

William Boisvert – Shailerville Manor

Connecticut Association of Residential Care Homes

Re: Section HB 5537 – An Act concerning the Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statues

Public Health Committee, March 14, 2014

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is William Boisvert and I am the owner and administrator of Shailerville Manor in Haddam Ct. I am writing this testimony to testify against Section 15 of House Bill 5537 – An act concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public health Statues.

My Residential Care home is in the town of Haddam, Ct. We are in a residential community where we strive to be good neighbors with those who live around us. Our staff is caring individuals who work hard to provide a clean home, good meals and an atmosphere of providing a safe home for all who live there.

Section 15 of House Bill 5537 would require residential care homes to take additional steps in writing a resident's discharge plan to an already burdensome statue that is inappropriate and not realistic. There is no reason for a home to evict or discharge a resident unless the resident has broken house rules, has become psychiatrically or medically unstable or doesn't pay their rent. Of course, if a resident is requesting a discharge the situation is changed and finding placement elsewhere is usually not difficult. When the discharge becomes an eviction, the whole process changes. It involves a letter to DPH, an appeal process is offered to the resident, the facility hires representation and this can take several months along with increased costs to the facility. At the same time, the house has to deal with someone who is causing disruption to residents and staff. Often, we have to utilize the Police, ambulance services and emergency rooms.

The truth is that the above scenario happens to often. What would you think of a resident, who is on oxygen, drunk and smoking in his room? The resident refuses all medical care that is offered. The police come the first two times that they are called, but on the third call we are told "We are not your babysitters." Other residents call their local ombudsman to complain of the house being unsafe. The ombudsman only speaks to the residents and once to the administrator by phone but they never come to visit to see for themselves what the state of the house is. Mobile Crisis is called as another one of our resources. We are told that the resident has a behavior problem and there is nothing that they can do to help us. We call the oxygen company to inform them that the oxygen is not being used properly and is endangering everyone in the home. They don't come out to assess the situation. We have made Doctor Appointments for the residents but he refuses to go. The Resident State Trooper is not happy that he has to use valuable community resources to send to Shailerville Manor. He visits with the town selectwoman to voice his concern. We call DPH and make an appointment to complain of our experience and lack of resources. Would you

want your loved one living under such circumstances? This went on for six weeks. What would be an appropriate discharge plan? How long would it take to place a continuously intoxicated person using oxygen a suitable place to live and who doesn't want to be discharged?

It is of my opinion that the existing statute needs revising. We don't need more inappropriate measures to implement that just don't work. Most homes have gone through similar situations. It is a degrading experience for residents and staff. It is time to get realistic and listen to our stories that are real because we have lived through it.

This bill is unnecessary and not realistic. I urge you to reject Section 15 of House bill 5537.

William Boisvert – Owner and Administrator of Shailerville Manor