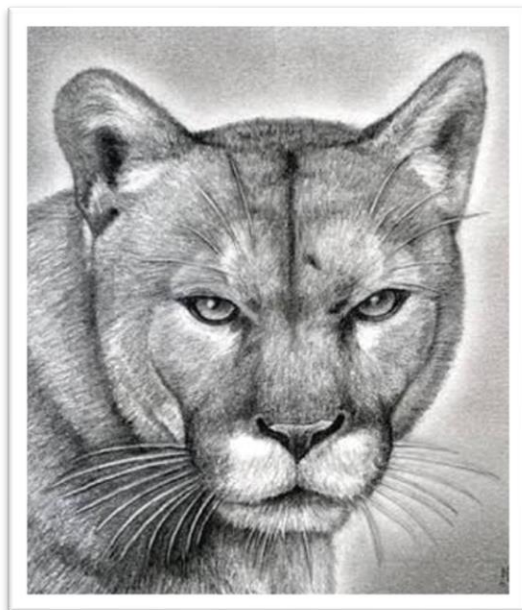


# Silver Panther Newsletter

(Summer Edition)

JUNE 2021 | Vol 12 Issue 2



## ***Executive Board Members***

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

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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](mailto:LTCOP@CT.GOV) or by telephone at [1-866-388-1888](tel:1-866-388-1888).

## 2021 CT Legislative Update

The 2021 CT regular legislative session began on January 6<sup>th</sup> and ended on June 9<sup>th</sup>, a every other year long legislative session devoted to passage of a two-year budget bill. The session started after months of an ongoing Covid-19 pandemic with its significant hardships and restrictions for nursing home residents, family members, staff, and citizens alike. And just a few weeks after the Covid-19 vaccines started to become available to nursing home residents. A Nursing Home and Assisted Living Oversight Working Group, established in fall 2020 in response to these hardships and including residents, family members, advocates, legislators, providers and others, submitted recommendations to the legislature in early January 2020 and many of these resident and family-friendly legislative recommendations were passed into law this session. The E-Board strongly advocated this session for all nursing home residents including thru remote legislative testimony. A recent article in Kaiser Health News highlights the E-Board role - <https://khn.org/news/article/zooming-into-the-statehouse-nursing-home-residents-use-new-digital-skills-to-push-for-changes> .

A summary of key nursing home measures passed includes: rights to use technology of resident choice including video cameras with appropriate safeguards, protections and access rights; required resident and family council notification on regulations or legislative proposals impacting long term care facility residents and right to testify remotely as needed; improved DPH minimum required direct care staffing levels and improved social worker and recreation staffing requirements; a personal needs allowance increase from \$60/month to \$75/month for eligible residents; rights of essential caregivers to visit residents even during certain visit restrictions; required two-month supply of needed nursing home personal protective equipment (PPE); improved infection control staff and other requirements; required staff at least on-call each shift,, to start an IV line; staff required to be educated on best practices to ensure resident social, emotional and mental health needs and addressed thru person-centered care and assure opportunities for social connection and strategies to minimize social isolation; increased dementia special care unit requirements; required support from nursing homes to promote family councils; visitation protocols to be provided in writing and easy to understand format; care plan requirements to include resident visitation and support needs; and DPH required to submit report to the legislature by 1/1/22 regarding state or federal funds that may be available to support infrastructure improvements in nursing homes. Effective bill implementation dates vary. Specific bill information is listed below and residents can go to the CT General Assembly website at [www.cga.ct.gov](http://www.cga.ct.gov) and highlight “quick bill search” and insert the bill number in the search box to get detailed bill info.

### **Priority Bills Passed by Both CT House and Senate Thru The Regular Legislative Process Include:**

HB 6457 – Access to Recordings and Images From Technology Used By Nursing Home Residents for Virtual Visitation and Virtual Monitoring

HB 6634 - Essential Support Persons and A Statewide Visitation Policy for Residents of Long-Term Care Facilities

SB 973 - Strengthening The Voice of Residents and Family Councils

SB 975 - Strengthening Bill of Rights for Long Term Care Facility Residents and Authorized Use of Resident Technology for Virtual Visitation and Virtual Monitoring, Public Act 21-55

SB 1030 - Concerning Long-Term Care Facilities (comprehensive nursing home and assisted living oversight working group recommendations bill)

**Other Bills Passed by Both CT House and Senate Thru The Regular Legislative Process Include:**

HB 6637 - Mental Health Bill of Rights for Deaf, Deafblind and Hard of Hearing Persons

HB 6666 - DPH's Recommendations Regarding Various Revisions To The Public Health Statutes – includes selected provisions and per CGA: Requires chronic disease hospitals, nursing homes, and residential care homes to position beds in a manner that promotes resident care and meets certain requirements; Allows DPH to suspend nursing home licensure requirements to allow homes to temporarily increase their bed capacity to provide services to patients during a declared public health emergency; and Allows registered nurses employed by nursing homes to administer medications intravenously or draw blood from a central line for laboratory purposes under certain conditions

SB 1 - Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to Pandemic, Public Act 21-35

SB 763 – Require Drivers of Paratransit Vehicles To Report Suspected Abuse, Neglect, Exploitation or Abandonment of Elderly Persons – now paratransit drivers are mandated reporters

SB 817 – Senior Centers and Senior Crime Prevention Education, Public Act 21-7

SB 1083 - Various Revisions to Public Health Statutes, Public Act 21-26 – one provision includes per CGA: “The bill requires hospital personnel, when admitting a patient, to promptly ask the patient if he or she wants the hospital to notify a family member, caregiver, or support person of the admission. If the patient chooses the notification, hospital personnel must make reasonable efforts to contact the family member, caregiver, or support person as soon as practicable, but within 24 hours after the request.”

**Bill Passed By Emergency Certification of Both the House and Senate Include:**

HB 6689 - State Budget for Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor, and Making Deficiency and Additional Appropriations For The Fiscal Year Ending June Thirtieth, 2021, Emergency Certification - this bill includes the provision for the increase in the personal needs allowance from \$60 to \$75/month

House Joint Resolution 378 – To Convene General Assembly in Special Session, Emergency Certification, Adopted House, Adopted Senate - the special session was expected to be scheduled in June and to focus on the budget implementer bill, a proposed bill on legalization of recreational marijuana, and other matters

**Selected Measures That Did Not Pass This Session and For Continued Advocacy** included raising DPH minimum nursing home direct care staffing levels to 4.1 hours per resident per day although the minimum was raised from 1.90 to 3.00 which we are pleased, and a bill to prohibit discharges from nursing homes and residential care homes to temporary or unstable housing

## E-BOARD CORNER



*Statewide Coalition of Presidents of Resident Councils also known as the Executive Board or "E-Board"*

My name is Jeanette Sullivan-Martinez. I serve as the President of the Executive Board. It is an honor to serve all nursing home residents living in Connecticut. Our E-Board is actively engaging with our legislators on your behalf. We have meetings twice a month and we discuss ways that we can best advocate for individuals living in nursing homes.

### **Why a Resident Council?**

Resident Council is an opportunity for residents to gather to share their joys and issues and concerns.

A chance to be updated on what is happening in your home and its monthly activities.

A place where you can discover you are not the only one! Making adjustments to a nursing home can be lonely and frustrating. Many others are feeling the same way and they share your joy and sorrows.

A place to make a new friend.

A place where your voice matters!

If you are a Resident Council President and you want help in building up your Resident Council, please contact us. We are happy to help!

Likewise, if you are a Resident Council President and want to learn more about Executive Board membership, please contact us.

E-Mail: [LTCOP@ct.gov](mailto:LTCOP@ct.gov)

Phone: 1-866-388 -1888 (toll-free)

## E-BOARD CORNER



*Statewide Coalition of Presidents of Resident Councils also known as the Executive Board or "E-Board"*

Laughter is the best medicine.

In the days following this horrific covid-19 virus and the uncertainty about our normal day to day routines and while enduring the stress over not seeing our loved ones, really took a toll on many individuals emotional wellbeing.

We can all use some laughter and levity in our days. A daily dose is just what the doctor ordered. Laughter is a healer, a coping mechanism! Laughter promotes a sense of togetherness and safety. Each of those feelings, triggers the feel-good in the brain. It is like a game of endorphin dominoes.

I recently attended a group called "Jokes for Folks" lead by a Recreation Therapist who modified and incorporated laughter therapy exercises for the group. These exercises are supposed to help decrease or free us from stress and help promote wellbeing. One would think we would be laughing right away from the start to the finishing but that is not how it works. It has phases to focus more on enjoyment and good feelings starting with rhythmic clapping to deep breathing to lighten the mood and relax our lungs and help us to focus. Then we practice laughter exercises including laughing in our favorite celebrity's voice which invokes some laughs right away. Then, backwards laughter in which we swing our arms from side-to-side chanting ho ho ha ha ha, which per the therapist helps engage both the left and right sides of the brain. Humor is known to connect us to each other, helps us release anger and keeps us grounded.

The old saying "laughter is contagious" is true! When someone starts laughing, others will laugh even if they are not sure what everyone is laughing about.

Laughter really is the best prescription to have, so let us make sure we all have some in our medicine cabinet!

### **Joke Corner**

A man walks into a cafe with a chunk of concrete and says give me a coffee and one for the road.

How many tickles does it take to make an octopus laugh? ten tickles.

I tried to eat a clock, but it was too time consuming.

*Written by*

*Patty Bausch*

*Resident Council President*

*Newtown Rehabilitation and Health Care Center*

## BEST PRACTICES

### Apple Rehab Cocomo Remembers 2020



At 10am on March 23rd, 2021, the staff and Residents of Apple Rehab Cocomo in Meriden gathered together to honor our Residents that died during the Covid-19 pandemic. The event witnessed reading of poem by a charge nurse, reading of the names of all the residents that died from March 2020 - March 2021. Unfortunately, twelve residents died directly from Covid-19 while others died of other causes.

Speaking at the occasion was VP of Operations, Karen Donorfio, who stated that March 23rd, 2020 was the day Apple Rehab recorded its first Covid-19 case! According to her, it was “a day we will never forget.” She reminded everyone how we entered uncharted waters and have to find ways to navigate with new guidance, new practices and protocols everyday as more and more information is available.

At Apple Rehab Cocomo it was hard for us to look back at some of the days in the last one year! The past year was a period of trauma, challenge, hardship, fear, isolation, and loneliness. There were no words for the loss of lives of those that died and the tolls it took on our Residents, Families, Friends and Staff! It was just overwhelming!! However, our resilience, strength, courage with ability to change quickly based on the Covid-19 guidance and the resident’s needs, tremendously helped us to weather the storm!!

The event was a time of sober reflection! A moment of silence was observed in honor of the Residents that passed. The staff, Residents and the Families present sang “Amazing Grace” while one of our long-term residents played the piano.

## BEST PRACTICES

### Westside Care Center



Initially, the painting was a way for me to express my emotions towards all the residents that we lost...many of them were my friends and every time we began to mourn those that were passing away, the news that someone else passed came....it was an overwhelming sense of grief and disbelief. However, I knew that personally, I will always carry them in my heart. That is when I realized that this painting could possibly show others that as sad as we are, we still have positive memories and love in our hearts. I was hoping that by creating an individual angel for each person who passed away, it would allow everyone to reflect on them by individually giving them the love/respect they deserve. As a whole, it is meant to be a symbol of hope, love, and reflection. The quote on the painting says, "The loss is immeasurable, but so is the love left behind." ...After witnessing the reactions from both staff and residents, I realize that quote probably sums up the entire year for 2020.

The painting is hanging on the wall downstairs by the front entrance and lobby area...it honestly blows my mind to see the amount of healing that has come from it.

*Written and Created by Resident at Westside Care Center*  
-Ariel



# BEST PRACTICES

## Countryside Manor

### Countryside Manor Pen Pal Program

Countryside Manor of Bristol's residents participate in a Pen Pal Program that began on December 4<sup>th</sup> 2020 and continues on to this day. The Program started when Kim Temple R.N. shared information that she saw on a post from Ontario Canada and shared this information with the Countryside Manor Dementia Coordinator Rachael Waskiewicz. Rachael shared this idea with the residents who were all for having some Pen Pals for the holidays. Some residents were photographed with a sign that read "Will you be my Christmas Pen Pal?", and placed on the facility Facebook website. These residents were unable to see their loved ones in person due to Covid 19, however, the over-whelming love and support came from the not only the local community residents-churches, businesses, schools, but from most states in the country as well as other countries, making their holidays a lot more special. The public outpouring included not only cards, but homemade gifts, cookies, shawls, blankets, puzzle books, etc. and this put smiles on the faces of the residents as well as the staff. With over 1,000 likes and 3.6 thousand shares on the website, the residents received approximately 1,500 pieces of Pen Pal responses daily. The residents enjoyed reading the cards and opening the gifts and this continues to this day with residents corresponding to Pen Pals on a regular basis, including one resident Mary P. She offers that "This is the Best Program ever" and writes to at least six Pen Pals, some from other states, sharing with her new friends.

Written by Katheryn Richard Director of Therapeutic Recreation at Countryside Manor of Bristol





## BEST PRACTICES

### St. Joseph's Center

The week of April 19<sup>th</sup>, St Joseph's Center Genesis Healthcare took a moment each day to reflect on the past year. Monday started with a moment of reflection and the dedication of a weeping cherry blossom in our eternity circle. Tuesday, Wednesday & Thursday was dedicated to the warriors of our center, the staff that persevered each and every moment. Friday concluded our celebration with the focus on the future as we released painted lady butterflies into the world as a reminder that our strength comes from our struggles and the beauty of life continues to shine and grow from all that we have given. The idea came from helping residents and staff promote a true sense of wellbeing and looking toward the future as we came upon the one-year mark of when the pandemic started. The impact to the residents and the staff experience was to promote the sense of wellbeing and embrace our inner strengths. The response from residents and staff about the week's events was it helped everyone embrace the past but regrouped and focused everyone on the days ahead



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



[www.Facebook.com/ctltcop](http://www.Facebook.com/ctltcop)

Please visit our page and click **“Like”**



**\*\* Facebook Live Schedule Update\*\***

The Long Term Care Ombudsman Program has updated it's frequency for live events and they will now take place on the third Wednesday of every month at 5:00 pm. Please tune in to have your questions answered in real time!

[www.Facebook.com/ctltcop/live](http://www.Facebook.com/ctltcop/live)

M	A	P	L	E	S	Y	R	U	P	A	B
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J	E	A	B	G	A	R	D	E	N	N	N
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STPATRICK, SHAMROCK, GREEN, EASTER, BUNNY, EGGS, BONNET, PALM, ASHES, JELLY BEANS, SEEDS, GARDEN, HOE, SHOVEL, DAFFODIL, HYACINTH, RAKE, FERTILIZER, TULIP, TROWEL, BASEBALL, SPRINGTRAINING, MAPLESYRUP, PANSY, SNOWDROP, APRIL, MAY, MARCH, JUNE

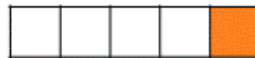


## Summer Days Word Scramble

Unscramble the words, then use the highlighted letters to figure out the secret message.

Hint: The secret message is scrambled too.

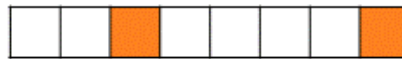
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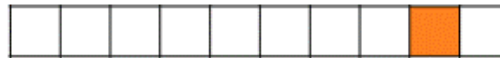
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## Summary of March 10, 2021 Revised CMS Guidance on Visitation

After a year of significant limitations on visitation imposed because of COVID-19, the Centers for Medicare and Medicaid Services (CMS) issued revised guidance on March 10, 2021. The March guidance eases some of the restrictions on general indoor visitation, while maintaining much of the guidance from September 17, 2020.

### Key Takeaways for Residents and Their Families

#### Positive Points/Changes

Residents should be able to visit more with their loved ones inside the facility since there are now fewer circumstances under which indoor visitation can be completely suspended.

§ High county positivity rates can limit visits only for unvaccinated residents and only when the level of vaccinated residents is less than 70%.

§ A single case of COVID will no longer automatically shut down the entire facility for 14 days.

Fully vaccinated residents can touch and hug their visitors as long as they wear masks and perform hand hygiene. CMS continues to emphasize that facilities **shall** not restrict visitation without a reasonable clinical and safety cause, and that nursing homes **must** facilitate in-person visitation consistent with the federal nursing home regulations.

### Highlights from the March 10, 2021 CMS Memo CMS-QSO-20-39-NH

#### All Visitation

Visits should be person-centered and “consider the resident’s physical, mental, and psychosocial well-being, and support their quality of life.”

The Core Principles of COVID-19 Infection Prevention must be followed during all visits.

#### Outdoor Visitation

Outdoor visitation is preferred even when the resident and visitor are fully vaccinated. Visits should be held outside whenever practicable.

§ Factors that may hinder outdoor visits include weather or an individual’s health status.

#### Indoor Visitation

**Facilities should allow indoor visitation at all times and for all residents except in specific circumstances**

Two major restrictions to indoor visitation

1. Visits are restricted for certain **individuals**:

- § Unvaccinated residents if the nursing home’s COVID county positivity rate is greater than 10% AND less than 70% of the residents in the facility are vaccinated.
- § Residents with confirmed COVID-19 infections (vaccinated or unvaccinated).
- § Residents in quarantine (vaccinated or unvaccinated).

2. Visits may be restricted under certain circumstances **during an outbreak.**

Outbreaks occur when there is a new “nursing home onset” of COVID-19 among residents OR staff. When there is a new case of COVID-19 among residents or staff, visitation should be suspended, and outbreak testing should begin immediately.

Resumption of visitation depends on the results of outbreak testing:

### **First Round**

If the first round of testing reveals no additional cases in other areas of the facility: Visitation can resume in those areas with no cases. Visitation should be suspended in the affected area until the facility meets the criteria to discontinue outbreak testing. (Criteria: when

If the first round reveals one or more cases in additional areas of the facility (new cases in two or more units): All visitation should be suspended for vaccinated and unvaccinated residents until the facility meets the criteria to discontinue outbreak testing. testing finds no new cases among staff or residents for 14 days since the last positive result.)

### **Subsequent Rounds**

If subsequent rounds of testing find one or more additional cases in other areas:  
All visitation should be suspended until the facility meets the criteria to discontinue outbreak testing.

**Exceptions: Compassionate care visits and visits under federal disability rights laws should continue regardless of outbreak status.**

### **Additional limitations on indoor visitation**

1. The number of visitors per resident may be limited based on the size of the building and physical space to maintain the Core Principles of COVID-19 Infection Prevention.
2. Length of visits may be limited and scheduled by the facility to ensure all residents have visitors.
3. Visitor movement within the facility should be limited.
4. If possible, residents with roommates should not have visits inside their rooms.

If a resident has a roommate and the health status of the resident prevents them from leaving the room, facilities should attempt to enable in-room visitation adhering to the Core Principles of COVID-19 Infection Prevention.

### **Physical Contact**

Residents and family are advised to continue to maintain 6 feet of distance.

1. Residents that are fully vaccinated can have close contact, including touch, with visitors – while wearing a face mask and practicing hand hygiene.

### **Testing and Vaccinations for Visitors/Representatives of Long-Term Care Ombudsman Program and Protection and Advocacy Systems**



Facilities are encouraged, but not required, to offer testing to visitors. Facilities may encourage visitors to get tested on their own.

5. Visitors are encouraged to get vaccinated.
6. Visitors **should not be required to be tested or vaccinated as a condition of visitation** (or show proof of testing or vaccination).
7. Long-term care ombudsmen and protection and advocacy representatives should not be required to be tested or vaccinated.

### **Compassionate Care Visits**

1. The need for a visit should be determined through a person-centered approach. Anyone who can meet the resident's needs can make a compassionate care visit.
2. Compassionate care is not limited to end of life; examples of scenarios are provided.
3. Visits should be allowed at all times – regardless of resident's vaccination status; resident's COVID status; outbreaks; and the county's positivity rate.
4. Social distancing must be maintained with the following exceptions:
5. Contact can occur if the approach is determined with the facility and infection prevention guidelines are followed.
6. If the resident is fully vaccinated, wears a face mask, and performs hand hygiene, they can choose to have close contact, **including touch**.

### **Required Visitation**

#### **Facilities:**

**SHALL** not restrict visitation without a reasonable clinical or safety cause.

**MUST** facilitate in-person visitation consistent with applicable CMS regulations.

1. Failure to facilitate visitation without adequate reason would constitute a potential violation of 42 CFR §483.10(f)(4), and the facility would be subject to citation and enforcement actions.
2. Residents who have COVID-19 should only receive in-person compassionate care visits, virtual visits, or window visits until they are COVID-19 free.

### **Access to the Long-Term Care Ombudsman**

1. The facility must provide ombudsman program representatives with immediate access to any resident. In-person access may be limited due to infection control concerns, transmission of COVID-19, and/or other situations limiting indoor visitation described above – but not without reasonable cause.
2. If in-person access is not permitted, other forms of communication must be allowed, such as phone or other technology.

### **Federal Disability Rights Laws and Protection & Advocacy Programs**

1. Protection and Advocacy Programs: Representatives are allowed immediate access, which includes in-person access.
2. Visitation under Federal Disability Rights Laws: Facilities must comply with federal disability rights law to ensure residents have equal access to care. For example, these laws permit a person to enter the facility to interpret or facilitate communication if a resident: requires assistance to ensure effective communication; such assistance is not available onsite; and this assistance cannot be provided without the person coming into the facility.
3. Nursing homes can impose legitimate safety measures – such as requiring adherence to COVID 19 infection prevention.

1. Questions about non-CMS requirements should be referred to the U.S. Department of Health and Human Services Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agencies.

**Entry of Non-Facility Healthcare Workers and Other Providers of Services**

2. These individuals (e.g., hospice workers, EMS personnel, dialysis technicians, etc.) are permitted to come in if they are not subject to a work exclusion due to exposure to COVID-19.
3. CMS does not recognize essential caregivers as a special category of visitors.

**Communal Activities and Dining**

1. Communal activities and dining may occur while adhering to the Core Principles of COVID-19 Infection Prevention.

[www.theconsumervoice.org](http://www.theconsumervoice.org) | [info@theconsumervoice.org](mailto:info@theconsumervoice.org)



## RESIDENT COUNCIL RIGHTS IN NURSING HOMES

The Nursing Home Reform Law guarantees nursing home residents a number of important rights to enhance their nursing home experience and improve facility-wide services and conditions. Key among these rights is the right to form and hold regular private meetings of an organized group called a resident council.

Facilities certified for Medicare and Medicaid must provide a meeting space and respond to the council's concerns. Nursing facilities must appoint a council-approved staff advisor or liaison to the resident council, but staff and administrators have access to council meetings only by invitation of the resident council.

**Specifically, the federal law includes the following requirements for resident councils:**

- The facility must provide a resident council, if one exists, with a private space for meetings.
- The facility must take reasonable steps, with the approval of the resident council, to make residents and family members aware of upcoming meetings in a timely manner.
- The resident council meetings are closed to staff, visitors, and other guests. For staff, visitors, or other guests to attend, the resident council must invite them.
- The facility must provide a designated staff person who is approved by the resident council and the facility to provide assistance and respond to written requests from the resident council.
- The facility must consider the views of a resident council and act promptly upon grievances and recommendations of the resident council concerning issues of resident care and life in the facility.
- The facility must be able to demonstrate their response and rationale for their response.
- However, the right to a response does not mean facilities are required to implement every request of the resident council.

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# Statewide Coalition of Presidents of Resident Councils (SCPRC)



## Executive Board Members

<u>E-Board Member</u>	<u>Location</u>
<i>Patty Bausch</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>

# The Long Term Care Ombudsman Program



**TOLL FREE NUMBER**

[1-866-388-1888](tel:1-866-388-1888)

**Email:** [ltop@ct.gov](mailto:ltop@ct.gov)

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

**State Website:** <https://portal.ct.gov/ltop>



**MAIREAD PAINTER**

**STATE LONG TERM CARE OMBUDSMAN**

860- 424-5200

**Desiree Pina - Administrative Assistant**

860-424-5239

## **REGIONAL ASSIGNMENTS**

### **WESTERN REGION**

**INTAKE NUMBER 203-597-4181**

Deborah Robinson - Intake Coordinator

**Regional Ombudsmen**

Sylvia Crespo, Tasha Erskine-Jackson

### **SOUTHERN REGION**

**INTAKE NUMBER 860-823-3366**

Stephanie Booth/Desiree Pina - Intake Coordinator

**Regional Ombudsmen**

Dan Lerman, Patricia Calderone, Daniel Beem

### **NORTHERN REGION**

**INTAKE NUMBER 860-424-5221**

Stephanie Booth/Desiree Pina - Intake Coordinator

**Regional Ombudsmen**

Brenda Texidor, Brenda Foreman, Lindsay Jesshop