

# ***THE SILVER PANTHER***



**We welcome you to the Third Edition of the Silver Panther Newsletter! The Executive Board of the Presidents of Resident Councils in conjunction with the Long Term Care Ombudsman Program is delighted to bring you this newsletter.**

**We hope you enjoy the newsletter and find the information helpful. Please, always feel free to let us know what you are thinking. Tell us what's going on in your home and how we, the Executive Board and the Ombudsman Program, can work together to make things better!**

**SCPRC Executive Board Members**

***Grace Bligé-Curry; Marion Gifford; Karen Hawley;  
May Catherine Jasper Bey; Ronnie Martin; Brian Capshaw***

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*Ronnie Martin, Executive Board Member*

## **Fear of Retaliation**

Fear of retaliation is not something you can look up in a dictionary. If you happen to live in a setting where you depend on others to care for you, you would know exactly what it is. Some nursing home residents are willing to raise their concerns without fear of retaliation. Others may continue to suffer in silence, rather than running the risk of being labeled “difficult” or “demanding”. This article addresses the residents who experience the very real fear of staff retaliation against a resident who has verbalized his or her concern with their care. The specific fear is unique to each resident. Residents typically don’t experience retaliation per se, however, many do experience the anxiety of expressing, or their families expressing, legitimate care concerns, for fear of retaliation. Retaliation may be in the form of caregivers being intimidating with their attitude or approach, such as their body language, tone of voice, a less than timely response to a resident’s call for assistance or ignoring the resident completely.

A unique relationship develops between a resident and his or her caregiver. Some are relaxed and healthy, while others may become dysfunctional with an imbalance of power.

Some residents have indicated they try to refrain from drawing attention to themselves so as not to make waves or feel responsible for a staff person losing his or her job. Residents must keep in mind that the facility may be a workplace for the staff but it is considered home to the residents who live there twenty four hours a day, 365 days a year. The facility staff should be mindful that they are providing care and services to residents in their [residents’] home.

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The Resident Bill of Rights states, “You have the right to voice grievances without discrimination or reprisal”. Resident council is designed to be the appropriate forum and safe haven for residents to express their concerns. It also behooves the facility to create an atmosphere of open communication in which residents may feel safe voicing their concerns. Being able to speak one’s mind and being part of a cohesive group helps to build residents’ confidence and provides a sense of empowerment. Although resident council provides a safe environment to express concerns, residents need to understand the importance of reporting care concerns immediately to a supervisor or administrative staff person. If possible, residents should keep accurate notes, detailing the date, time and names of persons involved in the incident of concern.

**Remember: Raising our concerns will help raise the bar on quality of life.**

*Brian Capshaw, Executive Board Member*

### **East Hartford Rehab**

In late 2007 when my Indiana doctor informed me I should no longer live on my own, I consulted my family members in Connecticut, and East Hartford Healthcare and Rehabilitation Center was the perfect fit for me. Our facility has been serving the greater Hartford community for 35 years. We currently have 145 beds, 25 dedicated to rehabilitation and 120 used for long term care. Because of the many specialized services offered, such as, wound care management and IV therapy, we have a diverse population with ages ranging from 20 to 99. With 38 residents under age 65 our average age is 72. We have dedicated staff that is truly committed with lots of longevity that's willing to listen and resolve concerns of all residents. We also have a large rehab area for physical and occupational therapy that is second to none.

I am fortunate enough to attend the Long Term Care Advisory Council Meetings at the Legislative Office Building. I received information regarding the state Deficit Mitigation Plan, which was passed by the house on April 13<sup>th</sup>, 2010, which includes the following line items:

- 46.) DSS - Eliminate Coverage of Eyeglasses for Adults Under Medicaid**
- 47.) DSS - Eliminate Coverage of Most Over-the-Counter Drugs**
- 51.) DSS - Eliminate Non-Emergency Dental Services for Adults under Medicaid**

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I urged the residents at our facility to get their annual eye exams and dental cleanings, before this takes effect, as they would not be eligible until a new budget is passed in 2011. I would urge all Resident Council Presidents to alert their residents.

As Marion mentioned in the February newsletter many facilities are having trouble in the current economy, the current state Medicaid reimbursement rate for nursing homes needs serious reconsideration, as many lose up to 40 dollars a day. I also hope the findings in the June 2007 Long-Term Care Needs Assessment come to fruition and the statewide empty beds will be filled.

*Mae Jasper-Bey, Executive Board Member*

### **Wethersfield Health Care Center's Blanket Club**

Over a six month period Cheryl Rosenbaum, Director of Recreation formed a Blanket Club for residents.

For our first project we made blankets with material featuring Breast cancer logo fabric printed on it. We raffled the blankets and donated the proceeds to the cancer fund. We had so much fun doing this we decided to continue this by making and selling blankets for holiday gifts.

Recently we helped two young ladies from Cheryl's synagogue with their Bat Mitzvah "Mitzvah" project where we helped to make the blankets with the girls to be donated to a homeless shelter.

We continue to make blankets for a future sale. We have also recently made two blankets as gifts, one given to an employee for a wedding gift and the other one to an employee moving on.

*Grace Bligé-Curry, Executive Board Member*

### **Newington Health Care Center, Nursing Home Week**

As usual Newington Health Care Center stepped up to the plate once more dazzling the residents with food and entertainment.

We started the week with "Hawaii". We were entertained with the Hawaiian tradition, their culture including food and dances. The staff got involved with us and that made it more fun.

The week continued with other cultures and ending on Friday which was the finale; and of course there was a USA.

They chose to highlight "Miami". We had the pie eating contest and the limbo along with James the Entertainer.

Each day we were given memorabilia and other keepsakes. And of course we didn't want to leave out the food which was representative of each culture.

The residents gave kudos to Tina Bradbury and all of the staff for making it feasible. Tina, thank you and all of the Recreation Staff for everything.  
*XOXOXO*

## **Legislative Update – Connecticut State Level**

The 2010 CT legislative session ended on May 5, 2010, and two important pieces of legislation for Connecticut long term care consumers were passed:

### **SB 234 AN ACT CONCERNING NOTIFICATION OF FINANCIAL STABILITY OF NURSING HOME FACILITIES AND MANAGED RESIDENTIAL COMMUNITIES TO PATIENTS AND RESIDENTS**

This bill provides consumers with full disclosure of the current financial status of the nursing home facility or managed residential community so that consumers can make an informed decision about admission. The Executive Board of Presidents of Resident Councils directed the Ombudsman Program to lobby for this legislation, believing that in these financial times and with the number of nursing homes in bankruptcy, it is especially important for prospective residents and their families to have full information about a home's financial stability.

### **SB 105 AN ACT CONCERNING LIABILITY OF NURSING HOME OWNERS FOR NEGLECT AND ABUSE OF NURSING HOME RESIDENTS**

This bill puts nursing home licensees and owners on notice that they may be held criminally liable for abuse or neglect perpetrated by nursing home employees against residents. Connecticut is one of the first states in the country to legislate owner and managers responsibility for employees actions against residents.

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Other legislation of interest:

**HB 5351 AN ACT CONCERNING PRESCRIPTION DRUG BENEFITS FOR VETERANS IN NURSING HOME FACILITIES**

Nursing homes are now prohibited from restricting patients from accessing prescription drug benefits offered through the United States Department of Veteran's Affairs.

Legislative Update – National Level

Comprehensive national healthcare reform was signed into law by President Obama in late March 2010 through two acts, the **Patient Protection and Affordable Care Act** (HR 3590) and the **Reconciliation Act of 2010** (HR 4872) which modified HR 3590.

A few of the key insurance reform legislative provisions include:

- individual and employer coverage requirements
- elimination of pre-existing condition coverage denials starting this year for children and for all individuals by 2014
- insurance coverage no longer able to be rescinded if individuals got sick
- greater emphasis and coverage for preventive care and chronic care coordination

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- greater adult child coverage up to age 26
- elimination of lifetime coverage limits for group plans and in 2014 elimination of annual limits on coverage
- requires minimum covered benefits such as rehab and mental health services for individuals with disabilities to “maintain and improve function”
- Medicare coverage for an annual wellness visit with no co-pay or deductible
- **lower prescription drug benefit cost for those Medicare beneficiaries in the “donut hole” – a \$250 rebate is provided to beneficiaries who reach the coverage gap starting 6/15/10 and phased-in throughout this year**
- gradual elimination of the Medicare Part D donut hole by 2020; will tie future Medicare Part D premiums to income
- small business tax credits for providing health coverage to employees
- requirement that a greater portion of insurance company costs are to be devoted to care and quality & not profits, the so-called medical loss ratio provisions
- overall an expected more competitive healthcare insurance marketplace with greater consumer protections and a goal of lower premiums for consumers
- extends the **Money Follows the Person Program Rebalancing Demonstration Program** to September 2016 and reduces the

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amount of time to qualify to 90 days residency at a nursing home versus currently 180 days

- a new voluntary national long term care insurance program is established (CLASS Act) for community living assistance with a cash benefit based on payroll deduction
- requires the federal government to collect and report on nursing home staffing hours, staff turnover rates, wages, etc. A pilot program will be implemented by the federal government to better monitor nursing home chains that have quality of care problems
- requires nursing home transparency disclosures related to owners, suppliers, etc.
- requires expanded and improved Nursing Home Compare consumer web information
- will require development of a standardized complaint form for use by nursing home residents and family members in filing complaints with state survey agencies and long term care ombudsman programs

The healthcare reform legislation also includes passage of the **Elder Justice Act and the Patient Safety and Abuse Prevention Act**. Bob Blancato, national coordinator of the 622 member Elder Justice Coalition has called the Elder Justice Act “the most comprehensive federal legislation ever to combat elder abuse, neglect, and exploitation”.

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Per report briefings, some key measures of these acts include:

- increased elder security, program coordination, and training
- development of a clearinghouse for consumer information in long term care settings
- required prompt reporting of crimes, development of internal nursing home compliance and ethics programs, state and national criminal background checks available for direct care workers in long term care
- \$400 million or \$100 million/year for four years to be allocated for new Adult Protective Service funding, \$100 million to be awarded for state demonstration grants to test a variety of ways to improve adult protective services; and a consistent funding stream and national coordination for Adult Protective Services
- nearly \$33 million over four years to be awarded in grants to support the state Long Term Care Ombudsman Programs (LTCOPs), an additional \$40 million or \$10 million annually to be awarded to national organizations and LTCOPs to develop training programs related to elder justice issues.
- creation of the Office of Elder Justice at the federal Departments of Health and Human Services (HHS) and Justice, development of a coordinating council to coordinate activities and to make recommendations for improvement to HHS in two years
- creation of an Elder Justice Resource Center and Library and a national data repository to help increase knowledge and support projects to help make elders more safe

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- development of a forensic capacity and expertise to promote detection of abuse, neglect, and exploitation and support for training programs in both forensic pathology and geriatrics; greater victim assistance and support for at-risk elders
- increased prosecution and resources to be provided to law enforcement to support elder justice
- and, nurse aide training requirements to be revised to include dementia and patient abuse training; demonstration grants made to support culture change initiatives and technology projects to help improve resident care

The Patient Protection and Affordable Care Act, Elder Justice Act, and The Patient Safety and Abuse Prevention Act information taken from these two policy reports:

- 1) Consumer.org report on “Health Care Reform Provisions Affecting Older Adults and Persons With Special Needs 3/30/10”
- 2) National Academy for State Health Policy *Briefing Report* “Long Term Services and Supports and Chronic Care Coordination: Policy Advances Enacted by the Patient Protection and Affordable Care Act”, April 2010

## Residents' Rights Week and VOICES 2010

Residents' Rights Week is October 3-9, 2010, and the VOICES Forum will be held on Thursday, October 7, 2010. So please mark your calendars for this important event. **\*Please begin looking into your transportation needs for this event.** Perhaps riding with other facilities in your area might be a possibility. Over the years, the Long Term Care Ombudsman has sponsored a Transportation Grant for Social Activities. Do to fiscal constraints; this grant is no longer available.

The theme of this year's Residents' Rights Week is "**Defining Dining: It's About Me!!**" There are a number of events and activities being planned to commemorate Residents' Rights and focus on the importance of the dining experience in nursing homes. NCCNHR, The National Consumer Voice for Quality Long Term Care, is sponsoring a Residents Cookbook and you will be invited to submit recipes. Resident Councils will be given information about doing an "Iron Chef" type of a cook-off in their homes and NCCNHR hopes to sponsor a national cook-off event. Resident Councils may be interested in having a contest to see how many recipes they can collect, maybe create the home's own cookbook. Residents can be encouraged to become more actively involved in "the dining experience" at their homes and create special dining experiences. Other ideas:

- Create a cookbook of Resident recipes, incorporate those residents' recipes as part of the Residents' Rights Week Celebration
- Submit a letter to the editor and a press release highlighting your home's dining program
- Host a community presentation on Residents' Rights and Dining
- Ask to have a presentation to your Resident Council and/or Family Council about how your home promotes Resident Rights and Dining

- Do a presentation on “What Dining Means” to your nursing home, residents, families and staff
- Develop a Food Committee to take the dining experience to new heights!

Ask yourselves:

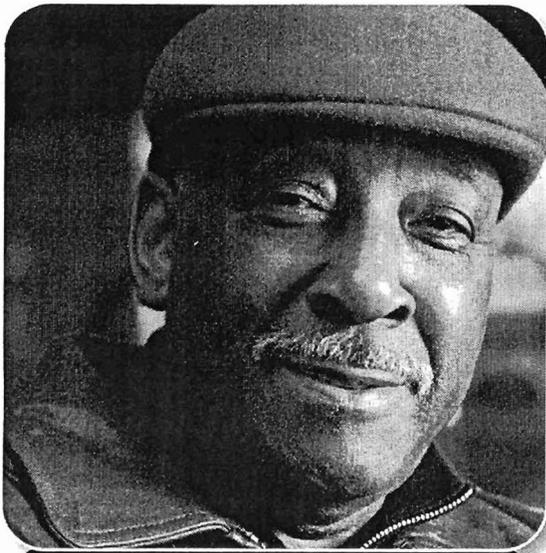
- How can your facility improve dining services to make your meals more enjoyable?
- What makes your meals and dining experience a good one?
- What is your favorite recipe and why is it special to you?

***DINING DOES NOT JUST MEAN FOOD, IT MEANS THE ENVIRONMENT, WHO YOU EAT WITH AND THE PLEASURE YOU HAVE FROM THE WHOLE EXPERIENCE!***

## **INFORMATION REGARDING NCCNHR**

NCCNHR is a national advocacy organization for residents and their families. NCCNHR is also another Voice for you to use if you ever need information or advocacy concerning nursing home education. The Office of the Long Term Care Ombudsman programs throughout the United States are members of the NCCNHR organization. Our LTCOP works in conjunction with NCCNHR on many levels. The following information is for you so that we may continue to educate and enlighten our residents and your Voice. There is also contact information should you want to receive information on your own.

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## Get Involved

**NCCNHR** is consumers and advocates who define and achieve quality for people with long-term care needs.

**NCCNHR** accomplishes these efforts through:

- **Informing** and **empowering** consumers.
- **Training** effective citizen groups and ombudsman programs.
- **Promoting** best practices in care delivery.
- **Creating** public policy responsive to consumer needs.
- **Ensuring** the enforcement of standards that promote quality.

Want more information?

Contact **NCCNHR** at (202) 332-2275  
or [info@nccnhr.org](mailto:info@nccnhr.org)



"If it weren't for **NCCNHR**, I wouldn't know the regulation and how to work to improve conditions. Residents deserve a better and happier experience."

- **Curmet Forte**, **NCCNHR Board Member** and **Nursing Home Resident**

# Together We Can Make A Difference in Long-Term Care

## Our Work

**NCCNHR's** ongoing work addresses issues such as:

- **Inadequate staffing** in nursing homes, including all levels of nursing staff.
  - **Poor working conditions**, salaries and benefits for long-term care workers.
  - **Maintenance of residents' rights** and empowerment of residents.
  - **Support for family members** and development of family councils.
  - **Development and support for the long-term care ombudsman program.**
- Minimizing the use of physical and chemical restraints.**
- **The high cost of poor care**, such as pressure sores, dehydration, incontinence and contracture of residents' muscles.
  - **Accountability to taxpayers** for nursing home expenditures and failure to fulfill government contracts.

## Who Are We?

### OUR STRUCTURE

**NCCNHR's** 20-member board includes nursing home residents and a diverse group of long-term care advocates and leaders. The Board represents **NCCNHR's** grassroots membership of advocates concerned about the quality of long-term care nationwide. **NCCNHR** also operates the National Long-Term Care Ombudsman Resource Center.

## Where Are We?

### OUR MEMBERS

**NCCNHR** membership comes from more than 40 states and the District of Columbia. They comprise a diverse and caring coalition of residents, citizen advocacy groups, state and local long-term care ombudsmen, legal service programs, professional groups, nursing home employees' unions, concerned providers, national organizations and growing numbers of family and resident councils

"I've been a resident since 1976 and have seen so many changes as a result of **NCCNHR**. I am so proud to be a part of this forceful, resourceful group." - **Judith Mangum**, Former **NCCNHR Board Member** and **Nursing Home Resident**

## NCCNHR's Beginnings

### INCREASED SCOPE THROUGH THE YEARS

**NCCNHR** emerged out of public concern for the quality of care in nursing homes. Twelve citizen advocacy groups met in Washington, DC, in 1975 with a common goal - to present a strong and united voice for long-term care residents. **NCCNHR** was formed in 1975 by Elma L. Holder with that goal in mind. Today, **NCCNHR** still advocates to improve nursing home care and has grown with the long-term care community to consist of more than 200 member groups and 1,000 individual members, working together to better the quality of care in a diverse range of environments, from nursing homes to at-home care.



## HELP CARRY OUT THE WORK

You can help **NCCNHR** improve the quality of care and life of residents.

Visit [www.nccnhr.org](http://www.nccnhr.org) to learn more about **NCCNHR's** efforts, including **NCCNHR's** publications and training, volunteer and sponsorship opportunities or to make a donation. **NCCNHR** depends on you to help us protect the rights, safety and dignity of America's long-term care residents.



## Contact Us

### **NCCNHR**

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# NCCNHR

The National Consumer Voice For Quality Long-Term Care



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**NCCNHR**, formerly the National Citizens' Coalition for Nursing Home Reform, is the national voice to improve the quality of care for the nation's long-term care consumers.

**NCCNHR** is the source for long-term care education, advocacy and policy analysis at both the state and federal level. **NCCNHR** protects the dignity, rights and safety of America's long-term care residents and is the only national organization for long-term care residents.



# WORD~FIND

## FLOWERS



\*Word find is taken from abcteach.com and submitted by Karen Hawley

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

Daffodil  
 Dandelion  
 Lilac  
 Violet  
 Bloodroot  
 Magnolia  
 Lily of the Valley  
 Rose

Peony  
 Hollyhock  
 Snapdragon  
 Columbine  
 Aster  
 Milkweed  
 Yarrow  
 Tulip

Lady Slipper  
 Fox Glove  
 Daisy  
 Sunflower  
 Iris  
 Daylily  
 Lavender



A woman was telling a friend about her recent marriage to a funeral director, "He's my fourth husband", she explained. "My first was a banker, my second was a circus ringmaster and my third was a preacher. I married one for the money, two for the show, three to get ready and four to go!"



If April showers bring May flowers, what do Mayflowers bring?  
*(Answer at bottom of page)*

### A Spring Memory

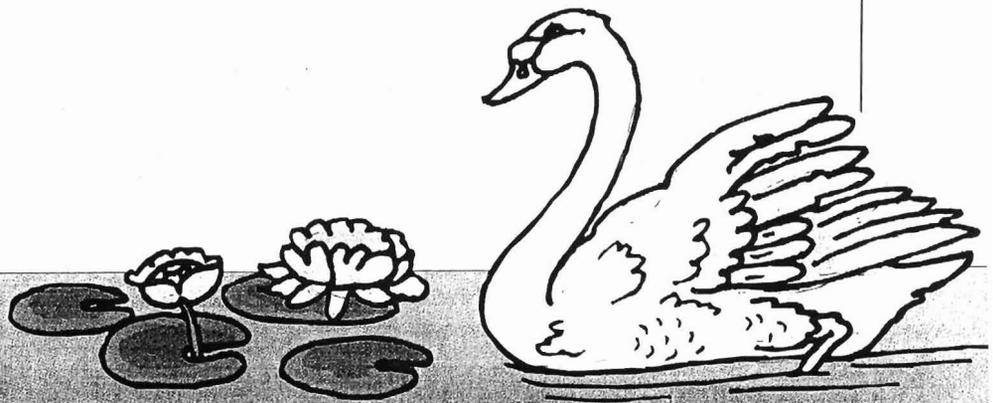
I remember when I was a youngster, on the first of May I would get up early. While our mother slept, we would sneak out to pick spring flowers for May Day. We went barefoot so that our shoes wouldn't get wet. The dewy grass was very cold, so we ran as fast as we could.

### Fine Dining at Geer

At Geer Nursing and Rehab we have three options for meals. We can eat in our rooms, in the lounges, on each unit, or in the Dining Room. The dietary, food service and recreation departments work together to make our mealtimes as pleasant and home-like as possible. Small details such as pretty placemats on the trays and cloth tablecloths in the Dining Room contribute to our enjoyment of our meals. Residents often participate in making centerpieces for the Dining Room tables. For example, we dyed Easter eggs for Easter baskets which adorned our tables for the holidays. Cloth tablecloths in a variety of colors add to the appearance of the tables. The finishing touch to our dining experience is background music chosen especially for our mealtimes. All of these touches contribute to the enjoyment of our meals at Geer.



*(Pilgrims)*



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**Regional Ombudsmen**

**Brenda Torres, Brenda Foreman & Thomas Pantaleo**

**REGION III NORTHERN**

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**Regional Ombudsmen**

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