



State of Connecticut
Department of Aging and Disability Services
Long-Term Care Ombudsman Program

**PAging Committee
Public Hearing
Tuesday, February 9, 2021
Testimony of Mairead Painter, State Long-Term Care Ombudsman**

Good afternoon Senator Slap, Representative Phipps and distinguished members of the Aging Committee. My name is Mairead Painter and I am the State Long-Term Care Ombudsman. Thank you for the opportunity to offer testimony today. The Long-Term Care Ombudsman Program (LTCOP) is mandated by the Older Americans Act and Connecticut General Statutes Sections 17b-400 through 17b-406 to provide services to protect the health, safety, welfare and rights of the residents of long-term care facilities. As the State Ombudsman, it is my responsibility to facilitate public comment and represent the interests of residents in order to recommend changes to the laws, regulations, policies and actions which affect the resident's quality of life and care. On behalf of the 30,000 residents in Connecticut's skilled nursing facilities, residential care homes and managed residential communities, I would like to testify regarding several bills that are before you today.

S.B. No. 56

AN ACT DETERRING AGE DISCRIMINATION IN EMPLOYMENT APPLICATIONS.

The Office of the Long-Term Care Ombudsman is in support of this act to deter discrimination in employment applications. We have residents in our long-term care settings that would love to have the opportunity to be gainfully employed. They do not wish to only be seen or judged based on their age or a disability they have experienced. Many have the goal of being employed again and I believe all people should have the right to live their best life, to reach their highest potential and work toward goals. Ensuring that they are not discriminated against is something we should all support.

S.B. No. 815

AN ACT CONCERNING SMOKING IN NURSING HOMES, ASSISTED LIVING FACILITIES AND OTHER HOUSING FOR THE ELDERLY.

The Office of the Long-Term Care Ombudsman is in support of not allowing smoking **inside** a nursing home, Assisted Living Facility or other housing that supports older adults. We also support not allowing staff or employees of a Long-Term Care setting to smoke on the premises of the facility or property if the residents of that setting are not allowed to smoke.

For long-term care settings that allow smoking, the Office wants to ensure that there is a designated area provided by the owner/operator, on the premises of the property that is safe and allows access for residents who choose to smoke. Currently there are Long Term Care settings that residents have chosen to make their home or receive care at due to the availability of smoking options. The LTCOP could not support a bill that changes the access of these settings if they already allow smoking, as it would negatively impact residents.

Long-Term Care settings that knowingly accept or have accepted residents who smoke or have recently smoked are obligated to meet their individualized need. They are required to have policies regarding

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smoking, smoking areas, and smoking safety. The LTCOP feels strongly that we need to maintain smoking options for residents of long-term care communities, because without these options residents may choose to take risks that would increase the risk of fires and potential harm to others.

S.B. No. 814

AN ACT ESTABLISHING A TASK FORCE TO REVIEW VOLUNTARISM NEEDS OF THE STATE OMBUDSMAN

The LTCOP appreciates the support of the program as well as the attention that is being given to long-term care residents. I recognize the need for volunteers as we work to protect the health, safety, welfare and rights of residents in nursing homes throughout the state.

As the State Ombudsman I have been working to slowly increase the number of Resident Advocates (RA's), the volunteers who assist with our monitoring and investigating of potential abuse. I must balance RA recruitment with the current availability of resources within the program and the time it takes to train, mentor and certify RA's to our federal standards. In order to protect the integrity of the program I must strategically use resources to meet our mission to protect the health, safety, welfare and rights of residents in nursing home while expanding the RA portion of the program.

I do believe that there is a need for additional RAs, and we have been successful implementing different outreach mechanisms. We have been collaborating within the Department of Aging and Disability Services to recruit individuals looking to volunteer and not duplicate efforts between programs. This collaboration has resulted in an increase in the number of applications received for the LTCOP and we have been offering regular trainings. Last year we received 26 Applications, 14 sent in all their paperwork and moved to the interview stage and 8 completed the training. A total of 7 were certified and were independently advocating in nursing homes. At the beginning of the pandemic we had a total of 17 volunteer RA's and three that were about to begin training.

Over the past year we have faced many challenges. One being that a few of our very long-term RA's are in their late 80's or 90's and are retiring from volunteerism. Most of the other RA's are older adults who are concerned at this time about going into a long-term care setting due to the pandemic. Another challenge is that once RA's are trained and brought on to the program, many volunteers do not stay very long. The RA role is a high-level volunteer position and requires a special type of person. With so many volunteer opportunities available today, we often lose people to volunteer opportunities that are less demanding. The LTCOP is happy to explore and accept ideas to expand the RA program, although I do not feel the proposed task force is necessary, I will accept any support offered to accomplish this goal.

Respectfully submitted,



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