

The Silver Panther Newsletter

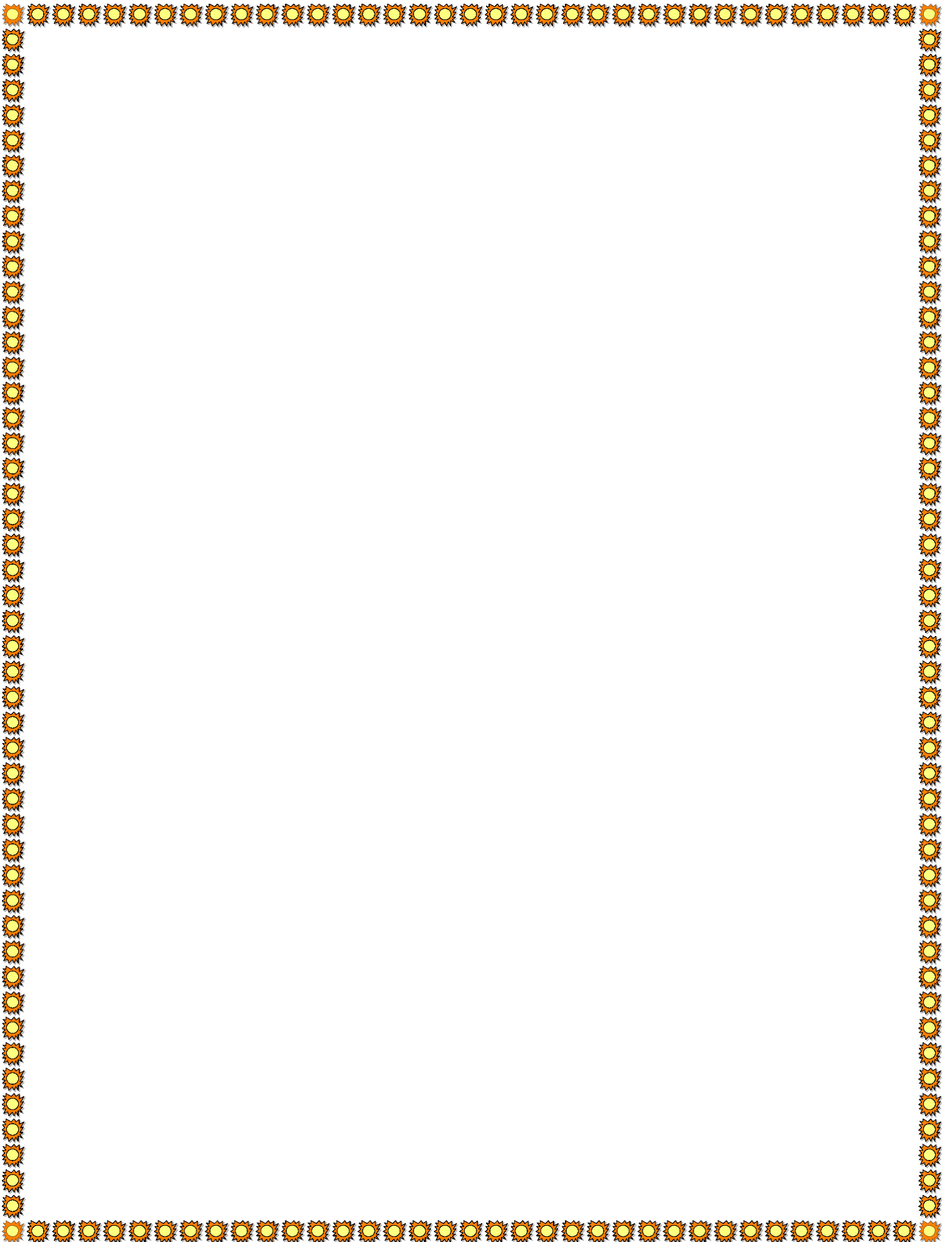
SPRING EDITION

2015



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

*Grace Bligé-Curry, Karen Hawley, Jack Cretella,
Mary DePasquale, Ronnie Martin, Brian Capshaw,
Helen Fitch, Charlene Paquin, Jeanette Sullivan-Martinez*



WELCOME COMMISSIONER RITTER

Elizabeth “Betsy” Ritter



Betsy Ritter was appointed Commissioner of the State Department on Aging in January, 2015, after serving ten years as the State Representative from the Towns of Waterford and Montville. In that time she served as Deputy Speaker, Co-Chair of the legislature’s Committee on Public Health, and Co-Chair of the Medical Assistance Program Oversight Committee. Her committee assignments included Public Health, Appropriations, Human Services, and Energy & Technology. Her legislative focus centered on healthcare reform, access to health and human services, provision of safe and reliable home and community based services, and healthcare regulatory issues.

Before her election as State Representative, Betsy served the Town of Waterford as its Tax Collector, Town Treasurer, and Registrar of Voters. Her previous career includes ten years work as a hospital financial manager.

Betsy and her husband have lived and raised their family in Quaker Hill, in the Town of Waterford, since the 1980s.

“It is particularly exciting for me, as the new Commissioner of the State Department on Aging, to work with you, the residents of our long term care facilities.”

2015 Legislative Update

With 96 days down and 53 days to go as of April 14th several bills affecting nursing home residents hang in the balance. At this point the Senate has passed only 2 bills. The house will be in session on April 14th and may start voting on bills. With the legislative session ending June 7th, there is still a lot of work to be done. Currently HB 6893 An Act Increasing the Personal Needs Allowance for Nursing Home Residents on Medicaid from \$60 to \$65 and also adds a cost of living adjustment for future years, lies in the hands of the Appropriations Committee. The bill passed the Aging Committee in bipartisan fashion 13-0 and was sent to appropriations. The Office of Fiscal Analysis stated it would cost the state \$495,000 to give us the \$5 increase. Our Nursing Home Staffing bill HB 6690 which raises the minimum staffing requirements from 1.9 Hours per Resident per Day (HPRD) to 2.3 has passed two committees Human Services 18-0 and Public Health Committee 27-0 and waits to be called on the house floor. There are bills in the system regarding resident neglect and abuse, SB 707 which puts on the application for a license to operate a nursing home that the owners and operators can be held criminally for abuse and neglect of nursing homes residents, has passed 2 committees and is headed to the senate floor. There is also a bill on cameras in resident's rooms. HB 5270 which would require nursing homes to have electronic monitoring devices in the rooms of non verbal residents had a public hearing in early March, but the Public Health Committee has chosen not to move this bill any further. We are hopeful as the legislative process moves forward we will get bills passed and signed into law.



Best Practices in Nursing Homes

The resident council at Ellis Manor was instrumental in initiating a candy sale run specifically by a resident at the facility to raise funds to purchase the memory music i-pod program. So far they have raised \$1000.00 towards the program. Family members have also been supportive and contribute donations to their cause.

Resident council at Newington Rapid Recovery Rehab Center was instrumental in advocating for a new washing machine. This allows the residents to wash their own clothing at their convenience maintaining their independence.

Resident Council at Newington Rapid Recovery Rehab Center coordinates with the laundry department to separate all unidentified clothing items by like items which are then brought to an open area for residents to claim. Separating the items allows the resident to look for a specific lost item much faster.

Newington Rapid Recovery Rehab Center will highlight repeated concerns in the Resident council minutes. Issues that go unanswered or unresolved can assist the Department of Public Health in identifying the problem areas during their annual survey process.

Resident Council at Newington Rapid Recovery Rehab Center identified an isolated resident that needed encouragement to participate in a weekly craft activity. Today the resident is no longer isolated, enjoys the weekly activity and is motivated and independently participates in the craft activity.

If you would like to share a Best Practice that you are doing at your facility, please E-mail it to:

Best Practice Committee at michael.michalski@ct.gov or brenda.torres@ct.gov or you can fax it @ 860 723-1425 or write to Ombudsman Program, State Department on Aging, 3580 Main Street, Hartford, CT. 06120.

Nursing Home Ombudsman Speaks Up for Residents' Rights

As a nursing home inspector, Sondra Everhart spotted violations in facilities. She became a state ombudsman to help fix them.




Food storage and the number of choices are just a couple of many areas nursing home inspectors focus on when evaluating facilities.

By [Lisa Esposito](#) March 5, 2015 | 6:00 a.m. EST + More

Sondra Everhart used to be a surveyor – inspecting nursing homes and investigating complaints – for the New Mexico Department of Health. In 2006, she moved on to become the state’s long-term care ombudsman.

New Mexico has about 12,000 residents living in assisted-living and long-term care facilities, including 72 nursing homes. The ombudsman program comprises an 11-member staff and 100-plus certified volunteers who visit



facilities on a regular basis to ensure advocacy services are available to residents and families. Everhart visits many of the nursing homes personally, crisscrossing through this frontier state to meet with residents, family members, administrators and workers. On a leadership level, she meets with government officials and deals with concerns such as new policies that may violate resident rights.

Everhart talked with U.S. News about her work and why she changed roles. Here are edited excerpts from the conversation:

What's the difference between an inspector and ombudsman?

Surveyors have to be certified by the Centers for Medicare and Medicaid Services. They are looking at whether a facility is in compliance with federal regulations. For example, does the smoke alarm system work? Has the medication not reached its expiration date?


Every state has an ombudsman, as part of the Older Americans Act, which is now being reauthorized in Congress. Ombudsmen work for the residents. Our job is to resolve your issues, your complaints.

Inspectors want to know if the call-light system works. Family and ombudsmen want to know if somebody answers the call light when the resident pushes it. They're both designed to make residents safe. But they look at it just a little bit differently.

A nursing home inspector would go in and make sure the food was stored properly, had the appropriate date on it and wasn't expired. The ombudsman and family want to know: Are there food choices? If they're from Pennsylvania Dutch country, do they get Dutch and German food?

What are a few things you look at regarding staff?

Facilities have to have in-service staff so many hours a year on a series of topics, like preventing dehydration. The inspectors will make sure the records show that staff has been in-serviced. Are the staff members



wearing name tags? Are they speaking in a language that you understand? If you're in a nursing home, and everybody that works there speaks Vietnamese, you're not going to be able to communicate.

Out here in the Southwest, we have a number of residents that are Native American – they're Navajo. Some of them can't communicate comfortably in English. And in the nursing home, we need to provide a Navajo translator and somebody that can speak to their native cultural needs and wishes.

What safety issues do you check in the kitchen?

The CMS surveyors will check the equipment to make sure it's clean. They check water temperature to make sure it's hot enough. The freezer to make sure it's cold enough. They will check that the food is warm and served appropriately. Individuals with certain clinical conditions have a high risk of choking when swallowing certain kinds of food products, and the doctor will order mechanically soft or puréed diets. And the inspectors will make sure that they're getting the food served the way they need to eat it.

Is resident abuse a problem?

In nursing homes, abuse is not as much a problem as neglect. For example, if I give you a pitcher of ice-cold water, but I put it across the room so you can't reach it, that is neglect. If you push your call light because you have to go to the bathroom, and I say, 'Oh, just go in your diaper; I'll get you in an hour,' that's neglectful behavior. The biggest fear in nursing homes is retaliation. That's a real phenomenon. If you rely on me to feed you, shower you, dress you and take you to the bathroom – and you make me angry – your pain pill might just be an hour late.

There are many very good staff members who care a lot about the safety and comfort of residents. But every once in a while, you get one with a chip on their shoulder.

The regulators will ask people, "Do you feel comfortable?" "Do you feel safe?" "Are you being treated roughly?" They have a series of questions they ask to make sure people feel safe in their own home.

What about staffing ratios?

Under the current regulations, you have to have enough – "enough" is the important word – enough staff to provide quality care. If you're a surveyor, you go in and look if there has been what they call a "negative outcome," [such as] "I've fallen" or "I have a pressure ulcer" or "My shoulder's dislocated." If I go to the hospital because I'm dehydrated, that's a negative outcome. All those are preventable. So inspectors look at the negative outcome and backtrack to [determining that] "not enough staff" was the cause.

Do you go through patients' medical records?

As a surveyor, yes. You look to make sure the doctors' orders are being followed; whether that means to start a medication or stop it. You want to make sure therapies that are ordered – physical, speech, et cetera – are happening on a regular basis.

Are you looking at people being chemically restrained?

In some situations, antipsychotic medications are used to blunt or control resident behaviors. Antipsychotic medication is designed for use with a diagnosis of psychosis, not as a means to dull a resident's consciousness to reduce behaviors that staff members think is inappropriate or bothersome. Following research and data collection, CMS initiated a national movement to reduce the unnecessary use of antipsychotic medication.

There is a document in the [resident] medical record which lists each medication, the amount, when you take it and why you take it. If you're constipated and you take medication, the reason you're taking it will list "constipation." By the same token, if I'm taking an antipsychotic, the diagnosis should be "psychosis."



What are you looking at in rooms?

This is their home. We're looking to see that there are not full bed rails. If they want rails for security, repositioning or mobility, they can use half or quarter rails. If the resident has a history of falling out of bed, we would look to make sure they have a bed low to the floor and a mat on the floor to prevent falling-out-of-bed injuries.

We make sure the privacy curtain between the beds is working to benefit both residents. Make sure the bathroom is clean and accessible. And if residents have clean clothes. It's amazing how many pieces of clothing can get lost in a nursing home in a day.

What was the most telling thing you learned about nursing homes, as a surveyor?

I learned I wanted to be an ombudsman.

As a surveyor, you're looking at how they're out of compliance. As an ombudsman, I can help them fix it. I can give opinions. I can say, "Here's what the resident wants." As a surveyor, you can't do that. They have very strict [boundaries] of communication. As an ombudsman, I can go in and fix something before somebody gets hurt. The surveyors will tell you after something has happened.

What are some of the big complaints you deal with?

The biggest one we're dealing with during this economy is discharge. We get phone calls: "They're telling me they're discharging my mother tomorrow." Well, they can't discharge your mother tomorrow. There are some very specific guidelines about discharge from a nursing home.

The ombudsman might hear so many complaints: "I'm thirsty all the time; I can't reach my water." We can fix that in about 30 seconds. We go to the staff and say, "Excuse me. Mr. Garcia is very thirsty, and it appears he can't reach his water. Would you go in and fix that right now, please?"

Residents have you on their side.

You might or might not be surprised at the number of times a discharge meeting is planned, and guess who's not there? The resident. Well, how would you like it if six people and your sister and brother got together to talk about the rest of your life, and you weren't involved?

So we will say, "Excuse me, where is Mrs. Smith?" "Oh well, we don't want to bother her." "Bother her? This is her life. I think maybe we'll ask *her*."

Do they usually say yes?

Of course. Some do say, "No, I'm too tired; let my daughter handle it." That's fine. But that's giving the resident the respect to make the decision. Just because people are old and have wrinkles doesn't mean they can't think or speak. You just need to ask them.



Crucial Questions to Ask When You're Choosing a Nursing Home

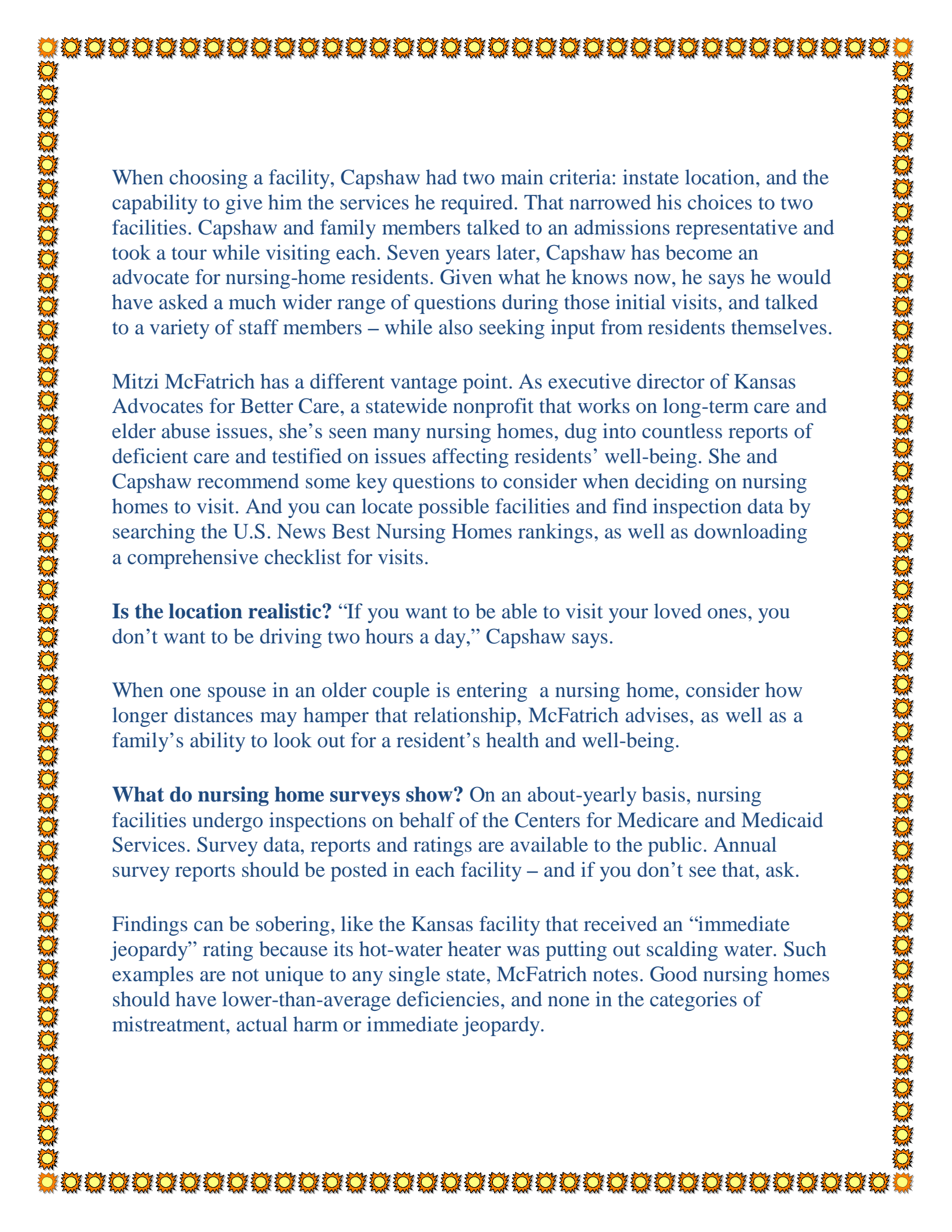
Speak to all sorts of staff members – and residents – before making your decision.



From services to activities, here's what potential residents should consider.

By **Lisa Esposito** March 5, 2015 | 6:00 a.m. EST + More

Brian Capshaw, now 52, was a corporate cost accountant in Connecticut when a 1994 car accident left him paralyzed from the chest down. He continued working until 2005, and within two years it became apparent he would need ongoing care. At 45, he became a resident at the East Hartford nursing facility where he's been living since.



When choosing a facility, Capshaw had two main criteria: in-state location, and the capability to give him the services he required. That narrowed his choices to two facilities. Capshaw and family members talked to an admissions representative and took a tour while visiting each. Seven years later, Capshaw has become an advocate for nursing-home residents. Given what he knows now, he says he would have asked a much wider range of questions during those initial visits, and talked to a variety of staff members – while also seeking input from residents themselves.

Mitzi McFatrach has a different vantage point. As executive director of Kansas Advocates for Better Care, a statewide nonprofit that works on long-term care and elder abuse issues, she's seen many nursing homes, dug into countless reports of deficient care and testified on issues affecting residents' well-being. She and Capshaw recommend some key questions to consider when deciding on nursing homes to visit. And you can locate possible facilities and find inspection data by searching the U.S. News Best Nursing Homes rankings, as well as downloading a comprehensive checklist for visits.

Is the location realistic? “If you want to be able to visit your loved ones, you don't want to be driving two hours a day,” Capshaw says.

When one spouse in an older couple is entering a nursing home, consider how longer distances may hamper that relationship, McFatrach advises, as well as a family's ability to look out for a resident's health and well-being.

What do nursing home surveys show? On an about-yearly basis, nursing facilities undergo inspections on behalf of the Centers for Medicare and Medicaid Services. Survey data, reports and ratings are available to the public. Annual survey reports should be posted in each facility – and if you don't see that, ask.

Findings can be sobering, like the Kansas facility that received an “immediate jeopardy” rating because its hot-water heater was putting out scalding water. Such examples are not unique to any single state, McFatrach notes. Good nursing homes should have lower-than-average deficiencies, and none in the categories of mistreatment, actual harm or immediate jeopardy.



CARE matters

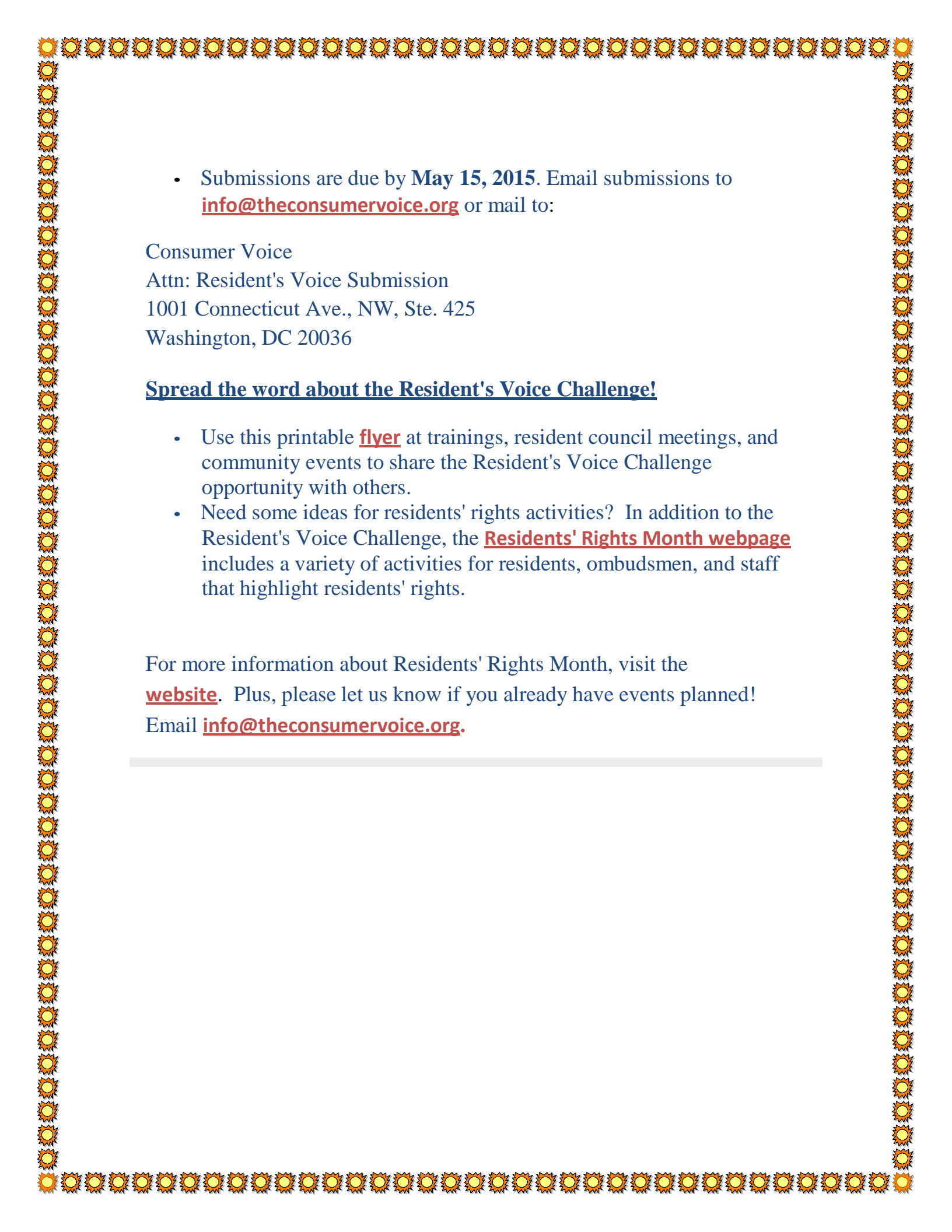
National Consumer Voice For Quality Long-Term Care

Join in the Resident's Voice Challenge 2015

As a part of Residents' Rights Month, Consumer Voice is pleased to announce the Resident's Voice Challenge! Residents' Rights Month is designated by the Consumer Voice and is celebrated in October each year to honor residents living in all long-term care facilities and consumers receiving care in their homes and communities.

For this year's Challenge, residents are encouraged to submit essays, poems, artwork, drawings, or videos related to the theme for Residents' Rights Month 2015 "CARE Matters". Click [here](#) for Resident's Voice submission guidelines.

- Residents and consumers are asked to submit 40 words of wisdom to coincide with the celebration of Consumer Voice's 40th anniversary. Some entries may appear in our "**40 Words of Wisdom**" book (on sale this summer). *(Have more - or less - to say? No problem! We will accept submissions of any length.)*
 - Every resident who submits an entry will receive a certificate for participating in the 2015 Resident's Voice.
 - Possible types of entries include: essays; poems or songs; artwork, drawings or photos; word collage; or video/audio recordings. Need some inspiration? Click [here](#) for examples of past entries.
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- Submissions are due by **May 15, 2015**. Email submissions to info@theconsumervoice.org or mail to:

Consumer Voice

Attn: Resident's Voice Submission

1001 Connecticut Ave., NW, Ste. 425

Washington, DC 20036

Spread the word about the Resident's Voice Challenge!

- Use this printable [flyer](#) at trainings, resident council meetings, and community events to share the Resident's Voice Challenge opportunity with others.
- Need some ideas for residents' rights activities? In addition to the Resident's Voice Challenge, the [Residents' Rights Month webpage](#) includes a variety of activities for residents, ombudsmen, and staff that highlight residents' rights.

For more information about Residents' Rights Month, visit the [website](#). Plus, please let us know if you already have events planned!

Email info@theconsumervoice.org.

Local Residents Reach Out to Media

The Hartford Courant
Opinion / Letters to the Editor
February 25, 2015

Malloy Snatches Pocket Money From Nursing Home Residents

Gov. Dannel P. Malloy's proposed budget reduces the personal needs allowance of residents of long-term care facilities from the current \$60 to \$50 per month. This allowance had already been reduced from \$69 to \$60 in July 2011, which was supposed to have been a temporary measure. The reduction the governor now proposes will create severe hardships for men and women living in long-term care facilities in the state.

Residents on Medicaid in nursing homes contribute all their income, including pensions and Social Security, to the nursing home for the cost of care. They are given \$60 for their personal needs. What is a personal need? We must use this \$60 for such items as clothing, shoes, cosmetics and personal grooming products, telephone, haircuts, gifts and maybe a takeout meal once in a while.

We are making this appeal on the basis of our common humanity. We did not plan to be here. It could happen to anyone. Please join us in appealing to the governor and legislature to stop the reduction of the personal needs allowance. Further reduction will compromise the quality of life for those of us who are already in a difficult situation.

Ronnie Martin, Waterford

The writer is president of the Bayview Health Care Center residents council. She wrote this on behalf of a coalition of presidents of resident councils.

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The CT Mirror

Op-Ed:

Nursing home residents clipped again by Malloy's budget proposal

By: BRIAN CAPSHAW / February 25, 2015

Last Wednesday, Gov. Dannel Malloy released his budget proposal for the biennium and again he is targeting Connecticut's nursing home residents who rely on Medicaid and a personal needs allowance (PNA) to provide for the extras they need to maintain their quality of life.

In Malloy's 2011 budget the PNA was cut from \$69 to \$60 a month and this budget proposes to reduce it further to only \$50 a month?

This proposed reduction would take the PNA back to a level not seen since 1998, adjusted for inflation the \$50 in 1998 would need to be \$73 in 2015.

As the only resident group in Connecticut that every year is asked to turn over its annual Social Security increases as cost of the care, the state has already saved over 19 million dollars in Medicaid spending. Do we really need to be asked to sacrifice again?

We urge the legislature to pass a budget without a reduction to the PNA for residents of Connecticut's nursing homes.

Brian Capshaw is the resident council president of the Greensprings Healthcare and Rehabilitation Center in East Hartford, CT.

The Swing

by Robert Louis Stevenson

How do you like to go up in a swing,
Up in the air so blue?
Oh, I do think it the pleasantest thing
Ever a child can do!

Up in the air and over the wall,
Till I can see so wide,
River and trees and cattle and all
Over the countryside--

Till I look down on the garden green,
Down on the roof so brown--
Up in the air I go flying again,
Up in the air and down!



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Word Search by Karen Hawley



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(SCPRC)**

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