

The Silver Panther Newsletter

SPRING

2020



**Statewide Coalition of
Presidents of Resident Councils
Executive Board Members**

*Gregory Brooks, Brad Parkhurst,
Jeanette Sullivan-Martinez,
Rita Wissink*



State of Connecticut
Department of Aging and Disability Services
Long-Term Care Ombudsman Program

4/11/2020

Dear Resident, Family Member or Responsible Party,

I know you have received several letters from me, but this is a very fluid situation and the guidance changes as we learn more about this virus. As guidance develops, I will write to you, providing updates about the measures the State is taking to protect the rights, health and safety of nursing home residents. In the March 30, 2020 joint letter with the Department of Public Health (DPH), we explained that there have been positive tests for the coronavirus (COVID-19) in many nursing homes across our state.

Throughout this pandemic the Governor, in consultation with the State Department of Public Health, has had to make difficult decisions. I am thankful that they have kept the rights of residents, including first and foremost the right to appropriate medical care, at the forefront of this decision making. We have every indication that the rights, health, safety and wellbeing for Connecticut's nursing home residents remain a priority.

Providing physical distancing to slow the spread of the virus, as well as appropriate medical services for nursing home residents, are an essential part of the State's plan during this public health crisis. In order to meet the level of care some residents may need, designated nursing homes will provide specialized services and therefore be identified as COVID Recovery Facilities. COVID Recovery Facilities will have access to higher levels of care and services in order to treat residents with increased needs. All other homes will continue providing care in a traditional manner which may include the care of COVID-19 positive residents who do not require specialized care and services. These homes will incorporate practices to provide physical distancing which may include, for example, separate wings of the facility.

There are normal procedures for transfers or discharges on both a voluntary and involuntary basis for all nursing homes. Normally a nursing home is required to give you, your guardian, conservator or legally liable relative a written notice, and develop a plan with you, before a transfer from one room to another in the facility. This also normally applies before a transfer or discharge from one facility to another.

There are very few exceptions to this rule. One exception is infection control or other health/safety concerns that could impact or endanger other individuals in the home. If that is the case, under existing law, you may be transferred to another room with the right to notice and consultation after the fact, and otherwise all existing regulations and procedures would apply.

Under the current public health crisis, there may be situations involving a transfer to another facility where current procedures are waived or are done as soon as they can be. These would be related only to transfers involving the COVID-19 Recovery Facilities and be in consultation with your doctor, the Hospital, the Long-Term Care Ombudsman and DPH.

Otherwise, the rules and process involving a transfer to another nursing home are unchanged and remain in place.

If you are going to be asked to transfer from your room or nursing home, someone will discuss this with you. All transfers will be in consultation with your doctor and moves will be coordinated by the care team at your nursing home.

If the room change or transfer is due to infection control issues or other health/safety concerns that may impact other individuals in the home who could be endangered, you may be transferred with the official legal notice given after the fact. All other normal procedures remain in place.

The nursing homes that are designated as COVID Recovery Facilities may have residents who have tested negative and wish to move to a traditional nursing home or unit that is COVID-19 unknown. Residents who have tested COVID-19 negative and have elected to transfer will go to a quarantined section of the traditional nursing home for 14 days. Again, all transfers will be recommended or in consultation with the doctor and moves will be coordinated by the care team at your nursing home.

We understand that this period of physically distancing will remain in effect until it is deemed that the risk of transmission has been remedied. At that time, there will be a process to facilitate how residents can return to their nursing home of origin.

I know this is a great deal of information, potentially leaving you with more questions and that is very understandable. Throughout this process the Long-Term Care Ombudsman Program as well as all of the State agencies involved will be here to provide you with the most up to date and accurate information.

I will continue to host Facebook live events Mon, Wed and Fri. at 5:30 pm.

To watch or ask questions, please visit the Connecticut Long Term Care Ombudsman Program's Facebook Page at <https://www.facebook.com/CTLTCOP>.

If you have specific questions or concerns related to your nursing home, you can contact the Long-Term Care Ombudsman's office toll-free at: **1-866-388-1888**

Please remember it is normal to have questions, feel uneasy or even scared. Our offices as well as the care team members at your nursing home are here for you. Reach out, talk about how you are feeling. We need to do things differently right now but will continue to offer support so that we can get through this together.

Sincerely,



Mairead Painter

State Long-Term Care Ombudsman



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

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 on Mondays, Wednesdays, and Fridays at 5:30 pm. Please tune in to have your questions answered in real time!

Last Updated April 11, 2020 at 4:09 p.m.

FREQUENTLY ASKED QUESTIONS (FAQs) RELATED TO PLAN FOR LONG-TERM CARE FACILITIES (LTCFs) DURING COVID-19 PANDEMIC

1. Will my family and I be told if there is a positive COVID-19 case in my nursing home?

During this public health emergency, the Connecticut Department of Public Health (DPH) recommends that residents and families be notified expeditiously by the nursing home when one or more residents test positive for COVID-19.

2. What is a COVID Recovery Facility?

DPH is planning to establish COVID Recovery Facilities.

- Alternate COVID Recovery Facilities are alternate care sites that will accept COVID-positive patients discharged from the hospital who no longer need an acute hospital level of care, freeing up a hospital bed, and have a need for skilled nursing care or the need for additional support. These alternate care sites will be responsible for discharge planning and preparing patients for discharge into the community.*
- COVID Recovery Facilities are existing nursing homes that will accept patients discharged from the hospital who previously resided in a nursing home but were denied re-admission to their original nursing home because of the facility's inability or incapacity to care for these patients who continue to be COVID positive.*

3. If my nursing home is chosen to be a COVID Recovery Facility, will I have to move to another nursing home?

You will be offered the opportunity to transfer to another facility if you do not have symptoms and test negative for COVID-19. If you test positive for COVID-19, your current nursing home will be able to care for you. The Medical Director and the Director of Nursing will discuss decisions to transfer with residents and their families.

4. Can residents decline the move and opt to take on the risk?

A COVID-negative resident can discuss declining to transfer with the Medical Director and the Director of Nursing.

5. Will COVID-positive residents need to move to a COVID Recovery Facility?

COVID-positive residents can be cared for in their current nursing home. If they are hospitalized and ready for hospital discharge to nursing home level of care, they might be discharged to a COVID Recovery Facility until ready for discharge back to their original facility, if possible, when COVID-negative.

6. If my nursing home is not one of the COVID Recovery Facilities, will I have to move to another nursing home?

No, you will not have to move to another nursing home.

7. Q - Are there procedures for transfers or discharges on both voluntary and involuntary basis?

Normally a nursing facility is required to give you, your guardian, conservator or legally liable relative a written notice and develop a plan with you, either A) transfer from one room to another within a facility; or B) transfer or discharge from one facility to another.

There are very few exceptions to the rules related to notice and transfer or discharge. One of these existing reasons for an exception for room to room transfer is infection control issues or other health/safety concerns, that could impact other individuals or if other individuals in the home could be endangered. If that is the case, under existing law, you may be transferred to another room with the right to notice and appeal after the fact, otherwise all existing regulations and procedures would apply.

Under the Executive Order and Commissioner's Order there may be situations involving a transfer to another facility when current procedures are waived or are done as soon as practicable, related only to transfers involving the COVID-19 Recovery Facilities, due to the Public Health crisis. Otherwise, the rules and process involving a transfer to another nursing home are unchanged. If you are going to be asked to transfer from your room or nursing home, someone will discuss this with you. If it is due to infection control issues or other health/safety concerns that may impact other individuals in the home who could be endangered, you may be transferred, and the existing regulations apply. This is not a new procedure or process and should follow the normal regulations.

8. Are residents in nursing homes that are not COVID Recovery Facilities being tested for COVID-19?

The capacity to test nursing home residents for COVID-19 is limited and will be done on a priority basis. Residents with symptoms consistent with COVID-19 are in the highest priority group for testing.

Residents who are in units designated for COVID-positive residents and who do not have symptoms of COVID-19 are in the next highest priority group for testing. If they are COVID-negative, they can be moved to another part of the nursing home.

Residents pending test results will be moved to a unit or area of their current home for residents with pending test results.

9. If I develop a COVID infection, will I be moved within my home?

You may be moved if you test positive for COVID-19. If you have symptoms but are pending results, you will be moved to a unit or area of your home for residents awaiting test results, in isolation within a room as a precaution.

If you test positive for COVID-19, you will be moved to a unit or area of your current home for COVID-positive residents. There is no current plan to move people to another home if you test positive.

If you are hospitalized and ready for hospital discharge to nursing home level of care, you might be discharged to another nursing home other than your own until you are ready for discharge back to your original home, if possible, when you test COVID-negative.

10. Will I be quarantined for 14 days before being blended into the rest of the community?

Upon admission to a nursing home, all new residents will be restricted to their room for 14 days.

11. How will I know if I am going to be moved within my home to make room for someone who has COVID-19?

The Medical Director and the Director of Nursing will discuss this with each involved resident and will notify the Long-Term Care Ombudsman, who will be available to guide residents through the process.

12. How much notice will I have?

We will provide as much notice as possible.

13. Who will move my belongings?

The facility is responsible for the transfer of residents' belongings. Based on the infection control guidance, it may be necessary to sanitize and store belongings until your return or relocation.

14. Will I get to go back to my original room?

This is a difficult question to answer. Residents who have been moved will eventually go back to their original facility, if possible. For any residents returning to their original facility, we cannot guarantee that residents will return to their original rooms, but that will happen if the rooms are vacant.

15. Who will do the moves?

Proper transport will be provided based on residents' medical status.

16. How do residents know that these transferred residents will not contaminate the facility?

Residents will be screened appropriately before transfer and/or will undergo a 14-day isolation period upon transfer.

17. Can a family member see a resident who is transferring before or while the move takes place?

Families can video chat and use other technologies to see their loved ones. The no-visitation policy is still in effect.

18. If I move will my new home know my payment status?

All financial terms remain the same for residents.

19. What if a redetermination is due soon or while I am gone?

If your HUSKY Health benefits were scheduled to end in March or April 2020, DSS will automatically continue your benefits through at least June 2020. DSS will continue to extend benefits for the duration of the coronavirus pandemic.

20. Do I work with the business office at my home of origin for questions regarding payment?

The fiscal department will contact each involved resident and his or her loved ones and will explain the process.

21. If I have OPTUM and I am moved to a non-Optum home how will that be covered?

Residents' current payer (Medicare Advantage plan or other) will continue to pay for their care.

22. Will I incur any cost?

Your costs will remain the same.

23. Are any of the COVID Recovery Facilities with VA contracts?

None of the involved homes have VA contracts.

24. What if I am moved from a home with a VA contract that pays 100% of my care?

Your payment status will not change.

25. Who do I pay my applied income to?

Residents will continue to pay their applied income to the facility that is providing their care.

26. Will the stimulus check affect my Medicaid status?

We are waiting for confirmation of this, but our best understanding at this time is that the stimulus checks will not affect residents' Medicaid status. The Treasury Department has also commented that people who receive certain public benefits will not have to file a tax return to receive the stimulus checks. We will confirm this information as soon as is possible.

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-nCoV/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-nCoV/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-nCoV/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



CS-11497-A 01/20/2020

cdc.gov/COVID19

Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020. La cantidad actual de casos de COVID-19 en los Estados Unidos está disponible en la página web de los CDC en <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus. Infórmese sobre lo que se sabe acerca de la propagación de los coronavirus de reciente aparición en <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission-sp.html>.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígame sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.



CS 2048174 HHS 315740 03/20/2020

cdc.gov/COVID19-es

E-Board Corner



Hello Everyone:

I trust this finds everyone well.

I wanted to take this opportunity to speak to you about our current situation. The coronavirus is a deadly virus. I want to encourage all of you to follow the precautions to the letter in your nursing facilities. Make sure your workers are washing their hands and using good habits in their care for you. Please make sure you're practicing social distancing. My nursing facility has requested we all stay in our rooms. I understand the difficulty in that, but this is necessary. Do your part!

Remain positive.... be cooperative...encourage others to do the same. Take this time to share with your loved one's special events that you remember and ones you look forward to in the future. Embrace reading and coloring and puzzle making. Watch a good movie. These are things you can do in your room to have the time go by.

I would discourage you from watching the news for 24 hours a day, this will only lead to more sadness and stress on your part. I'm not saying not to be informed, I'm saying don't be bombarded and overwhelmed.

Do your best to take care of you, whatever that means to you.

Remember: you are not the only one going through this. We are all in this together! Again, we are all in this together.

God bless you! Stay safe!

A handwritten signature in black ink that reads "Jeanette Sullivan Martinez". The signature is written in a cursive, flowing style.

Jeanette Sullivan Martinez

President of the Statewide Coalition of Presidents of Resident Councils

Also Known As: Executive Board; E-Board

LTCOP Legislative Update Summary

The 2020 CT Legislative Session convened on February 5th and was scheduled to conclude on May 6th. The coronavirus emergency resulted in the legislature closing from March 12 to at least April 12th (as of the time of this update on 3/27/20). Many public hearings and committee meetings were postponed and action is pending on many bills. It is uncertain at this time if the legislative session will be extended past the May 6th scheduled session end or if all expected session activity will be completed by May 6th. With that in mind, below is an update on selected bills that have already advanced out of committee. JF indicates Joint Favorable committee action and passed out of committee and JFS indicates Joint Favorable Substitute committee action and passed out of committee. Some bills are referred to other committees and some go directly to the House or Senate floor for consideration. To view bill details go to www.cga.ct.gov and select quick bill search link at the top of the page and then enter numeric bill number only in box that opens. A reminder: the legislative session was not yet half-way completed when the coronavirus emergency required closure of the state legislature and many other important long-term care bills were under committee consideration and not yet passed out of committee.

The most important bills for nursing home residents that have advanced out of committee so far include House Bill (HB) 5098 that would raise the personal needs allowance from \$60/month to \$72/month and HB 5208 to permit electronic monitoring in resident rooms with certain protections and protocols. It is uncertain if any of these committee-passed bills or not, yet committee-reviewed bills will become CT law this session.

Nursing Home-Focused Legislation

SB 81 - Permit a Community Spouse of an Institutionalized Spouse to Retain Maximum Amount of Allowable Assets, Aging Committee (AGE), 2/18, **JF referred to Appropriations (APP)**

SB 160 - Smoking in Nursing Homes, Assisted Living Facilities, and Other Housing for Elderly, AGE, 2/27, **JFS**

HB 5098 - Raising Personal Needs Allowance For Certain Long-Term Care Residents, AGE, 2/18, **JF**

HB 5200 - Study of Nursing Home Services, AGE, 2/27, **JF**

HB 5208 - Deterring Abuse in Nursing Homes-Congregate Housing for Elderly with Assisted Living Services – Electronic Monitoring, AGE, 2/27, **Both JF and JFS listed**

Long Term Care Ombudsman Program/Dept of Aging and Disability Services

SB 82 - Establish Task Force to Review Voluntarism Needs of State Ombudsman's Nursing Home Program, AGE, 2/18, **JF**



AARP Connecticut Calls for Changes to Support Nursing Home Residents and Their Families

AARP Connecticut has called on policy makers to take action to ensure the 22,000 nursing home residents in Connecticut and their loved ones can safely stay in contact during the COVID-19 pandemic. On March 20, 2020, AARP Connecticut sent a letter to the [state's Governor and Commissioner of Public Health strongly recommending modifications](#) to a March 13, 2020, Public Health Order banning visitors to nursing homes, including residents' immediate family and caregivers. For example, requiring nursing homes to offer and facilitate virtual video visitation, as well as other enhanced communications, will help prevent social isolation, reduce anxiety, and promote safety, among other benefits. In addition, [AARP Connecticut provided testimony to the Human Services Committee of the Connecticut General Assembly](#) strongly recommending allowing passive video monitoring in nursing homes. AARP Connecticut followed this with an email to every member of the Connecticut General Assembly on March 23, 2020, asking that any legislative action in response to COVID-19 codify these recommendations.

[Please take moment](#) to tell lawmakers that allowing residents to install cameras would:

- Help keep residents safe
- Give loved ones peace of mind
- Combat loneliness and social isolation

It's more important than ever to help nursing home residents stay connected to their loved ones. Tell lawmakers that [we need action now](#).

Learn more about COVID-19 and how the State of Connecticut is responding by [listening to AARP Connecticut's recent conversation](#) with Governor Ned Lamont, State Epidemiologist Dr. Matthew Cartter, and State Long Term Care Ombudsman Mairead Painter.

Web addresses to the resources listed in above article if you cannot access hyperlinks:

"Take action" on the use of video monitoring in nursing homes:

<https://action.aarp.org/site/Advocacy?cmd=display&page=UserAction&id=8427>

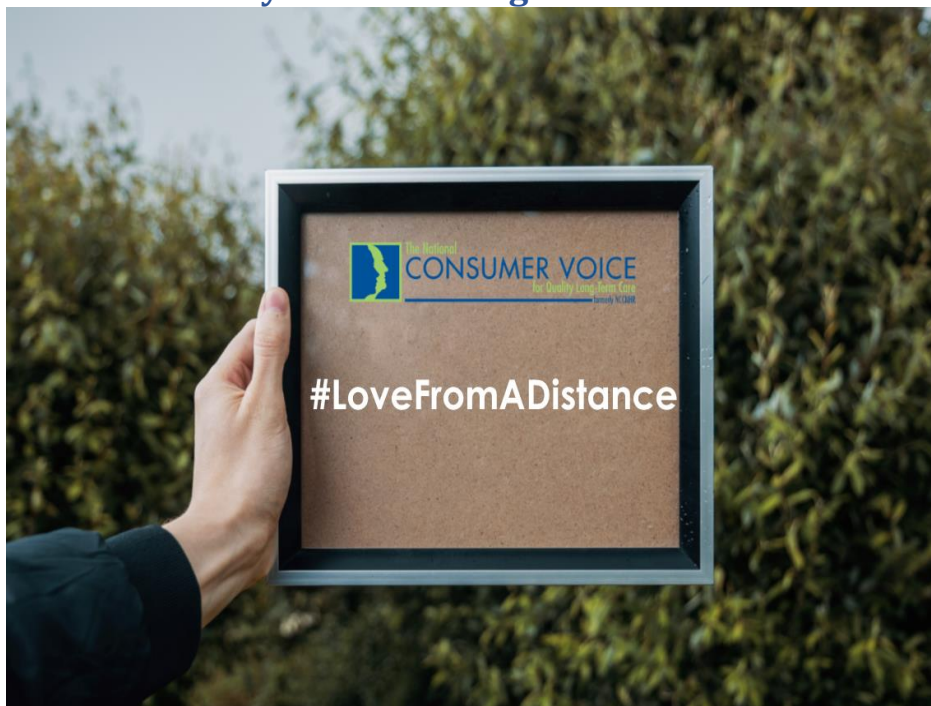
AARP CT's recent Town Hall Talk on Coronavirus: <https://vekeo.com/event/aarpct-51050/>

Staying Connected with Family and Friends Living in Long Term Care Facilities

With new directives placing strict limits on visitors to nursing homes and many assisted living facilities taking similar precautions, friends and families of residents living in long-term care facilities are using creative ways to stay in touch with their loved ones.

Creative Ideas and Practices for Staying Connected During Isolation

Show us how you are sharing #LoveFromADistance!



Residents, family members and friends are invited to post photos and share tips on how they're staying connected to their loved ones during the pandemic.

Use **#LoveFromADistance** and tag us on Facebook: **@theconsumervoice** and Twitter: **@ConsumerVoices**

*If you are not on social media and would like to participate, email info@theconsumervoice.org and include a completed **photo release form** for all those who appear in the photo.*

AARP Friendly Voices

Connecting People to People

We may be isolated, but we don't have to be alone.

Sometimes, just hearing a friendly voice on the other end of the line can help in challenging times. AARP Friendly Voices are trained AARP volunteers who will provide a call to say hello.

Two ways to request a call for you or a loved one:

- Use the form below; or
- Call us directly at **1-888-281-0145**

If you are in crisis, please see our [Helpline page](#)
(<https://aarpcommunityconnections.org/mental-health-resources/> for resources)

To Submit an Online Request to have a Volunteer Call You:

Visit:

<https://aarpcommunityconnections.org/friendly-voices/>

Then:

Fill out online form to request a friendly visitor call.

Engagement and Isolation...Resources to Help Support Both

- Hallway Soccer with Beachball.
- Hallway Bingo with disposable Cards
- Hallway Bowling
- Hallway (Memory/Video/Music Games) Such as name that Tune
- Rolling Special Treat Cart
- Rolling Make Your Own Ice Cream Sunday Cart
- Rolling Arts and Crafts Projects for Individuals on all ends of cognitive and physical needs.
- Sending and Receiving Video Messages between families and residents if video conferencing is difficult to coordinate.
- *Dining Idea: Creating a Special "Take Out Menu" for a particular day of the week to include special items such as Hamburgers, Grinders, Pan Pizzas etc; to give the feeling of being able to have takeout food again while in quarantine.
- Assigning managers, a handful of residents with the charge to check in with them and try to assume the role of visitor.
- Dining Idea: "All Hands On Deck" for meal times.
- Pen Pals virtual or snail mail
- Video diaries from high school students - emphasis on asking elders for advice and input
- Daily text/photo updates to families - Elders/families divided up amongst leadership team members to keep this communication manageable

- Skype virtual activities - play an instrument, tell jokes, read a story, lead a bible study, canvas and cocktails, cooking demo, etc. Partnering with our intergenerational communities as well as encouraging and empowering families to provide this engagement for their loved ones. (sending ideas and sign-up sheet through Sign Up Genius)
- Multiplayer games - virtual Wii tournaments, multiplayer online games (hangman, tic tac toe, crossword puzzles, etc.),
- Collaborative Time Slips virtual story telling
- Virtual Music! Skype concerts, Drumming & Rhythm Circle, youth recital
- Scenic Drives/Sightseeing Tours (our Elders, our staff, our van, no social contact).
- Students doing a virtual tour of their campus/homes via FaceTime, GoPro
- I have a group coming dressed up as superheroes to clean the windows on the outside of our community, pick up trash, etc.
- Ramping up Facebook posts for our community to keep family and friends informed about the great things happening within our community while they are not able to visit

Additional Resources:

<https://www.nccap.org/covid-19-activity-director-resources> - NCCAP would like to share the following resources for in-room activity programming

<https://www.nccap.org/assets/docs/101%20ideas%20for%20in%20room.pdf> - 101 Ideas for In-Room & 1-to-1 Activity Programs

<https://www.pioneernetwork.net/wp-content/uploads/2020/03/Ideas-from-the-Experts-in-Life-Enrichment.pdf>



As most of you are aware, the month of May signifies National Skilled Nursing Care Week. Please read the note from the American Health Care Association:

Established by the American Health Care Association (AHCA) in 1967, National Skilled Nursing Care Week® (NSNCW), formerly known as National Nursing Home Week, recognizes the essential role of skilled nursing care centers in caring for America’s frail, elderly and disabled.

The activities that would normally take place to celebrate NSNCW this year will be impacted by coronavirus (COVID-19) restrictions. Seniors and those with underlying health conditions are especially vulnerable to COVID-19 – and we must all do our part to protect them at this time. Nursing homes are following the government’s recommendations and taking serious precautions to protect residents, including limiting any visits, except for essential staff.

Since the activities and events suggested in the *2020 NSNCW Planning Guide* are no longer possible as they involve interacting with others, we have removed the guide.

Instead, participate in NSNCW (now and the week of!) by sharing uplifting messages of support to residents and staff, giving them a boost of love that they need now more than ever.

Please visit: [carenotcovid.com](https://www.carenotcovid.com) to share your messages of support using the hashtag #CareNotCOVID.

Best Practice

Litchfield Woods – Torrington

Service, humility, and creative talent are all apt words that come to mind when Ginger Ellis is called to task. Ginger, our Resident Council President here at Litchfield Woods in Torrington rises to every occasion when it comes to helping people. When we initially heard of the quarantine and restrictions of visitors, activities and ordinary gatherings we put our heads together to ensure we would have business of usual, but safely of course and at a distance. Ginger who was used to coming down to the rec room every day to work on her sewing was initially feeling claustrophobic being in her room. After a few days of clarifications, we learned that she could safely resume her routine at a distance. She of course took her sewing to a different level and immediately sprung into action to create face masks that are so needed in the healthcare field for the workers. She had some of the materials to fashion these of her own and we picked up a few more essentials and off she went! She was also sharing her knowledge with novice sewers who could aid in the process. As you can imagine, they were also so pleased to learn and be passed on some of Ginger's wisdom. As we are ironing out details in this process, Ginger is perfecting her products with the most up to date recommendations for producing a good quality, protective mask. Another caveat to this story is that Ginger just recently had cataract surgery and must maintain some restrictions for her own health. She is an amazing and uplifting hero to us all!



Resident Council President, Ginger Ellis, making face masks for residents and staff.

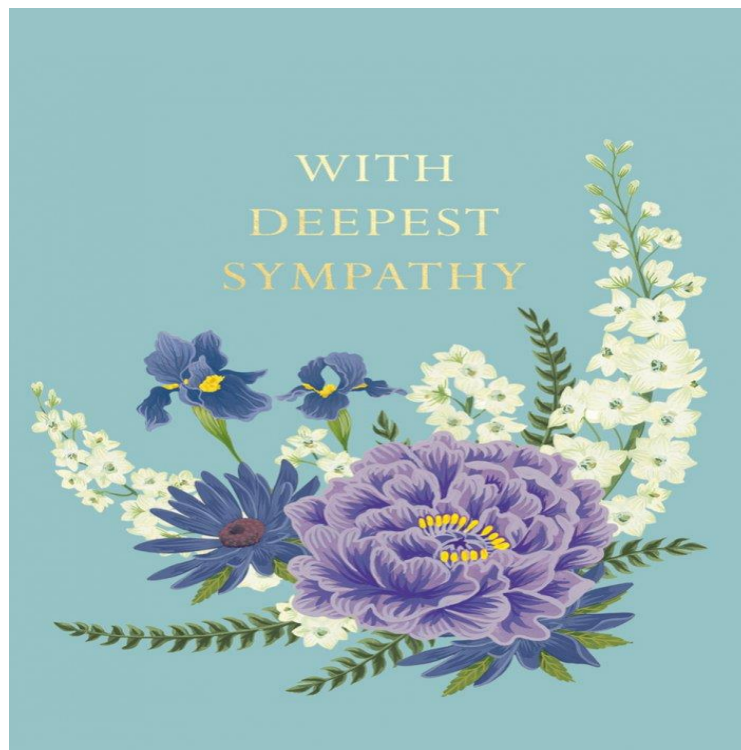
It is with deep regret to inform you that while creating this newsletter we learned that Ginger passed away on the evening of April 18, 2020.

Ginger will be missed by all who knew her. Ginger's daughter, Vicki, had the following to say about her mother, "she was a wonderful woman who would do anything to help someone."

Regarding her role as Resident Council President, Vicki said, "I was totally surprised when she became Resident Council President because it was unlike anything she had ever done before. She had kept to herself for most of her life and it wasn't until she moved to Litchfield Woods that she became more involved. I was happy Litchfield Woods brought out that other side because it made her so happy."

Vicki shared that Ginger attended her first VOICES Forum in October 2019. Vicki said that initially her mother wasn't going to attend, but after some encouragement Ginger decided to go. Vicki said that she bought her mother a special dress to wear on the day and recalls how funny it was when Ginger opened the dress because Vicki "had finally picked out something that she would have wanted to wear."

Ginger will be missed, and we send our heartfelt condolences to Ginger's family as well as the family she made at Litchfield Woods.



Best Practice

Ingraham Manor - Bristol

On Monday, March 9th, 2020, we received notice from the State of CT DPH that long term care facilities were required to restrict all visitors to prevent the spread of COVID-19 (Coronavirus). Covid-19 has been proven to be devastating to the long term care population and this restriction would ensure keeping our residents as safe as possible. With this constraint, also came notice shortly thereafter to have our residents isolate from one another to prevent spread of the virus.

In this difficult situation, we looked for positive ways to keep spirits up and provide educational and entertainment opportunities. This has become the main focus of my team (Therapeutic Recreation Department) and the entire Ingraham Manor family of employees. It takes an entire group of people in order to brainstorm creative ideas and see them come to fruition.

The Therapeutic Recreation team did not disappoint and they came up with ideas that we instantly put on the calendar and in place. I emailed the resident's families providing them with information regarding Skyping with their loved ones and letter writing. I made up a Facebook account (in the name of our pet therapy dog) just for video calling. Our population that we serve has never seen this type of technology and we were so delighted to see their reaction. The look on their faces was priceless. Many of our residents and families are taking advantage of this and utilizing it every day. Also, as we know, our residents form special bonds with one another. I thought of making another Skype account and now we have resident to resident Skyping, which they love.

Susan Paris, Recreation aide (who is a long time Bristol resident) was asked by me to post in a community chat on volunteers to see if they would send the residents of Ingraham Manor letters, colored pictures from their children, and cards. This post resulted in over 700+ likes with many positive comments. In just a short time, we have received over 100 cards, pictures, and pictures of children and art projects the children have done. We even have a wonderful pen pal program that resulted from this post.

Lastly, we cannot have an article about our residents without mentioning bingo. Due to the room to room activity restriction, we have residents set up with their tray tables and providing "hallway/overhead bingo". Staff assists and residents are kept apart but continue to enjoy their most favorite activity. Our residents have been remarkably flexible, to say the least, with the all the changes and disruptions to their lives that they have had to endure.

I am honored to work with a team that has remained positive and energetic during this unsettling time in our lives. That positivity has been the infectious agent here. I am grateful that our

efforts have had a wonderful impact on our residents and their families. We will continue to search for ways to cope and create as much joy as we possibly can.



Gealdine Gustafson Skyping with fellow resident Agnes Ogonowski



Peter Holden and his mom Pauline Holden Hirth Skyping

Best Practice

Jerome Home – New Britain

Jerome Home is a skilled nursing home within New Britain providing quality care to 120 residents. The COVID-19 pandemic has changed the lives of many, especially those living in senior care communities, thus creative connections have been fostered to combat the isolation of social distancing. The recreation department has orchestrated various clever, creative and meaningful activities that eliminate the sense of disconnect. Facetime/Skype is an excellent interactive mode of communication for seniors to visually see their loved ones. At Jerome Home we have even extended this concept to pet therapy visits. Our pet therapy golden retriever dog, “Mr. Blue,” and his handler, Don White, have had visits using Facetime at the bedside of residents. Our folks light-up at the sight of Mr. Blue and even reach out to touch the tablet. We have encouraged families to come and visit their loved ones by their bedroom window. We have even used the Jerome Home Facebook platform to extend our well wishes to our families. Most residents were given the opportunity to showcase a message on a white board and held up for a photo. Some messages were personal, while others were light-hearted. On St. Patrick’s Day we had a bagpiper in full uniform walk the perimeter of the building while playing. The true Irish spirit was embraced. Weekly we do a travelling happy hour cart with specialty non-alcoholic drinks and snacks. An ice cream travelling cart ventures the hallways weekly. Most recently the New Britain Police department visited as a goodwill gesture. Collectively five of the finest positioned their cruiser throughout the campus and simultaneously played their sirens for 30 seconds to alert everyone while waving. The attention drew residents and staff to dash to the windows. After their siren play, the police officers paraded around the building waving and touching the hearts of our residents. Some residents even made signs stating, “thank you for your service”, “stay healthy” and “Thanks for keeping me safe”. Jerome Home staff are striving to ensure that the residents are not isolated from each other, families and the Greater Community of New Britain.

St. Patrick's Day Bagpiper



Visit from the New Britain Police Department



Messages to family



Pet Therapy visits via video chat

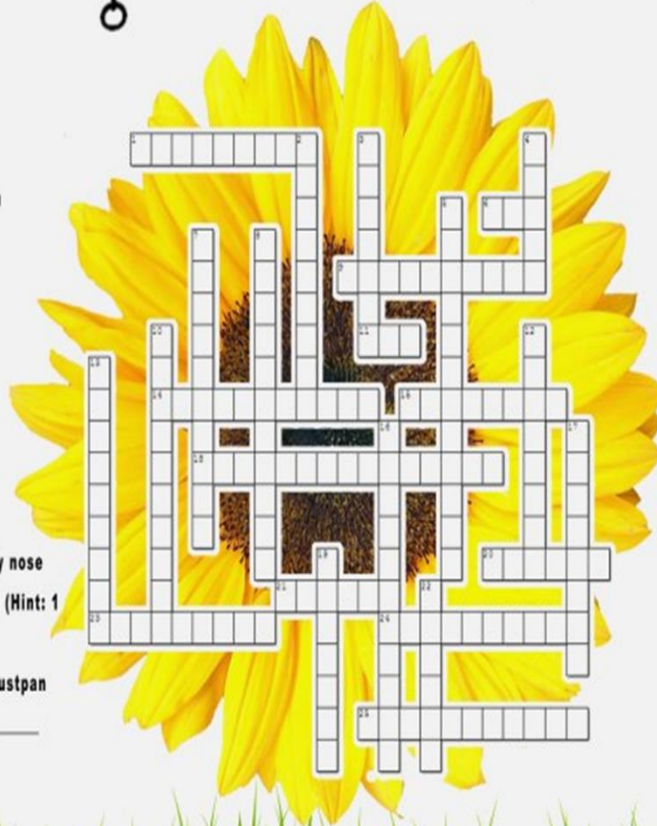


Spring Crossword Puzzle



Down

- Flower that follows the sun
- Rabbits eat these
- Floppy and hops
- Basketball (2 words)
- Mom (2 words)
- Dance (2 words)
- Hunt for these (2 words)
- On this holiday, Jews go without bread
- Coughing, sneezing, stuffy nose
- Girls wear these (2 words) (Hint: 1 piece, 2 piece)
- Grab your mop and your dustpan
- April showers bring May _____
- Holiday



Across

- Footwear used for the beach
- WARNING:** May cause skin cancer!
- Holy Thursday, _____, Holy Saturday (2 words)
- Freshmen and sophomores take the PSAT, while juniors and seniors stress over this
- A blessing to students (2 words)
- Before seniors graduate, they go to this (Hint: Bash)
- Time to save time (2 words)
- Jump into _____
- With this in the air, you'll start to sneeze
- Used to protect the skin
- Cap and gown
- Animals come out of this deep sleep





SPRING THINGS



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

STPATRICK, SHAMROCK, GREEN, EASTER, BUNNY, EGGS, BONNET, PALM, ASHES, JELLYBEANS, SEEDS, GARDEN, HOE, SHOVEL, DAFFODIL, HYACINTH, RAKE, FERTILIZER, TULIP, TROWEL, BASEBALL, SPRINGTRAINING, MAPLE, SYRUP, PANSY, SNOWDROP, APRIL, MAY, MARCH, JUNE



~Created by Resident Council President Karen Hawley~



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(SCPRC)
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