



16 February 2023

Written testimony of Raymond A. Dennehy, III, Principal, Wachusett Ventures, LLC in Opposition to the Unfunded Nursing Home 4.1 Direct Care Minimum Staffing Mandate

Wachusett Healthcare currently owns/operates four skilled nursing facilities in Connecticut - Parkway Pavilion in Enfield (130 beds), Harbor Village in New London (128 beds), Parkway Pavilion Health & Rehabilitation Center in Enfield (130 beds), Beechwood Post Acute Transitional Care & LTC (60 beds), and Villa Maria Nursing and Rehabilitation Center in Plainfield (62 beds).

To say it has been difficult to operate a nursing home during the past three years is an understatement. Census has begun to recover from the devastating effects of the pandemic. We currently operate at 89.5% of capacity with 380 beds. Wachusett has over 375 employees. Many people have heard (and experienced) in many industries that it is difficult to find and retain employees in today's labor market. The nursing home industry in Connecticut and other states is no different. Passing the SB 989 Act which mandates a 4.1 direct care minimum staffing level will only exacerbate an already difficult labor market. Wages have sharply increased to attract qualified candidates back into the market. Still, job openings for healthcare professionals go unfilled. Wachusett is no different than others in Connecticut that will echo that there are no available and qualified candidates willing to fill existing job openings. If staffing ratios are increased, there will not be enough candidates to fill these job openings at any rate of pay.

In 2022 Wachusett had a 60% turnover ratio combining all our facilities. Currently, we have over 600 open nursing hours and over 800 Certified Nursing Assistant (CNA) hours open. Our staffing is so tight now that it creates a near crisis whenever a worker is unable to make their scheduled shifts. This causes us to fill shifts using staffing agencies. While agency staffing is a short-term solution to the problem, it is very expensive. Moreover, agency staff does not know the residents in our buildings. This situation is not beneficial to our residents because they do not have an existing relationship with those who attend their needs. While agency use fulfills a short-term need, it does not reflect best practices for patient care.

Wachusett struggles to keep pace with the 3.0 minimums, and there is no clear path we can envision to achieve 4.1 in this environment---and the use of agency staffing would skyrocket. It's



the wrong direction for quality patient care. We utilize on-line recruiting providers and set up Facebook and LinkedIn social media accounts. We continually seek new ways to attract staff by offering sign-on bonuses, flexible scheduling, special pay for difficult shifts and weekends, and refer-a-friend bonuses to existing staff. In addition, we often have to offer pick-up bonuses to entice staff to pick up open shifts. We facilitate and pay for CNA training programs. We work closely with local nursing schools and host them at our facilities as part of their nursing program. Despite all these efforts and expenditures, we struggle to fill open positions.

Our highest priority is to invest in the Long-Term Care workforce, but an unfunded staffing mandate will not help us meet our ongoing needs. The cost to continue to do business in this fashion is not sustainable. An unfunded mandate will not solve the problem nor help create staff to fill our open positions.

I urge the Human Services and Aging Committees **not** to pass this Act. The result of the passage will be to put nursing homes in a position in which they cannot achieve compliance during the foreseeable future. Importantly, with the passage of this act, patient care will undoubtedly suffer as the result of an unfunded mandate that will be difficult, if not impossible, to achieve. Simply put, the SB 989 Act is bad for patient care and bad for patients in the State of Connecticut.

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