

# THE SILVER PANTHER



Welcome to the Second 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 happy to bring you this newsletter. 2010 promises to be another challenging year. Despite the financial climate and the challenges this entails, we are facing them together, 30,000 strong in VOICES and SPIRIT.

Please, always feel free to let us know what you are thinking. What's going on in your homes and how we the Executive Board and the Ombudsman Program can work together to make things better!

In the spirit of remaining strong, last year in our first newsletter, we had a section called "Want Ad" to recruit new executive board members. We got our wish! The Executive Board, would like to introduce you to our new member, Brian Capshaw. Brian was born and raised in Newington Connecticut. After receiving a B. S. degree in accounting from Nichols College in Massachusetts 1984, he worked in Stamford Connecticut as a cost accountant. In 1989 he accepted a job transfer to South Bend, Indiana, where he received a master's degree from Indiana University, in business administration. A car accident in 1994 left Brian paralyzed from the chest down. Brian continued to work full time for a company called AM General makers of the military HUMVEE vehicle in cost accounting. In 2006 health issues forced him to stop working and in 2007 he returned to Connecticut to be with his family. Brian has been at East Hartford Health and Rehab for 2 years and resident council president in November 2009.

SCPRC Executive Board Members

*Grace Blige-Curry; Marion Gifford; Karen Hawley;*

*May Catherine Jasper Bey; Ronnie Martin;*

*Dawn Neugebauer and Brian Capshaw*

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## Commentary

**By Marion Gifford, Executive Board Member**

I was fortunate enough to be able to choose Southington Care Center as my home until the end of my earthly life. It is a very special and unique place in many ways, this spring we will celebrate our 20<sup>th</sup> year of operation. I will let these figures speak for themselves. We are a 130 bed facility with 36 beds dedicated to short term rehabilitation. We enjoy an excellent reputation as rehabilitators. As of this writing we have 5 residents over 100 years of age, 3 are 99 and our average age is 87.9. The average length of stay in our long term care division is 3.02 years; however we have 2 individuals who have been with us over 13 years and 19 who have made Southington Care Center their home for more than five years. These long term care figures by far exceed “the National average”.

My purpose in sharing the above information with you is to make a point, while there are some facilities able to manage in the current fiscal market many more are in trouble. I want to share the following scenario with you. These are but 2 issues pending in the proposed budget cuts: are eye glasses a necessity or a luxury? Is good dental care necessary for proper nutrition?

Please allow me to continue, my eye glasses no longer serve my needs. I can no longer read, play cards, or do anything that helps me to live my life to the fullest. My teeth or dentures no longer fit properly, so now my diet is affected; my nutrition and hydration factors are influenced by these issues. Because I am restless due to my limited vision and weaker due the change in my intake, I stand and fall. Now I have a fractured hip. Will this new health care model allow for surgery or will I be confined to bed? Either way the quality of my life is drastically different. Would it not be more reasonable and fiscally more sound to meet the cost of eye glasses and dental care which would allow for the continued improvement of the quality of my life.

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In December 2009 Ronnie Martin was asked to give testimony to the Appropriation Committee. Ronnie's testimony was taped by CTN and she was interviewed by a local television station in Connecticut.

### **APPROPRIATIONS COMMITTEE**

**Public Hearing Testimony, December 9, 2009**

**By Ronnie Martin, Executive Board Member**

Good afternoon Honorable Chair Persons and Co-Chairs of the Appropriations Committee.

My name is Ronnie Martin. I've lived in a healthcare facility for the past nine years. I am here today representing the Executive Board of the Presidents of Resident Councils and the nearly 30,000 men and women who live in long term care facilities throughout Connecticut. I also serve as a member of the Long Term Care Advisory Council.

No one ever plans on living in a nursing home. It wasn't on my "to do" list. And I'll bet it's not on yours either. But, I'm here today to tell you what it means to me to live my life to the fullest now that I do reside in a nursing home. I need staff, enough staff, qualified and trained staff, well supervised staff, who help me to get through my day. I need good and nutritious food. And I also need a home that is well kept and physically safe and sound.

As residents we face obstacles and challenges on a daily basis that you can only imagine. Some of us depend on others in every aspect of our lives, getting in and out of bed, eating, toileting, dressing, even, as is my case, reading and being my eyesight when necessary, as I am legally blind.

I want to know, as do my fellow residents, that I am safe. I don't want to be afraid that there is no one available to help me when I need it.

The budget proposals before you are cuts directly affecting nursing home residents. The cuts are asking the most from those most vulnerable-the frail,

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incapacitated and the elderly. Some of the cuts will have very measurable outcomes, such as the 2% cut to long term care providers.

Where will they make up for this loss? It will come from reducing the quality of food, by cutting back or eliminating needed upkeep on the buildings, and by cutting staff. But, some outcomes are not as clear cut. Staff attitudes and staff approach will be detrimentally impacted when their time and resources are stretched beyond reasonable limits.

Poor outcomes result-injuries to residents, falls, skin breakdown, even dehydration and malnutrition, as well as strained relationships between residents and staff and even violations of residents' rights. At a time when residents, are more physically and mentally unable to care for themselves these are very real outcomes.

Please remember me and the tens of thousands of residents I represent when you put your powerful pens to paper. Ask yourselves: are eyeglasses a necessity of life or simply a luxury? Residents will no longer qualify for dental care under the current proposals unless it is an emergency. We don't want to lose our teeth from lack of good dental care. No one wants to lose their teeth.

These are not just quality of life issues they are' necessities for all of us, but ultimately these are the things that help me to live my life to its fullest. Please put emphasis to cost saving measures and incentives such as culture change, consistent assignments, efficient systems such as heating, electricity, winterizing, even "going green" as well as good business practices. For the quality of my life and those who move into long term care facilities in the future please rethink the proposals before you.

I appreciate this opportunity to speak to you on behalf of all those residing in Connecticut's long term care facilities, many of whom are not even able to speak for themselves. I am their voice.

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### Ombudsman's Corner

By Nancy B. Shaffer, LTCOP State Ombudsman

On behalf of the Ombudsman Program the Select Committee on Aging is sponsoring a bill that requires long term care institutions to provide full disclosure of financial stability at time of admission. This is Raised Bill No 234. This bill will allow consumers to make an informed decision about admission. This proposal was endorsed by the Executive Board of the Presidents of Resident Councils and it addresses complaints received by consumers who were not provided this financial information before admitting a loved one to a facility.

The Long Term Care Ombudsman Program is working with the office of Protection and Advocacy on a bill to provide greater protections in cases of involuntary discharges of Residential Care Home Residents. It is Raised Bill No. 5232. You can access the full bill on the CT government website [www.cga.ct.gov](http://www.cga.ct.gov). The Ombudsman Program has advocated for a number of years to provide out contact information on RCH involuntary discharge notices. This bill will provide that.

If you have any questions about any of this please feel free to contact me at 860-424-5200 or at [www.ltcop@ct.gov](mailto:www.ltcop@ct.gov)

### Volunteer Resident Advocate News

I would like to take this opportunity to welcome three new Volunteers to our program, **Cyndi Miller, Valerie Close and Ramesh Sadarangi**. **Cyndi and Ramesh** are serving in the **Northern region**, **Cyndi is at Brittany Farms Health Center and Ramesh is at Bishop Corner Skilled Nursing & Rehab**; **Valerie** is serving in the **Southern region at Apple Rehab Guilford**. We look forward to working with them and we welcome their spirit and enthusiasm to our program.

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On a sad note, five volunteers have left our program; **Donna Planeta, Marvin Frefield and Ina Frefield, Ed Hyland and Robert Gundersen**. I am sure the experience and expertise they brought to the program touched your lives in some way and you touched them as well. The years of service and dedication they each brought to the program will be missed.

### Personal Letters to the Legislators

I would like to take this opportunity to encourage you to write Personal letters to legislators and other policy/decision makers. This is one of the best methods to communicate and influence public opinion. Here are some suggestions when writing those letters:

- **Personalize your letter**, refer to the legislators own interest in the topic and, if you are comfortable doing so, refer to your own personal experience.
- **Provide examples.**
- **Focus** on the issue and include only the issue of the specific concern.
- **State your intentions** to follow up and to continue to work on the issue.
- **BE CONFIDENT**, let the legislator know that you understand the issue and that you understand they are interested in the opinions of their constituents and they want to promote programs that are beneficial.
- **BE BRIEF**, try to keep your letter to one page.
- **The address should be:** The Honorable (full name); (state) Senator or Representative as appropriate; City, State, Zip. Dear (last name).

**P.S.** You can contact the Long Term Care Ombudsman program if you'd like assistance with contact information of legislators.

**Below is testimony submitted to the Select Committee On Aging**

**SELECT COMMITTEE ON AGING  
Public Hearing  
Tuesday, February 16, 2010**

**Written Testimony  
Of  
State Long Term Care Ombudsman  
Nancy Shaffer**

Senator Prague, Representative Serra and distinguished members of the Select Committee on Aging, thank you for allowing me to submit this written testimony on behalf of the aging and disabled long term care consumers of Connecticut.

As you know, the Long Term Care Ombudsman Program is mandated by both federal and state statute to protect the health, safety, welfare and rights of the residents of Connecticut's long term care institutions. It is in this capacity that I comment on a number of the bills before you.

**Raised Bill No. 103, AN ACT CONCERNING ACCESS TO  
COMPREHENSIVE FACTUAL INFORMATION REGARDING LONG-  
TERM CARE FACILITIES.**

The Long Term Care Ombudsman Program supports this bill. A well-informed consumer is one who will be able to make the best and most appropriate choices for him or herself. The Ombudsman Program strongly supports measures in this regard. It is always the recommendation of this Program to educate consumers at all levels, including speaking to the Long Term Care Ombudsman Program and accessing the Long Term Care website and a wide variety of other consumer websites at both the state and federal levels as well as obtaining information from the providers themselves. I understand that some providers have previously argued against including the home's Five Star Rating

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into the Residents' Bill of Rights. I don't think most consumers make their decision based solely on review of one website and therefore I do not believe that including the Five Star Rating will either attract or deter residents on that basis alone. The very best consumer information is often obtained when he or she visits a facility and sees for themselves the kind of care provided and the environment in which it is provided. The Ombudsman Program always strongly recommends that consumers visit prospective facilities on a number of occasions and at different times of the day.

It may be appropriate to have further discussions on how best to convey information to the consumer, possibly a posting or as part of an admission packet would meet the best consumer protection standard.

As you are aware, the State of Connecticut experienced a number of facility bankruptcies, receiverships and closings in the past few years. The Ombudsman Program has had a number of complaints from consumers regarding lack of public information about the business status of a nursing home. While I believe it has been the best practice of state receivers in recent years to inform consumers prior to admission of the business status of the home they are not obligated by law to do so. Further, when a home is in bankruptcy there is no requirement to inform prospective residents that the home they are considering is in bankruptcy reorganization. I respectfully urge the legislators to consider how this information can be conveyed to consumers. It is so difficult to place a loved one in a nursing home, but imagine admitting your loved one to a home, then find out the home is in bankruptcy reorganization and later to learn you must relocate your loved one due to the home's closing. This has happened to Connecticut residents in the past few years. To be sure, many bankruptcy reorganizations do not end in the home closing, but it should be the consumer's right to have all of the information prior to making an admission decision.

### **Raised Bill No. 104, AN ACT ESTABLISHING A CAUSE OF ACTION FOR NURSING HOME FACILITIES AGAINST RECIPIENTS OF TRANSFERS OF ASSETS.**

It has been the understanding of the Long Term Care Ombudsman Program that long term care facilities have always had the right to a cause of action to recover transfer of assets from resident to family members. In the experience of the Ombudsman Program, often times the resident may not even be aware that a transfer of his/her assets has taken place. With that understanding, the Ombudsman Program is unsure of the ramifications of this particular proposal and would ask to be a part of further discussions on how this may affect the residents. In the past year the Ombudsman Program has successfully advocated in a few cases for the Department of Social Services to extend to the resident what is called a "hardship" approval of the Medicaid application, this as well as other avenues to recoup assets for payment of services may be helpful to providers.

### **Raised Bill No. 105, AN ACT CONCERNING LIABILITY OF NURSING HOME OWNERS FOR NEGLIGENCE AND ABUSE OF NURSING HOME RESIDENTS.**

The Long Term Care Ombudsman Program strongly supports this proposal. The intent of this bill is to raise the level of accountability for abuse and/or neglect of nursing home residents. We all agree abuse and neglect of institutionalized individuals is abhorrent and unacceptable. We have laws and regulations to prevent such behavior and yet it still exists. The Ombudsman Program received complaints about abuse and neglect from families and residents during this past year some of which are too graphic to repeat. What I want to convey to you is that many of these stories are accompanied by comments from the family member such as "how could this happen?" "I put my loved one where I thought they would be safe, well cared for," "aren't there safeguards in place to keep this from happening?" In most every instance, supervision, education and training, and ample staffing may well have prevented the abuse or neglect occurrence.

One argument in opposition to this legislation is that criminal liability is summarized in other legislation and regulation. This proposal, I believe, raises the level of awareness of accountability of owners and managers. This is not meant to insult or demean, but rather hopefully it gives pause to owners and managers to place emphasis where it is most important: on a philosophy of care that emphasizes quality and dignity of care and allocation of appropriate resources for supervision, education and training, and ample staffing.

### **Raised Bill No. 5113 AN ACT CONCERNING BILLING FOR SERVICES COVERED BY LONG-TERM CARE INSURANCE BY MANAGED RESIDENTIAL COMMUNITIES.**

The Long Term Care Ombudsman Program supports this bill with a modification. As it reads the bill appears to provide safeguards for the Managed Residential Community (MRC) to be reimbursed by an existing long-term care insurance policy by allowing the resident to give permission to the MRC to prepare and submit claims for benefits to the insurer. I strongly recommend that the word “**written**” be inserted into Section 1 (a) (7) so that the line would read “Upon the written request of a resident who has a long-term care insurance policy, assist such resident with preparing and submitting claims for benefits to the insurer.” Inserting **written** into the language gives the resident the protection that he or she has been given the opportunity to make that choice and that it is documented. As a suggestion, this statement could be included in contract/sign-in paperwork. I believe it is very important that the authorization is signed and a copy provided to the resident.

There are other bills before you which the Ombudsman Program also wants to go on record to support, including H.B. No. 5110, H.B. No. 5111, and H.B. No. 5112, each of which provides greater protections and supports to long-term care consumers.

Thank you for this opportunity to provide comments on behalf of Connecticut’s long- term care residents.

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### **ADA PARA TRANSIT SERVICES**

**By Cristina MacGillis, Northern Regional Ombudsman**

ADA Para transit services are limited to those who cannot, because of their disabilities, get to bus stops on local routes (depending on the area). Service hours are usually the same as the local bus route. To use ADA services, riders must be eligible and certified according to the ADA Act. Certification information forms are available through transit district offices. To find ADA Para transit Services look in the town listing. If there is not a specific listing for ADA or Para transit Services, call the local public transportation agency for your area.

Many of the larger transportation agencies have their own ADA Para transit Services. (The above was taken from page 8 and 9 of The Transportation Guide.

We are providing a link to the guide in the newsletter which is:  
<http://ctdisabilitiesconnections.org> Once in the website, click onto Transportation Resources for Connecticut. Any and all information pertaining to ADA transportation will be included in this website.

### **KNOW YOUR RIGHTS**

**By Brenda Foreman, Southern Regional Ombudsman**

**You have the right to:**

Exercise your rights as a resident and as a citizen throughout your stay at the nursing care facility. You have the right to be fully informed of your rights as a resident by advocacy programs such as the Long Term Care Ombudsman Program. Residents should feel free to discuss concerns and file grievances with staff, advocacy agencies or regulatory and enforcement agencies such as the Department of Public Health without fear of coercion, interference, discrimination or reprisal.

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Contact information for the Regional Long Term Care Ombudsman as well as the Department of Public Health and other state advocacy agencies must be posted in prominent areas in all nursing care facilities and be accessible to residents and family members. Your social worker can assist you to locate this information.

### **You have the right to:**

Receive quality care and services that take into consideration your individual needs and preferences. All residents are entitled to be treated with consideration, respect and dignity, including privacy during treatments and personal care.

### **You have the right to:**

Refuse a room change that is initiated by the nursing care facility that you are not in agreement with. If a resident is not in agreement with a move the nursing care facility must provide the resident with a written notice of the proposed move 30 days in advance and give the resident the opportunity to meet with the care team, including the physician, to discuss concerns and alternatives. There are some circumstances in which a resident can be moved after this process.

In the event that the health, safety or welfare of a resident is endangered an immediate transfer to another room may be necessary with the opportunity to return once the situation is safe to do so.

## **Money Follows the Person**

**By Maggie Ewald, Northern Regional Ombudsman**

In December of 2008, CT Governor Rell's Office announced a multi-year federally funded effort known as Money Follows the Person (MFP) meant to rebalance and restructure CT's Long Term Care System. The MFP grant is meant to identify residents of nursing homes who are eligible and interested in transitioning back into the community with appropriate programs/ services.

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As of January 29, 2010, the status of CT's Money Follows the Person Rebalancing Demonstration was as follows:

1140 applications received, representing residents of 168 different nursing facilities;

1140 applications screened by Department of Social Services and referred to contracted community partners

- 785 applicants received at least 1 visit from field staff, signed an informed consent to participate in MFP and initiated the transition planning process

324 applicants completed a clinical assessment, have an approved care plan and are in the final stages of transition - hiring staff, looking for housing, waiting for completion of home modifications

176 persons transitioned from 84 different nursing homes. The highest number of persons transitioned from any single nursing home was 6.

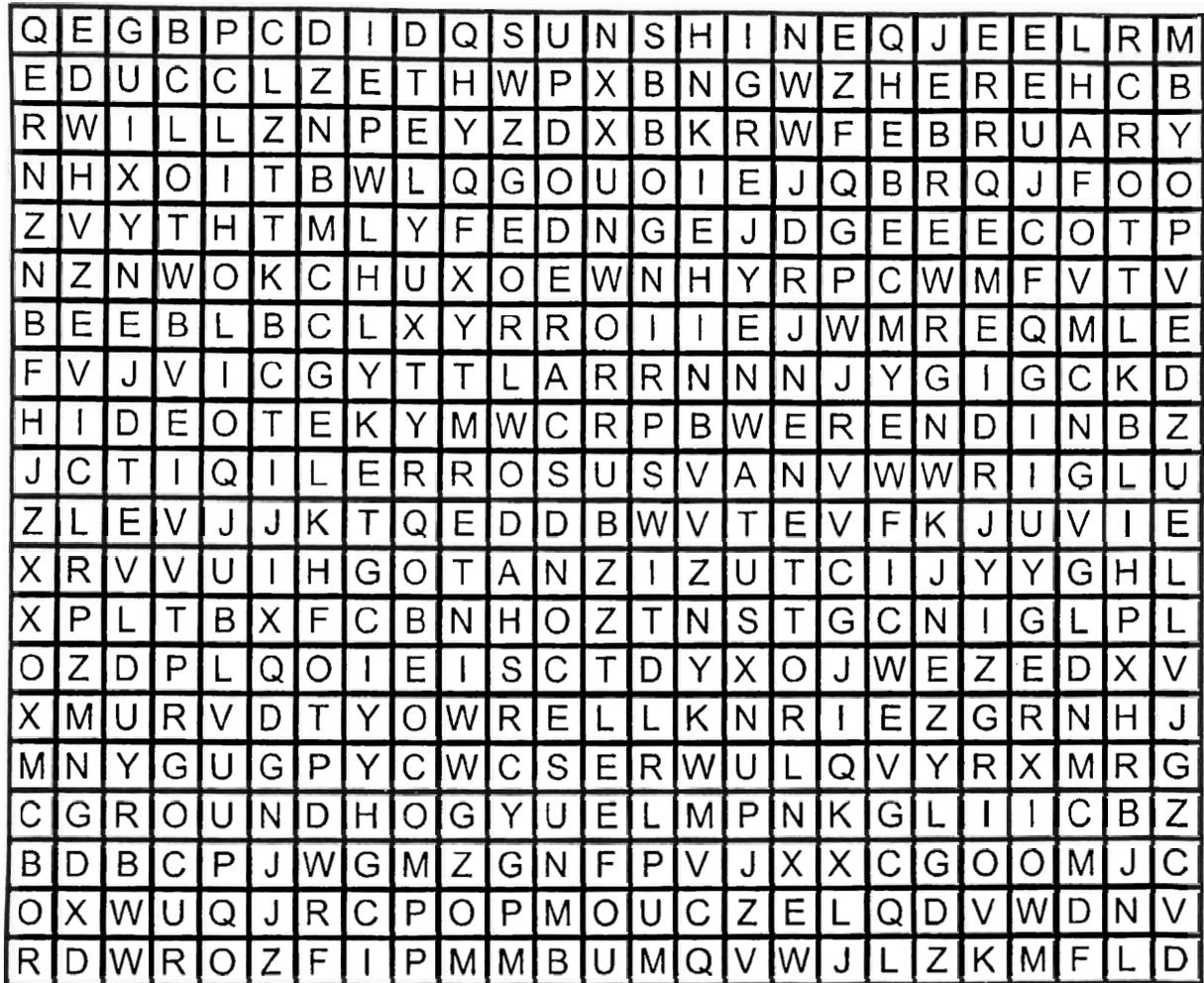
276 were cases closed (reasons for closure included: deceased; over cost cap; withdrew; or other: including refused assessment, conservator concerns, medically unstable).

To date, CT's efforts have received national attention. Future goals include: improving quality management; developing new affordable/ accessible housing options; estimating/ completing a comprehensive workforce development plan to meet future demand for home and community based services; increasing the chances of transitioning individuals from nursing homes within 6 months of institutionalization as well as increasing the percentage of Medicaid eligible long term care participants receiving care in the community versus nursing homes and other institutions.

The Long Term Care Ombudsman Program has worked with numerous nursing home residents throughout the State who are interested in transitioning back into the community. We hope to bring you some of their stories in future issues of this newsletter.

# WORD FIND

Groundhog Day



BURROW

FEBRUARY

GROUNDHOG

HIDE

PHIL

PUNXSUTAWNEY

SCARED

SECOND

SHADOW

SPRING

SUNSHINE

WINTER

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

*Every day*

*We are given a thousand waking moments...*

*A thousand opportunities to learn, to grow, to choose...*

*Thus, in as many of those moments*

*As you possibly can each day,*

## ***Choose Wisely***

*Choose understanding & calmness rather than anger...*

*Gratitude rather than envy... Compassion rather*

*Than judgment... Awareness rather than denial...*

*Loving thoughts, words and actions*

*Over those that have the power to hurt...*

*And in this way, moment by moment by moment,*

*We shall create harmony, healing, and peace*

*Within ourselves... and for each other*

*Caroline Joy Adams*

## ADVERSITY



### WHAT GOD HATH PROMISED

God hath not promised  
Skies always blue,  
Flower-strewn pathways  
All our lives through;  
God hath not promised  
Sun without rain,  
Joy without sorrow,  
Peace without pain.

But God hath promised  
Strength for the day,  
Rest for the labor,  
Light for the way,  
Grace for the trials,  
Help from above,  
Unfailing sympathy,  
Undying love.

ANNIE JOHNSON FLEET

**NANCY B. SHAFFER - STATE LONG TERM CARE OMBUDSMAN**

**860- 424-5200**

**CONTACT YOUR REGIONAL OMBUDSMAN**

**TOLL FREE NUMBER - 1-866-388-1888**

**REGION I WESTERN**

**INTAKE NUMBER 203-597-4181**

**Sheila Hayden - Intake Coordinator**

**Regional Ombudsmen**

**Kim Massey, Dan Lerman & Mairead Phillips**

**REGION II SOUTHERN**

**INTAKE NUMBER 860-823-3366**

**Stephanie Booth - Intake Coordinator**

**Regional Ombudsmen**

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

**REGION III NORTHERN**

**INTAKE NUMBER 860-424-5221**

**Charlene Thompson - Intake Coordinator**

**Regional Ombudsmen**

**Michael Michalski, Cristina MacGillis & Maggie Ewald**



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