that the coronavirus could wreak inside American nursing homes came in late February, when residents of a facility in suburban Seattle perished, one by one, as families waited helplessly outside.

In the ensuing six weeks, large and shockingly lethal outbreaks have continued to ravage nursing homes across the nation, undeterred by urgent new safety requirements. Now a nationwide tally by The New York Times has found the number of people living in or connected to nursing homes who have died of the coronavirus to be at least 7,000, far higher than previously known.

In New Jersey, 17 bodies piled up in a nursing home morgue, and more than a quarter of a Virginia home's residents have died. At least 24 people at a facility in Maryland have died; more than 100 residents and workers have been infected at another in Kansas; and people have died in centers for military veterans in Florida, Nevada, New York, Maine, Massachusetts, Oregon and Washington.

On Friday, New York officials for the first time disclosed the names of 72 long-term care facilities that have had five or more deaths, including the Cobble Hill Health Center in Brooklyn where 55 people have died. At least 14 nursing homes in New York City and its suburbs have recorded more than 25 coronavirus-related deaths. In New Jersey, officials revealed that infections have broken out in 394 long-term facilities — almost two-thirds of the state's homes — and that more than 1,500 deaths were tied to nursing facilities.

Overall, about a fifth of deaths from the virus in the United States have been tied to nursing homes or other long-term care facilities, the Times review of cases shows. And more than 36,500 residents and employees across the nation have contracted it.

In interviews with more than two dozen workers in long-term care facilities as well as family members of residents and health care experts, a portrait emerged of a system unequipped to handle the onslaught and disintegrating further amid the growing crisis.

"They're death pits," said Betsy McCaughey, a former lieutenant governor of New York who founded the Committee to Reduce Infection Deaths, an education campaign aimed at stopping hospital-acquired infections. "These nursing homes are already overwhelmed. They're crowded and they're understaffed. One Covid-positive patient in a nursing home produces carnage."

It is a tragedy that is continuing to unfold, and one that even the dire figures that are known only partially capture. The number of cases at these facilities, which include nursing homes, assisted-living facilities, memory care facilities, retirement and senior communities and long-term rehabilitation facilities, is almost certainly still higher since many facilities, counties and states have not provided detailed information. The outbreaks have been spread across the sprawling senior care industry, including at publicly run facilities, those run by nonprofit groups and others managed by large corporations. Some nursing homes with clusters have a history of safety violations, persistent staffing problems and limited amenities. Other hard-hit facilities have sterling health records, luxurious living arrangements and pricey rents.

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The virus is known to be more deadly to aging, immune-compromised people, and small, confined settings like nursing homes, where workers frequently move from one room to the next, are particularly vulnerable to spreading infection. But oversights and failures also have contributed to the crisis.

Virus tests and protective gear have been scarce inside many of these facilities, which are among the most overlooked players in the health care system. These homes, with staff members who receive less extensive training than those in hospitals, tend to struggle to slow infectious diseases. Employees are often poorly paid workers who move between multiple jobs and return home to communities at risk of contracting the virus.

All of these factors have allowed the virus to thrive, making its way into at least 4,100 American nursing homes and other long-term care facilities, despite increasingly desperate efforts to stop the spread.

Facilities were late to require workers and residents to wear masks — and some were still not enforcing such policies, workers and family members said. Facing shortages of tests and of masks, homes often waited, they said, until residents were showing symptoms of Covid-19 before testing them for the virus and isolating them from others, even if they had contact with people who had been infected.

“The residents and staff are being led to slaughter,” said Judith Regan, an editor and publishing executive whose 91-year-old father, Leo Regan, lives at the Long Island State Veterans Home at Stony Brook University. At least 57 residents and 37 staff members there have tested positive for the virus, and 32 residents have died. “He is on the Titanic, but there are no lifeboats,” Ms. Regan said. Officials at the veterans home did not respond to requests for comment.

Employees at some facilities have stopped coming to work. In California, 83 patients with the virus had to be evacuated from a nursing facility in Riverside County after only one of 13 scheduled certified nursing assistants appeared at work, public health officials said. Sixteen employees and dozens of patients had tested positive days earlier.

Even now, protective gear is in short supply at many homes. One nursing assistant at a Detroit nursing facility said she had been issued an N95 mask but had to make it last three weeks. With no gowns available, she said she and her co-workers were being told to suit up in the same gowns that patients sleep in.

In Miami, Rosa Mercedes, a certified nursing assistant at a residential facility, waited in line in her car for a coronavirus test on Thursday at the Hard Rock Stadium. She said her facility, which she declined to name, provides her with one mask each day as she feeds, bathes and helps multiple patients use the bathroom.

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Now she has a cough and sore throat. “I don’t know if I have it or don’t have it,” she said. “Everybody’s living in a nightmare.”

Nursing home industry officials acknowledged this week that many of their facilities were in crisis and said they lacked the protective equipment and testing that hospitals have received.

“We don’t have what we need to stop this,” said Mark Parkinson, the president and chief executive of the American Health Care Association and the National Center for Assisted Living, a trade organization that represents skilled nursing facilities and assisted living homes that house more than a million people. “We have got to have masks, and we don’t have masks.”

Mr. Parkinson said that federal health authorities have designated nursing homes and long-term care facilities at a lower priority level than hospitals, meaning longer turnaround times for test results — a significant problem for slowing spread.

He said that many employees do not have the option of isolating themselves from sick patients.

“The cavalry hasn’t arrived,” Mr. Parkinson said. “People will end up blaming nursing homes and talking about how terrible we are, but it is the complete lack of prioritization that has put us in the position that we are in.”

Nursing home facilities have borne the brunt of a structural shift: Hospitals, seeking to keep costs down, send more vulnerable patients into a growing industry of nursing homes. Even before the pandemic, 380,000 people died each year from infection at long-term care facilities, according to the Centers for Disease Control & Prevention.

The Centers for Medicare and Medicaid Services, which regulates the nation’s more than 15,000 nursing homes, issued new guidance last month, telling administrators to restrict all visitors, cancel group activities, shut down dining rooms and screen all residents and staff members for fevers and respiratory illnesses.

Families of nursing home residents said some of the new restrictions were enforced unevenly in some homes; unlocked front doors in some places, for instance, have failed to stop visits. And even where enforcement has been strict, staff members could still unwittingly carry the virus inside.

At Canterbury Rehabilitation and Healthcare Center in Richmond, Va., where many residents rely on Medicaid to cover costs, triple rooms are not uncommon. The facility has struggled to hire and retain nursing staff. As recently as October, federal investigators found nearly two dozen deficiencies at the facility, including a lack of appropriate respiratory care for a resident and a lack of appropriate ulcer care.

When a few cases of the virus cropped up at Canterbury in mid-March, the state had only a few hundred test kits available, limiting officials' ability to figure out how far it had spread, according to Dr. Danny Avula, the local county's health official. By the time officials were able to test everyone a few weeks later, more than 60 residents tested positive, including some who did not show symptoms. At least 46 of the facility's estimated 160 residents have died from the virus, making it one of the deadliest clusters in the country.

"Nursing homes were not designed to deal with this kind of crisis," Dr. Avula said.

Even in the best of times, the facilities struggle to retain staff, and families of residents of some facilities heaped praise on staff members for risking their own lives to keep working. The situation has led anxious families to agonize about whether to try to bring their loved ones home. But many cannot provide the extensive medical care that is required and fear exposing others to the virus. As they wrestle with what to do, many say that they are being given little information about what is happening inside the homes.

"It's totally horrifying — I can't even describe the feeling," said Adam Zimmerman, whose 77-year-old mother lives in an acute-care facility near Los Angeles where cases of the virus have been identified. He said he speaks by phone regularly with his mother, who has a tracheotomy and medical conditions, but has not been able to visit her in weeks.

At a facility in New York City, there had been no indication of a problem, a grandson of a resident said, until last week when he received a call that his grandfather, who has Alzheimer's, was gravely ill. He was coughing hard and had a fever.

By Sunday, he was dead. Only later was the family told that the man had tested positive for the coronavirus, according to the grandson, who wanted to be identified only by his first name, Andrew, because his grandmother is still in the nursing home and has yet to be told of her husband's death. She, too, has tested positive for the virus, he said.

He said it broke his heart that his grandfather died alone. "I couldn't even hold his hand," he said. "He couldn't speak English, and he was just surrounded by strangers. I can't imagine how scared he must have been."

Some facilities have found creative ways to combat the virus. At the Park Springs Life Plan Community in Stone Mountain, Ga., four staff members and one resident have tested positive for the virus, but they have fully recovered. The facility decided to take a rare step: It asked staff members to volunteer to live on the campus to avoid inadvertently carrying the virus into the facility from home. Sixty workers volunteered. Ginger Hansborough, the facility's accounting director, who normally lives with a partner and his octogenarian mother, moved in, not only to protect residents at the facility, but also to protect her family.

"I didn't want to be the reason that anything happened to them," she said.

Reporting was contributed by Simon Romero, Vanessa Swales, Jack Healy, John Leland, Alison Saldanha, Karen Yourish, Sarah Almkhitar and Timothy Williams.

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Updated April 11, 2020

• When will this end?

This is a difficult question, because a lot depends on how well the virus is contained. A better question might be: "How will we know when to reopen the country?" In an American Enterprise Institute report, Scott Gottlieb, Caitlin Rivers, Mark B. McClellan, Lauren Silvis and Crystal Watson staked out four goal posts for recovery: Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care; the state needs to be able to at least test everyone who has symptoms; the state is able to conduct monitoring of confirmed cases and contacts; and there must be a sustained reduction in cases for at least 14 days.

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