

Hope & Healing in New York



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Kerri White shares her experience as a medical professional on the frontlines of COVID-19 during the initial virus outbreak in New York City.

On March 11, 2020, the World Health Organization officially declared COVID-19 a public health emergency—around the same time cases were rapidly rising in New York. Kerri White, a registered nurse and nursing program director at South Shore Rehabilitation and Nursing Center, spent several long months on the frontlines until making her transition to BKD in July, once cases began lessening in the city and respiratory rehabilitation facility.



The South Shore nursing team takes a group photo in t-shirts that read, "We Kicked COVID," near the end of the facility's initial overwhelming struggles.

"I began interviewing with BKD in February, but we decided to put the process on hold until we could have a clearer view on how the pandemic was going to play out. It didn't feel like the right time to have the facility search for new nursing leadership or for me to make a transition. And as heartbreaking as my story is, I'm happy to share it because it's the story of many long-term care and skilled nursing facilities," says Kerri.

'It felt like a war zone'

With only 100 beds (48 certified), South Shore's COVID-19 cases piled up quickly. Kerri arrived at work one day at the beginning of March to be alerted of 11 residents with unusually high fevers, right around the time nursing homes were closed for visitation at the state level.

"My assistant director, who was also our nurse educator and infection preventionist, quit on the spot. She was terrified, but I couldn't blame her. But I also couldn't find anyone to take her place," says Kerri.

At this point, South Shore had no access to accurate testing and its only supply of personal protective equipment (PPE) was the typical supply it had throughout the year, like gowns and gloves. The facility ran out of this PPE within a week. COVID-19 positive residents arrived from local hospitals in droves, and without the necessary PPE, the South Shore staff also began to show symptoms.

"By the end of March, we were working with bare-boned staff out of garbage bags or rain ponchos. To say it felt like my worst nightmare is no exaggeration," she says.



Before receiving state PPE, South Shore's COVID-19 Unit nursing, respiratory, and rehab crew dress in mismatched PPE.

Kerri worked her entire life as a nurse to ensure her residents' safety—the COVID-19 pandemic was the first time she felt powerless to keep her facility safe. As more residents and nursing staff became sick, the administrative staff started doing hands-on care. At times, Kerri worked seven days straight for 16 hours at a time, hardly getting a chance to see her children.

"I was giving out medication, dressing wounds, and giving bed baths. It felt like a war zone," says Kerri. "We had to call our Office of Emergency Management every day to beg for supplies, as we were reusing the only PPE we had. It was extremely difficult to get my head around the fact we had to reuse masks because we didn't have replacements."

With the New York State Department of Health Epidemiology department on speed dial, Kerri often called for advice on effectively preventing the spread of infection. She faxed daily lists that tracked sick residents. At one point, the funeral homes and medical examiner's office were so overwhelmed that South Shore could no longer reach them to pick up the deceased. The staff worked themselves to exhaustion.

"We were watching and doing CPR on resident after resident unsuccessfully as the tidal wave hit us and we lost one after the next," says Kerri.

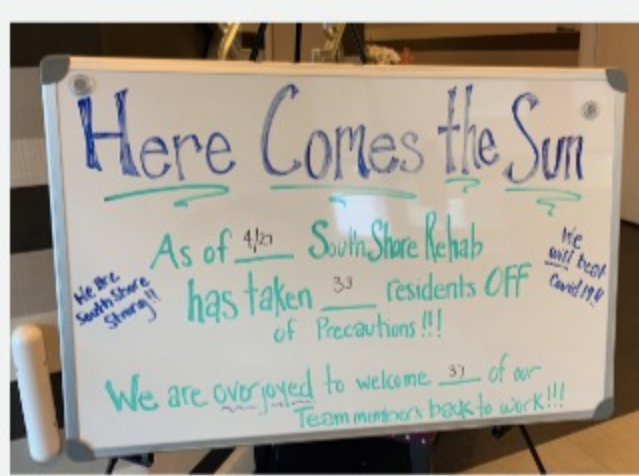
This lasted through April.

"The local ambulance companies stopped coming in a timely manner because they were so busy," says Kerri. "They simply couldn't accommodate us."

Coming up for air

As a rehab center, most stays at South Shore are short-term and meant for recovery, such as relearning how to walk with a prosthetic after an amputation. But South Shore lost six of its residents at the facility, and another 14 died on the way to the hospital or shortly after arriving there. Many of those passed were in decent health before contracting the virus, and many were also quite young. In the grand scheme of things, the facility did statistically well, having only lost 20 percent of its resident population.

"The grief for those we lost is still very poignant," says Kerri.



To help count their victories and not just losses, the crew put a sign out front to share good news and numbers.

Eventually, testing rules changed about residents requiring a negative COVID-19 test to be admitted to a nursing home, and the overwhelming number of cases began to change as South Shore received the testing it needed and the state-mandated testing of staff as well. Cases were finally dwindling.

Newspapers began to laud hospital nurses for their incredible work but blame nursing home nurses for making the residents sick. Between the immense reporting requirements and the efforts to organize testing, Kerri was often doing nursing supervision as well as administrative management.

As of May 28, all South Shore staff returned from sick leave and the facility was able to remove a barrier previously made to enclose its COVID-19 Unit.

"Soon, we found and trained a new director and assistant director to take over the nursing leadership of the facility," says Kerri. We had zero COVID-19 cases in the building, and I reached back out to BKD to see if the consulting position was still available."

Working from the outside in

Kerri had always thought of herself as the queen of emergency preparedness, having been through weather emergency evacuations and practiced fire, code, and elopement drills for years. But she had no idea what she was in for once COVID-19 hit, and the majority of nursing home leaders were similarly caught off guard. At the end of South Shore's major COVID-19 overflow, Kerri, hardwired to think clinically, wanted to fix the glaring errors her team faced.

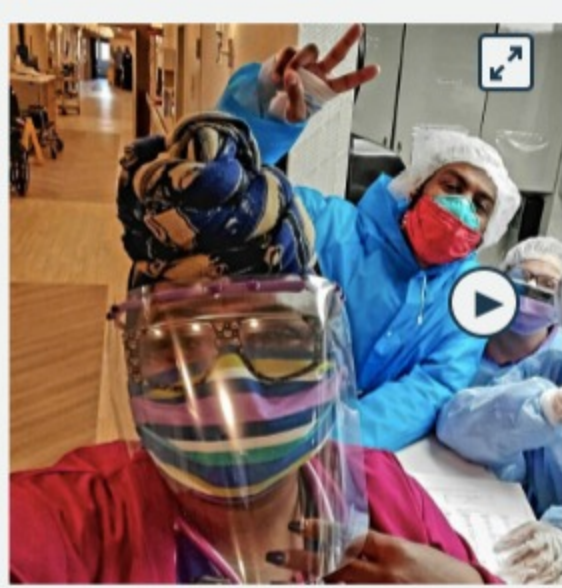
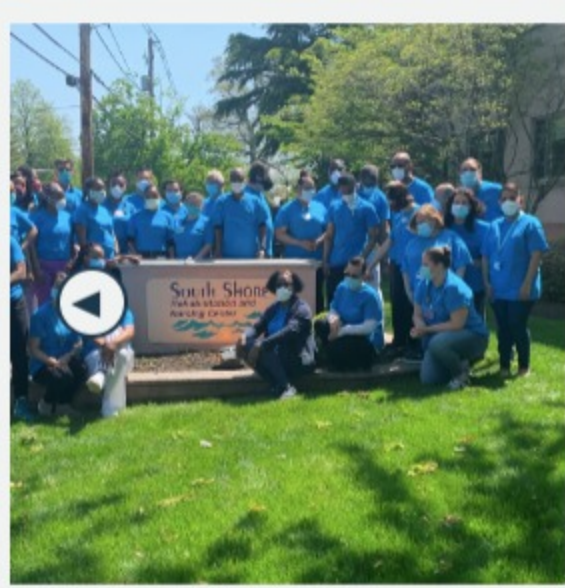


Kerri's boys (bored with board games) Liam and Nate.

"Nobody should have to feel scared to enter their own home after a day of work or to prepare food for their children because they've gone unprotected due to incomplete planning," she says.

Since joining BKD, Kerri has assisted with writing a pandemic emergency plan and its policies, now a New York State Law requirement. The plan can be put into action with PPE on reserve as needed.

"I feel so lucky to be part of a team that can help enact these changes for facilities still succumbing to positive cases. I'm also grateful to be able to do this from my dining room table. The level of peace that comes with research and policy writing has allowed me the time and space to heal from the trauma of the past few months," says Kerri.



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