



SILVER PANTHER NEWSLETTER

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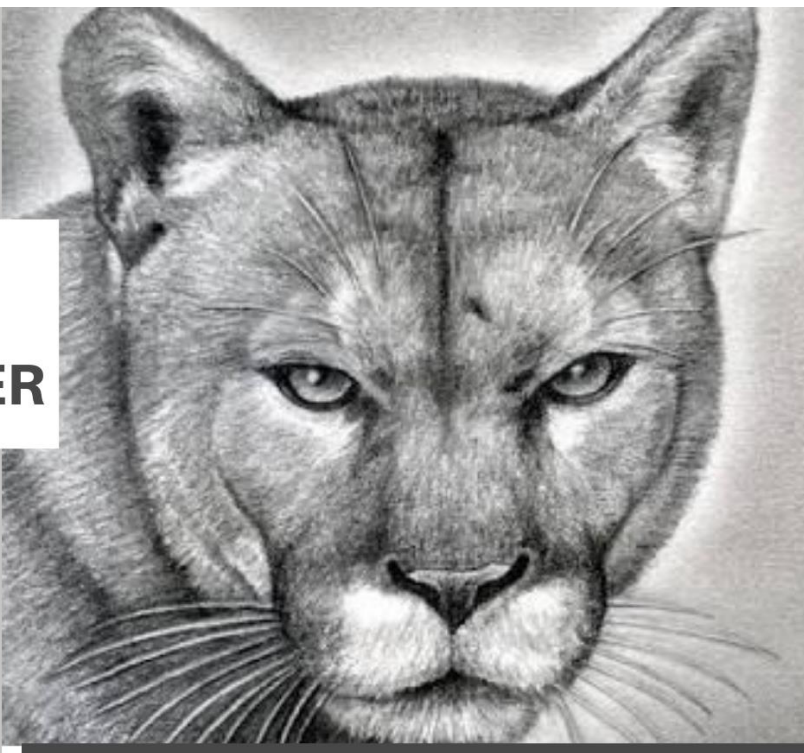
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STATEWIDE COALITION OF PRESIDENTS OF RESIDENT COUNCILS

Executive Board Members

*Patty Bauch, David Peck, John Balisciano Jr.,
Martha Leland, Susan Bilansky, Gregory Brooks,
Brad Parkhurst, Jeanette Sullivan-Martinez*

Hello and thank you for taking the time to read this edition of the "Silver Panther", a newsletter brought to you by the Statewide Coalition of Presidents of Resident Councils (SCPRC) and The Long Term Care Ombudsman Program (LTCOP).

This Newsletter is designed to keep you abreast of the current issues that affect you, the residents of Connecticut nursing facilities.

We invite you to contact us with suggestions of articles you would like to see in future issues, or best practices your facility is using. You may contact us through Email at LTCOP@CT.GOV or by telephone at 1-866-388-1888.

It's Time to Roll Up Our Sleeves and Learn about the COVID-19 VACCINE

2020 has been a historically hard year. Even those who remember other incredibly challenging times could never have imagined how devastating COVID-19 would be. You and your friends, and the staff who care so much about you, were among the first victims of this pandemic. You weren't just victims in Connecticut, but all over the world. Globally, 70% of people getting sick from COVID-19 are over 65 years of age.

One of the advantages of getting older is that you get the chance to be part of history over and over again – sharing insight with every new generation.

You may remember amazing things – the Empire State Building going up, Jackie Robinson playing his first game in the Major Leagues, the beginning of the Civil Rights movement, or the beginning of easy air travel. But some of you have also lived through other hard times – The World Wars, the Korean War, The Vietnam War, Pearl Harbor, segregation, The Holocaust, the famous floods of 1936 and 1955 that sent factories into the swollen waters, swept barns off their foundations, sending cows bobbing down the Connecticut River and even 9/11.

You faced those hard times with grit and strength. You learned from it, gaining knowledge, strength, and the basic understanding that information is power. Now, we want to ensure that you have the facts and information you need to make an informed decision about the vaccine.

You may remember a time when people were sick, out of work, and even died from diseases like the measles, mumps, smallpox, tetanus, polio, rubella, and whooping cough.

Now, in 2020, people are safer because of widespread vaccination.

We know there are many questions about the vaccine, and we want your questions to get factual answers. When medical professionals looked at where the vaccine could make the biggest difference in the fight against COVID-19, older adults, particularly those in long-term care, and those who care for them were identified as the priority.

Now, here's the truth:

- You have the **RIGHT** to participate in all of your health care decisions.
- You have the **RIGHT** to talk to the people who help you make health care decisions and choose the best decision for **YOU!**
- Your **CHOICE** can't impact your ability to stay in your nursing home.
- The vaccines that are currently approved require that you get two shots, spaced about a month apart.
- The vaccination might hurt a little the day you get it, just like the flu shot.
- While we don't know everything about the vaccine, or **COVID-19**, we know that the vaccines went through trials where tens of thousands of people participated, and that experts at the national and local level reviewed those findings, and said the vaccine is safe.

We hope you choose to accept the vaccine as the science has shown us that it is the best chance to keep you safe and healthy. We know that mistakes have been made with medicine and vaccines in the past – but we have more efficient and effective technology than we ever have before to ensure your safety.

You have faced so much, stood up so many times in history. Some have fought wars, sacrificed, survived horrible events and extremely challenging times. We want you to continue to show the world how strong you are. Show them you are willing and able to listen to facts and determine what is right for **YOU**. We hope with factual information you will feel comfortable to get in line, roll up your sleeve and take a shot that could help put this pandemic behind us all.

Our state, our country, and your friends, family and neighbors are counting on you to talk to a medical professional you trust – to get the facts – and to make the most informed decision you can about getting vaccinated.

Get the facts at: ct.gov/covidvaccine

or call the Long-Term Care Ombudsman Program at [1-866-388-1888](tel:1-866-388-1888)

Answers to Your Covid-19 Vaccine Questions

COVID-19 vaccine hesitation is real. The following information was provided to keep staff, residents and family informed about the mRNA vaccines from Pfizer and Moderna.

Can the vaccine give me COVID-19?

No, these vaccines do NOT contain COVID-19.

They also cannot change your DNA.



When will I be protected?

You'll be protected 1-2 weeks after the second dose.

You must receive 2 doses of the SAME vaccine, 3-4 weeks apart.



How long will I be protected?

It is uncertain now, but as time passes, experts will know more.

You may need to receive them on a regular basis (like the flu shot).



What if I've already had COVID-19?

Even if you've had COVID-19, it is important to get vaccinated for longer/better protection.



What are the possible side effects?

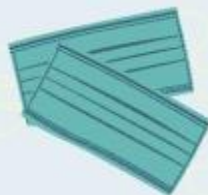
You can expect short-term discomfort: fatigue, headache, muscle pain, chills, fever and pain at injection site.

Side effects typically last 24-48 hours and may be worse after the second dose.



Will I still need to wear a mask?

Yes! A large number of people will need vaccination before transmission drops enough to stop using masks.



Why should I get vaccinated?

Protect yourself/your family.

Keep your residents safe.

Help stop spread in the community.

Set an example for others, including residents, families, co-workers, and the community.



Source • The Society for Post-Acute and Long-Term Care (PALTC) Medicine (paltc.org)

More Info • Centers for Disease Control and Prevention (cdc.gov)

(Infographic Created by [PrimeCare Tech](#))

Hechos sobre la COVID-19 vacunación

Preparado por Connecticut Long Term Care Ombudsman Program

Preguntas frecuentes sobre la vacuna COVID-19

¿Puede la vacuna darme COVID-19?

No, estas vacunas NO contienen COVID-19.

Tampoco pueden cambiar su ADN.



¿Qué pasa si ya tuve COVID-19?

Incluso si ha tenido COVID-19, es importante vacunarse para una protección más duradera o mejor



¿Cuándo estaré protegido?

Estará protegido 1-2 semanas después de la segunda dosis. Debe recibir 2 dosis de la vacuna MISMA, con un intervalo de 3 a 4 semanas.



¿Cuánto tiempo estaré protegido?

Ahora es incierto, pero a medida que pase el tiempo, los expertos sabrán más. Es posible que deba recibirlos con regularidad (como la vacuna contra la gripe).



¿Aún necesitaré usar una máscara?

¡Sí! Un gran número de personas necesitará vacunación antes de que la transmisión disminuya lo suficiente como para dejar de usar mascarillas.



¿Cuáles son los posibles efectos secundarios?

Puede esperar molestias a corto plazo: fatiga, dolor de cabeza, dolor muscular, escalofríos, fiebre y dolor en el lugar de la inyección. Los efectos secundarios típicamente pue durar de 24 a 48 horas y pueden empeorar después de la segunda dosis.



¿Por qué debería vacunarme?

Protéjase a sí mismo / a su familia. Mantenga a sus residentes seguros. Ayude a detener la propagación en la comunidad. Sea un ejemplo para los demás, incluidos los residentes, las familias, los compañeros de trabajo y la comunidad.



Fuente • La Sociedad para la Medicina de Cuidados Post-Agudos y a Largo Plazo (PALTC) (paltc.org)

Fuente: Centros para el Control y la Prevención de Enfermedades

VOICES 2020

As many of you are aware, October is Resident Rights month. It is during Resident Rights month that the Long-Term Care Ombudsman Program hosts its annual VOICES Forum.

Typically, this is a unique and special day where Resident Council Presidents from across Connecticut's nursing homes congregate together to discuss matters related to long term care. It is a time where residents can speak to their peers and learn from one another, as well as from professionals in the field. Likewise, it provides residents a direct opportunity to ask questions to industry leaders and State agencies responsible for regulating and overseeing nursing homes. Lastly, VOICES provides a forum for residents to engage with CT lawmakers to share ideas and highlight concerns.

2020 has been a year like no other. Individuals across the globe have been impacted by the COVID-19 pandemic. Yet, what has been truly remarkable is the perseverance, response, and adaptability to the current public health crisis among individuals who live in long-term care homes. Connection to others and to the world around us has become a pivotal theme. Residents of long-term care communities have stepped up to learn new technology in order to stay connected with their friends, family, and fellow residents.

Following in this fashion, VOICES 2020 was held virtually via Microsoft Teams. We had 162 participants on the day and since then we have had over 80 views on YouTube. Our keynote speaker was Dr. Sheri Gibson who spoke to residents about trauma during COVID-19 and healing through relationships. The Department of Mental Health and Addiction Services presented on their COACH program, which can provide extra support to residents during the COVID-19 pandemic.

The State Long Term Care Ombudsman, Mairead Painter, summarized the day by saying, "I want to thank everyone who participated and worked to make it possible. It is normally such a special day. A day when we come together to work towards system change that improves the lives for so many. COVID created a barrier this year, but we made it an opportunity. We found a new platform that we can use in conjunction with our in-person gathering to reach as many residents as possible. I know it was different, but we made it happen. We hope that the information and support provided by Dr. Gibson and DMHAS provided you all with tools to cope during this very challenging time. We are not sure if we will need to do this for one more year, but our goal is to get back to our traditional VOICES Forum, but to include technology so that as many people as possible can participate."

Resources:

Link to our dedicated 2020 Voices webpage: [voices2020 \(ct.gov\)](https://voices2020.ct.gov)

Link to watch the 2020 Voices Forum via YouTube: [VOICES 2020 YOUTUBE LINK](#)

Legislative Update

The 2021 CT General Assembly legislative session convenes January 6th and is scheduled to adjourn June 9th. It is a longer legislative session and a key focus will be to craft and get the two-year Fiscal Year 2022-2023 budget passed. A key part of budget discussions will include review of recommendations from the *Nursing Home and Assisted Living Oversight Working Group (NHALOWG)*, established late 2020. Let's take a quick look back and look ahead to help best prepare Silver Panther readers for this legislative session.

According to the CT General Assembly website, "The Nursing Home and Assisted Living Oversight Working Group (NHALOWG) was formed to make recommendations on proposed legislation for the 2021 session addressing lessons learned from COVID-19, based upon the Mathematica final report (A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities) and other related information, concerning: Structural challenges in the operation and infrastructure of nursing homes and assisted living facilities; and Changes needed to meet the demands of any future pandemic. Four sub-committees were established: Infectious Disease Protocols and COVID Recovery Facilities/Outbreak Response and Surveillance; Staffing Levels; Socialization, Visitation, and Care-Giver Engagement; and Infrastructure/Capital Improvement Funding." State Ombudsman Mairead Painter served as co-chair of the Socialization, Visitation and Care-Giver Engagement sub-committee, regional ombudsman Lindsay Jesshop served on the Staffing sub-committee, E-Board President Jeannette Sullivan-Martinez presented the resident perspective to a sub-committee and there was family member presence on the work group also. Recommendations were to be submitted to the legislature and administration by early 2021. NHALOWG recommendations will be posted on the Long-Term Care Ombudsman website once available. You can also contact: Susan Keane at NHALOWG@cga.ct.gov -

https://www.cga.ct.gov/app/taskforce.asp?TF=20201109_Nursing%20Home%20and%20Assisted%20Living%20Oversight%20Working%20Group

Regarding state fiscal issues, the State Comptroller Kevin Lembo reported on 12/1/20 that the FY 21 projected budget deficit thru 6/30/21 is now \$879 million, down from \$2.1 billion September 1st. In addition, the CT Office of Fiscal Analysis (OFA) reported a \$4.3 billion dollar projected two-year budget deficit expected with \$2.1 billion for FY 22 and \$2.2B for FY 23. The rainy-day reserve fund totals over \$3 billion dollars and it will factor into budget discussions. Nursing home residents and advocates will have to strongly champion NHALOWG recommendations given budget challenges and competing interests, including from nursing home provider groups requesting added state support given statewide occupancy decline from 87% in February 2020 to 73% in November and resulting financial challenges.

Related to CT November election results, Democrats now control the State Senate by a 24-12 margin, gaining two seats, and Democrats control the State House of Representatives by a 97-54 margin, gaining six seats. Republican House Leader Themis Klarides and Democratic House Speaker/Leader Joe Aresimowicz retired as did Senate Republican Leader Len Fasano. New leaders include: Matt Ritter-D/House Speaker; Jason Rojas-

D/House Majority Leader; Vincent Candelora/Republican House Leader; and Senator Kevin Kelly/Republican Senate Leader. Returning leaders include State Senator Martin Looney-D/Senate President. Legislative committee membership and leadership will be announced early January. On the federal level, CT Congresswoman Rosa DeLauro was re-elected and will be the new House Appropriation Committee chairperson, a key role in human services funding.

As this legislative update is being written, the 1st nursing home resident and staff vaccinations just took place. Anticipated LTC bills to be introduced in the 2021 legislative session include bills on nursing home staffing, video surveillance, limiting long term care facility legal immunity, and many others. Get ready for an interesting 2021 legislative session and get your advocacy spirits roaring.



Michelle H. Seagull, Department of
Consumer Protection Commissioner



William Tong
Attorney General

STATE OF CONNECTICUT

As second round of stimulus checks hit bank accounts, AG Tong, DCP Commissioner warn Connecticut residents of potential scams

JANUARY 8, 2021 -- Attorney General William Tong and Connecticut Department of Consumer Protection Commissioner Michelle H. Seagull are warning Connecticut residents to be on the lookout for potential scams involving the second round of stimulus checks from the federal government.

Stimulus checks from the Internal Revenue Service began arriving this week for many people after the federal government enacted a \$900 billion economic stimulus package, the second in response to the COVID-19 outbreak.

The Connecticut Office of the Attorney General and Department of Consumer Protection warn that bad actors looking to steal Americans' personal information and money might not be far behind.

"Connecticut residents cannot afford to hand over these checks to scammers," said Attorney General William Tong. "Stay alert for bad actors and be wary of any text message, email, or phone call from someone claiming to be from the federal government. If you think you may have been contacted by a scammer, hang up the phone and don't click that link. If you aren't sure, turn to official sources to verify or contact our offices for assistance."

"These long-awaited stimulus checks are needed by so many people, but that won't stop scammers from trying to steal from you," said Consumer Protection Commissioner Michelle H. Seagull. "If anyone calls, emails or texts asking for personal information or money in exchange for your stimulus check, it's a scam."

Attorney General Tong and Commissioner Seagull offer these tips to prevent falling victim to a scam artist:

- The federal government will not ask you to pay money upfront to receive a stimulus check. No fees. No charges.
- The federal government will never call to ask for your Social Security number, bank account or credit card number. Anyone who asks for this personal identifying information is a scammer.
- No matter how the payment is disbursed, only a scammer will ask you to pay to receive it.

- Some people will receive the payment in the form of an Economic Impact Payments (EIP) prepaid card. The card is not a scam, and there are ways to cash or use the card without fees.

If you receive a suspicious phone call, email or text message, contact the Office of the Attorney General at 860-808-5000 or attorney.general@ct.gov or contact the Department of Consumer Protection at dcp.complaints@ct.gov.



CMS CREATES NEW NURSING HOME WEBSITE FOR PROVIDERS, PATIENTS, AND CAREGIVERS

The Centers for Medicare & Medicaid Services (CMS) has created a new website containing all nursing home resources.

Previously, individuals seeking information specific to nursing homes needed to navigate to several disparate webpages and spent valuable time looking for answers. With the onset of the COVID-19 Public Health Emergency (PHE), quick access to up-to-date information and resources, including the 24 guidance documents released since March 2020 in response to the pandemic, was critical.

The Resource Center consolidates all nursing home information, guidance and resources into a user-friendly, one-stop-shop that is easily navigable so providers and caregivers can spend less time searching for critical answers and more time caring for residents. Moreover, the new platform contains features specific to residents and their families, ensuring they have the information needed to make empowered decisions about their healthcare.

The Providers and CMS partners' pages include links for information about

- Regulations & guidance
- Training & resources
- Technical information
- COVID-19 data & updates
- Payment policy information

The Patients and Caregivers pages include links for information about

- Finding a nursing home
- Residents' rights & quality of care
- COVID-19 information & resources

The new webpage is at <https://www.cms.gov/nursing-homes>

E-Board Corner



October is Resident Rights Month!

As we start the month of October, we still struggle with ways to stay connected to our loved ones, our friends, and other residents within nursing homes. This October, we also celebrate Residents Rights Month. This year's theme is "Connection Matters" and it focuses on staying connected with family, friends, and other residents.

As Resident Council President at Hewitt Health and Rehab my focus will be on trying to reconnect the bond of friendship between residents. Before the Covid-19 pandemic started a lot of residents formed friendships with each other, but since the pandemic all group activities ceased, and residents lost that comfort in each other. Therefore, I came up with an activity that can bring back that bond between residents.

The activity is taking the residents on a virtual trip Around the World starting on October 12th and continuing until October 23rd. I will be taking them on a 2-week adventure to different countries, cities, and states around the world. While visiting destinations they will be able to see the sites and learn about the culture of that specific community. Destinations include Italy, Spain, Ireland, Holland, and Australia in week 1, then we will visit France, London, Mexico, The Caribbean Islands, and finally Hawaii.

Along the way, I remind my fellow residents that we are an extended family here at the nursing home. I encourage everyone to be respectful of each other because we don't always know what someone is going through or how they are feeling. While some still have their immediate families, some are not so lucky to have a family. Therefore, to those residents we are their only family, an extended family who cares about them.

Written By:

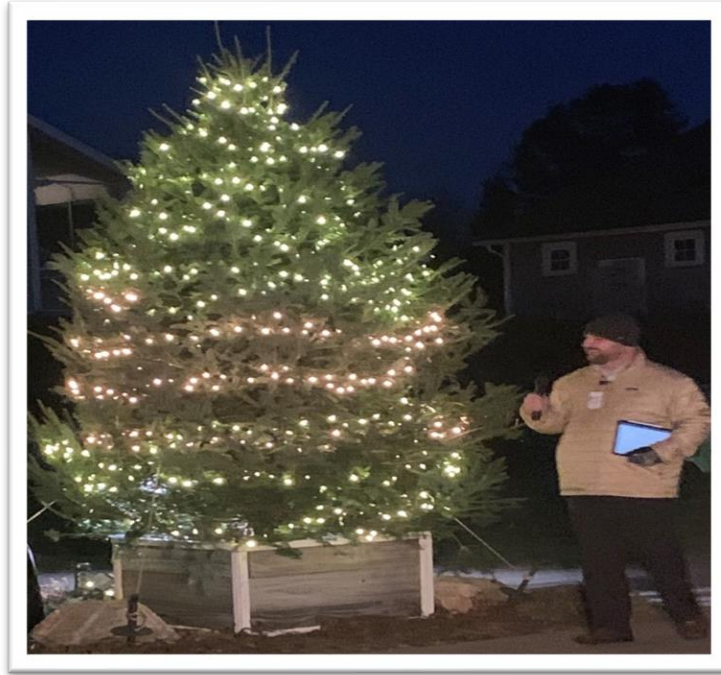
John Balisciano Jr.

Executive Board Member

Resident Council President at Hewitt Health and Rehab

Best Practices

Fairview Streams Their Annual Tree Lighting on Zoom for Residents and Families



Tree lighting is an annual event on campus at Fairview. This year they decided to make it available to watch on Zoom for residents, family members, staff members, etc. It helps reduce crowds and gives more people an opportunity to participate who otherwise couldn't. Zoom has really changed the way facilities can do things. Now any event, like an upcoming Memorial Service on Jan 5th when they will honor their residents who passed during COVID-19 pandemic, will also be broadcasted live on Zoom. Fairview staff admit to being amateurs at live performances, but are learning to incorporate these new tools and are having fun along the way. The next goal is to look into recording the zoom events for future viewing and start experimenting with that as well.

Best Practices
West Side Care Center



Ariel from Westside Care Center

My mixed media painting quoting Tom McNeal says "Distance means so little when someone means so much". I thought a lot about this piece before creating it because my heart, along with many others has been weighed down with the aftermath of COVID-19 and billions of people around the world are now experiencing what nursing home residents experience daily: the need for human connection.

The quote on the painting along with the globe behind it signify the realization that together or apart, the love and endearment we have for family and friends does not change due to distance. If anything, it increases our love for each other. I believe that it is important during this time period to remember that just because we can't see each other as often as we would like, it does not lessen the love that our relationships hold.

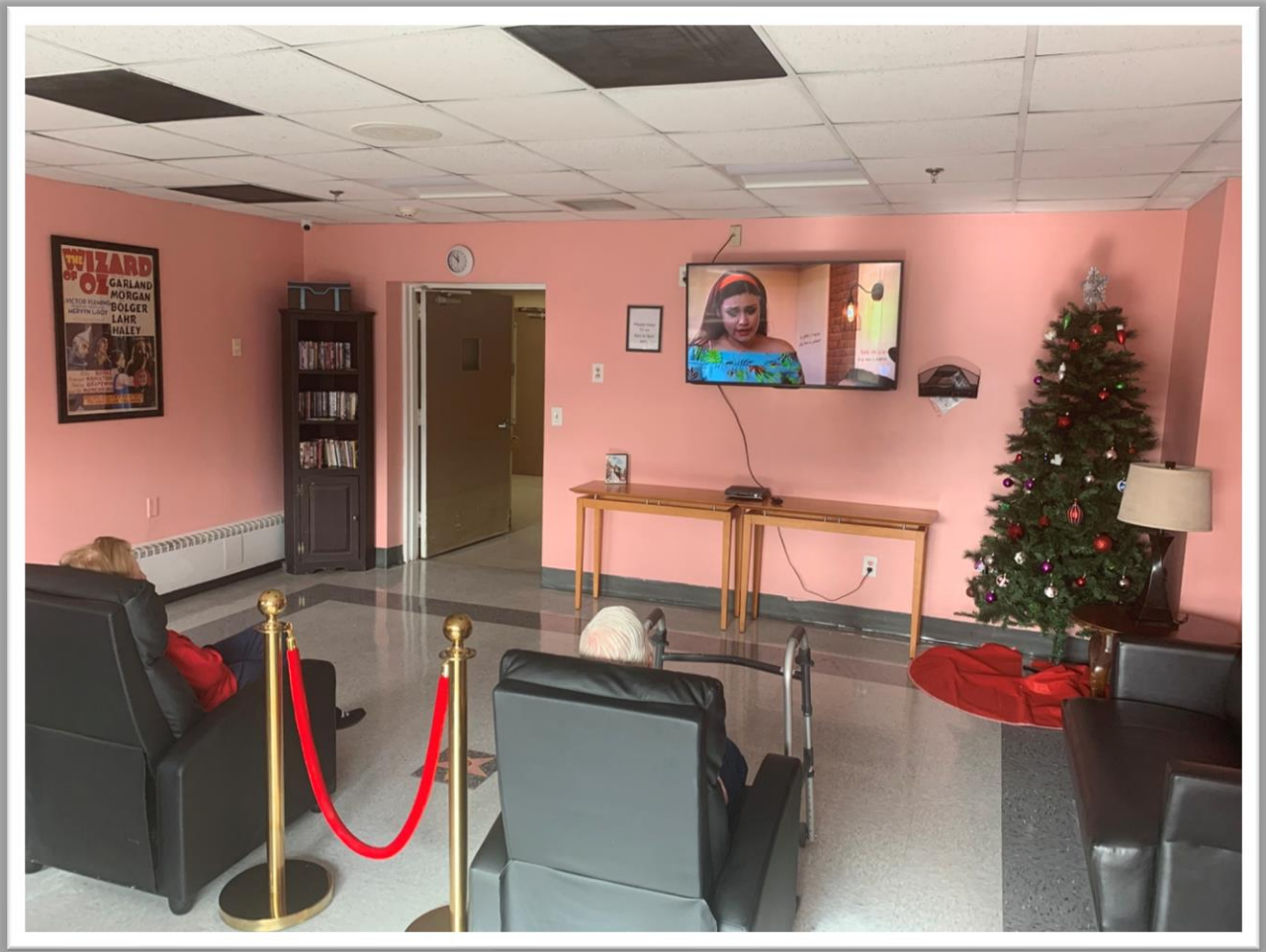
I hope for the sake of all the nursing home residents as well as everyone else around the world that this pandemic ends soon so that friends and family can enjoy each other's company again, hold on to their loved ones a little tighter, and appreciate who they have a little more.

BEST PRACTICES

Apple Rehab of Ledge crest's Cinema Room

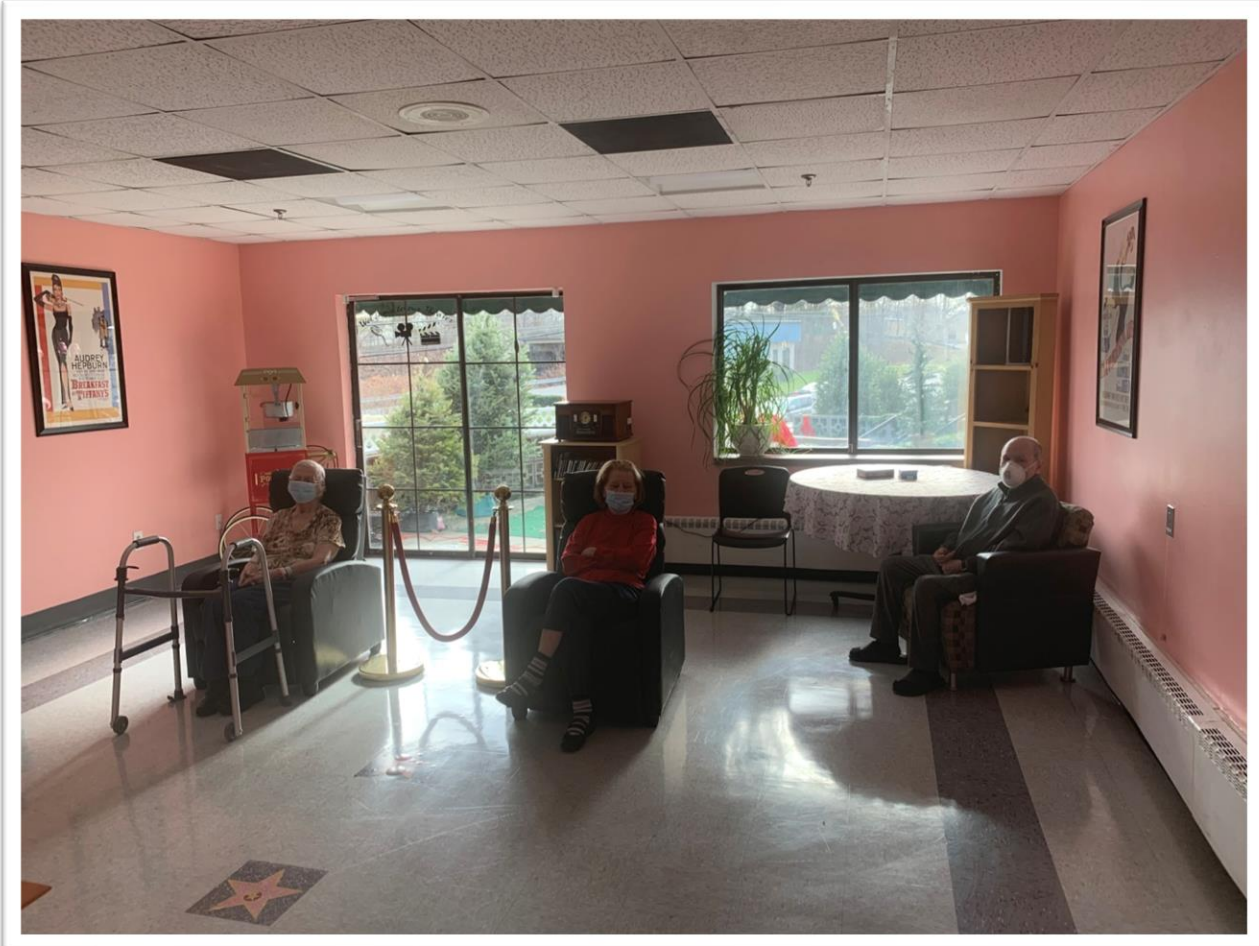
At least half of older adults living in long-term care facilities suffer from cognitive impairment with Alzheimer's disease or other dementias. Memory care services are a large component of the overall focus that Apple Rehab Ledgecrest collaboratively works towards achieving on a daily basis. It is important for the residents to have a familiar environment that they can go to daily and feel right at home.

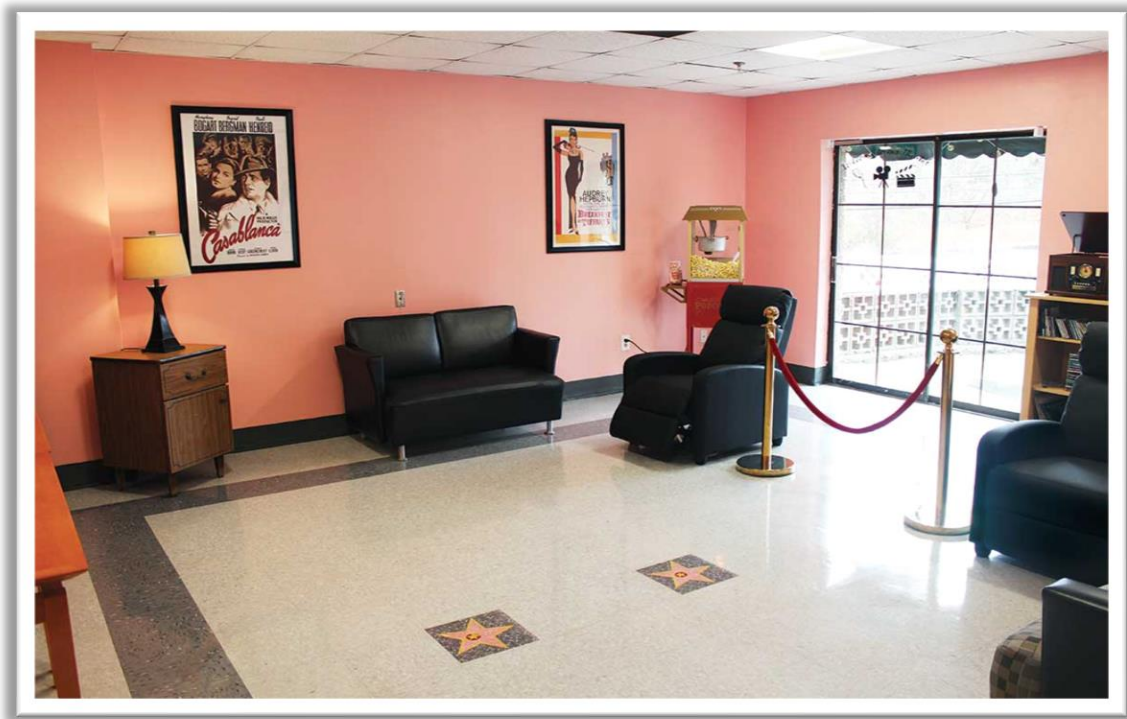
Recently at Apple Rehab Ledgecrest, our team worked together to come up with solutions to create more spaces that the residents could enjoy during the Covid-19 pandemic. The focus was on memory care. That being said, the idea of a "Cinema Room," came into fruition. Our team spent endless nights creating a room that would remind residents of the happy times in their past. The room succeeded, and the room has become a very popular attraction.



The first day the Cinema Room opened, residents walked around the room and admired framed posters on the wall of some of their favorite actors and actresses such as; Judy

Garland, James Stewart, Donna Reed, Audrey Hepburn, and Humphrey Bogart. It was extremely touching when one of our resident's danced around the room, smiled, and said, "I loved her, she was extraordinary!" It has also been great to get to know our residents on a different level and find out what types of movies they enjoy watching. It was very surprising to see how many residents enjoyed Thrillers during Halloween.





We are so happy to have created such happy places for our residents to go to. Whether they are enjoying our Cinema Room, or playing a game in the streets of Europe, in our Recreation room, there is always something to do at Apple Rehab Ledgecrest.



Written by Casey Rebinbas, Administrator at Apple Rehab Ledgecrest

BEST PRACTICES

Regency House of Wallingford, CT



Year 2020 was a year we would all like to forget. It was a challenging one for staff and residents alike. Covid-19 continues to make it difficult for many residents, including myself, to have personal contact with family and friends. Phone calls are great, (and I make them frequently), but they cannot take the place of a warm hug or a kiss from familiar faces. Now that vaccines are going out, we all are hoping for brighter days ahead. I do not mean to make everything sound so bleak. Our staff does its best to keep up protected and safe during the pandemic. As I reflect upon the past year, we never lacked food, a warm place to shelter, or a friendly staff member to voice our concerns too. There has been a bright spot for us. A small group of women bonded together several months ago to have a weekly Bible study with myself as the teacher. Our Recreation Department purchased new Bibles (and a new microphone!) so that everyone could read the same translation. The women are enjoying their new Bibles and our Bible Study continues. I am truly enjoying this group and do my best to encourage each one of them to have faith and hope in the New Year. So, I am urging all nursing home residents to not lose hope and to focus on brighter days to come.

Nancy Chandler President, Resident Council

BEST PRACTICES

Touchpoints of Manchester, CT



Touchpoints of Manchester created a mural celebrating and representing all those who were able to overcome the virus. What started out as just a few photos posted turned into something much larger. By the time it was done, everybody was trying to make sure they got their “mug shot” up on the board! Martha Leland the Resident Council President explained what it meant to her as;

“To me it is indicative of the strong devoted nurses, APRN’s and CNA’s who were able to overcome the vicious virus. The staff put themselves in harm’s way to make sure we would continue to fight to stay alive. They patiently worked with us 24/7. But what I found remarkable was just how much they committed themselves often working overtime. They knowingly were exposed to the deadly virus, and still had the possibility of it spreading to their families, yet even dealing with the unknown that didn’t prevent them from coming to work. It was their love and caring that made me feel like I would be okay.” – Martha Leland

E-Board Corner



Remembrances and Encouragement

It is with great sadness that the Executive Board inform you of the passing of one of our fellow E-Board Members, Rita Wissink, who was the Resident Council President at Beacon Brook in Naugatuck. Rita joined the Executive Board in 2019 and offered a unique perspective to the needs and concerns faced by long-term care residents. Rita's creativity guided her, and she was always able to offer positive solutions to widespread issues. Rita was committed to improving staffing levels in nursing homes as she recognized that higher staffing levels meant better care and outcomes for residents. The Executive Board will deeply miss Rita and all that she brought to the E-Board.

For better or for worse, the year 2020 has been historic. A year that will live on in history forever. With a new year upon us and as we look to turn a brighter page on the COVID-19 pandemic, we ask that you take a moment of silence to honor all of those we have lost during 2020:

“Keep looking up...you're not alone in this. Be open with your thoughts and feelings....be honest. Plan on something for the future...smile every day.”

- Jeanette Sullivan-Martinez, Executive Board President / Pendleton Health

“I am sending a sincere message filled with love, joy and peace out to everyone for a blessed holiday season. Keep a smile on your face and have never ending hope and perseverance to endure whatever comes your way.”

- Sent with virtual warmth, Martha Leland / Touchpoints of Manchester

“As we approach the end of the tunnel, the light from the Sunshine is getting brighter!”

- Brad Parkhurst / Executive Board Member

Making the Case for Compassionate Care

Compassionate care visits are special visits in which a family member or other visitor provides comfort, support, and/or assistance to a resident whose well-being is suffering or at risk, or who is dying. The Centers for Medicare and Medicaid Services (CMS) has developed [guidance](#) that provides some examples of situations when compassionate care visits should be permitted. These include:

- A resident who is at the end of life.
- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

However, these are just examples. Compassionate care visits are not limited only to these situations. There are many other circumstances that would also qualify. Facilities are directed to identify the need for such visits using a person-centered approach and by working with residents, families, resident representatives, and the Long-Term Care Ombudsman Program.

What makes a compassionate care visit special and different from other visits?

Compassionate care visits have heightened protections and should occur through a person-centered approach, meaning support is planned and provided based on the resident’s individual needs.

The CMS guidance lays out important distinctions between compassionate care and other forms of visitation as shown in the following table:

Differences between Compassionate Care Visits and General Visits

	Compassionate Care Visits	General Visits
	Visits permitted regardless of county positivity rate.	Visits not permitted if county positivity rate is greater than 10%.
Resident has confirmed or suspected case of COVID	Visits permitted.	Visits not permitted.
Frequency and length of visits	Based on needs of resident (person-centered approach). Ex. If you have a loved one who has lost weight and needs assistance eating, then their needs may dictate that you visit every day to help during mealtimes. If your loved one is experiencing emotional distress because of	Based on facility’s schedule and capacity.

	their isolation, then their needs likely dictate frequent visits for companionship.	
Personal contact	Permitted if facilities and visitors find ways to allow for personal contact that follows infection prevention guidelines... “for a limited amount of time.” This means that you should be able to touch your loved one and assist with activities like eating and hygiene if necessary.	Not permitted. Social distancing of at least 6 feet between persons must be maintained.

When can a resident receive compassionate care visits?

CMS does not indicate exactly when a compassionate care visit can be conducted. The agency only states that end of life and the four examples listed above meet the intent of “compassionate care situations.” This gives you a great deal of flexibility in making the case for why your loved one should receive these visits.

Facilities are required to provide each resident with the care and services he or she needs to reach or maintain his or her highest level of well-being.¹ This is individualized, person-centered care. The resident must not decline unless the decline is unavoidable. A decline is only considered to be unavoidable if it has occurred despite the facility having done all the following: properly assessed the resident, developed a person-centered care plan, carried out the care plan exactly as written, monitored the resident’s status, and reviewed and revised the care plan if it is not working.²

In advocating for compassionate care visits, you should focus on two major areas: individualized, person-centered care and significant decline.

- **Individualized person-centered care:** Think about your loved one’s unique characteristics, who they are as a person, what their needs are and what they are experiencing now. If they are not receiving the care required to meet their specific needs and are experiencing a decline, this is a strong argument for compassionate care visits.
- **Indicators of significant decline:** Below are some points to consider when requesting a compassionate care visit for a loved one.³ It is important to note that just because the answer to one or more of the points below is yes, does not mean your loved one will automatically be eligible for a compassionate care visit. The reverse is also true – just because they may not have any of the possible indicators below, does not mean they will not be eligible.

PHYSICAL STATUS

Activities of Daily Living

- Has there been a decline in any activity of daily living where the resident now needs a lot of assistance or is totally dependent on staff? [Activities of daily living include eating and drinking, walking, dressing, bathing, moving to/from a bed or chair/wheelchair, using the toilet.]

¹ 42 CFR §483.24 Quality of Life, <https://www.law.cornell.edu/cfr/text/42/483.24>

² 42 CFR §483.25 Quality of Care, State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities, Summary of Investigative Protocol, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_itcf.pdf

³ These indicators come from the State Operations Manual Appendix PP, Definition of Significant Change, §483.20(b)(2)(ii), https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_itcf.pdf

Nutrition/Weight/Appetite

- Has the resident lost weight (unplanned weight loss)?

Skin

- Has the resident developed a new pressure ulcer (bed sore)?
- Has an existing pressure ulcer gotten worse?

Incontinence

- Has there been a change in the resident's incontinence pattern (e.g., from continent of bowel and/or bladder to incontinent)?

COGNITIVE/MENTAL/PSYCHOSOCIAL STATUS

Antipsychotic medication

- Has the resident been given an antipsychotic medication as a chemical restraint when no antipsychotics had been administered before?

Cognitive status

- Has the resident's decision-making ability changed?

Emotional status

- Are any of the following symptoms present when they were not present previously and/or has there been an increase in the frequency of the symptoms?
 - Little interest or pleasure in doing things.
 - Feeling depressed, hopeless.
 - Having little energy.
 - Feeling life is not worth living.

Dementia

- Are there signs that the resident's dementia has progressed?

PHYSICAL APPEARANCE

- Have you observed that the resident is not clean and/or well-groomed (face dirty, not bathed, hair not clean/combed, clothing dirty, nails not trimmed)?
- Have the resident's teeth not been brushed? Dentures not cleaned?

What can you do if the facility denies you compassionate care visits?

If the facility tells you that you cannot have compassionate care visits, there are a number of steps you can take.

- Ask for the reason. CMS guidance states that facilities may not restrict visitation without a reasonable clinical or safety cause. Check any visitation guidance/directives about compassionate care visits that your state has issued.
- Request a care planning meeting and emphasize your loved one's need for these visits.
- Involve your long-term care ombudsman. The Ombudsman program advocates for residents and can help resolve concerns. Not only can your ombudsman help you and your loved one advocate for their rights, but they can help you work with your facility to identify the need for compassionate care.

- File a complaint with your state survey agency. This agency is responsible for regulating and overseeing nursing homes in your state. One of its duties is to investigate complaints.

You can find contact information for both the Ombudsman program and the State Survey Agency at https://theconsumervoice.org/get_help.

What are some common issues you may face?

Shutdowns for community spread or new cases in the facility

CMS specifically states in its guidance that compassionate care visits are still allowed even when your COVID-19 county positivity rate is high. This shows how important CMS considers these visits.

Further, CMS does not indicate that compassionate care visitation can be discontinued when there is an outbreak of one or more cases of COVID-19 within the facility. In fact, CMS guidance states that residents who have a confirmed or suspected case of COVID-19 (referred to as “being on transmission-based precautions”) should still receive in-person compassionate care.

Limitations on visits

The CMS guidance emphasizes that compassionate care visitation needs to be person-centered. This means that the number and length of the visits should be determined by each unique situation and in a way that meets each resident’s needs. Because compassionate care visits occur when someone has experienced a decline or is experiencing distress, limiting the frequency and duration of visits usually will not offer the support the resident needs. As noted in the table above, the restrictions about number/length of visits do not apply to compassionate care visits.

If the facility is attempting to cut your visit short or only offering one or two visits, and it is clear your loved one could benefit from longer or more frequent visits, schedule a meeting or a care plan conference with facility staff. Discuss your loved one’s condition, how current visitation is not meeting their needs, and ask how you can all work together to make compassionate care visitation more person-centered.

Once again, involve your ombudsman if you need help and file a complaint with your state survey agency.

Enforcement of social distancing

Compassionate care, unlike general visitation, is not subject to strict social distancing. The guidance states that personal contact is allowed for compassionate care -- if appropriate infection prevention guidelines are followed, and it is for a limited amount of time. Below are examples of situations in which personal contact for the limited amount of time is allowed.

- If you are visiting because your loved one has lost weight and needs encouragement eating, you should be able to assist with eating and drinking.
- If your loved one is experiencing emotional distress, you should be able to give them a hug to comfort them.
- If your loved one needs help with hygiene while you are in the room, you should be able to help wash them.

Refusal of Essential Caregivers

Some states or facilities have designated essential caregivers. The CMS guidance does not distinguish these visitors from others but notes that a person-centered approach should allow for all types of visitors, “including those who

have been categorized as essential caregivers.” If your facility has already written your role as an essential caregiver into your loved one’s care plan, the CMS guidance permits you to continue.

If you are considered an essential caregiver in your state, and your loved one is experiencing distress or a decline, then you should advocate that your essential caregiver visits fall under compassionate care. This should ensure you have the contact necessary to assist and comfort your loved one even when general visitation is shut down.

Visitation Beyond Compassionate Care

Federal disability rights laws require that persons with disabilities have equal access to care. This means that a person, such as a family member, must be permitted to enter the nursing home to help a resident access care if 1) the resident requires assistance; 2) assistance must be given in-person; and 3) no one in the facility is able to provide that assistance.

For instance, a resident with dementia needs help communicating their needs to staff who do not understand what the resident is trying to convey. However, as a family member, you know what the resident is communicating and can “translate” his or her needs to staff. In this circumstance you should advocate to be allowed into the facility to assist with communication under the federal disability rights laws. Although facilities can still impose legitimate safety measures, such as requiring you to comply with COVID-19 infection prevention measures, like wearing appropriate PPE, you must be permitted access. In addition, CMS guidance states that facilities must continue to comply with federal disability rights law even when general visitation shuts down.

For more information, visit the Center for Public Representation site at: <https://www.centerforpublicrep.org/covid-19-medical-rationing/>

General Visitation

An important reminder: Facilities may not restrict general visitation without a “reasonable clinical or safety cause,” according to CMS guidance. If your county positivity rate is low or medium and your loved one’s facility has not had cases of COVID-19 over the past fourteen days, then the facility must allow in-person visitation in addition to compassionate care visitation. If they do not allow visitation and do not have an adequate reason for doing so, they could be subject to citation and enforcement actions.



The National Consumer Voice for Quality Long-Term Care
202.332.2275; info@theconsumervoice.org
www.theconsumervoice.org



The Connecticut Long Term Care Ombudsman Program is now on Facebook!

[www.Facebook.com/ctltcop](https://www.facebook.com/ctltcop)

Please visit our page and click “Like”

Given the current pandemic the State Ombudsman, Mairead Painter, is holding live Facebook chats every Wednesday at 5:30 pm. Please tune in to have your questions answered in real time!



WINTER PASTIMES
WORD SEARCH
OUTDOOR



A	J	O	S	K	I	P	A	T	R	O	L	A	R	E	N	S	A	M
R	L	R	O	P	C	A	L	S	A	N	I	E	S	F	H	O	N	I
R	A	S	G	I	A	R	E	L	S	I	N	G	L	W	J	D	F	T
K	R	L	I	A	P	K	D	E	K	I	N	G	S	I	M	D	U	T
S	N	O	W	B	O	A	R	D	I	N	G	E	C	R	U	S	S	E
E	I	P	S	O	L	E	A	R	S	S	K	I	A	R	E	A	K	N
E	C	E	P	O	E	D	K	A	T	O	A	E	R	O	S	C	A	S
K	E	R	A	T	S	N	O	W	B	A	L	L	F	I	G	H	T	A
E	S	A	T	S	R	O	R	I	P	L	I	N	G	R	O	T	E	R
R	A	T	I	M	E	S	S	Q	U	A	R	E	Q	U	E	U	E	S

Skis, Snowboarding, Slope, Poles, Skipatrol, Parka, Snowball Fight, Mittens, Scarf, Boots, Ski Area, Skate, Times Square, Sled



INDOOR



P	O	R	S	E	B	L	A	N	K	Q	C	O	N	C	E	R	T	E
L	O	O	K	S	A	R	E	L	O	U	D	S	M	O	R	E	S	C
I	L	E	S	A	K	I	C	A	S	I	N	G	O	N	R	I	S	E
K	E	S	I	L	E	K	R	B	A	L	O	A	N	S	D	R	A	W
N	E	E	D	L	E	P	O	I	N	T	E	M	O	R	M	E	O	W
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T	A	R	N	Y	E	D	H	E	W	N	T	C	O	L	S	D	O	E
H	A	R	K	M	E	P	E	R	A	I	N	A	L	R	S	H	O	P
E	L	L	D	C	H	A	T	P	O	E	T	R	Y	E	R	H	V	A
R	K	E	S	A	K	E	P	I	E	K	F	D	A	R	L	O	N	I
F	I	R	E	P	L	A	C	E	A	N	D	S	K	A	R	L	I	N
O	F	S	C	R	A	B	B	L	E	P	O	P	C	O	R	N	E	T

Knit, Crochet, Needlepoint, Bake, Sew, Quilt, Concert, Sing, Poetry, Read, Game, Cards, Monopoly, Scrabble, Chat, Draw, Fireplace, Paint, Popcorn, YMCA, Shop

~ Karen Hawley~

Name: _____ Date: _____

WINTER WORD SCRAMBLE



1. PCONENEI _____
2. IEC _____
3. TTEMISN _____
4. ATOC _____
5. RPIECEFLA _____
6. AEGEDNRIGBR _____
7. EZRNFO _____
8. YBURARFE _____
9. SONW _____
10. OWOD _____
11. EBDMECER _____
12. TEAKS _____
13. OTBOS _____
14. YEOKHC _____
15. LIICEC _____
16. UAYRAJN _____
17. OLCD _____
18. KSSCO _____
19. INHMCEY _____
20. ARSFC _____

**Statewide Coalition of Presidents of Resident Councils
(SCPRC)
Executive Board Members**

<u>E-Board Member</u>	<u>Location</u>
<i>Patty Bauch</i>	<i>Newtown</i>
<i>David Peck</i>	<i>Own Apartment</i>
<i>Balisciano Jr., John</i>	<i>Hewitt Health and Rehab</i>
<i>Martha Leland</i>	<i>Touchpoints of Manchester</i>
<i>Susan Bilansky</i>	<i>Hebrew Home</i>
<i>Gregory Brooks</i>	<i>Quinnipiac Valley Center</i>
<i>Brad Parkhurst</i>	<i>Own Apartment</i>
<i>Jeanette Sullivan-Martinez</i>	<i>Pendleton Healthcare</i>

**MAIREAD PAINTER
STATE LONG TERM CARE OMBUDSMAN**

860- 424-5200

Desiree Pina - Administrative Assistant

860-424-5239

CONTACT YOUR REGIONAL OMBUDSMAN

TOLL FREE NUMBER

1-866-388-1888

WESTERN

INTAKE NUMBER 203-597-4181

Deborah Robinson - Intake Coordinator

Regional Ombudsmen

Sylvia Crespo, Tasha Erskine-Jackson

SOUTHERN

INTAKE NUMBER 860-823-3366

Stephanie Booth/Desiree Pina - Intake Coordinator

Regional Ombudsmen

Dan Lerman, Patricia Calderone, Daniel Beem

NORTHERN

INTAKE NUMBER 860-424-5221

Stephanie Booth/Desiree Pina - Intake Coordinator

Regional Ombudsmen

Brenda Texidor, Brenda Foreman, Lindsay Jesshop

