

CumelloJason\_20201019

MATTHEW FOLEY: My name is Matthew Foley, and I am here with Jason Cumello to talk about his experiences in Allentown during the COVID-19 pandemic. Our goal is to collect oral histories of people's unique experiences during COVID-19 quarantine and reopening in the Allentown area, and preserve the information for future generations (inaudible). Our project has funding from the Lehigh Valley Engaged Humanities Consortium. We are meeting on Zoom on October -- what's today's date?

JASON CUMELLO: Nineteenth.

MF: Nineteenth, sorry. Thank you so much for your willingness to speak with us today.

JC: Sure.

MF: We'll start with, would you please state your name and spell it for me?

JC: Sure. My name is Jason, and my last name is Cumello, C-U-M-E-L-L-O.

MF: All right, your sound's kind of going in and out, I think.

[00:01:00]

JC: Let me try to connect on my phone for the audio. For some reason, this microphone on my computer, every once in a while it gives me -- let me see if I can --

MF: I'm having trouble hearing you.

JC: Okay. Hold on one sec.

MF: All right.

JC: Can you hear me now?

MF: Thank you so much for your willingness to speak with us today. To start, can you please state your full name and spell it for me?

JC: Jason Cumello, C as in cat, U, M as in Mary, E-L-L-O.

MF: This interview is expected to involve no more than minimal risk of answering questions about the past. Some questions may make you uncomfortable; recalling the past there may be risk of emotional impact. There is no obligation to answer any question. If you have any concerns about your own mental health, please contact the National Alliance on Mental Illness at 1-800-950-N-A-M-I, [00:02:00] or [info@nami.org](mailto:info@nami.org). Please be mindful that if you use names of individuals other than yourself, you might be violating their privacy. Instead, please try to refer to individuals

as "my friend" or "my co-worker." Do you consent to this interview today?

JC: Yes.

MF: Do you consent to having this interview being transcribed, digitized and made publicly available online in searchable formats?

JC: Yes.

MF: Do you consent to having this interviewed be stored in the archives of Allentown Public Library, Muhlenberg College and the Lehigh Valley Engaged Humanities Consortium's digital archives?

JC: Yes.

MF: Do you consent to Allentown Public Library and/or Muhlenberg College and researchers using your interview for educational purposes in other formats, including film, articles, websites, presentations and other formats?

JC: Yes. Didn't know I'd be a movie star, potentially.

MF: Hollywood's next. [00:03:00] Do you understand that you have 30 days after the electronic delivery of the transcript to review your interview, identify any parts you would like to delete, and/or withdraw your interview from the project?

JC: Yes.

MF: Do you understand that you are not receiving any monetary compensation for your time today, and you are not required to participate by your employer, Allentown Public Library or Muhlenberg College?

JC: Yes.

MF: This project has been approved by Muhlenberg College Institute (inaudible) Review Board. You may contact Dr. Erika Iyengar, the current head of Muhlenberg's IRB Committee at ErikaIyengar@muhlenberg.edu with any questions or concerns. All right.

JC: Okay.

MF: We did that. Great. I'm going to get started. To begin with, could you please just introduce yourself a little bit, and tell us what you do in, about Cedarbrook?

JC: Sure. [00:04:00] My name is Jason, as I indicated before. I live in Lehigh County in the Macungie area. I run Cedarbrook Senior Care and Rehab, which is the third largest nursing home license in the State of Pennsylvania. It's owned and operated by Lehigh County. At this point, in 2020, we're one of 17 counties left in the state that still owns a nursing home. It was more prevalent in the

past, but over the years, a number of homes have been privatized. Cedarbrook takes care of a large dementia population, and the mission of a county home is to take care of the most unfortunate in society; everybody deserves great care. And we provide that care to people that can't necessarily receive it at other nursing homes. That's kind of who we are. [00:05:00] At any point in time prior to the pandemic, we would take care of about 630 or so residents between the two campuses. The one campus is here near Dorney Park in South Whitehall township, and the other campus is in Fountain Hill. And again, it's a largely cognitively impaired type of population who we take care of. On a normal basis, it's about 630 residents, as I indicated, and a little over 900 employees between the two campuses here.

MF: Well, looking back, when did you first realize the impact of the pandemic? And knowing what you know now, would you have reacted any differently?

JC: Would we have reacted any differently? I don't know. It's a good question. The resources were very limited back in March when [00:06:00] the pandemic hit Pennsylvania initially, those resources being just knowledge of the

pandemic in general. That has changed a great deal over time. That's gone from more of a concern with contact-based infectious disease spread to more -- now it's moving more towards droplet and airborne rather than contact-based. So we did what we knew to do back then. We truly improved our surface-based decontamination routines and such and preparation. It hit very early in the pandemic in Eastern PA and New York and New Jersey, so we're kind of writing the signs now for the rest of the country, as far as, this is where the data's coming from, this part of the country. [00:07:00] But yeah, it's tough to say, you know, would we have done anything differently? It's been some experience, I'll say that.

MF: Yeah, how has it really affected how you go about your daily routine? Like you and your staff, how has it changed your daily routine?

JC: It changed dramatically. We are temping everybody that walks into the facility, screening them for signs and symptoms of COVID. And we have masked up the entire building. Initially, here's one big change that occurred through the pandemic -- in the same vein as what I was talking about before in terms of contact versus airborne

transmission, initially the guidance was not to mask up at all, unless you were taking care of a COVID resident. That has changed quite dramatically. And [00:08:00] at this point, all of our staff members are wearing N95s on our nursing floors, regardless if they're a COVID floor or not. So that's been a tremendous change, actually, in terms of how we're handling things. But yeah, every -- the testing, we're testing at this point weekly. We might be going back to a more monthly-based testing soon, but we're performing over 1200 COVID tests per week at the two Cedarbrooks between residents and staff, and that's really dominating everything that we do right now. Everything that we do now is COVID-based and not so much based on other normal concerns of a skilled nursing facility. And it's more about safety and security rather than the fun that exists in nursing homes with outings and big forms of entertainment in our large auditorium and such. So that's changed a lot [00:09:00] for the residents, truly. It's been tremendously difficult on them, more so than anybody, because at the end of the day, I can go home, and I have that outlet with my family and such. For the most part, our residents are stuck in their rooms and on their units

right now because of the pandemic, so life is very difficult for them.

MF: Yeah, I bet. You mentioned masks and such. Did you have trouble obtaining those early on? Masks and tests and things like that?

JC: It was tremendously difficult. Everything was in short supply. It was astonishing to us, actually, that the country itself was not better prepared for the pandemic. Looking back, I wish that the country would have ramped up manufacturing of PPE back in January when we started getting an inkling of what may or may not be coming to the United States; [00:10:00] that has been astonishingly bad. There's been a number of nursing homes -- thank God it wasn't us, although it got darned close -- but there's been a number of nursing homes that the staff were wearing garbage bags in lieu of gowns, which that morphed into being the most difficult piece of PPE, and not the masks -- the gowns. Even to this day.

MF: Wow.

JC: Even the hospitals have been having a lot of trouble with the gowns and the masks. And we've been using this same



form of CDC crisis-based supply strategies as the hospitals for preservation of N95 masks and such.

MF: Is there anything like, going forward in the future, is there anything that you think you guys are doing differently, or the country is doing differently, that if something like this happens again, that type of (inaudible), or --? [00:11:00]

JC: We are looking now, and it's too early to talk about this in terms of formal plans, except for one component of it -- we're looking at a building design and such. We're actually designing -- we were designing a renovation anyway, with or without the pandemic occurring. We're looking at ways to improve HVAC and things like that, to perhaps have a mitigating effect on this in the future. Specifically in light of what the CDC had put out recently, a few weeks ago I believe, in terms of the coronavirus potentially being airborne as well as just droplet-based. And their current guidance indicates that in some settings, where there's poor air circulation or air ventilation, that it could linger in the air for an extended period of time. [00:12:00] Using that type of knowledge, we're looking at the design of these buildings. Cedarbrook itself is very

old. It's been around for over 175 years, and our two oldest wings at Cedarbrook are 1920s in terms of their design and construction, and the "newest" wing is 1970. Fountain Hill is 1972, so it's older technology in terms of building design, so there's a lot of neat things that have come about recently, technologies that we may or may not be able to incorporate, like ionization and things like that. Maybe in the future when somebody's looking at this video, they'll think, well, we did that 20 year ago. (laughs) But we're just looking at that kind of thing now.

MF: Yeah.

JC: Maybe that would be a mitigating factor for the future. But really, not having the PPE initially, that was brutal.  
[00:13:00]

MF: Yep. What were interactions with family members with patients, what did you have to do there?

JC: We use FaceTime to be able to connect the residents with their families. We were able to open up visitation for a short period of time, until we had to shut it back down again because the current regulation that exists right now indicates that if you have one documented case, regardless of the size of the nursing facility, you have to shut it

all down. So that's what we had to do a few weeks ago. But primarily, it's been electronic, in terms of connecting them through FaceTime, or Skype in some situations. We have done our best to keep the family members updated via our website. We have statistics [00:14:00] posted there, which isn't really the most proper way of doing it, so once a week our social workers call all of the families on their respective units to update them with what's going on at the facility. That's actually worked quite well, I've seen.

MF: Do you have numbers in front of you at all? Do you have an idea, number-wise, how that has impacted the staff and --

JC: Sure. Let me pull it up so I don't misspeak here, but every morning I get my weekly update, so I actually have it right on the screen here. We've had 246 residents positive at Allentown since the start of the pandemic, and 45 at the Fountain Hill campus. In terms of staff, 126 employees at Allentown, and 42 at [00:15:00] the Fountain Hill campus.

MF: Probably should let people know in the future.

JC: Yeah.

MF: Okay. Have you experienced any outbreaks, I guess, before, at Cedarbrook?

JC: No.

MF: Obviously not like this, but where you had to quarantine or shut down? I know --

JC: No. Nothing, in fact our flu season this past year was -- there was just a handful of cases, that was it. Yeah.

MF: Okay. Let's see, I'll ask some more questions. For you, what was anything that was the hardest or scariest thing about working there during the pandemic?

JC: The fear of the unknown. [00:16:00] That was the scariest thing for employees.

MF: Yeah.

JC: This was the first area of the country to go through the pandemic. Being the first area of the country, it was certainly the fear of the unknown, certainly.

MF: I guess finally, did you go through any coping strategies, you and your staff, or the residents, to help you get through the day, like mentally trying to get through?

JC: What we have done is that we have made our chaplain services available for all of our staff members, [00:17:00] for them to help cope. We've also reached out to a behavioral health service with the local hospital system. For the residents, we've used the chaplain service. We've used our psychology services as well.

MF: Is there anything else you would like to say before we sign off?

JC: No, not that I can think of. Just that it was an interesting experience thus far, in terms of being the first to go in the United States, between New York, New Jersey and Pennsylvania. It was very scary for the staff. And what really helped calm people down was just keeping them updated. We were totally transparent with everybody. Every Monday -- soon [00:18:00] I'll be conducting my weekly email to the entire site, to let the staff know what's gone on since last week, in terms of any new cases. And actually, fingers crossed, we've had no cases here in Allentown over the last week, despite producing a lot of tests. And Fountain Hill campus we only had one case over the last week. So it's been -- being open and transparent with them, because the natural assumption, particularly at the beginning with everybody is that you're trying to mislead people or hide things, so when we went to, very early on, these regular at the very least weekly emails and that at times has been two or three times a week, to just keep them [00:19:00] updated and engaged. And the same thing that I was indicating with the family members as well

-- that really calmed things down. And you have to make time to do it, no matter how busy you think you are. And the days have been very long for a number of our staff, whether they're staff working on the floors, the nursing floors, a lot of them work many days in a row just to help fill spots, particularly when we have people go down with COVID infections themselves. And it was a lot of hours for the management staff as well; a number of them work weeks, every day for weeks in a row. There was a lot of stress involved. But getting everybody engaged and allowing people to express anger about the situation, or whatever the case is. [00:20:00] The worst day of the pandemic, believe it or not, was our very first case of COVID. And because we're a county nursing home, we tend to media release a lot, so this was big news. I believe it was March 17th of this year. And whenever anything negative happens in a skilled nursing facility, it's inevitably on a Friday after 3:00 or 4:00, and that's when this happened. It was actually a younger staff member, interestingly enough, only probably about 30, 35 years old that had the first COVID case, whose significant other actually worked in a hospital. I think that was the path for that person's

infection into the household. But that night, I will never forget that night the rest of my life, because it [00:21:00] hit the news, and we were here until almost midnight helping to contract trace, where this person was in the person's department, and calling that person, getting the Department of Health on the line. Even the county executive was involved that first night in making sure that we got everybody informed and notified. That was the most difficult, probably the most pressure-packed night of the entire pandemic. The other thing I can remember that was very difficult was when the director of nursing and I went up to one of the nursing units that just lost another resident, and everybody was crying up there, from the person that runs the unit through all the nursing staff, the housekeeper, because it was the housekeeper's -- the last resident was the housekeeper's favorite resident, because [00:22:00] these people tend to become like family to the staff members. We went up there, and we cried with them. That was brutally difficult. That was back in April, I believe, yeah. Those were the most difficult nights, or days, rather, of the pandemic, for me, at least. Everything's getting better now, fingers crossed, we'll

see. We'll see if we enter this phase two. It looks like the state is. Whether Lehigh Valley does or not remains left to be seen. But we were already hit very badly. You know, the Lehigh County for a long time had the highest infection rate in the State of Pennsylvania, earlier in the pandemic, and the City of Allentown itself had the highest infection rate among cities in the state. And a number of our staff members come from Allentown. That's where the bulk of our people come from, is the City of Allentown. That's [00:23:00] who works at Cedarbrook.

MF: Yeah. Hopefully it gets better.

JC: I think so. Yeah.

MF: Well, thanks for doing this. I appreciate it a lot. It was good to talk to you.

JC: Yeah.

MF: It was very important. Yes, I'm going to stop the recording.

END OF AUDIO FILE