

INVOLUNTARY TRANSFER CASE STUDIES

Case Study #1

Mr. Meyerson has been a resident of Seaside Manor for only a couple of months. He suffers from an intermediate state of senile dementia, probably Alzheimer's Disease.

Mr. Meyerson is frustrated and angry. He hates non-whites especially. He has hit his roommate on two occasions for "yakking too much". He has lunged at male aides on two occasions and shouts racial epithets at the Vietnamese housekeeper and Korean aide who works his wing on swing shift.

The Administrator has offered special training to aides working with Mr. Meyerson. Soft restraints are used when he is most agitated. Medications have been used in the past, but did not prove effective in changing his behavior at reasonable doses. The family refuses to allow higher dosage trials, and the attending physician agrees.

Mr. Meyerson does not enjoy group activities, and the Activities Director now tries to keep him amused with individual activities, which work, at least for a while.

The Ombudsman is aware that most of the staff and many of the residents are afraid of Mr. Meyerson. In fact, the Ombudsman herself has been intimidated by Mr. Meyerson from time to time.

The Administrator wanted to move Mr. Meyerson to the new, locked Alzheimer's wing where he could roam free and receive specialized care. But neither Mr. Meyerson nor the family wants to see him leave his nice southwest view, which is breathtaking, and, they believe, therapeutic.

Last week Mr. Meyerson yelled a series of horrid racial slurs at the Korean aide who quit the next day.

The Administrator was understandably upset and warned that at the next outburst Mr. Meyerson would have to leave the facility.

Yesterday Mr. Meyerson blew his stack at the Vietnamese housekeeper and called her all sorts of unacceptable names - she was reduced to tears.

The Administrator restrained his temper, calmed the housekeeper down and returned to his office initiating a transfer notice for 30 days pursuant to Oregon law.

As the Ombudsman, what is your position? Is the transfer action valid? Do you support it? Justify your reasons by citing relevant rules. What do you think should happen?

Case Study #2

Mr. Jones has been a resident of Fireside Manor Nursing Home for fifteen years. He has grown sicker over the years both mentally and physically.

He has become what the staff calls a screamer. "We tried everything to get him to stop", said long time aide Martha Write. "At night we moved him into the shower room where he could scream his head off and it wouldn't bother anybody. It was warm in there and he didn't mind it - he doesn't know better. Well, we got in big trouble for that, with the state and all. But what do you do with a guy like that?"

Lately Mr. Jones has become quite combative. The Administrator became rightfully fearful for the safety of his staff and the other residents. The Administrator called for a meeting with the local SDSO office and with a social worker consultant. Many alternatives were reviewed; some had been attempted by the facility in the past with little success. It was agreed that a psychosocial assessment at a hospital might offer some clues to possible appropriate interventions.

The Administrator arranged for the assessment with the family's consent.

Mr. Jones was sent to Meridian Park hospital for a complete psychosocial assessment.

During this period, the Administrator came to the conclusion that he could no longer provide adequate care for Mr. Jones and informed the family that when released from the hospital, Mr. Jones would have to go to a different facility. The wife agreed.

After several weeks in another facility, the wife realized that this placement was disadvantageous to the family who would now have to travel more than 50 miles to visit him. "Besides", said Mrs. Jones, "they aren't able to do anything more for him here than they were able to do for him at the last place."

Mrs. Jones asks the Ombudsman for some help.

What advice would you give her? What rules apply? What is your idea for appropriate resolution of this problem?

Case Study #3

Mrs. Ricardo is an 88-year-old nursing home resident who is showing symptoms of Alzheimer's. She has lived at Maple Mountains Nursing Home for about 3 years. Mrs. Ricardo has a large family, many still living in the local community. Although she is widowed, her children that live nearby visit her on a daily basis.

The initial complaint is brought to you by another resident in the facility. Mrs. Ricardo maneuvers her wheelchair wherever she can, often ending up in other residents' rooms. She then proceeds to rummage through their personal belongings. When told to stop, she will curse at them.

Mrs. Ricardo's family members don't see their mother's behavior as disruptive. Their mother has a right to "go where she pleases and to express herself."

Staff members have expressed frustration to you as well because they feel the family won't let them care for her as they would like to. Part of the care plan includes restraints. The facility initiates the transfer process and refuses to keep her unless she receives strong medication.

Identify the issues. Whose rights are being violated? What suggestions do you have for Mrs. Ricardo? For the other residents? For the facility?