

Valerie Marcella
SB 1030 An Act Concerning Long-term care facilities I am in Support
Committee of Public Health
March 17, 2021

Dear Members of the Public Health

My Name is Valerie Marcella and I am from Niantic I would like to express my support of SB 1030 An Act Concerning Long-Term Care Facilities

This bill can help support residents live a full life in their communities by providing safety against a pandemic and safety against isolation. It would provide protection against neglect and abuse

There are many parts to this bill. I will address the sections I have experience with. Sec1 (b) Full time infection prevention and control specialist could prevent the spread of viruses if facility was educated properly Example After the Covid-19 virus entered our country our facility shut down on March 9,2020 I was allowed a special visit on March 10,2020 I was required to wear face mask gown gloves yet the employees who entered the residents room only had facemasks and in common areas they had no PPE. Sec 3 Three-month supply of PPE as history has shown supplies were challenging if not impossible for facilities to acquire this is necessary to protect staff and resident. Sec 4 Staff for intravenous lines – when hospitals are overwhelmed refusing additional patients and our EMTs are to make tough decisions as to whom to respond to first All facilities would benefit from having a trained staff member to save/maintain a resident's life Also this could keep a resident in the facility rather than seek outside treatment that could subject them to additional harm such as viruses and prevent those viruses from returning to the facility Sec 5 Infection control prevention committee We must stay prepared for any and all future threats Prior to this pandemic our facilities were unprepared and the staff and residents suffered Sec 6 Trained administrator and supervisor Same problems solved as described in sec 5 Sec 7 Testing Facilities need to test to slow/stop the spread of viruses Sec 8 Establish Family Council This will provide the residents, the families and the facility support It would lead to more transparency of what the facility is providing how they are reacting and expose where there may be a weakness and support where there is success Families have a unique perspective as to what is occurring in the facility and should be involved. Sec 9 Care plan This would solve the difference of opinion between what residents/residents' advocates and what facilities consider important on a resident's CarePlan Many times I have requested such items listed in Sec 9 and was denied as it was not considered as part of the scope of a capelan Sec10 **Establish Essential caregivers** First the way this is written it will solve few problems as the facility and the resident/ resident's advocate differ on a what is deemed critical to daily care and emotional well-being of a resident and who may need essential caregivers The facility should not be able to determine who is granted essential caregivers Only the resident/residents advocate should be able to determine whether it is essential. Many times, thru this shut out of families I requested compassionate care visits and was denied based on the facility physician not deeming it a necessity and her needs fit the description of compassionate care visits, but the facility had been given the right to deny All residents/ residents advocate should be allowed to appoint an essential caregiver if they deem it necessary. This is the most effective way to ensure privacy and proper care. This could help prevent neglect and abuse as essential caregivers observe residents physical state and emotional state on a daily basis and can recognize signs of abuse prior to residents reporting Many residents confide in their essential caregivers and many are reluctant to report abuse or neglect to staff in fear of retaliation The facilities use the word baseline to describe a resident Baseline seems to only include resident's vital signs like pulse, blood pressure, temperature and sometimes an **extreme** decline in cognitive function etc it does not reflect lack of movement, lack of daily cognitive functions, depression, start of dehydration and so much more There is a lot of overturn in staff and so much of the staff is unfamiliar with the resident's needs, common behaviors and usually disposition etc If a family member isn't allowed to come in and provide care and provide observation many residents deteriorate to the point of failure to thrive Many lose their life Many decline cognitively and emotionally to the point of no return We need Essential caregivers in to prevent these dangers. Essential caregivers recognize issues prior to the issues endangering the resident's well-being or life. Essential caregivers are the resident's confidants They trust us to keep them safe and prioritize their needs There is always a shortage of staff in these facilities Also when there is "appropriate" number of staff there is not enough to provide what essential caregivers provide **Resident approved Essential caregivers should be effective as soon as possible to prevent any further lives lost**

Sec 12 Residents communication devices This would allow residents to connect/ contact their loved ones or even outside counseling without supervision and or restricted time frames Sec 13 Establish staffing hours This would provide more appropriate, hands on and inclusive care Sec 14 Electronic devices All residents should be allowed the use of these devices For those who are non-verbal it is necessary. This would protect staff; it will help clarify/prevent any accidents. It would help facilities take appropriate action against staff that violate resident's rights It would help families to determine if care is appropriate. This could deter possibly prevent abuse and neglect.

Theophila my grandmother **contracted Covid-19 thru her facility's staff** six weeks after her family was shut out. In addition, she was exposed thru staff and quarantined 2 more times while her family was shut out to keep her protected. The facility had 100 covid-19 confirmed cases. 23 Covid-19 confirmed deaths. She is now fully vaccinated The restrictions put in place did not protect her. Facilities need to have an appropriate plan with trained knowledgeable staff who can provide testing to prevent/contain the spread of future viruses Also have a proper supply of PPE to protect both staff and residents

Before Covid-19 lockdown our family was with my grandmother every day. She was always smiling, sociable and fun loving. We ate dinner with her every night and breakfast on the weekends. Monitor how much she ate what she ate and request a different meal if she wasn't satisfied. We encouraged her to drink fluids. Often noticing she was dehydrated from not drinking during the hours before we arrived. We encouraged and assisted her in exercise. We brought her outside for fresh air. We assisted her to the restroom. Sometimes I would shower her when she refused staff provided showers Every "visit" I would lotion her skin top to bottom. I would cut her nails and pluck her hairs. Weekly I cleaned and organized her room I washed her laundry (as most items would go missing) We read with her, we assisted her with writing out paperwork and family cards We would bring in our family pets that she loves to visit with her. Regularly communicate to the staff needs not being met such as the call button not in her reach She is not permitted to get up on her own and must be assisted to the restroom because she is a fall risk When there was a medical emergency at any hour, we were allowed in to assist with making medical decisions and comfort her emotionally. Console her at times of stress and protect her when she reported verbal or physical aggression (multiple times) Because she has dementia no staff was reprimanded as she could describe the incident in great detail but not what shift it occurred on or describe the staff member who treated her poorly, she would have benefited from cameras in the room and the other residents could be protected as I am sure the facility could then take action ALL ESSENTIAL CARE

After Covid-19 lockdown. Before weather changed, we were allowed outdoor visits, they were not meaningful. Being 6 feet apart with masks on made it extremely challenging to communicate with her. She is used to reading our lips to understand what we say. Loud heaters or the building's air-conditioner running made it even more challenging to hear each other. Our facility has not opened to indoor visits due to outbreak status since the September guidance. I have repeatedly requested compassionate care visits. I was allowed two compassionate care visits where I had to wear 2 masks, a face shield, gloves, booties and plastic gown and she did not even recognize me. **This is not compassionate or caring.** She became distant in the facetime visits. Those are not beneficial either except that I can see that she is wearing someone else's prescription glasses or someone else's clothing. That is unacceptable. We did window visits thru glass six feet apart and we still are required to wear our masks. Ridiculous. During our visits she hugged herself and we hugged ourselves and pretend we are hugging each other. During this period, she had **deteriorated and has suffered emotionally** She was confused scared and alone. She had been depressed from the isolation stopped smiling and didn't talk like she did prior She lost roommates to death with no family to console her. She had and still has limited access to religion other than on TV but since she is hearing, and vision impaired it is not beneficial. She has suffered cognitively. Her dementia is progressing. She has lost her ability to read and her ability to write. She has forgotten family members. She has suffered physically. She has lost muscle and movement. Her skin uncared for became dry and flaky, her lips sometimes look like raisins. We had provided the facility with all essential items to care for her. When she had an overnight medical emergency for her heart, she was denied access to a doctor until the morning. The next day an APRN did an exam and prescribed new medications. New medications that were not authorized by her healthcare agent. I only discovered that this occurred during a FaceTime two days later. She has lost faith in their care because of the response None of this would have occurred if we had Essential caregivers approved

Mathematica report highlights some of what isolation has done and how family is essential I support bill 1030 An Act of long-Term care facilities Please support this bill and make appropriate changes on section 10 for resident appointed essential caregivers Please make this a priority as residents need essential caregivers and protection now Thank you for your time and consideration