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In Re:

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CON/Rate Setting Hearing

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11 DATE:

NOVEMBER 7, 2011

12 HELD AT:

RICHARD ROSENTHAL HOSPICE RESIDENCE

100 SHELLBURNE ROAD

13

STAMFORD, CT

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APPEARANCES:

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Department of Social Services

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25 Sigourney Street

Hartford, CT 06106

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(860) 424-5719

By: Richard Wysocki, Esq.

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City of Stamford residents

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Employees of Richard Rosenthal Hospice Residence

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Hearing began by Attorney Wysocki

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(Hearing commenced: 1:30 p.m.)

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ATTORNEY WYSOCKI: Can I have your attention, please? For those who wish to make any public comments, we have a sign up sheet; if you have not signed your name and you wish to make some comments you can come up and sign your name.

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A couple of procedural issues. This is a public hearing. This is the Department's opportunity to listen to the community, to the residents, to the family members, so we are here to listen to you. Normally we don't answer questions during the public hearing so please make your comments specific as to this facility, this Certificate of Need Application.

A couple of things you should know; the Certificate of Need Application is a process through which a facility -- in this case to close the facility, there is a review process that goes on. It takes quite a bit of time, normally between 30 and 90 days. The public hearing process takes place within the first 30 days. This is required by statute. We provided notice in the Stamford Advocate on October 25th. It was also published in the

23 Greenwich Time and The Hour Newspapers.

24 So today you're welcome to speak, we will
25 hear everybody. As a courtesy we will be calling the

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1 elected officials first and we will be here until everyone
2 has their opportunity to speak. Again, we are limited on
3 seating and we don't want to go over the fire marshall
4 capacity, so we may have to call a recess, take a break.
5 And I know everybody wants to stay, but if you make your
6 remarks then perhaps you can leave so more people can come
7 in.

8 Yes, sir?

9 UNIDENTIFIED SPEAKER: What we started
10 hearing from you is we can't ask questions; I would like
11 clarification if that's possible.

12 ATTORNEY WYSOCKI: We do not have the
13 ability to answer your questions as the Certificate of
14 Need is under review. What this hearing does is we have
15 the information, the applicant, the hospice, has submitted
16 the information to us in Hartford. We have a handout here
17 if you wish to see the Certificate of Need Application,
18 you can take this paper, you can go online, and you can
19 read it there. The applicant, the hospice, will be making
20 a presentation today explaining how they got to the point
21 where they need to submit an application for closure.

22 We don't have a question and answer period
23 because this is an application that's under review. The
24 purpose here is to get as much information as we can. I
25 don't have answers for you. I can't tell you that the

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1 facility is profitable or not profitable. I can't tell you
2 that the facility will stay open or close. We are
3 reviewing the situation at this time. So that's why I
4 can't give you the specific answers that you're looking
5 for. Is that helpful?

6 UNIDENTIFIED SPEAKER: No.

7 UNIDENTIFIED SPEAKER: I think a number of
8 us would just like clarification for a question or a
9 comment, just clarification as to why the facility has not
10 been able to be registered as a hospice facility when,
11 indeed, it provides hospice services. I've never been able
12 to figure out the answer to that, and that fits into this
13 whole process; so if it's possible to clarify that, I think
14 most of us would appreciate that.

15 ATTORNEY WYSOCKI: What I can say to you is
16 that this has been a long process; it's probably extending
17 more than ten years, and the goal at the initial was to
18 have -- my understanding was to have this facility
19 licensed as a hospice. There's no provision in the Public
20 Health Code for the facility to be a hospice; it falls
21 under the nursing home licensure and regulations, and the
22 ability for it to be licensed separately as a hospice
23 needed to be created in the statute, and, to the best of
24 my knowledge, that did not happen.

25 UNIDENTIFIED SPEAKER: And that normally

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1 happens through the legislative process?

2 ATTORNEY WYSOCKI: That would have had to
3 have happened through the legislative process. And what
4 they did was develop a pilot program, and we have the
5 Commissioner of Social Services -- I'm sorry, the former
6 Commissioner of Public Health here and former
7 representative, Christine -- Norma Gyle is the
8 commissioner and Christine -- Cristel, I'm sorry, Cristel,
9 she is the former rep, and they will both be speaking and
10 giving some information and, perhaps, if I've misspoken,
11 you will correct me.

12 So with that, I'd like to open this up for
13 public hearing and if I'd like to have the applicant make
14 their presentation.

15 UNIDENTIFIED SPEAKER: Can I ask one
16 question, please?

17 ATTORNEY WYSOCKI: Sure.

18 UNIDENTIFIED SPEAKER: Why is it ten years
19 to apply for the license to keep this facility open?
20 Under what classification do they apply?

21 ATTORNEY WYSOCKI: There was a pilot
22 program for the Rosenthal Hospice, but in order to be the
23 pilot program they had to register it as a nursing
24 facility -- they received nursing facility beds. And so
25 there is no license for hospice, that I'm aware of, they

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1 are licensed nursing facilities, so they fall under the
2 nursing facility. Hospice is a service, it's not
3 licensure category.

4 UNIDENTIFIED SPEAKER: But when you apply
5 for the nursing facility it requires (inaudible).

6 ATTORNEY WYSOCKI: When you apply for the
7 nursing home it requires them to be meet all the
8 regulations in the Public Health Code, but hospice is a
9 service under -- it's a service that's provided, it's not
10 a licensure category. So are there any other questions?

11 UNIDENTIFIED SPEAKER: Could you please
12 pass the sign up list for those who wish to make comments?

13 ATTORNEY WYSOCKI: Sure. Are you prepared
14 to make your presentation?

15 MR. SANTAGATA: Good afternoon, I'm Mark
16 Santagata; I'm president of the board of directors of
17 Visiting Nurse and Hospice Care. This is Ingrid Jimenez;
18 Ms. Jimenez is our executive director. Ms. Jimenez has a
19 brief statement and then what I'd like to do is provide
20 you with some information. Hopefully you'll have a better
21 understanding of what our situation is after the
22 presentation, and then you will all have an opportunity to
23 comment.

24 Couple of things at this start. We've
25 decided not to have any amplification here today. There

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1 are people in residence at the facility today so we wanted
2 to try to keep the noise to a minimum, so we'd all ask to
3 please keep the noise down if you would. If everyone's
4 quiet you should be able to hear everyone who gets up to
5 speak, and we thank you very much for being considerate in
6 that fashion.

7 We will be available after the hearing --
8 Ingrid and I after for press comments and to discuss the
9 situation with the press out in the back. If people
10 wouldn't mind clearing the building once the public hearing
11 is complete via the front entrance, we'll take the press
12 through the back entrance into the garden in the back so
13 that we can continue the discussion and have minimal
14 disruption for the residents and their families. All
15 right.

16 That having been said, I'll let Ingrid give
17 her presentation then I will continue.

18 MS. JIMENEZ: Good afternoon and thank you
19 for coming. I do want to give you a little bit of
20 background on the residence. I know most of you are aware
21 of it, but for those that are not, I want to go into it.
22 The Richard L. Rosenthal Hospice Residence opened its
23 doors in June of 2000 and has served over 1000 patients.
24 It houses a 12-bed facility where patients can receive
25 unparalleled end of life care surrounded by families,

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1 friends, and compassionate caregivers.

2 The intent of the residence was to have an
3 ideal facility for hospice patients who live alone or for
4 families who could not manage the care of a loved one at
5 home. We believe that we have continued to meet the goal
6 of providing round the clock care with dignity and
7 compassion. Over the past 11 years we have offered a home
8 like setting for patients and their families with a feeling
9 of peace, serenity, and community. We have afforded
10 patients and families the ability to rest, reconnect, and
11 to just live.

12 As an agency we are proud of the work and
13 commitment provided by the staff, the volunteers of both
14 VNHC and the residence. The residence is part of a larger
15 organization, the Visiting Nurse and Hospice Care of
16 Southwestern Connecticut. The patients and in residents
17 are also patients of the hospice program at Visiting Nurse
18 and Hospice Care of Southwestern Connecticut and meet the
19 criteria for admission to a home hospice program and we
20 consider the residence the patient's home.

21 In June of 2000 the residence was not
22 classified as a skilled nursing facility; therefore, the
23 reimbursement came from the home hospice benefit and the
24 patient's ability to pay for room and board. The revenues
25 for the residence had never exceeded the expenses, and thus

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1 we were dependent on numerous donations and subsidies from
2 VNHC.

3 In order to increase the revenues from the
4 residents in 2009 we became the skilled nursing facility
5 providing care to hospice patients. This allowed us to
6 bill Medicare for general inpatient aids -- and some of the
7 patients can be classified as general inpatient, not all of
8 them. In doing this revenues did increase, but not to the
9 extent that it allowed the residence to sustain itself.
10 The losses continue to be offset by fundraising, generous
11 donations, and VNHC.

12 The length of stay, which is the number of
13 days that a patient is under care, has declined from at the
14 residence over the past three years from a high of 22 days
15 to a low of 8.6 days. This indicator is crucial in the
16 hospice arena since the first days of care are the most
17 expensive to any agency. So the shorter the length of
18 stay, the less you have to be able to bill them.

19 We have made a concerted effort to increase
20 our occupancy and to move patients into the residence
21 sooner so they can benefit from our services; however, we
22 have not been successful. In the last few years the larger
23 organization, Visiting Nurse and Hospice Care of
24 Southwestern Connecticut, has been working in an
25 environment of diminishing reimbursement, increased

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1 regulations, and increased competition from the for profit
2 sector. This has led to losses in the area of the company
3 that has been helping to subsidize the residence.

4 The board of directors of the Visiting Nurse
5 and Hospice Care in Southwestern Connecticut and I have
6 always recognized the value of the Richard L. Rosenthal
7 Residence to the residents of Fairfield County. We have
8 tried for 11 years to maintain the residence and to make it
9 financially -- to make it a financially viable entity.
10 However, we have reached the conclusion that it is not
11 possible to sustain the residence or the larger
12 organization of Visiting Nurse and Hospice Care of
13 Southwestern Connecticut, so we will be planning to close
14 both.

15 MR. SANTAGATA: Thank you. I think what
16 Ingrid has said is a very unfortunate situation that has
17 been forced on the organization. We have, for years,
18 VNHC, as an overall organization, struggled with our
19 operations in a very difficult environment. We are a
20 non-profit organization, and our mission as a non-profit
21 organization means that we service anybody regardless of
22 their ability to pay, and in an environment where you
23 compete with for profit organizations who seek to take the
24 most profitable patients, and take those patients and
25 derive income from those patients, the patients who are

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1 left behind are generally those who need the most care,
2 and need the most care at the least rate of reimbursement.
3 And those are the people we have been servicing over time
4 both here at the residence and generally at VNHC through
5 our home care services.

6 That has proven to be a very difficult
7 service to provide and we have been struggling for quite a
8 while to continue our operations. And as people look at
9 this fine facility and mourn its loss, we realize that
10 we're not merely closing the doors here, but VNHC as an
11 organization is ceasing to exist.

12 So this is not us just simply walking away
13 from this building; we are not going to continue to
14 function as VNHC. We have, as a board of directors, taken
15 the step of making sure that our home care work is being
16 taken over by Masonicare, another very high quality,

17 non-profit organization that is going to operate in this
18 area, and service our patients in the future. And we want
19 to make sure that our mission of providing care, regardless
20 of ability to pay, will continue. But over the course of
21 time it has become more and more evident that this facility
22 has become difficult to sustain, that the model that we
23 have here has become one that cannot keep itself going
24 financially, and despite our best efforts over the course
25 of the past few years, we have been unable to continue

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1 operations.

2 Now, Ingrid gave you some basic information
3 about some of the things that we're coping with here. Some
4 of you asked questions about the regulations that we've
5 been operating under. When this facility first opened, and
6 I was on the board of directors of Hospice Care, Inc. --
7 what was Hospice Care, Inc. at the time, we were opened as
8 a pilot program. And at the time we were promised by the
9 State of Connecticut that there would be regulations that
10 would be promulgated by the State that would allow us to
11 operate as the only residence in the State of Connecticut.

12 And, unfortunately, those regulations never
13 found themselves to the light of day. And so we have been
14 working for years without any regulations that would give
15 us a reasonable rate of reimbursement for people who are
16 staying here and who are using the facility, and for whom
17 we are providing services. We're not getting back a rate
18 of reimbursement that would allow us to cover those
19 expenses.

20 So what we did in 2008 to try to obtain a
21 more reasonable rate of reimbursement is we had ourselves
22 qualified as a skilled nursing facility, sort of a 12-bed
23 nursing home. And that allowed us to, with some patients,
24 increase the amount of reimbursement we could obtain, but
25 only to a very limited amount, and only for a very small

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1 percentage of the residents who we service. So we made an
2 investment in the building to bring it up to the standards
3 necessary to meet Connecticut nursing home regulation
4 standards. It was a rather expensive process to do that,
5 but it was an effort we were making to try to increase
6 revenue, to try to deal with this gap in the regulations,
7 and to try to make a little bit of money off of the
8 services that we provided. And unfortunately that effort
9 has not sort of bridged the gap between our costs and the
10 services, and the regulatory problems that we face in terms
11 of the current environment.

12 There are a number of things that I think
13 should be considered here. This doesn't go back to the
14 date we opened our doors, but going back to October 2005.
15 This is a 12-bed facility; and what this is, this is an
16 illustration that shows the number of residents that we've
17 served over time going back to October 2005. And on an
18 annual basis the average number of residents that we've had
19 in the facility over time.

20 One of the problems that we had in running
21 the Rosenthal Residence is that the facility is,

22 unfortunately, an underutilized facility. We have 12 beds
23 here, okay. In fiscal year 2011, from October of last year
24 through September of this year, on average we've had six
25 people in the residence which means that we've had six

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1 empty beds here. We have not been able to fill half the
2 residence and we've only been operating at 50 percent
3 capacity.

4 Now, we've tried to reach out to the medical
5 community, we reached out to clergy, we have done what we
6 could to educate the community. This is after we've been
7 in operation for 10 years and we're still operating at 50
8 percent capacity. Because we're staffed as a 12-bed
9 facility we always have enough people here as if all 12
10 beds are full, so we all have that overhead, we always have
11 the expenses that we would have as if all 12 beds were full
12 of patients. But when we're only running at six beds, when
13 we only have half the beds full, that means we only have
14 half the potential revenue that could be generated by
15 patients who are at the facility. So as you look, you
16 know, the trends are up, they're down, but quite often we
17 are not running at full capacity. That's only a portion of
18 the equation.

19 Another portion of the equation, as Ingrid
20 has said, is length of stay. The longer a resident is with
21 us, the more they can take advantage of the hospice
22 benefits, the more they can take advantage of what we're
23 able to provide for the families in terms of pastoral care
24 and counseling. And the less intensive work that comes
25 after the initial patient -- after the patient is initially

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1 admitted is that -- that's a very intensive level of care
2 that's required at the very beginning; it's very expensive
3 for us. So if you have patients who are here -- residents
4 who are here for a very short period of time and there's
5 constant turnover, and it's a very short length of stay,
6 it's very, very expensive for us to run the facility. When
7 people are here longer and they stay with us for a greater
8 period of time, it's easier to run the facility; it's less
9 expensive.

10 This just shows the trend since 2009, and,
11 again, it's a trend that we're seeing generally not only
12 here at the residence, but with our home care. In 2009 the
13 average length of stay was 22 days. In 2010 this was cut
14 down to 17 days. Right now we're dealing with an average
15 length of stay of about 8 days. So as you can see with
16 shorter lengths of stay becoming much more expensive for us
17 in terms of operating the facility, and the lengths of stay
18 becoming dramatically shorter over a relatively short
19 period of time, it becomes more and more difficult for us
20 to operate this facility and operate it at a rate that
21 makes sense from a financial standpoint. It is very
22 difficult for us to support this facility when we are
23 constantly turning over patients, and patients are being
24 referred to us at the very, very end of their lives rather
25 earlier in this process of their illness so that we can

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1 work with them and work with their families as the whole
2 hospice program is intended to be about. And so that
3 becomes another factor that's very difficult for us to deal
4 with.

5 This all translates to a situation that is
6 causing us a great deal of difficulty from a financial
7 standpoint. Here's annual revenue in fiscal year 2010 of
8 our operations at the residence a million fifteen thousand.
9 In fiscal year 2011, \$847,000; a decrease of 17 percent
10 just over the course of that one fiscal year. We -- I
11 mentioned that what we had tried to do to increase revenue
12 was we brought in -- we had this place classified as a
13 skilled nursing facility so that we could get general
14 inpatient revenue.

15 General inpatient revenue is the highest
16 level reimbursement that we can get for a patient, the
17 highest level of reimbursement for any one resident here,
18 and this is the rate that we're seeing. In fiscal year
19 2010, 20 percent of the residents in the -- in the
20 Rosenthal Residence paid us at that highest reimbursement
21 rate. In 2011, 24 percent of the residents paid us at
22 that highest rate of reimbursement, but even with that 4
23 percent increase our revenue still dropped by 17 percent
24 because of other factors like the declining length of
25 stay.

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1 So the trends in use, trends in length of
2 stay, the difficulty in terms of our reimbursement and
3 our -- and the regulations that force us to have a higher
4 overhead here and staff like a nursing home when we only
5 have a 50 percent occupancy, generally all make this a very
6 difficult facility to run, and a very difficult facility to
7 keep financially viable.

8 We are not walking away from this facility;
9 we are no longer going to be in existence. VNHC is ceasing
10 to operate, and that's a very unfortunate thing. We are
11 very proud of the history of the organization, it's been
12 around for 100 years, and it is not without a great deal of
13 regret that we have to announce publicly that we're closing
14 the organization in its entirety.

15 So this is one symptom of an overall
16 problem in terms of the environment that we're operating
17 in. The difficulties in terms of the health care
18 environment, the problems of being a non-profit
19 organization competing against for profit entities, the
20 problems of the way in which medical reimbursement is
21 handled these days; and we're a victim of all of those
22 factors. And this is one component of our ceasing to
23 exist. We regret it. We certainly wish we could keep
24 these doors open, but right now we do not have the ability
25 to do that.

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1 The final aspect of this is that this
2 building -- we occupy this building by virtue of a lease
3 with Stamford Hospital. That lease ends in September
4 2014. It is a dollar a year lease. Right now we're not
5 sure exactly what the hospital's intent might be going

6 forward for this facility, but we have looked and planned
7 for the possibility of having to move off the campus if
8 that occasion arises, and I will tell you that that would
9 be an extremely expensive possibility.

10 The possibility of taking this facility and
11 taking it to a new location and acquiring another piece of
12 property and fitting it out to operate as a hospice
13 residence would involve a significant outlay of cash. And
14 if we're not assured of being able to stay in this
15 location -- even if it weren't for all of the other issues
16 that we're dealing with -- that is another factor that has
17 to come into play here, and that is another factor that is
18 somewhat beyond our control.

19 So I want to thank every one who's here
20 because I know you're here because your hearts are in the
21 right place. Everyone who's behind this organization,
22 everyone who's a part of this organization wishes that this
23 day had never come. We would like nothing better than to
24 continue the operation in this building far, far into the
25 future that was the intent when we opened our doors back in

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1 2000. And we would have wished that this place would be
2 here for another 100 years like VNHC was or Visiting Nurse
3 was around for 100 years; but unfortunately we're not able
4 to sustain it any further. So you're welcome to your
5 comments, but that's where we are right now.

6 We did not arrive here without a great deal
7 of struggle and a great deal of difficulty. We have done a
8 lot of work to try to keep this day from happening. And
9 before I conclude my comments I just want to recognize the
10 generosity of many people, the volunteers that are here,
11 the staff, and the people like the Rosenthal family. I've
12 got Mrs. Rosenthal here as a representative of the
13 Rosenthal family, and certainly this place would have never
14 been in existence for the time that it was without their
15 fantastic support. So I want to thank everyone here who's
16 been a part of this place, and I think we all have done
17 something we can all be very proud of. So thank you all
18 very much. And I open it back to the State and your
19 comments. Thank you.

20 ATTORNEY WYSOCKI: Thank you. We will now
21 open up the portion of the public hearing where those who
22 wish to make comments, provide any written testimony can
23 do so. I have a list in front of me and I will be calling
24 names. Again, I will grant some preference to our elected
25 officials.

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1 There is -- again, please, there's a sheet
2 of paper here; if you wish to submit any comments at the
3 end of the hearing this will be available to you. You can
4 read the Certificate of Need, you can e-mail me any
5 comments you wish. And with that I will start the public
6 comment portion with Janice Casey. And you can just stand
7 up and speak from your chair, again, we have no microphone
8 here. Thank you.

9 UNIDENTIFIED SPEAKER: No elected
10 officials?

11 ATTORNEY WYSOCKI: I will call Janice Casey
12 first, and then we will go to the elected officials.

13 MS. CASEY: My name is Janice Casey, I
14 served as the CEO for Hospice Care and all of its various
15 iterations through the years from 1980, when it was first
16 brought about as an organization until 2001, when I moved
17 out of state. And if the question here today is, is there
18 a need for this nursing home, the State's only hospice
19 residence to exist, the answer I say is absolutely, yes.

20 The residence is in jeopardy today not
21 because it wasn't needed or it wasn't utilized by patients.
22 You know, it gives me no pleasure to say well, we have to
23 look at a situation where a whole organization is going
24 under and what -- you know, what led to that happening.
25 You know, and I say that not because it makes me feel good

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1 to, you know, point fingers or anything; there are a lot of
2 people within that organization who work very hard, but,
3 you know, it has -- this decision had very serious
4 consequences for the patients and families who would need
5 this residence going forward. And it's going to have
6 consequences for other hospice programs around the State of
7 Connecticut who might want to do a hospice residence and
8 are going to look at this and say it failed, why should we
9 do it, why should we be concerned about doing this.

10 When we opened the residence in 2000 we did
11 it after many years of planning and fundraising, and we
12 said there's a need for an organization, a facility like
13 this. And when Visiting Nurse and Hospice Care applied
14 for a CON they said there was need. And the 12 or 1300
15 patients who have been here, and their family members all
16 said that there's been a need for a residence like this.
17 That need hasn't just suddenly gone away. In fact, with
18 the aging of population the need for a facility like this
19 is only going to increase. Patients are still dying every
20 day, you have only to look at the obituary page to see
21 that. And, yeah, some people may die suddenly, but most
22 of us are going to get some sort of illness and we're
23 going to die over a period of time and we're going to need
24 not just doctors and hospitals, but we're going to need
25 our family and our friends to help take care of us, and

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1 we're going to need staff like those who are here at the
2 hospice residence, who have expertise in pain and symptom
3 management and palliative care physicians, and hospice
4 nurses, and social workers, and spiritual care providers
5 who know what they're doing in terms of helping us to get
6 through that term period.

7 We did take care of patients who basically
8 needed a supportive home environment, and then along the
9 way we saw that some of these patients were very sick and
10 they needed more physician intervention and more nursing,
11 and they needed what we call general inpatient care. And
12 because they needed it, and because the organization needed
13 more money to help pay for the staff that was necessary, we
14 needed a way to be able to bill for that. Cristel Truglia
15 helped pass initial legislation that allowed us to be a

16 pilot program for the State of Connecticut; that's how we
17 first opened. And within that legislation it said that we
18 were to work with the Department of Health to develop
19 standards for the licensure of such facilities as this one.

20 Whatever happened, whatever decisions were
21 made instead of going that way with the State, the
22 organization decided to apply for licensure as a nursing
23 home. And there were lots of problems with the nursing
24 home. One, the renovations turned out to be extremely
25 expensive. Very late in the process it was realized that a

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1 Certificate of Need was needed and some people had to be
2 hired to help with that, and that even though we had to
3 hire a nursing home administrator, we had a ton of
4 paperwork, the State has a \$15.90 user fee that has to be
5 paid to the State. So even if we were collecting 20 or 30
6 or \$40 from a private pay patient staying here, \$15.90 had
7 to go to the State of Connecticut.

8 The other thing is that it was anticipated
9 that having the nursing home licensure would allow us to
10 bill Medicaid for room and board charges for the poor
11 people who stayed here. Well, that turned out not to be
12 true, because in order to be able to bill the State for
13 Medicaid, you have to get Medicare certified and Medicaid
14 certified as a nursing home. And of course that was well
15 beyond what the hospice residence ever intended. It was
16 just looking for a nursing home licensure to be able to
17 provide hospice care. So it turned out to be a mess.

18 I have been working with Former Deputy
19 Commissioner Norma Gyle, and with Cristel, and other
20 people, and the State Medical Association for Home Care and
21 Hospice to get these new regulations passed, and they are
22 still unfortunately sitting somewhere up in Hartford and
23 haven't gone through, but it would have allowed us, and
24 still will allow whoever is doing residential care to be a
25 hospice facility, and that really still needs to happen.

0026

1 You know some people say well, you know,
2 patients who are dying can be cared for in hospitals or
3 nursing homes. Well, hospitals focus on acute care,
4 nursing homes focus on long-term care or rehab. Only
5 hospice focus on providing the best end of life care
6 possible. I looked the other day -- I know because I'm am
7 in regular contact with Pat Linehan and all the staff here
8 that the patient -- well, it's not patient satisfaction,
9 it's really family satisfaction with the patient runs about
10 99 percent. I went online to look and see what the nearby
11 hospitals, what their patient satisfaction scores looked
12 like because it goes online now; it's nowhere near that.
13 And if we were to take out the patient satisfaction for the
14 patients who died, you know what those stats would look
15 like with the patients that -- no, it's not the same. It
16 cannot be done in a hospital, it cannot be done in just any
17 nursing home; it needs to be done by hospice staff in a
18 hospice residence, in a hospice facility.

19 As Mark mentioned, one of the other concerns
20 has been about the lease here. Well, you know, as you may

21 remember, some of you, Stamford Health System had to have a
22 hospice program so we became part of Stamford Health
23 System. Then they decided no, they didn't want the
24 hospice, and so Visiting Nurse and Hospice Care was spun
25 back off into the community as an independent organization.

0027

1 And at that time -- around that time a lease was signed
2 between the hospital and Visiting Nurse and Hospice Care
3 for ten years, no renewal on the building. I'm not sure
4 why that happened, but it did, and so here we are with no
5 lease that expires in 2014.

6 I, personally, think it would be an absolute
7 disgrace to let this hospice residence be shut down. We
8 didn't have parking spaces for those of you who tried to
9 park out there today, they're valuable, but this shouldn't
10 be torn down for a couple of parking spaces.

11 So I know that Visiting Nurse and Hospice
12 Care is going out of business. I ask the Department of
13 Social Services to deny the request to close this nursing
14 home, this residence, and that if the State has the
15 ability to do it, for it to approach Masonicare and ask
16 Masonicare if it would consider doing this. Masonicare is
17 the agency getting the patients, or that's who VNHC has
18 recommended to the patients that they go to Masonicare.
19 Of course they're free to go to whomever, and that they be
20 provided with complete and accurate information about the
21 residence and the services it provides and the support.

22 And I know that -- you know, many people
23 have approached me in the last month or so and said there
24 are people out there willing to give money to support
25 this. So, you know -- and the other thing is to -- you

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1 know, for everybody to work -- put some pressure on the
2 State to get these new hospice facility regulations passed
3 and get them implemented. And I think you said they're in
4 the governor's office --

5 UNIDENTIFIED SPEAKER: They come up in two
6 weeks.

7 MS. CASEY: So --

8 UNIDENTIFIED SPEAKER: I'm sorry, what did
9 you say?

10 UNIDENTIFIED SPEAKER: They should be in
11 front of the regulations review committee within the next
12 two weeks.

13 JANICE CASEY: So you can look up online to
14 who's on the regs review committee. Those people need
15 e-mails, or letters, or phone calls to say we want these
16 passed. There needs to be the ability at least to have
17 hospice facilities in Stamford, in Danbury, in New London,
18 wherever in the State, not just in Branford.

19 UNIDENTIFIED SPEAKER: Can I just ask, I
20 don't know maybe everybody can give their e-mail address
21 and then one person could send us who we can get in
22 contact with?

23 JANICE CASEY: I will. Anybody wants to
24 sign up? Thank you very much.

25 UNIDENTIFIED SPEAKER: I have one question,

0029

1 I apologize.

2 ATTORNEY WYSOCKI: Excuse me. I apologize.
3 At the public hearing it really is more helpful for us to
4 hear what the audience has to say. If there are questions
5 that you have for the administrator can you have those
6 conversations after the hearing? We just want to get
7 everybody in who has something to say and help us make this
8 decision. And I would ask -- I thank you for your
9 presentation. Janice was the former CEO of VNHC, that's
10 why I called her first. I thought it was appropriate,
11 given the circumstances and her history, to help explain
12 how we got here and her position.

13 I'd like to now call Senator Leone, please.
14 And I would ask -- I want everyone to have a chance to
15 speak and to tell us how this impacts them. And if we
16 could be mindful that everybody would like to speak, I
17 would appreciate that.

18 MR. LEONE: Good afternoon, everyone. I'm
19 State Senator Carlo Leone. I see a few of my colleagues
20 here so they'll be speaking, as well. It's another sad
21 day that I have to come to this type of a public hearing.
22 We've done this once before. We were in front of Portland
23 Gardens two years ago trying to save that facility and I'm
24 happy to say we were able to prevent that from occurring,
25 and so I'm hopeful that we can be successful yet once

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1 again to prevent the closure of the Rosenthal Hospice
2 Facility.

3 I want to say thank you to the Rosenthal
4 family for lending their name and their support of the
5 facility over all these years, but that doesn't take away
6 from the fact that we have an entity here, and just by
7 looking out in the community a dire need for the services
8 that need to continue.

9 So I have a few comments that I want direct
10 to a couple different populations. To the State, as I know
11 that they're looking to hear on the Certificate of Need as
12 to making a decision, we respectfully ask that you consider
13 the comments made here today on behalf of the facility to
14 prevent the closure, or at least give us more time to see
15 how we can further move along on the regulations that are
16 being proposed.

17 To the facility, to VNHC, thank you for all
18 your years of service; but, quite frankly, looking at the
19 analysis of the financials and the long history on the
20 usage, that's probably the best concise information that
21 I've yet had on the situation. That's the kind of
22 information that would have helped me help the community
23 much sooner, and if we would have had that information we
24 may have been able to interject a little bit sooner to help
25 you with the situation.

0031

1 So coming at the last hour just makes our
2 job that much more difficult to try and prevent this from
3 happening, and it's unfortunate that that had to occur that
4 way. I suspect that if we would have realized the urgency

5 of the matter, the financials of the matter, the
6 regulations that needed to be proposed, or that were not
7 moving, at least I can speak for myself, I could have tried
8 to intervene and assist in moving this along. I know for a
9 fact, because I sat on the Regulations Review Committee for
10 six years, six of my eight years when I was a State
11 representative, so I know how the Regulations Review
12 Committee works, how the process works; we could have been
13 helpful.

14 I'm no longer on that committee this year,
15 but we do have friends on that committee that we will be
16 talking to to try and educate them on hopefully trying to
17 get those regulations passed. And it was mentioned earlier
18 that those regulations have been promulgated, they had gone
19 to the Attorney General's Office where they check the
20 language to make sure everything is legal and in order; my
21 understanding is that that is the case. And the next step,
22 in a certain amount of time those regulations then gets
23 proposed to a Regulation Review Committee.

24 I wasn't sure if it was going to make the
25 November agenda, but I suspect if it doesn't make the

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1 November agenda it should make the December agenda. That
2 puts us within a time frame that I'm hopeful that the
3 State would consider to give us a little bit of time to
4 see if we can get those regulations passed.

5 I also -- I understand that some of the
6 issues that need to occur might be legislative in nature in
7 trying to assist the facility, no longer VNHC, but
8 Masonicare, so I will gladly do that in the upcoming
9 session to promulgate language to see if we can assist. If
10 we can get Masonicare to consider the options that we hope
11 to propose to them to keep this forward.

12 In the meantime, the community can be
13 helpful as well, but by not just writing letters to me, and
14 my colleagues, and letters to the editor, but also to other
15 members of the Regulations Review Committee and the
16 Department to indicate why it's important here.

17 The regulations can go a long way in
18 helping, whether it will be in time to help here is the
19 unknown question. And there are other communities that
20 don't necessarily agree with what we need to do here, and
21 it's a minority voice, but they've been successful in
22 preventing those regulations from moving forward. So this
23 is where the community can help us help each other in
24 indicating why it's important that this facility stays
25 open in some form or manner.

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1 So it's my hope that -- I'm here, the
2 community is here, I think we feel that to a person the
3 need is dire; it shouldn't go away. And we should find a
4 way, given the fact that you have people willing to provide
5 a service, and you have people that need the service, there
6 should be a way for us, the State to interject and try to
7 assist.

8 So we're here, I'm here to try and help that
9 process move along as best as possible. We will be looking

10 into trying to see if the regulations can succeed; and, if
11 not, we'll work on it legislatively. So we ask for more
12 time, given the circumstances. And, again, information is
13 important that we receive it earlier versus later. Thank
14 you.

15 PATRICIA MILLER: Good afternoon. My name
16 is Patricia Billie Miller. I'm state representative for
17 the 145th District. This facility sits in my district so
18 I just want to add on to what Senator Leone says that we
19 will work hard to try to pass legislation or get
20 legislation through our body to keep this facility open or
21 a hospice care in this area.

22 This subject is very dear to me because my
23 mother died here two years ago this month, so I know
24 firsthand how important it is to keep this facility open
25 and have hospice care in this area. When my family was

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1 told that we had to take my mother to Branford in order to
2 give her care, that wasn't an option for us because three
3 months prior to that we lost our brother, so we didn't have
4 a chance to mourn for our brother, we had to take care of
5 our mother. To take my mother all the way to Branford was
6 not an option. When my mother -- the day after
7 Thanksgiving my mother was at Stamford Hospital and I had
8 to stay up all night with her and it was a terrible place
9 for my mother to die. It was cold, it was dark. And the
10 hospice care staff came into the hospital and saw my mother
11 and brought her here. And my mother was able to end her
12 life in this facility where it was warm, the staff was very
13 warming to us, and they were very hospitable to us and they
14 cared about us. And I had a friend whose mother died here
15 recently.

16 So there is a need here. It is important
17 that we have hospice care here. And to ask us to go
18 upstate to Branford is not an option when you're trying to
19 console your family member, trying to deal with the loss of
20 a family member. So I am, personally, appealing to the
21 State to work us to keep this facility open, to ask, as
22 Senator Leone has stated earlier, to give us time to work
23 with the situation. Thank you.

24 ATTORNEY WYSOCKI: And the next speaker is
25 Dan Fox.

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1 DAN FOX: Good afternoon, sir. I prepared
2 remarks which I will submit and I would like to share this
3 afternoon if I may. My name is Dan Fox and I'm a resident
4 of Stamford and serve as a State Representative for the
5 general assembly for the 148th District. I appear today
6 in two capacities, both as a State representative and as a
7 resident of the City of Stamford to urge great caution
8 when contemplating the future of this facility.

9 Speaking first as a State representative,
10 over the past several weeks I've had the opportunity to
11 learn of this facility's past and heard from many
12 constituents as to the significant impact that this
13 hospice has had upon their lives. In addition, I've had
14 the opportunity to speak to several individuals involved

15 in both State agencies and State Government as to the
16 future of this facility and hospice care in general for
17 the State of Connecticut.

18 Speaking next as a Stamford resident, on
19 July 16th, 2011 a dear family member passed within the
20 walls of this facility. Although her death occurred much
21 quicker than we anticipated, it was not unexpected. The
22 care provided by the Rosenthal Hospice for both the
23 decedent and just as importantly, her family, was
24 remarkable, and, I believe, unlike the care available
25 anywhere else in the surrounding area.

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1 Stamford and its neighboring municipalities
2 are home to a number of skilled nursing facilities that
3 may, in fact, be able to provide hospice needs. As an
4 attorney who has had clients in most, if not all, of these
5 facilities I'm aware of the high level of care offered by
6 each; yet, I must emphasize the importance of a community,
7 such as Stamford, having a facility whose primary purpose
8 is hospice care.

9 Now, I'm not oblivious to the reality of
10 our economic times, or the economic realities that a
11 facility such as the Rosenthal Hospice faces when
12 attempting on a daily basis to maintain its high level of
13 care. I'm also not unaware of the changing scope of
14 medical care particularly as it pertains to end of life
15 care.

16 I am, however, aware of there currently
17 being draft regulations within the Department of Public
18 Health that potentially have a significant impact on the
19 future of this facility and possibly other similar
20 facilities throughout the State of Connecticut.

21 As a State representative I served on a
22 Regulation Review Committee. It is the responsibility of
23 this committee to review regulations proposed by State
24 agencies and approve them prior to regulations being
25 implemented. Should the draft regulations out of the

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1 Department of Public Health provide an opportunity for a
2 facility such as the Rosenthal Hospice or other similar
3 facilities throughout the State to keep their doors open
4 and allow for individuals to be treated with the same
5 amount of care, respect, and dignity as my family members
6 experienced this past July, you can be certain, as a member
7 of the Regulation Review Committee, such regulations will
8 have my undivided attention.

9 I urge for the underlying application to be
10 denied. If not, I respectfully request that the
11 underlying application be modified so that the Rosenthal
12 Hospice can continue to provide hospice care on a limited
13 basis until any potential draft regulations be reviewed
14 and possibly implemented. Such actions would allow sick
15 and terminally ill residents and members of our
16 communities and their families to be assured of the
17 quality care that Rosenthal Hospice has provided on a
18 continual basis for over the past ten years. Thank you.

19 ATTORNEY WYSOCKI: Cristel. Thank you.

20 MS. TRUGLIA: My name is Cristel Truglia.
21 I remember the summer of 2000 not filled with despair, and
22 pain, and death, but a time of serenity and love. During
23 that summer we lost the most precious member of our
24 family, my mother. My family was most fortunate to spend
25 our last weeks with her here at the Rosenthal Hospice

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1 residence, a beautiful building filled with an
2 exceptional, caring staff gave us comfort and privacy
3 which allowed our family to spend time together in a most
4 remarkable way, baking cookies for afternoon tea,
5 strolling in the gardens, all the while sharing memories
6 of our life together. It was a gift, not only to my
7 mother, but to every member of our family and we are
8 eternally grateful because none of this would have been
9 possible in a traditional hospice setting. This hospice
10 residence has been invaluable, and the idea of losing it
11 is difficult to believe. I ask you to indulge me as I
12 briefly relate the history of the Richard Rosenthal
13 Hospice Residence.

14 When I served as State representative for
15 the 145th District I took the lead in securing legislation
16 to enable the residence to serve as a pilot program for the
17 State of Connecticut. Through the complete backing of the
18 Stamford Hospital, which leased the building and land, and
19 the Stamford Legislative Delegation we successfully fought
20 for and secured the ability to operate as an independent
21 residence. We secured \$400,000 in State funds to help with
22 the construction of the residence. The Rosenthal family
23 most generously pledged their financial support and other
24 families quickly followed their philanthropic lead. As
25 such, it was built by the community, for the community.

0039

1 This was all inspired by Janice Casey, then
2 president and CEO of Hospice Care. At that time volunteers
3 and staff visited the ill and dying in their homes, and
4 hospital, and nursing homes. Janice envisioned a facility
5 where a comfortable atmosphere would be created to assist
6 families through this most difficult time with dignity and
7 grace. As early as 1988 Janice dreamed of a specific
8 dedicated hospice home to serve our residents. There were
9 so many wonderful people who were involved in this, Jean
10 Judd, Carol Pelly, our own Pat Linehan, people with such
11 big hearts.

12 The initial legislation mandated that our
13 hospice organization work with the Connecticut Department
14 of Public Health to develop standards for the licensure of
15 residential hospice facilities. Our hospice
16 representatives have worked with the department and with
17 hospice professionals across the State to develop the new
18 regulations and fulfill that mandate.

19 The current Connecticut laws and regulations
20 governing hospice facilities in our State were written over
21 30 years ago. Why would anyone object updating hospice
22 facility regulations to reflect current practices and
23 standards of care? For the past three years the Department
24 of Public Health, along with Former Deputy Commissioner

25 Norma Gyle have worked tirelessly to update and change

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1 hospice regulations which were written in 1974.

2 There are 29 hospice providers in the State
3 of Connecticut, 28 fully support the Department of Public
4 Health proposed hospice facility regulations. The proposal
5 was also fully supported by the Connecticut Association for
6 Home Care. These regulations promote the modern practices
7 and mirror the Medicare regulations updated in 2008. If
8 these regulations were in placed today, the hospice
9 residence most likely would not have had the financial
10 difficulties that it has encountered. A public hearing was
11 held in Hartford by the Department of Public Health this
12 past April. Only one agency opposed the regulations that
13 were published by the department; the same provider who
14 opposed my legislation back in 2000 and the State's initial
15 funding of the hospice residences.

16 My friend, Norma Gyle, will give testimony
17 today regarding the original and continued opposition of
18 this provider in Connecticut. Since the opening of the
19 Rosenthal Hospice residence in Stamford the superb staff
20 has serviced over 1100 patients from our area, all
21 received excellent hospice care. Our focus should always
22 be the patient and their families. I'm not sure if
23 Reverand (inaudible) is here today, but someone is going
24 the read a letter which he wrote and sent to The Advocate;
25 it was in yesterday's paper, and someone will read it here

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1 today so that DSS will hear it.

2 I am deeply saddened and disappointed by the
3 decision of the Rosenthal board of directors to close this
4 wonderful facility. For those of us who worked diligently
5 to build this home, the announcement of the impending
6 closure would be a surprise. To have the Department of
7 Social Services here this afternoon is terribly upsetting
8 to me and to the Stamford community regarding the closure
9 of our hospice residence. I ask you, the Department of
10 Social Services, to please work with the Department of
11 Health to make certain that the new regulations are voted
12 on and become law in Connecticut, so that we and all who
13 are willing and able to provide this kind of care in their
14 communities will continue Janice Casey's dream; a dream of
15 need, compassion, generosity, and love. Thank you.

16 ATTORNEY WYSOCKI: Norm Gyle, please.

17 MS. GYLE: Good afternoon. It's so nice to
18 see so many of you out. I'm the designated bad guy. I'm
19 going to tell you all the things that nobody else wants to
20 tell you about what they're dancing around, and that's
21 okay because I'm now out of politics and I have nothing to
22 lose especially not in Stamford, I live in Fairfield.

23 I'm a registered nurse. I was a State
24 Legislator for 14 years. I was the Deputy Commissioner of
25 Public Health for 12 years, so I think I know this issue

0042

1 pretty well. And when I went over to the Department of
2 Public Health, Cristel came to me with the concept of
3 having a hospice residence in Stamford.

4 Now, as you all know, Connecticut is the
5 home of the first hospice in the country -- in this
6 country, not in any country; England had the first one and
7 that was brought over here to Branford. And I'm not going
8 to sit here and bad mouth Branford, not much, but I am
9 going to tell you that the regulations for the Branford
10 Hospice were written by the Branford Hospice the night
11 before they were voted on in the legislature back in 1974.
12 They were written by the person who runs the Branford
13 Hospice specifically for Branford so that no other
14 residence could actually compete with those regulations.
15 Those regulations are arcane, they're bizarre, they have 17
16 pages devoted to what should be on an art cart. Do you
17 know what an art cart is? It's where you push a cart
18 around with all the art supplies, things that had no
19 relevance whatsoever in today's facilities or to make end
20 of life the experience that it should be.

21 Well, we went along for a long time with
22 Branford Hospice and our population grew. Branford Hospice
23 has done some wonderful things, I will not ever say that it
24 has not, and it broke the ground for a lot of the things
25 that are happening in the hospice movement. However, this

0043

1 is now 2011, and in 2000 we recognized that we needed new
2 regulations. We needed regulations that accurately
3 reflected what the need of the Connecticut population is,
4 and that is for local residents. Local people should be
5 local when it comes to the end of life experience, that is
6 a given. How hard is that? Let's do it. Well, it was
7 hard. Branford opposed us on every single level. And
8 because there were many loyalties and many people in the
9 legislature at that time who felt very committed to
10 Branford -- and I'm committed to Branford too for all the
11 things they have done in the past -- it was very difficult
12 to get regulations done.

13 I started feeling tired about three years
14 ago and I said I'm going to retire, but I'm not going to
15 retire unless we have regulations, and so I decided -- and
16 I'm not taking all the credit for this, but I was
17 determined that we were going to have new regulations or I
18 wasn't going to retire. Well, what I had was I had a
19 secret weapon. I had a gal who wanted to do that as her
20 masters dissertation and I said you do it, you can do those
21 regs if you include every single hospice in this state. I
22 want every single hospice to have their fingers on those
23 regulations and to have input and to make sure that we're
24 doing it right. You know, we get a lot more input and a
25 lot more wisdom when you have more people around the table;

0044

1 it just takes longer.

2 So Janice Casey came down from Massachusetts
3 to make sure she was at the table. There were people from
4 all over. And then we sent it out in e-mail and it came
5 back with red lines, and we sent them out again and they
6 came back with more red lines, and everyone had input.
7 There are 29 hospices -- local hospices in this state. And
8 the process worked, it took a long time, but it worked.

9 And out of those 29 hospices, one hospice said no, we hate
10 them and we're not coming to the table. You know what
11 hospice that was? And what we said was not only is this
12 important for everyone else in the rest of the state, it's
13 also important to put us in compliance with the Federal
14 Regulations for hospice nationwide.

15 Now, let me just give you one small, single
16 example of why Branford doesn't like these regulations.
17 Branford doesn't have any private rooms, so if these
18 regulations pass that would upset their facility plan.
19 Now, we have addressed that, we said, look, if you have all
20 double rooms you have the option of being grandfathered in,
21 you have the option of having a waiver, you have the option
22 of long-term, every time you do an upgrade you can go to
23 single rooms, that's not insurmountable. Branford likes
24 being the only residence in the State. If every one has to
25 come to Branford -- but let me tell you something,

0045

1 Branford's not rolling in dough, guys. The State of
2 Connecticut has underwritten a lot of Branford's expenses
3 in the past many years and that's why we are so frustrated.

4 These regulations have been back and forth,
5 and back and forth, and still you will see a text in the
6 newspaper against watering down our regulations. We're not
7 watering down any regulations. We don't even have any
8 regulations except for one facility in this State and those
9 are the regulations that were written 30 years ago. That's
10 why it is critical to get these regulations passed and
11 passed now.

12 Unfortunately, a higher power overruled me,
13 my husband, and I had to retire. The time came and a new
14 administration came into office and that seemed like a good
15 time for me. And I still had my pipeline into the
16 Department of Public Health to find out what was going on
17 and to keep up to date with the hospice rates. Now I think
18 we're finally there. I pray that we're finally there. I
19 think these regulations are set to be voted on, if not in
20 November -- which was what I heard about a month ago --
21 then, as Senator Leone said, perhaps in December, but this
22 is critical. This is what will make the difference
23 because, quite frankly, I'm dismayed and disappointed that
24 we have to be here and have to speak in favor of what I
25 consider to be an essential facility, an essential part of

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1 the health care system in the State of Connecticut.

2 With all due respect to the board, and I
3 know how hard they -- and I'll tell you the truth, I was
4 impressed by those white boards, too; they were pretty
5 good. I don't think it's a question of funding and cash;
6 in my heart, as a health care professional, it's a question
7 of commitment and local caregiving and we have that
8 commitment. We can make that commitment. It is a question
9 of communication. We didn't know. And if had we known,
10 had we been aware, we could have done something about it
11 sooner, at least.

12 I hope I answered your questions about the
13 regs, probably more than I should have. I believe in this

14 facility. I believe we need it. I believe we have to have
15 it. I believe it's a piece of the puzzle of all of our
16 health care services in the State of Connecticut. And even
17 if the State itself has to support some of the services
18 that this facility does, so be it. This is what we need,
19 and I respectfully ask DSS to consider keeping this open
20 until we can work, just a little sooner, I think we're
21 right on the brink.

22 ATTORNEY WYSOCKI: The next speaker is
23 Sharon Shamanda.

24 MS. SHAMANDA: I hope you'll bear with me,
25 my thoughts are of a personal nature. I'm here to speak

0047

1 for my mom. She's a current resident of the Rosenthal and
2 has been here since July. She is almost 90. Sorry. She
3 has stage IV Lymphoma as well as beginning signs of
4 dementia. Mom came here in July after 12 years of nursing
5 home, hospital, and home care. My husband and I -- also
6 my 95 year old father who also have severe dementia. It
7 was important for us to keep her at home; when that no
8 longer became feasible our wonderful doctor told us about
9 the Rosenthal. The staff has become family -- I am so
10 sorry, I practiced this so many times. And having my mom
11 in 24 hour palliative care has been a gift from God. My
12 mom refers to her room now by saying take me home.

13 On October 4th, with no prior warning, me
14 and the staff were told this would be no more. There was
15 no warning, no indication that we needed to raise funds, no
16 opportunity to pull together resources, and no concern for
17 the residents, family, and staff. We were told by a notice
18 posted on the window. We had settled in to what we
19 considered to be exceptional care for the remainder of my
20 mom's life.

21 Where do we go now? The closest hospice is
22 in Branford, too far for us, we both work. We come here
23 daily, sometimes twice a day. The hospital will offer only
24 two weeks of hospice care, the nursing homes three times a
25 week. My mother took a turn for the worse yesterday and I

0048

1 can see how the move and subsequent confusion for her will
2 be very detrimental. You tell me, how do I provide 24 hour
3 palliative care for her now without the Rosenthal?

4 It is so upsetting to know that already
5 construction workers have been in to size up the place, if
6 you will, for their new office. It's so upsetting -- and
7 perhaps I'm being very naive when I look around me -- so
8 upsetting that we are in the way of a redevelopment plan.
9 Those of you who remember the 60s might remember a song by
10 Joni Mitchell that said they paved paradise to put up a
11 parking lot. It seemed so ludicrous at the time. It
12 doesn't seem ludicrous at all now. I cannot accept that a
13 parking lot or a redevelopment project, for lack of
14 funding, for lack of information, could in any way take
15 priority over the compassion and care of those in their
16 final days of life. Please understand that those who have,
17 and are receiving care here are not line items in a budget.
18 They love, they have loved, they see, and should be seen,

19 they hear and should be heard. We ask that you please help
20 us to keep the facility open.

21 ATTORNEY WYSOCKI: Susan Haynes.

22 MS. HAYNES: Hi, everybody. My name is
23 Susan, I'm a family member, as well. My mother is a
24 resident here and I remember the day like it was yesterday
25 when Pat stopped me in the hallway and said I have to talk

0049

1 to you, and she brought me in the meditation room and I
2 thought we were -- I thought she was going to kick us out
3 and I couldn't figure out why. You know, she said we're
4 closing. And the "we" part of that -- I had decided to
5 donate \$4,000 worth of labor to spruce up the gardens
6 because eight years earlier my company and another
7 volunteer here did the gardens in the back, so it was my
8 pleasure to offer what we could offer, and that was my
9 services -- my gardening services here.

10 So I prepared a statement and Pat told me
11 that they were closing and my heart sank. I thought what
12 am I going to? What are we going to do? I can't bring my
13 mom to my house, it's too small and how can I provide 24
14 care? But it didn't start that way. So I'm going to read
15 something. It says I'm here to represent my family and the
16 people who you will no longer see or be helped by the
17 Richard Rosenthal Hospice Residence. My mom came here in
18 August 31st of 2011. We didn't know what to expect. I
19 heard wonderful things about the hospice. My company had
20 the pleasure of volunteering in the back gardens, so I had
21 only experienced the outside that was at one time magical.

22 I have friends who have had loved ones here
23 and they said the care was superb. We had yet to
24 experience it so I wasn't as concerned, but it wasn't about
25 me, it was about my mom. You could see the apprehension in

0050

1 her eyes when she came through the doors struggling of
2 course with the inevitable; now what was going to happen to
3 me? The staff worked for her comfort giving her the
4 control she needed to feel at ease. They worked with her
5 request, they attended to her every need including the bed
6 which she didn't like so much. As the weeks passed they
7 all became like family. Each new face wasn't just a new
8 friend she -- was just a new friend she hadn't met yet.
9 She's here now comfortable and safe. It's disconcerting to
10 imagine that we are pressured to have to have to move her
11 just as she has felt at home. We are saying -- we are
12 being said, sorry, we can't stay.

13 Do you know that death and moving are listed
14 as the two out of the five major changes in life, the
15 things that disrupt your emotional, spiritual, and physical
16 well-being the most. How can we ask the dying to endure
17 the change of people, faces, and environment again? How
18 can you feel at ease or as if we had respected them as we
19 tell them sorry, well, sorry the money ran out, you have to
20 go and take your family member with you. No more
21 bereavement counselor, you have to get use to new nurses.
22 Oh yeah, when you go home you may have to wait one to two
23 hours to reach the on call nurse to have your needs met.

24 Or you can mortgage your house, you don't have, to pay for
25 the nursing home which can be up to \$15,000 a month.

0051

1 I'm not here to be inflammatory, but reality
2 is reality. They say if you don't stand for anything then
3 you stand for nothing. Well, what do you stand for? I
4 want to stand for the dying, those without a voice. Life
5 goes on. Should it go on and over look the needs of those
6 who really need a place like this the most? I understand
7 that money is a problem, but has the greed finally reach
8 the dying. No, you can't take it with you, but why do we
9 have to take their safety and their dignity and their love.
10 If you couldn't afford a nursing home or private home care,
11 where would you want your mom to go? I want my mom to stay
12 here, at least until the end of her life. She deserves
13 that, every dying person deserves that.

14 Please practice integrity, decency,
15 kindness, and respect. Keep the Richard Rosenthal Hospice
16 open, at least for the majority of the people that -- at
17 least keep it open for the people that are still here
18 because I think that would just disrupt their lives too
19 much. And thank you for listening.

20 ATTORNEY WYSOCKI: Simone?

21 SIMONE: Hi, my name is Simone and I'm also
22 like a family member of one of the residents in here.
23 And, yeah, the first -- so we are bringing you to this
24 facility and I must say, like, that being here only a few
25 weeks it feels like wow, I've been here forever. And that

0052

1 just -- like, also thank you to all the wonderful staff
2 nurses here, which make this experience, I think, one of
3 the saddest ones you have to go through in life. You just
4 face somebody leaving you to make it like this -- if I say
5 comfortable kind of like, hey, that's life, we have to
6 deal with it, but you can deal with it in a way which is
7 like good and touching.

8 And so, first of all, so that I don't forget
9 this, I would say please keep the Rosenthal open. First of
10 all, to get all these regulations and all the
11 administrative stuff done, and then furthermore to be
12 here because I think this place is a sanctuary, as I
13 experienced it when I came in here, where you kind of get
14 swallowed up in comfortness, quietness, peacefulness like
15 in a big city like Stamford, and I think that shouldn't be
16 taken away from the city, from -- yeah, the town.

17 And I think, when I hear -- so when I heard
18 the first thing, that this should be replaced by a parking
19 lot, I could only shake my head. It still goes beyond my
20 comprehension how you can equal human life versus a parking
21 lot where there might be lots of -- as I said, I'm not a
22 business person, I'm not in charge of like a company, but
23 if I hear parking lot, I have all kinds of creative ideas.
24 How you can provide the Stamford Hospital with parking lots
25 they obviously seem to need so desperately? If you work in

0053

1 the City they have like high up level garages, you don't
2 need to spread out, you just go to the height. I think

3 there are a lot of talented architectures here in the City
4 who could probably find -- build around this little tiny
5 sanctuary.

6 And then again, the way I practice my
7 allowances when I was little was to save up for certain
8 things. I'm like -- again, I don't have a business degree,
9 but if I think about that the people in charge of here, the
10 CEOs or whatever, who have to organize the money, I know
11 that there are a lot of business consultants out there,
12 too. So if I run into trouble over the years that I
13 somehow can't finance this place in a proper way, then it
14 might be time to reach out and say, hey, bring somebody in
15 to help us to run this place because I think there are like
16 more than 12 people here in Stamford who, let's say, face
17 the end of life who could fill this.

18 So I work independently as a teacher so I
19 have to book myself. So if I see that out of 12 hours I
20 have to teach to survive and pay my rent, then I have only
21 six hours covered, I better get my butt up and get some
22 advertising out there, put myself out there so that -- as I
23 said, I didn't go to Harvard and don't have a business
24 degree, but when I look at these numbers I'm saying I don't
25 wait ten years to try to catch onto that. If my piggy bank

0054

1 was empty, I did an extra job to fill that piggy bank to
2 support my own little project. So, again, I think if
3 everybody puts in the desire to keep this place open, where
4 there's a will there's a way. And there's also like, yeah,
5 opportunity to keep this place open.

6 So, again, please hear us and give us all
7 the necessary time lines necessary to get the proper
8 administrative stuff going. And then beyond that I think
9 there are a lot of people who really want to support this
10 place, myself included. So thank you very much.

11 ATTORNEY WYSOCKI: We have 15 more
12 speakers. I'd ask that everyone please keep your comments
13 brief so that we can get everybody in who wishes to speak.
14 The next person is Patty.

15 MS. HANRAHAN: Hi, I'm Patty Hanrahan, this
16 is my mom, a pretty picture, she passed away August 9th
17 here at Richard Rosenthal and she had been diagnosed with
18 cancer not even a year ago, so I like to put a face to my
19 story here. I didn't prepare anything myself because when
20 I read my brother's letter that he had written to you I
21 believe I thought this pretty much summed it up.

22 I'm writing in support of Richard Rosenthal
23 Hospice in Stamford, Connecticut. The Rosenthal Hospice is
24 a unique hospice asset for patients and their families in
25 Southern Connecticut. It's closure would be a terrible

0055

1 loss both to patients who are given the opportunity to die
2 with dignity in an intimate non-institutional setting, and
3 to their families who benefit from the caring expertise of
4 the Rosenthal staff in preparing to accept the transition
5 of a loved one.

6 There is truly not a single facility in all
7 of Southern Connecticut that remotely approaches the

8 intimacy, compassion, and quality of care offered by
9 Rosenthal to patients and their families. Our mother,
10 Rosemary Hanrahan, was a patient at Rosenthal Hospice until
11 her death from late stage cancer in early August 2011. Our
12 family researched numerous end of life options once it
13 became apparent that she would no longer benefit from the
14 regimen of chemotherapy and radiation that occupied most of
15 the last seven months of her life.

16 There is a well regarded hospice facility in
17 Branford; however, it is communal in nature with shared
18 rooms and limited opportunities for patients and their
19 families to connect. There are numerous nursing homes
20 facilities that are purported to offer hospice care, but on
21 closer inspection it became apparent that hospice care was
22 a side bar to assisted living in those places, and medical
23 and nursing staff lacked the expertise to handle the
24 process of death and dying, both for the terminally ill
25 patients as well as for their families.

0056

1 As Stamford natives we knew of Rosenthal and
2 several family friends had chosen to spend their final days
3 here. Their family's experiences to a person were so
4 positive that we were convinced that Rosenthal would be the
5 right place for our mom to spend her final days. In
6 retrospect I can say that Rosenthal Hospice passed our
7 expectations in every respect. It is hard to describe an
8 experience in which one watches their mother transition as
9 a positive one, but the beauty of Rosenthal is that our mom
10 died with dignity receiving wonderful medical care from the
11 nursing staff while at the same time given space to visit
12 with family friends and quiet time to prepare for her
13 transition.

14 The physical facility is wonderfully
15 conducive to supporting that transition and the staff
16 unbelievably anticipated the needs of the dying patient.
17 What was completely unexpected and a true gift was the
18 attention given to us as family members. Staff and nurses,
19 counselors and clergy spent so much time with us both
20 individually and as a group, it became clear immediately
21 how passionate they were about working with families and
22 their loved ones. In many ways they became part of our
23 family. They helped us better understand the process of
24 death and dying and to deal with the myriad of emotions
25 that inevitably accompany the imminent death of a loved

0057

1 one. I know I speak for my siblings in saying that
2 Rosenthal helped us through an extremely difficult time,
3 not only from the standpoint of managing our emotions, but
4 also from the perspective of witnessing the compassion and
5 care with which our mom was treated in her final days.

6 I appreciate being given the opportunity to
7 convey my thoughts and feelings about the uniqueness of
8 Rosenthal. I will not be able to attend -- that's for my
9 brother, and he says I hope my letter gives you a better
10 sense of how unique and special place Rosenthal is. There
11 are a few, if any, true hospice options in Southern
12 Connecticut other than Rosenthal.

13 In closing, it would be a tremendous loss to
14 patients and their families who wish their loved ones to
15 die peacefully and with dignity in a beautiful, tranquil,
16 and intimate setting with access to wonderfully
17 compassionate caregivers.

18 And on a personal note what I wanted to say
19 was my sister and I -- my mother was up at Smilo and the
20 name Richard Rosenthal never came up when we were there, so
21 I think, like this person here was just saying, you know,
22 the word was not out there. And we started on this 24 hour
23 road trip of trying to find a place for her because they
24 could no longer take care of her at Smilo. And we went to
25 Branford, and -- you know, I'm going to say what I want --

0058

1 you know, institutional doesn't even describe it. We spent
2 a half an hour with this wonderful social worker and then
3 went up to see this facility, and I'm telling you, my heart
4 stopped. There were four patients to a room and there was
5 like a curtain -- it was like an emergency room. There was
6 no bureau, there was nothing. We did go to Masonicare, it
7 was really large, there were many levels of care there.

8 And then we came here and we sat with Debby,
9 and, you know, we were home. We were home, we were home,
10 this was for her. While she was being transported my
11 brothers came down, put her pictures up in the room and all
12 her little stuffed animals on her bed, and she just
13 hunkered down and the staff was wonderful. Reverend
14 Nichols -- I'm sorry she's not here today -- absolutely
15 love her. I think she probably saved us from all killing
16 each other a few times, and -- but, yeah, I just can't say
17 enough about it. My mother was very comfortable here, and
18 you know, we couldn't imagine her being comfortable
19 anywhere in that situation. So I thank you.

20 ATTORNEY WYSOCKI: Sandy.

21 MS. WASCH: Hi, my name is Sandy Wasch, I'm
22 a registered nurse, but my relationship with hospice began
23 in 1992 when I began volunteering. I spent several days a
24 week here being a witness to an unprecedented kind of
25 humanistic and compassionate care of the community's most

0059

1 vulnerable citizens. I could speak for hours about my
2 experiences and feelings, but I have submitted my opinions
3 in writing to Mr. Wysocki, and therefore I will use my
4 time to read to you the letter that Cristel Truglia
5 referred to written by one of our two chaplains --
6 interdenominational chaplains, the Reverend Catherine
7 Sylvan, who in all my years of nursing -- that number is
8 close to 40 -- is one of the most uniquely qualified
9 people I have ever encountered, and that she chose to work
10 here tells something about this facility.

11 This appeared in the Sunday, November 6th
12 Stamford Advocate. To the editor: I had the privilege of
13 working for hospice here in Stamford over a number of
14 years -- and this is Catherine's writing. I have been
15 witness to numerous families of every creed, religion, and
16 color. I have felt a deep sense of gratefulness, even awe
17 that the families home for residence the care and the

18 staff. There is simply no other place like it that I know
19 of in this entire region. One family member said to me
20 being there has changed my life. I have felt a presence of
21 God in that place.

22 Last month I sat with a local family whose
23 loved one was dying. They had planned to transfer him to
24 Rosenthal when his level of care increased to beyond what
25 they could handle at home, then they got the devastating

0060

1 news that Rosenthal was closing its doors. Faced with a
2 very difficult decision they at last resigned to having
3 their loved one transferred to a hospice facility north of
4 New Haven, not ideal in any way, but they felt there was no
5 other choice. I talked with them and commiserated
6 remarking that how unfair the timing was to them in
7 particular and thinking to myself how many families will be
8 left in this position in the future.

9 Just before the ambulance came to transfer
10 the patient I stood beside him in his bed and said a prayer
11 for peace and protection and that the journey ahead would
12 be smooth. I said my goodbye's to the family and wished
13 them the best of luck feeling a knot in my stomach at the
14 thought of leaving them at this juncture. Two hours later
15 I received the call -- Sharon, you're not the only one --
16 the patient died minutes after arrival, apparently the
17 transfer was just too much. I can only imagine how this
18 family felt knowing that their loved one had spent the last
19 hour of his life in an ambulance and likely feeling a loss
20 of control. My prayers go out to them now.

21 My prayers also focus on the future on all
22 the families that will have to face this decision on the
23 road ahead. I pray that our churches, leaders, officials,
24 and the public will see how vital a hospital residence is.
25 I pray that this will be a call to action and that we will

0061

1 summon the nerve, the energy, and the resources to do what
2 we did to build this country, come together with our
3 neighbors for a common purpose and achieve our goals
4 through our own blood, sweat, and tears. Our forefathers
5 and mothers knew this intrinsically. No one sat and waited
6 for some government or State entity to intervene and make
7 the improvements that were needed.

8 Her letter ends there and I would just like
9 to say that since this announcement was made I have had so
10 many friends and social acquaintances call me on the phone,
11 because they know my commitment and my passion here, and
12 they said how could this happen? And I tell them I have no
13 idea. I don't know anything about fiduciary
14 responsibility, I'm a nurse, but I do know that I've been
15 talking to people in the community and there are enough of
16 us who will not let the hospice dream die no matter. What
17 happens today or tomorrow, there be a hospice residence in
18 Stamford. And we just really hope that it can continue to
19 be this one rather than having to start all over again.
20 Thank you.

21 ATTORNEY WYSOCKI: Norm?

22 MR. WHOLLEY: My name is Norman Wholley and

23 my wife, Marie Wholley, was a volunteer here for many,
24 many years, and actually volunteered at the Rosenthal
25 Center when it opened. And Marie came home here in

0062

1 September and died in a room down at the end. My
2 daughter, Mary, and my Son, Bill and I say it was home.
3 It was no more loving or caring situation at that moment
4 that we will all cherish.

5 I'm also a member of a Senior Men's
6 Association of Stamford and I passed an invitation to come
7 down here occasionally on St. Patrick's Day with the
8 quartet to sing, and with the diminished numbers we weren't
9 coming back here for the last couple of years, but there's
10 always -- we always -- I have no problem getting volunteers
11 to come here to sing for the people.

12 As I said, I'm a member of the Senior Men's
13 Association, an organization of over 200 senior men who
14 meet weekly, support the interests of seniors in this area.
15 At our meeting last Thursday, a survey was passed out and
16 the survey was sponsored by the Connecticut Coalition on
17 Aging. And they were asking on this list of 12 or 15
18 issues which 5 would designate -- or each of us would
19 designate, for legislatures to pick up at the next session.
20 I filled in five. But as far as I'm concerned the most
21 important one was to address end of life issues, and I
22 elaborated on that by saying the closing of the Rosenthal
23 Hospice Center is a significant loss to Stamford and the
24 Southwest Connecticut community. I would like to see a
25 major effort to revive it either here -- and I know that's

0063

1 a questionable future -- or at least another location in
2 this area. Thank you.

3 ATTORNEY WYSOCKI: Reverend Blaine.

4 REVEREND BLAINE: Hello, I'm the Reverend
5 Blaine Edele, and this doctor is Ph.D. not M.D. for those
6 who may be confused. And I've been pastoring for now
7 nearly 20 years in the course of which I've made thousands
8 of visits to the hospitals in Norwalk, Stamford,
9 Greenwich, as well as all the nursing facilities in
10 Stamford and the surrounding towns. And out of those
11 visits and experiences I urge you not to allow this place
12 to close because it's very unique in that regard. In two
13 respects to mention.

14 One, is that the standard of care here is
15 distinct and exceptional among the medical facilities, and
16 I've visited them all over the course of the last 20 years
17 here in the area, largely because the purpose is distinct;
18 people come here to die. Whereas, they go the hospitals
19 hopefully to get better, or nursing homes to rehabilitate,
20 or because they can no longer live independently. And that
21 purpose is fulfilled very well here. People die with
22 dignity and respectful, compassion and care. That is not,
23 at least from what I've seen, evidenced at other medical
24 facilities in the area, largely because so many other
25 places follow the procedures of care who simply are not

0064

1 suited or adapted for people who are at end of life.

2 Case in point, anecdotal, but case in point
3 of recent member connected with our church who was in
4 advanced stage of dementia and had begun to lose
5 reflexes -- indeed the reflex to swallow. And the family
6 noted and realized that she was soon to die, but standard
7 hospital procedure was to have a swallow reflex test
8 conducted on her. Although the family objected to this,
9 the people at the hospital reiterated again and again this
10 is standard procedure, and finally the family members
11 relented to allow her to go through the test for literally
12 no purpose because she's well advanced beyond the stage.

13 She had a living will which indicated as she
14 entered that point in life, where she no longer could
15 swallow, and was listed to be of no special intervention,
16 and the family objected, but the hospital insisted this was
17 standard procedure and proceeded to follow it. That
18 afternoon the family removed her from the hospital, largely
19 in objection to what was done, and they were able to take
20 her home because they had adequate caregivers there for her
21 to provide for her and she died three days later.

22 That sort of model of standard of care is --
23 I've seen it evidenced mainly at the hospital and some
24 nursing homes, but it's not here. And this makes this
25 place exceptional in its dimension of care and standard of

0065

1 care that it provides, because they realize that in the
2 stage of preparing for death, standard procedures don't
3 follow. And dehydration is not -- is to be avoided
4 standard procedures at hospitals, but here it's recognized
5 that reducing daily intake of liquids is part of the
6 process of impending death.

7 The secondary is the extent of care that is
8 offered here is different, as I've seen, as compared to
9 other nursing homes. And for whatever reason, this is
10 labeled as still a nursing facility with respect to
11 payment, nobody in the community calls it that. I've seen
12 the extent of care is different here in that as founder of
13 the hospice movement, Cecelia Saunders in Great Britain,
14 envisioned that it would be a place for care and that
15 encompassed the family, as well as the caregivers, as well
16 as the patient. The care included a sense of community, a
17 sense of love, a sense of support, and that's exemplified
18 in model here and kept, in fact, where I don't see it
19 happening in other nursing homes in the area.

20 And all the other nursing homes are
21 concerned, and hospitals are concerned with palliative care
22 and managing pain. It's not the same degree of providing
23 love, and support, and nurture for the whole family. Even
24 to have ample space for families to gather to be together,
25 even for the staff here to ask a question -- which my

0066

1 mother-in-law was in a nursing home for four years here in
2 Stamford and we were never asked this question as a family;
3 the simple question was how are you, and yet everyday that
4 we were here for the last nine days of her life every day
5 somebody asked how are you. So that model of care is
6 ingrained in the people and how they care for the family

7 and the extent of care. I can attest for over 20 years,
8 thousands of visits, it's simply not shown at other medical
9 facilities in the area.

10 So for those two reasons I urge you not to
11 allow it to close. And I raise a peculiar question which,
12 indeed, I wrote a letter to the CEO of Stamford Hospital
13 and that is: Why instead of demolishing this and making it
14 a parking lot, why don't they (inaudible) it so that was
15 the question that I was asking.

16 ATTORNEY WYSOCKI: Helen R.

17 HELEN R.: I was going to say a few words,
18 I'm just going to make it very quick. I was lucky enough
19 to have my husband die two and a half years ago so that we
20 could be here and have his end of life so terrific. We
21 took him -- the person who was talking about nursing homes
22 for profit, we took him out of a nursing home where he was
23 getting such terrible care, where they were forgetting his
24 meals, where they would yell at him for calling them;
25 that's for profit and it's right here in Stamford on Long

0067

1 Ridge Road and I had heard about this and I called.

2 Pat came down to the nursing home and she
3 said we'll take him, and we got him here, and it was
4 just -- it was wonderful. His children, his grandchildren
5 came here to this lovely room and visited with him while
6 he could still -- while he was still able to visit. And
7 those I have -- I have nightmares about when he was home,
8 I have nightmares about when he was home, I have
9 nightmares about the nursing home. This was the best, the
10 wonderful thing and I just feel so bad that other people
11 will not have a chance to do it, including me. Thank
12 you.

13 ATTORNEY WYSOCKI: Robert, is Robert here,
14 Zoltan?

15 MR. ZOLTAN: Oh, yeah, right here. I
16 didn't actually have a family member here, but I had close
17 friends of my family. And there was a man who developed
18 Alzheimer's in early 2000 and he went from nursing home to
19 nursing home, the last one was a place here in Stamford
20 and it was awful. Basically, they would put a crash mat
21 next to the bed, they said we couldn't put bars next to
22 him, so if he gets up in the middle of the night he'll
23 fall on the crash mat.

24 Now to go from a place like that to a place
25 like this -- you know, I'm not even related and I can't

0068

1 forget the difference from an institution to a place that I
2 consider to be a home. These women were angels and this is
3 a card written by his widow: I cannot believe that the
4 hospice residence can be closed in Stamford. Surely we can
5 save it. And it is a wonderful facility. My husband died
6 in '06. Who can drive to see a loved one in the facility
7 north of New Haven? Start a campaign, start a fund, do
8 something to save this special place.

9 Now, I know that there are plenty of wealthy
10 people in this community who would be more than willing to
11 contribute if some sort of fund raiser was even attempted.

12 It was silent, it was announced without warning. I think
13 this is like a badly run restaurant that needs new
14 management and it should be saved. So please, please save
15 this facility and don't give in so easily. Thank you.

16 ATTORNEY WYSOCKI: Pat? Stephanie?

17 MS. GENOVESE: I have to leave and I'd like
18 say something.

19 ATTORNEY WYSOCKI: Sure.

20 MS. GENOVESE: I'm Jeri Genovese and I work
21 in the pasterol care department for the different -- I
22 work for the Stamford Hospital and I also worked in the
23 nursing homes for 15 years and I've also been here since
24 1990. I took the hospice training course, and I come in
25 here to do hospice care with Reverend Catherine. I have

0069

1 seen all the nursing homes in the area. I'm not saying
2 that people don't need nursing homes, but I feel like
3 Reverend -- what is it?

4 MR. BLAINE: Blaine.

5 MS. GENOVESE: Blaine has said, I feel the
6 same exact way. He said everything I would say right now.
7 I've seen many families come in here. And end of life is
8 a very, very, very difficult end of life situation.
9 You're losing your loved one, whether it's your mother,
10 whether it's your sister, your spouse. And I've seen many
11 people come in here and walk in that front door and all of
12 a sudden it's a transition of peace and tranquility and
13 calmness. And what these nurses have done here, and what
14 Pat Linehan and all the staff here, the way they follow up
15 with their patients, and it's just what he said about
16 saying how are you doing because they care, you're not
17 another number coming in here. And just the fact that we
18 have a 12 bed facility bed here is just beautiful.

19 A lot of people cannot handle being in their
20 own home with their loved ones having people come in and
21 out. And I'm speaking on behalf of this community because
22 people come to me all the time and ask me where should I
23 go, and I recommend this facility all the time. And I
24 think a lot of people in our community don't -- do not know
25 that this is part of a nursing home place where they could

0070

1 come; they think it's just end of life. And the word needs
2 to get out that this is what this place is all about.

3 And I just pray that we can keep this going.
4 And I know the need for it in our community because a lot
5 of people could not come here that have lost their family
6 members and they wanted me to speak on behalf of everyone
7 that could not be here, and so whatever we have to do to
8 keep it going, let's just try really hard. Thank you.

9 ATTORNEY WYSOCKI: Okay. Stephanie.

10 UNIDENTIFIED SPEAKER: She left.

11 UNIDENTIFIED SPEAKER: We are the family
12 that lost our father on the way up to Branford. I will
13 tell you I don't cry very often; I cried at my father's
14 death. I promised him that he would not die in a home
15 outside of ours, and outside of a place where he could be
16 considered in a beautiful, meaningful a family home. I

17 said goodbye to my father in our house because he was
18 living with us, he stayed with us no matter how bad he
19 got.

20 We could no longer give him what he needed
21 because we just couldn't stay up 24 hours a day, provide
22 him with the medication that he needed on a totally -- even
23 if it was as bad as having to place him in his bed so that
24 he could, even with medication, not feel more pain.

25 So when all of this occurred and we had to
0071

1 move him -- prior to that we had found this place, we knew
2 nothing about it, we never knew it even existed. It took
3 us 25 minutes to find it behind the hospital and there was
4 basically little signs, and the only way we got here was
5 one sign out on the highway.

6 UNIDENTIFIED SPEAKER: The sign on the
7 highway telling us how to get there and we've lived here
8 over 20 years, and the lack -- the one thing that I keep
9 questioning is why did it come to the last minute. I see
10 these numbers; I was a business man, I ran two
11 corporations, and I see these numbers and they don't add
12 up. They don't add up because there's no reason to be
13 there. The fact that they have those numbers is a red
14 flag and you better be looking for help, and they didn't
15 look for help. We can't say enough.

16 UNIDENTIFIED SPEAKER: Extraordinary,
17 extraordinary.

18 UNIDENTIFIED SPEAKER: But for this
19 hospice, number one, I guarantee you if you take a test,
20 75 percent of the people don't know that we have one, let
21 alone where it is.

22 UNIDENTIFIED SPEAKER: Or what it does or
23 what it means.

24 UNIDENTIFIED SPEAKER: But the fact that it
25 was here in this town, in this county, Fairfield County

0072
1 and South Fairfield County, is letting this go by the
2 wayside is unforgivable. And I know enough people around
3 town, and if I had known and been in a position, it never
4 would have happened. And I know there's a lot of other
5 people, especially men from the Senior Men's Association.
6 If they knew what the situation was it wouldn't have
7 happened. And for these regulations to be fought by one
8 hospice because they don't want competition from others,
9 that's unacceptable and I don't buy it, and nobody else
10 does.

11 The Mayor isn't here; I don't buy that
12 either and I supported him. This is an issue for Stamford,
13 this is an issue for South Fairfield County. And when I
14 had to put my father-in-law in an ambulance to go to
15 Branford and then get a call, as we were walking out the
16 door to follow, that he had died, that's it. There's no
17 excuse for us or anybody else, and it's time that this town
18 and this hospital -- and if the President doesn't want to
19 do it, kick his ass out. Get somebody in here that can get
20 the job done for the people that live in the area.

21 ATTORNEY WYSOCKI: Michael and Penny?

22 THE HOROWITZ'S: I didn't realize I was on
23 the list to speak, I thought it was the sign up sheet.
24 But I'm delighted to speak because my wife and I have been
25 active supporters of this facility. The gardens were our

0073

1 gardens, so I appreciate you keeping the gardens up
2 despite the fact that we never -- never at least up to
3 now, had any of our family members here, but we recognize
4 how important this was to the community and the
5 surrounding areas.

6 And rather than speaking for my wife and I,
7 there's a gentleman who passed away probably two years ago,
8 Ed Simus, who was also one of those giants who was
9 instrumental in making the hospice movement in this area
10 the great success that it has been and has become. While I
11 am also a dollars and cents kind of guy, I come from the
12 business community and I see those numbers. I also
13 recognize that there are many, many steps and many, many
14 people who would step forward, myself and my wife included,
15 to do whatever is necessary to save what is an incredibly
16 important service in our community.

17 So on behalf of Ed Simus I do hope that you
18 will seriously consider holding off, holding off until we
19 can all gather the resources and the legislative process
20 necessary to allow us to continue this great service.
21 Thank you very much.

22 ATTORNEY WYSOCKI: Maggie?

23 MS. MURRAY: Hi, my name is Maggie Murray,
24 I'm a lifelong resident of Stamford. I'd like to offer my
25 condolences. I cried when I read that letter and I think

0074

1 there are going to be many other instances of that
2 happening. I've never been to hospice before. I have
3 heard so many stories from so many people whose family
4 members, friends have been here. The families have been
5 well taken care of and I'm sure the more than 1000
6 patients, their families can attest to the care there.

7 I wanted to share with you today what I went
8 through recently with my brother. He had cancer, he was up
9 at Yale New Haven Hospital. And I've read articles about
10 sometimes oncologists are not real good, some of them, in
11 talking to the patient, talking to the families,
12 explaining, you know, you're approaching the end of your
13 life, and we went through that with my brother. He was at
14 Yale New Haven. I live in Stamford, most of the family is
15 in Stamford. Towards the end he was still thinking he
16 would keep going. It got to the point where the hospital
17 was telling us they were going to be releasing him. We
18 were told by the nursing home that he was too sick for them
19 to take him in, he needed a lot of care, he was in a lot of
20 pain. We were like what are we going to do?

21 I don't know where you're from in
22 Connecticut, but I can tell you being in Stamford, going up
23 to New Haven every day on I-95 is a nightmare. Now, you're
24 dealing with a dying family member, you're trying to help
25 the rest of the family, comfort them, and you get on 95 in

0075

1 Stamford to go up to New Haven. Twice in one day I was
2 almost killed on that highway because a tractor trailer
3 decided to come into my lane, and ten minutes later there
4 was a car stopped in the left lane of the highway, just
5 stopped there and I was behind him. Now that was just like
6 a normal day on 95. You're stressed enough as it is and to
7 go all the way up to New Haven to spend a day in the
8 hospital with someone who is in pain and hurting, you're
9 hurting, so it was an awful experience.

10 Finally, we were able to get help at the
11 hospital for the doctors to rally around and talk to my
12 brother and explain to him that maybe you need to consider
13 hospice. Well, thank God. We were going to start lining
14 up to have my brother brought down here to hospice. That
15 gave us great comfort to know that we were going to be able
16 to try to get him down here. We needed it for him, we
17 needed it for us.

18 The thought of hospice not being here and
19 perhaps having to go up to Branford, which is beyond New
20 Haven, was something that I just couldn't deal with. We
21 spoke to the social worker, she was going to try to
22 contact hospice down here to try to make the arrangement.
23 I did not know that hospice was in dire straights. I
24 don't mean to offend anyone, but I thought there was a
25 waiting list here for people to come into hospice. I read

0076

1 the obituaries every morning, and I'm sorry to say that I
2 would read that someone passed away at hospice and I
3 thought maybe we'll be able to get my brother in here. I
4 didn't know that you had a lot of beds here.
5 Fortunately/unfortunately, my brother passed away before
6 we were able to get him down here.

7 Which -- oh, by the way, if I were
8 approaching an end of life, this is where I would want to
9 be. This is where my family are so they could come and
10 visit me. They could go home for a while, come back here.
11 We have nothing else down this end of the state for this
12 type of situation, not only for the patient, but for the
13 family. So I beg you, please, consider denying the request
14 to close. And I wanted to add today listening to
15 everything, I thought that there was a waiting list. I
16 thought there was great demand in people waiting to get in
17 here.

18 There are so many people who believe in this
19 hospice and would support this hospice. And as other
20 people have remarked today, we didn't know there were any
21 problems until the day it was in The Advocate to say they
22 were closing hospice. I know that if people knew years ago
23 that there was a problem, and they had publicized it, they
24 would have gotten a community to pull together to do
25 whatever they had to do to make this facility continue.

0077

1 You may not be familiar with the Bennett
2 Cancer Center; they have a fundraiser every June. It's
3 called, I think, The Walk for Hope; they get thousands of
4 people to come out and walk on teams, run, and now I think
5 they even have a bicycle event. They raised almost, I

6 think, \$1,000,000, which was mentioned, I think, as the
7 deficit this year. I ask that you please delay the closing
8 of this facility and give the community an opportunity to
9 rally, not on the legislative piece of it, but also on the
10 funding issue. Thank you.

11 ATTORNEY WYSOCKI: Lorraine, please.

12 MS. OLSON: First of all, I would like to
13 say that my aunt was the very first patient in this
14 facility so I have a perspective here as being a family
15 member, as well, but I am also a hospice residence nurse.
16 And I would like to clarify for everyone who talked about
17 hospice care and the area of hospice care, but there's a
18 very big difference between hospice resident care and
19 hospice care. You know, hospice -- I am not a hospice
20 hospital nurse, I am not a hospice home care nurse, I'm a
21 hospice residence nurse. And, as I said, there's a very,
22 very big difference and I don't think people quite
23 understand that when they hear hospice.

24 In the hospital, you know, there are hospice
25 beds, but those nurses are taking care of patients that are
0078

1 at the end stages of life as well as patients that are
2 getting chemo and other kinds of treatments, and have the
3 opportunity to be cured, and have the opportunity to go
4 into remission, and have other treatments, and are happy
5 about going home and having a possibility of having a long
6 life ahead of them, and their families are happy and
7 supporting them there.

8 The nurses don't have the training and the
9 time to support the families of the patients that are in
10 those hospice beds that are at the end of life, that are at
11 the end of life and give them the support that we can give
12 them in a residence. Those patients are overlooked for
13 that kind of emotional support that the families need that
14 they get in a residence.

15 And the patients that are home and have home
16 hospice care, a nurse may go in for a couple hours a day
17 and assess the pain management of a patient, and that's the
18 care that the patient gets, but it's really on the family
19 to give the other 22 hours of care a day. And, you know,
20 you have to understand you're responsible for that loved
21 one -- your loved one for all that 24 hours a day in your
22 home, and, you know, you want to give them the best care.
23 You love that person, you lose your mother one time in your
24 life. You lose your father one time in your life or your
25 significant other, your soul mate one time in your life.

0079

1 You want to give them the best care. You want that time to
2 be the best. You want to say special things to them, share
3 that special time at the end with them. So you take that
4 person -- you're home with them and you want to give them
5 the best care you can give them.

6 So think about -- think to another scenario,
7 you're coming home from the hospital with a newborn baby
8 and the baby is cute and it stays up all night and it's
9 crying and it wets its diaper, and you've got to give it a
10 bottle and you're so stressed because you've been up all

11 night. You go to work the next day and everybody says, oh,
12 you've been up all night, but you know that when you go
13 home the next day that baby is going to sleep and you're
14 going to be fine again.

15 But when you have a loved one home 24 hours
16 a day that's dying of cancer in your home, you don't sleep
17 the next night, or the next night, or the next night
18 because they're not getting better. And you're still
19 responsible for that care. So you're alone in your home
20 alone at night when it's dark and you're scared you have to
21 turn that person, you have to clean that person. And I
22 don't want to be graphic but they poop in the bed, you've
23 got to turn them and clean them; who's there to help you?
24 You've got to clean the sheets, and you have to wash the
25 sheets, and you love that person so you're doing it as a

0080

1 loving gesture for them. But then they pee in the bed
2 after you clean it and then you still -- you change them,
3 and you clean them, and then you start to get tired, and
4 then it's time to feed them, and then they spill stuff in
5 the bed, and they can't swallow, and then you start to
6 panic, what am I going to do, they're not swallowing,
7 they're not eating, what do I do? But there's not a nurse
8 here to tell me is this okay, are they starving, am I not
9 giving them enough food? And then it gets into the pain
10 and you give them some medicine, and if you don't give them
11 enough medicine or did I give them too much medicine.

12 I know when my mom 20 years ago was dying in
13 a home I was there with my sister. And back then we
14 believed that morphine stops you from breathing if you give
15 them too much. I said to my sister, I'm not giving mommy
16 morphine, I'm not going to give her that last breath. My
17 sister said I'm not giving mommy morphine, I'm not going to
18 give her the last breath, and so unfortunately mommy died
19 in pain because I wasn't going to give her her last breath
20 and neither was my sister.

21 So that's the kind of situation that family
22 members are put in when they're home giving home care to a
23 patient. That's why when you come to hospice residence you
24 are taken care of 24 hours a day, and we take that
25 responsibility off of the family members. They get to love

0081

1 their loved one and be with those special moments and those
2 special memories at the end.

3 We had a patient here recently, he was
4 losing his wife and he was just in a total, total panic.
5 He was freaking out, he still wanted her to get out of bed
6 and walk to the bathroom, and sit up in the bed and eat her
7 food, do all the thing she did before, but she couldn't do
8 that. And we're not God here. We don't know when
9 someone's going to die, but we have the experience to know
10 about when it's going to happen; the next day, the next
11 couple days. We knew that it was coming very soon for this
12 patient. And so he was just in such -- he was out of
13 control, he wanted her to get up and walk to the bathroom,
14 talk to him, do all those things, and she couldn't do that
15 anymore.

16 So I remember taking him aside and said to
17 him, you know, she's going on her journey now and we all
18 have a different role to play here. Her role is to go on
19 this journey peacefully, your role is to love her, to hold,
20 to cuddle her, to hold her in your arms, to get in the bed
21 with her, to lay with her, to talk to her, to rub her head.
22 If you want to play music, you want to read to her,
23 whatever it is that you do as a couple together to show you
24 love each other, talk to her, say the things you want to.
25 That's what you do in a hospice residence.

0082

1 You don't get to do that at home when you're
2 turning, and cleaning, and doing all these other things
3 because you become resentful and tired. Where's the time
4 for family at home that's taking care of a patient to have
5 time to have those special moments with their family member
6 when they're tired and exhausted. They don't have time to
7 do that at home, it's taken away from them, those special
8 last moments are taken away from the family member.

9 But here in a hospice residence the family
10 has that opportunity to have those special last moments at
11 the end of life with their family to enjoy them, to bond,
12 to have that special time; and so that's what I told him,
13 you have that special time with her. I will take care of
14 the turning, and the cleaning, and the changing, and the
15 pain, and her breathing, and I will take care of all of
16 those kinds of things and we'll take this whole journal
17 together. And by the end of the shift she did pass but we
18 each had our special place and our special thing to do, and
19 that's what happens in a residence. The family gets to be
20 family, the patient gets the care they need, and we do all
21 that work for them; take the burden off the family. And
22 then if visitors come the family doesn't have the
23 responsibility of taking time away from the patient and
24 having to entertain people that visit. We're all part
25 of it.

0083

1 You don't know how many wonderful things
2 occur in this room where you're sitting right now for
3 patients. Wonderful things, it's their home. This is
4 where they celebrate. As a matter of fact, we had a big
5 birthday celebration here last night and wonderful things
6 happen in this very room that people don't know. It's
7 home. People come here and this is their home. If you
8 walk in each one of those rooms, it's a bedroom, it's a
9 home, it's not like a cold hospital room, you know, and
10 you're not in your room at home, which it's wonderful to be
11 home if you want to be there, but this is as much like home
12 as if you were home, but you don't have to be scared and
13 alone and have that responsibility. So it's very, very
14 important. There's no place like this facility, no other
15 place. I know it from the nursing perspective and I know
16 it from the patient perspective. And there's no place -- I
17 took care of my mom at home and I had my aunt here and
18 there is no place like it. Please try to keep it open,
19 please, because there's no other place like it.

20

ATTORNEY WYSOCKI: Donna?

21 MS. MARTIN: My name is Donna Martin and my
22 mother passed away here on August 16th at the age of 96.
23 I am an only child, I have no siblings, I have no husband,
24 I have no children and I have cousins that live very far
25 away, so I have no family. I work full-time. I spent two

0084

1 and a half years juggling caregivers through a very good
2 agency here in Stamford coming to the house to take care
3 of my mother 24/7, but I would be awakened at 2:00 in the
4 morning, 3:00 in the morning with her screaming from her
5 dementia, not knowing where she was, what she was doing.
6 And of course one caregiver alone can't manage it so
7 they'd have to call me and I'd have to go over and I'd
8 still have to go to work the next day. I did that for two
9 and a half years.

10 Then finally she fell and broke her leg,
11 unfortunately, and we went to a nursing home here in
12 Stamford for one month of rehab, but she couldn't walk and
13 she had a stroke and couldn't feed herself. I then had
14 to -- I put her on private pay at the nursing home and I
15 put her on hospice care at the nursing home and I couldn't
16 describe better than what Lorraine just described about
17 what hospice care is to -- in a nursing home. It's nothing
18 more to me than someone coming twice a week just to make
19 sure that they're giving them pain medication, and that's
20 about all. When I asked for some bereavement counseling I
21 was told by the social worker, well, what do you want me to
22 do? You know, this was what I was told.

23 I had issues with the nursing home. I went
24 to the hospice representative for help, she says, oh, we
25 don't deal with that, you have to talk to the nursing home

0085

1 about it. I had one day -- every day my mother was
2 screaming at the nursing home when they'd go to wash her.
3 They wouldn't let me in the room. I finally said I am her
4 health conservator, I want to be in the room. I went in
5 there and in a matter of seconds I saw what was the matter
6 of why she was screaming. I had two aids and two nurses
7 gang up on me and tell me to get out. I can't tell you
8 what kind of hell this was, and this is a nursing home that
9 supposedly had good ratings. If any of the public
10 representatives are here today -- I couldn't see all of you
11 because of the sun, I don't know whether they left, but we
12 need a reform in nursing home inspections. That's what we
13 need in this State because what I went through was pure
14 hell.

15 I came here on that Monday through the
16 recommendation of Pastor Blaine Edele who is my minister,
17 which I couldn't have survived this whole ordeal without he
18 and his wife. I met with Pat, she saw me sitting here
19 crying and crying, and it was a hard decision to make to
20 transfer my mother. But when I finally did -- my biggest
21 concern too was the six month criteria. My mother, she
22 always had rallied so many times and I was worried and
23 didn't really understand the six month criteria, like what
24 if she lived another year, if after six months they'll
25 going to kick her out? I didn't know. And so I actually

0086

1 delayed bringing her here because I wasn't sure about that
2 six months. When I got here I can't tell you I was met at
3 the door by Pastor Nichols, who was still my bereavement
4 counselor -- at least was until last week because
5 Masonicare, who was taking over Visiting Nurse, is dropping
6 the bereavement counselors from here, so I am left out in
7 the cold because of that.

8 These ladies were angels. They talked to
9 me. They came in, they explained things to me, they worked
10 with me, they worked with the private caregivers that I
11 even had coming to sit with my mother as companions so that
12 when I had to go to work she wasn't going to be left alone,
13 that they were at least going to be in the room. I have to
14 say, I had the pleasure of meeting Sharon and sitting hours
15 with Hazel, who's coming out now. Even talking with her it
16 gave me pleasure to do that. And also Pat Hanrahan; I
17 don't know if she's here still. I had conversations with
18 her brother, and talking with him even gave me some
19 comfort.

20 So I think that there's been some kind of,
21 like everyone said, mismanagement here, and not from the
22 standpoint financially of not letting the community know.
23 I've lived here in Stamford for 35 years. I never knew
24 this facility was in trouble. I would have volunteered my
25 services to help because I knew about hospice long before

0087

1 this. But after what I experienced in the nursing homes --
2 I mean, it was such a relief to come here and have my
3 mother pass away in this place. But I would like to --
4 again, if there's anybody here who can get in contact with
5 me to work on nursing home inspection reform because
6 something needs to be done in that area, because these
7 nursing homes in the area are not providing the adequate
8 level of care for patients that they should be. Thank
9 you.

10 ATTORNEY WYSOCKI: Is there anyone else who
11 wishes to speak?

12 UNIDENTIFIED SPEAKER: I would. We are
13 sitting in one of the wealthiest communities in the United
14 States. We're all going to die and obviously this is the
15 gold standard. Why it's even a question that this
16 shouldn't remain is beyond my comprehension. How could
17 anybody think about closing this place? I just don't
18 understand it. Why isn't the hospital -- where are the
19 State funds? I just don't understand. We're talking
20 about 12 beds. We have the Voration House, we have the
21 Bennett Center; everybody gets funds. We're talking about
22 12 people dying here. It's not advertised. And everybody
23 is going to die one day. We should all pray that we have
24 this facility.

25 ATTORNEY WYSOCKI: Yes?

0088

1 UNIDENTIFIED SPEAKER: Okay. I came here
2 for the first time several years ago. A friend of mine's
3 named Tony Brown was chairman of the board for Kids in
4 Crisis when I was on the board for Kids in Crisis, and

5 Mark knows Kids in Crisis as well. And really I didn't
6 know about this kind of place before Tony, and Tony had
7 said to me he that he had decided -- he was a very special
8 man -- that he decided that he didn't want his family to
9 suffer taking care of him doing exactly what was just
10 described. He wanted them to celebrate his life and to
11 come with joy to see him before he died. So I came to
12 visit him many times and I got to learn about this place,
13 and when I would come I would see someone else that I
14 knew.

15 In one case, it was a young man who was the
16 age of one of my son's. And when Tony died -- I do a lot
17 of charity work, I used to bring in flowers and I would
18 separate all the flowers and bring them to everyone else.
19 And three years ago my husband died here.

20 And I totally agree that to have this place
21 taken away from a community -- this is not a town, this is
22 a city. A city -- a big city in the State of Connecticut
23 which is supposed to be the wealthiest state in this
24 country. The fact that our mayor isn't here -- I went down
25 to his office and like him very much, I left my name with

0089

1 his secretary and I told her to call me if there was
2 anything I could do for this place. I never got a call
3 that this meeting was even taking place. I came upon it
4 because I happened to open up a newspaper that was late.

5 If I would have known that this was so
6 pivotal in a decision like this you would have been filled
7 to capacity at the main auditorium of the hospital. If you
8 got this many people to come with no information, can you
9 imagine how many people would be here if people new about
10 it? And I mean all kinds of people; poor people, wealthy
11 people, all colors, all sizes, all shapes. This is
12 something that has to stay in this community, and if it
13 means going -- all of us up to the hospital administration
14 going and calling, which I intend to do this afternoon, the
15 governor -- I mean he's been in town and yet he would have
16 taken care of this. The fact that all of this stands
17 untaken care of, and that we're standing in a building,
18 (inaudible) would be turning over in her grave.

19 There is another component to this that I
20 don't think anybody understands. When you come to people
21 who have money and you say please help us, give us a
22 garden, give us a better cancer center, give us a hospice,
23 and someone turns over lots of money, and then ten years
24 later, because of whatever circumstances, you know at this
25 point in time that whatever you give, millions, could be

0090

1 shot to hell because someone hasn't done due diligence on
2 whatever, you are saying to the community, hell no, don't
3 give your money because what's going to happen. What's --
4 what about the future? What are we saying for our children
5 for all the people who are going to need this, including
6 all of us, and for all the people who aren't here today to
7 listen, because even though I know hearing it is gut
8 wrenching, to close this would be inhumane as far as I'm
9 concerned. We take better care of our animals than we do

10 of our elderly and our children. So please reconsider.

11 UNIDENTIFIED SPEAKER: And I'd like to add
12 this place should be a model for other nursing homes, not
13 closed, as far as patient care.

14 ATTORNEY WYSOCKI: I thank all of you
15 for -- yeah, go ahead.

16 MR. MULHOLLAND: I'm State Representative
17 Mike Mulholland and I represent the 144th District and I
18 wasn't going to say anything, but now that I've heard
19 everybody speak, as a new representative there wasn't much
20 I could add, but now I think I can.

21 I sat in a lot of public hearings since I've
22 been in the State legislature, and every hearing I've been
23 at you always hear two sides of the story. That hasn't
24 been the case here. We have heard every single person
25 speak how much this place is needed and how much of a

0091

1 service hospice residence is needed. Cristel mentioned it
2 was started as a pilot. When you start a pilot you do it
3 to test to see if something is going to be worth doing or
4 viable to sustain. Well, what we hear here, it's a
5 no-brainer. This baby is shining like a star.

6 So I'm saying to you that I think you have a
7 no-brainer decision here. Give us a chance in the
8 legislature to do what we have to to get the regulation
9 passed. And I ask the management do what you can do to
10 keep this open until that decision is made, and let the
11 community do what they can do to help this stay open. And
12 if this building is not a possibility, keep this building
13 going until an alternative site can be developed. Thank
14 you very much.

15 ATTORNEY WYSOCKI: Thank you. I would like
16 to explain the process to everyone. The hospice has filed
17 a Certificate of Need Application. As far as the
18 application process, we've had this public hearing.
19 During this time we have been reviewing their application,
20 it is available online at the DSS website. You can go to
21 CT dot gov and follow the links to the executive branch or
22 you can take the links here on paper. You can read the
23 Certificate of Need Application.

24 We've also submitted additional questions to
25 the hospice today, and as we get information back we will

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1 post the additional information on the website.

2 I'd like to thank all of you for coming and
3 giving us input. This is part of public process. The
4 commissioner has not made a decision on this. We have not
5 even approached the commissioner with any recommendation.
6 As part of a Certificate of Need Process, the commissioner
7 can approve, he can modify, or he can deny this request.

8 Given the unique circumstances that this is
9 a hospice, it will receive a unique evaluation compared to
10 nursing homes, and we -- we generally have a decision
11 within 30 to 60 days. I cannot tell you exactly when a
12 decision will be made, but we will sit down with the
13 commissioner, we will present him -- he will have all the
14 information here. We have the court reporter making a

15 transcript. He will have the application materials and he
16 will review this in great detail.

17 I thank everybody for coming. Anything that
18 you wish to do with your representatives and your
19 legislative leaders, by all means take the initiative and
20 let your voices be heard. I'd like to thank you again and
21 we will close the public hearing.

22

23 (Hearing concluded at 3:52 p.m.)

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1 C E R T I F I C A T I O N

2

3 STATE OF CONNECTICUT:

4 COUNTY OF HARTFORD:

5

6 I, SAMANTHA M. HOWELL, a Notary Public duly
7 commissioned and qualified in and for the State of
8 Connecticut, do hereby certify that the foregoing 92 pages
9 are a complete and accurate computer-aided transcription of
10 my Stenotype notes taken on November 7, 2011.

11

12 I further certify that I am a Notary Public duly
13 commissioned and qualified to administer oaths in the State
14 of Connecticut.

15

16

17 In witness whereof I have hereunto set my hand
18 this 28th day of November, 2011.

19

20

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25

Samantha M. Howell
Notary Public

26

27 My Commission expires:

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September 31, 2016