

3-18-21

Dear Legislators,

My mother in law, Irene, went to a nursing facility after a heart attack in 2017. She ended up being there for 3 weeks until she was well enough to return to the assisted living facility where she lived. The experience was incredibly scary.

When you walk into the facility, it smells of urine and people are in their wheel chairs, unattended sleeping in the hallways. Loud beeps are constantly going off as people need support and there are not enough staff available to provide the need.

Once she was at the nursing home the care was not centered around her and her care needs. It is an institutionalized system with standardized supports. A one size fits all model.

Even though she was placed with the intention of receiving short-term care services to recover from her heart attack, she was placed on the long term side of the building. We had to strongly advocate for any restorative services like speech and physical therapy.

Her first night she roomed with a woman who was deaf and screamed almost constantly at the top of her lungs while we were there. We requested a room change and then demanded a room change which they were able to accommodate the next day.

She shared a room that was attached to another room by a restroom. There are 4 people in various states of need and one bath room. People were provided incontinent supplies and denied regular access to a rest room because there were not enough rest rooms or staff readily available to assist.

After the first week, most all of her clothes, once taken to laundry, never returned. The laundry "lost and found" had thousands of articles of clothing.

Irene has a Traumatic Brain Injury. Her way of seeing and experiencing the world can look different to others. She was immediately identified by staff as someone with "underlying dementia" and they requested and received antipsychotic medication for dementia. They also requested pain medication Oxycotin from the PCP. Even though we were in regular communication with her doctor's office, Irene was briefly prescribed these medications. Irene absolutely abhors medication and would never voluntarily take narcotics. She'll barely accept a Tylenol.

The criteria to return to the assisted living place was she needed to know how to access and use her button to obtain support. Can you imagine how stressful it would be for your loved one to cognitively recover in these conditions? We went often, provided pictures and training until luckily she was finally able to return home.

We are so grateful she is back at the assisted living facility. However, they also struggle with incredibly low staffing numbers. There are 70 plus residents at the care facility and 3 care staff on shift at night and 5 during the day. How does this allow for basic needs to be met let alone integration, social support, community outings and activities?

My father also lives in assisted living. He has dementia and cannot advocate for himself. He moved in July 2020 because I could no longer keep him safe at home and work full time. He lost 30 pounds

within months of moving into assisted living. I am constantly monitoring his meal delivery (many times he is “missed” on delivery) his personal care supports, laundry and housekeeping. My brother and I visit my father daily to encourage him to eat, take care of his room and monitor his supports. Prior to having access to the facility we went to his window every day to provide support. The staff have done what they can to support him but the culture is also very much institutionalized.

The thought of him eventually needing to move to a memory care or more nursing facility type facility is absolutely terrifying to me. I can’t believe this is the system that we use to care for our parents and eventually ourselves! Minimum staffing is the least we can do to ensure the needs of our parents and senior citizens are met.

Thank you,

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