March 16, 2021

Re: SB 714

Dear Senators,

I am writing to voice my strong support for SB714, to establish minimum staffing ratios for residential care and memory care facilities. **There are minimum staffing standards for nursing homes and child care, but only general standards for residential care and memory care**, which leave a lot of room for interpretation and make it extremely difficult for Oregon's Department of Human Services to hold facilities accountable. I am Vice Chair of Oregon's Residential Ombudsman and Public Guardian Advisory Board, though I am writing as a private citizen.

As a geriatrics and palliative care physician, I provide direct care to and oversee a team serving hundreds of patients annually in their homes, including facilities. I have experience with over a dozen facilities, including memory care, in my region. I know that **direct care workers do physically and mentally hard work, often in unfathomable conditions due to short-staffing**. The exploitive work conditions can make even the most warm and compassionate caregiver sick, disillusioned, or feeling morally conflicted because their circumstances do not allow them to carry out quality care to their residents, their fellow human beings.

We need improved staffing requirements because these are just a handful of examples of what my team sees:

- A resident trying to get help to toilet for 30-45min despite **pushing his call button repeatedly**
- Another resident who was assisted to the toilet and then **left on the hard toilet seat** for almost an hour while waiting for a caregiver to return to assist him off the toilet
- Residents left in soiled briefs for prolonged periods, resulting in **skin breakdown and wounds**
- A resident with weak head and torso control who falls to her side when sitting in her chair for prolonged periods. When our nurse advised the caregivers to assist this resident back to bed because she was leaning over so far her hand was touching the floor and there was concern the resident and wheelchair would tip over, the caregiver responded, "We can't put [the resident] in her bed because it's lunchtime, and **we do not have enough staff to feed the patient in her room**".
- Residents who have fallen and not been found and assessed for hours, resulting in **dehydration and compression injuries** from being on the ground for prolonged periods

At almost every facility I enter, I inevitably see 8-10 residents parked in wheelchairs and seats in front of a TV with no staff in attendance. All of the residents are dozing, slouched, or otherwise completely unengaged with the TV. We have to ask ourselves if the purpose of residential and memory care is purely to meet basic needs (hygiene, food, medications) or also to meet the social and psychological needs of residents. **We would never consider it adequate for a child care center to leave 10 children parked in strollers unattended, without direct physical, cognitive, and relational stimulation. Yet this is an all too common scene in memory care**. Despite facilities marketing themselves as resident-centered with personalized care plans for socialization and engagement, facilities do not always deliver on this promise due to short-staffing. We need minimum staffing ratios because we see:

- Residents referred to hospice for **weight loss and "failure to thrive" due to neglect**; eg. we cared for a gentleman in an assisted living facility who was losing weight, getting weaker, falling a lot, sitting in soiled briefs, and developing skin breakdown; once hospice staff educated caregivers to get him up into a wheelchair, to place meal trays directly in front of him and assist him, and ultimately convinced the daughter to move him to another facility when the first facility staffing continued to be inadequate, the patient started improving, gained weight, engaged happily with caregivers, and soon after graduated off hospice
- **Multiple residents who have become withdrawn, depressed, and lonely**, due to minimal human touch and interaction
- Families told they need to **pay more or to hire a private duty caregiver for a memory care resident to be "kept occupied and kept out of trouble"** with activities, such as support with reading, coloring, music, and prayer

In addition to these resident and family experiences, I have also spoken to a number of individuals who work as caregivers or administrators. Here are a few of the most shocking examples of systemic short-staffing:

- A CNA told me, "The facility I worked in before was consistently understaffed. **I regularly had over 12 residents under my care—with over half requiring a lift or assistive device to transfer**."
- Another CNA with almost 20 years of experience shared, "In all of my years working [in multiple facilities], only 1 facility sticks out as being sufficiently staffed. **I've always worked day shift and most facilities would only have 2 caregivers on during the 0600-1400 shift with 50 plus residents."**
- An administrator resigned his position at a memory care facility, and shared with me, "**The parent company was pressuring me to reduce night staffing to one caregiver on each side** of the building" [one side has over 30 residents with dementia]

Minimum staffing ratios in residential and memory care facilities protect residents and direct care staff. **The current status quo is not only inadequate, it is causing harm (and premature deaths)** among Oregonians who require daily assistance, including those with dementia. These harms existed long before the COVID pandemic, but have been amplified in the past year. If "the true measure of any society can be found in how it treats its most vulnerable members,", then we need to ask ourselves why we continue to permit systemic understaffing in residential and memory care facilities.
Please support SB 714.

Gratefully,

Helen Kao, MD
(Benton County)