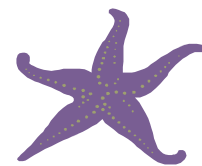


THE ADVOCATE



JULY 2021

PENNSYLVANIA STATE LONG-TERM CARE OMBUDSMAN PROGRAM

A NEWSLETTER BY VOLUNTEER OMBUDSMEN FOR VOLUNTEER OMBUDSMEN



BY EILEEN BARLOW
Schuylkill County
Staff Ombudsman

Good days, bad days, a full plate

March 2020. It seems like a lifetime ago. But for all of us in the ombudsman program, it will forever serve as a “marker” by which we will measure the last time we were able to freely negotiate the long-term care arena.

A lot has happened in the 15 months since the pandemic officially began, and the transition period has offered challenges, both good and otherwise.

For me, personally, it meant advocating for people I already knew and would have to “meet” by way of Zoom, FaceTime, and Skype. Most of these folks are not able to navigate a cell phone much less this new means of technology. But, with the help of caring staff members, it became all too familiar for us, and a new skill for the residents.

It also meant advocating for people I would never meet in person. One such case involved a gentleman whose brother-in-law would be his main contact, as the resident was cognitively impaired. The brother-in-law lived in Philadelphia, a resident in a home that did not permit in-person visitation. That resident passed away

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THE ROAD BACK ...

The COVID-19 pandemic affected every aspect of our lives. Over a year of fear, loss, and countless unknowns-some of which we are still facing today.

Though we have struggled over the past 16+ months, we have persevered. We stepped up to the plate and helped residents, family members and staff as we all faced this common unknown enemy.

As we journey back into long-term care facilities, there are many emotions we may experience. We are all human first. There will be emotions and fears that you may not even expect to experience. That is why we have such a strong support system in our ombudsman program. You can reach out to fellow ombudsmen, your mentor, and your regional specialist.

It is OK to not have all of the answers. The road back is not a road any of us has ever been down before. Please have grace with yourself and realize that we have made a difference and we will continue to ... one step at a time, one complaint at a time, one resident at a time (or one starfish at a time).

— **Jaime Rose, Northeast Regional Ombudsman Specialist**



BY SHELDON SCHWARTZ
Franklin County
Volunteer
Ombudsman

Adjusting to the new realities

I donned my PPE and headed into one of our nursing homes in Franklin County for an announced visit with PEERs.

We had five PEERs at this facility before the pandemic, and now there are only two left. I am not sure how I will handle it yet, but it is a reality I must face here and the other PEER groups at other facilities.

I signed in and answered all the COVID-19 questions and had my temperature checked. The activities director met me in the lobby and asked that I also add a surgical type facemask under the clear mask, because she thought that the seal around my mask was not ideal.

I learned on our walk to one PEER's room that they were having their first post-pandemic Resident Council meeting. They will have two such sessions since only 50 percent of the residents are vaccinated, so there is a necessity for vaccinated and non-vaccinated Resident Council sessions. I asked if I could participate, and she said OK if the residents approve.

I joined the PEER in her room, which was a three-bed room. It was very crowded. She was in a

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ADJUSTING

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wheelchair and smiling from ear to ear and said that she was happy to see me.

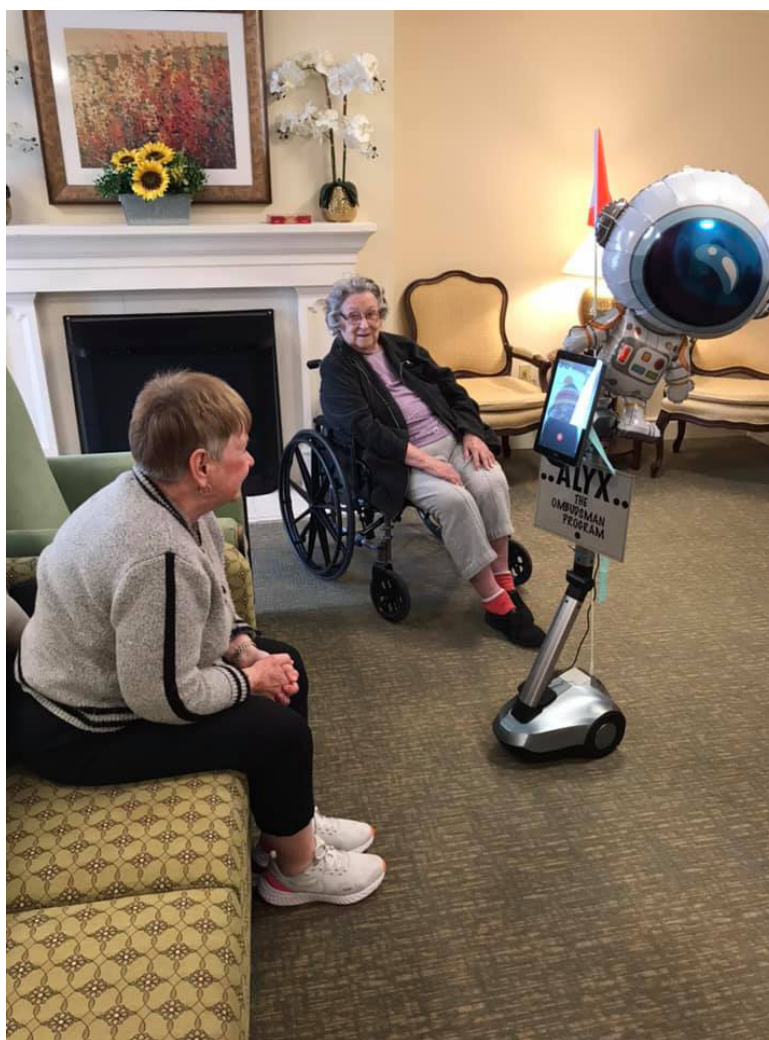
There are continuing issues with laundry and getting face towels is nearly impossible. She had to go out in her wheelchair to find somebody to give her some towels just to wash herself. She allowed that it was frustrating, but she was still very positive. She said she is comfortable.

We talked about the loss of the other PEERs. One was her buddy and was on another wing, but even during the pandemic she managed to sneak over for fun visits every once in a while.

They got together and laughed and had some fun. She misses her.

She mentioned the other PEERs by name; one was the Resident Council president for many years. Another was the moving force of the organization with ideas and gossip, so it hasn't been a good time for her. She allowed that her health was OK. She is looking forward to us getting together more often. I said that I was going to pitch the PEER program at the Resident Council meeting to see if we can get more members and we would start meeting on a monthly basis. She said that she was not going to this Resident Council meeting because she did get vaccinated and would go to the next one.

I then went on to meet with another PEER. It looked like she aged 10 years since I saw her 14 or 15 months ago. She was gray and ashen and crying and shaking her head, saying "I give up, I give up."



Residents at Artis Senior Living South Hills, Allegheny County, get acquainted with "Alyx," one of the padbots used by ombudsmen.

It turns out that about a month ago she fell and broke her hip. While she is getting some physical therapy, she is not optimistic about her future.

I shared with her some personal experiences with positive outcomes to change her outlook. I tried to share that it was OK to be

angry and frustrated and yell and scream to get rid of the pressure. She smiled at that, understanding that overnight improvement is not possible and it will take work, but it will happen and time is what she needs.

I think I finally got her thinking a little more positive. I asked her

if she had her shots, and she said no because her daughter said not to. So she was a candidate to come to the Resident Council meeting today. In fact, one of the activities folks came in while we were talking and asked her if she was going and play some Bingo; she said she wasn't sure. After the activities person left, I urged her to come to the meeting.

The activities director ran the Resident Council meeting and explained to the group that normally one of the residents would be responsible for running the meetings and that the staff would only participate if the residents wanted them there. She asked the group if it was OK for them to be there until they have elected a new Resident Council president. They said OK.

I was introduced and gave a short presentation about what I do as an ombudsman. I explained the PEER program and invited others to join the program. I did single out the PEER I had just spoken with and gave her a thumbs-up for being there. I did get a smile.

When the meeting concluded, they broke out the Bingo games and the fun began. I left and, on my way, I stopped in to see the administrator, who was busy doing paperwork. We chatted for a bit about some of the things that I've heard -- the staff call-off issues, long waits for call bells and on and on. She is well aware of it and looking forward to getting back to some normalcy.

One down, a few more to go. I know that I will find similar issues and "casualties" of COVID. I think I am ready to contend with it, but I never know until it happens.

CHANGES

From Page 1

before I ever had a chance to lay eyes on him.

In short, I missed "people."

We grieved the loss of many residents due to the virus, whether we knew them or not, and our hearts ached when the call came that another PEER had passed away.

But, just like the arrival of spring, the day came when we were able to begin our return. What would we see? How would the administration and staff react? What restrictions would meet us?

In short, it was, and continues to be, confusing. Some homes are more welcoming than others. Everyone wants to keep their residents

safe, and I get that. However, these same people had been confined to their rooms in the early days of COVID, and needed that human connection.

The first home I visited was during a Department of Health survey, and I was met with open arms by the staff. Sadly, the residents were in the process of transitioning from confinement to the ability to navigate their home, still with restrictions. Their flat affect was concerning, but at least they were able to be out and about.

Fast-forward three months, and I visited the same home for another survey. It was as if someone flipped a switch! The residents were bubbly, smiling, and actually applauded when I walked into the room. One of the ladies insisted on a hug. How could I refuse! It was a

heart-melting moment. We were able to chat as if the clock had never stopped.

Conversely, there are still homes that will not permit in-person visitation, or require rapid tests to enter.

Despite our best efforts, COVID is still out there, including in two of my homes. Just one positive test sets the clock back another 14 days, and we're at Square 1.

As the positivity rates continue to decrease, the number of our visits will continue to increase. While I won't speak for my fellow ombudsmen, I long for the day when roaming the hallways of these venerable institutions without restriction becomes the "norm" once again.

Our residents have weathered a storm the likes of which has not been seen in 100 years. We have a lot of catching up to do!

Going the distance for family

Virtual Family Council member hears her Mom say, 'Thank you'

BY BRENDA GROB

My Mom, Rose Marie Fox, has suffered from a traumatic brain injury and stroke as a result of cancer treatments that managed her Stage 4 cancer, but left her executive and physical abilities diminished. She is not able to walk, feed herself or write; her swallowing and talking are severely impaired.

She requires one-on-one for all ADLs and is dependent upon the staff to proactively accommodate her, and she is unable to ask for her needs as she doesn't have that capability in her state.

Prior to COVID, our family provided seven-day-a-week visits for largely 10 to 12 hours a day, taking care of her as best as we could within the facility to augment the staff and nurses. We fed her, did her hair, cleaned her and applied her favorite cosmetics to make her feel like herself.

She requires extra care to move her to communal events, games, music, etc., and we would make sure she was engaged and partaking of the facilities events to insure she remained stable and mentally stimulated as best as possible.

At 12:30 p.m. on March 11, 2020, after a care conference, my sister and father were escorted from Mom's room, the doors were shut and we were not allowed to see Mom in person until late September, except for a car birthday parade on her birthday in July where we had to stay in our cars.

The visits were scheduled once a week for 30 minutes and were outside, socially distanced, two people and masked with NO physical contact. Then they shut down in November after my parents' 64th anniversary visit. That was the end of visits until March, when we were allowed the socially distant, 30-minute weekly visits with two people.

Sadly, we were called in December and told Mom had declined to the point where we would be given limited compassionate care

visits as she was expected to pass away.

We saw her in person twice, but had to refrain from going because the COVID rates were climbing at great rates, and my father is actively being treated for malignant melanoma, and we couldn't risk his health as we are caring for him at home.

Somehow Mom persevered through that time, and was vaccinated in January with the first wave of vaccinations.

Mom stayed alive through the vaccine protocol, and we started trying to get compassionate care visits since she was in hospice in March, as soon as our family got their vaccine protocols.

We were only allowed the 30-minute, socially distanced, no-contact visits once a week, which didn't aid my Mom at all. Also, due to her hearing being diminished, not seeing our lips made it impossible for her to discern what we were saying and her ability to respond was already impaired, so she was unable to respond to us and mostly just looked at us.

We asked for permission to use masks that had transparent inserts to allow the lips to be seen, but were told they didn't meet the N95 mask protocol and wouldn't be allowed. We couldn't feed her, clean her nails, clean her teeth, and make her feel like a human with dignity by caring for her personally.

We did work with the hospice providers, and they would call us on Facetime if Mom was awake to let us try to talk live with Mom and see our faces. We also had a Zoom call on Fridays that I hosted for the family to try to visit Mom, but she was unable to really engage in that type of meeting in a meaningful way and the digital context for her was difficult to absorb.

As soon as March came, we organized going outside her window once a week with the help of the hospice team. I brought my father, and we would try to be entertaining and play music and sing



Rose Marie Fox graduated from hospice on June 15, 2021, roughly 51 weeks after she entered hospice due to decline as a result of COVID social isolation.

familiar songs and say prayers to keep her spirits up.

We persevered as well. We were radical advocates and communicated and utilized materials from the Pennsylvania Virtual Family Council to guide discussions, communications and drive compassionate care visits with my mom.

We finally had a breakthrough with the facility in early May, after an administration staffing change at the facility and freshly empowered advocacy spurred by the May 1 VFC meeting on resident rights. Finally and with great reserve, the facility allowed two visits a week for one hour each day in Mom's room.

We continued to advocate utilizing the VFC materials, referring to the CDC and DoH guidelines that the VFC references along with the CFR guidelines. We lobbied for appropriate and reasonable care to help my mother maintain her rights to human dignity and progress in her state. Mom gained weight and became more alert with the introduction of the compassionate care visits.

On May 15, 2021, Mom graduated from hospice. At that time, we went back to advocating for more compassionate-care visits to support her as she would no longer be receiving any wraparound services from hospice, and the

fear of her decline was palpable. We were granted more than two times a week.

With the additional visits, I was able to be with her in a meaningful way for the first time since March 11, 2020 and on May 25, 2021, I brushed her teeth, cleaned her face, styled her hair and applied facial moisturizer and a touch of makeup! When I showed my Mom her photo, for the first time in 15 months my Mom said to me a full sentence, "Not bad for an 89-year-old gal!" Then she thanked me for all I have been doing to be there for her.

I know my mother is a COVID Warrior. She is a rare case and we experienced a miracle. Many people had very different outcomes and their loved ones perished in the COVID dark times from the disease and the shadow effects of the infection protocol around the disease.

I am grateful for the support of the Virtual Family Council and ombudsman Megan Manney-Thomas, as well as the collective SMEs that presented and shared all the information that helped with our outcome. It was not possible without the village of support and collective knowledge of the VFC and their efforts! Thank you.



BY JEAN DOBAY
Beaver County
Volunteer
Ombudsman

Veteran volunteer returns to nursing

As a retired nurse and nursing-home administrator, I was especially concerned for the health and needs of our long-term care residents during this COVID-19 pandemic.

So when my niece called and asked me to come back to the company as a nurse, I jumped at the chance. Although I had allowed my license to expire, I was able to reactivate it under the state's emergency provisions for retired nurses.

The facility that required my help was a 200-plus-bed nursing and personal-care home about an hour from my home.

The National Guard was already at the facility when I arrived there in mid-November. Out of 163 residents, all but eight had tested positive for the virus. Over 50 percent of the staff had also tested positive. Despite strict infection control measures, the virus was out of control. Within just a few days, residents had gone from negative to positive for COVID-19 with their twice weekly testing.

Staff who tested positive for the virus but were asymptomatic were required to report to work in the "Red Zone." Most of the staff were working 12-hour shifts, seven days per week. The director of nursing was hospitalized, and the administrator was quarantined with the virus.

Families had been quickly notified that their loved ones had tested positive and were being moved to the "Red Zone." You can imagine the panic of both residents and family members. Unfortunately, most of the front office staff had also tested positive for the virus.

Because of low staffing, and very busy staff caring for the residents infected with the virus, phones were often gone unanswered. Families became panicked and began making calls to the Department of Health to voice their concerns. Visits from DOH only increased the workload of an already overburdened staff.

I witnessed several staff mem-

bers go outside and collapse into the arms of a coworker out of sheer exhaustion and sadness over the loss of yet another resident.

My job was to review the medical records and check in on the residents who were in the "Red Zone" so that I could update the family members on their condition. It was a great relief to them and took a large load of answering phone calls off the staff. It also gave me an opportunity to identify medical concerns that may have been overlooked and report those concerns to the medical staff.

Family members were great in telling me their concerns and letting me help them address them. During the process, I identified a need for improved hydration of those in the "Red Zone." With the help of the National Guard, we were able to set up an improved hydration program. Dehydration and weight loss related to poor appetites were two of our major concerns.

As residents were able to leave the "Red Zone," I assisted in moving them back to their rooms and reuniting them with their belongings. I also assisted with staff COVID-19 testing at several of the company's facilities.

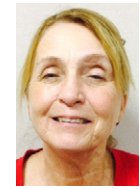
My final job began in January when I was asked to assist with the administration of the COVID-19 vaccines. It was such a privilege and an honor to be part of this life-saving act. Residents would clap their hands, laugh or cry for joy, knowing that the vaccine would eventually give them the opportunity to see their families again.

In my many years in the long-term care industry, I have never experienced anything so heart-wrenching and overwhelming as this pandemic has been on our residents, staff, and families.

The staff and residents were truly heroes through all of this. I believe that many will experience PTSD from this experience.

I strongly encourage all ombudsmen — when you return to the facilities, express to the staff how much you appreciate what they have done. And spend a little more time with each resident to hear the heartache that they experienced during this year of isolation and trauma.

Some things have changed forever



BY DIANE PERALTA
Chester County
Volunteer
Ombudsman

CONSUMER VOICE ARTICLE (click on URL)

https://theconsumervoice.org/uploads/files/actions-and-news-updates/Framework_and_overview_FINAL.pdf

The day I waited for so long is coming — I return next week to the facility where I was an ombudsman. How could I know the devastation that would befall the residents I knew and served for years?

I wonder, as I have wondered for all this time, who survived and how this pandemic has affected those who survived. A year ago, the facility struggled with staffing

issues. At the time, I thought this was a monumental issue. I had no idea how monumental this issue would become.

The longstanding problems of long-term care became devastating to more than 184,000 long-term care residents who died — 19 per hundred in Pennsylvania, according to AARP.

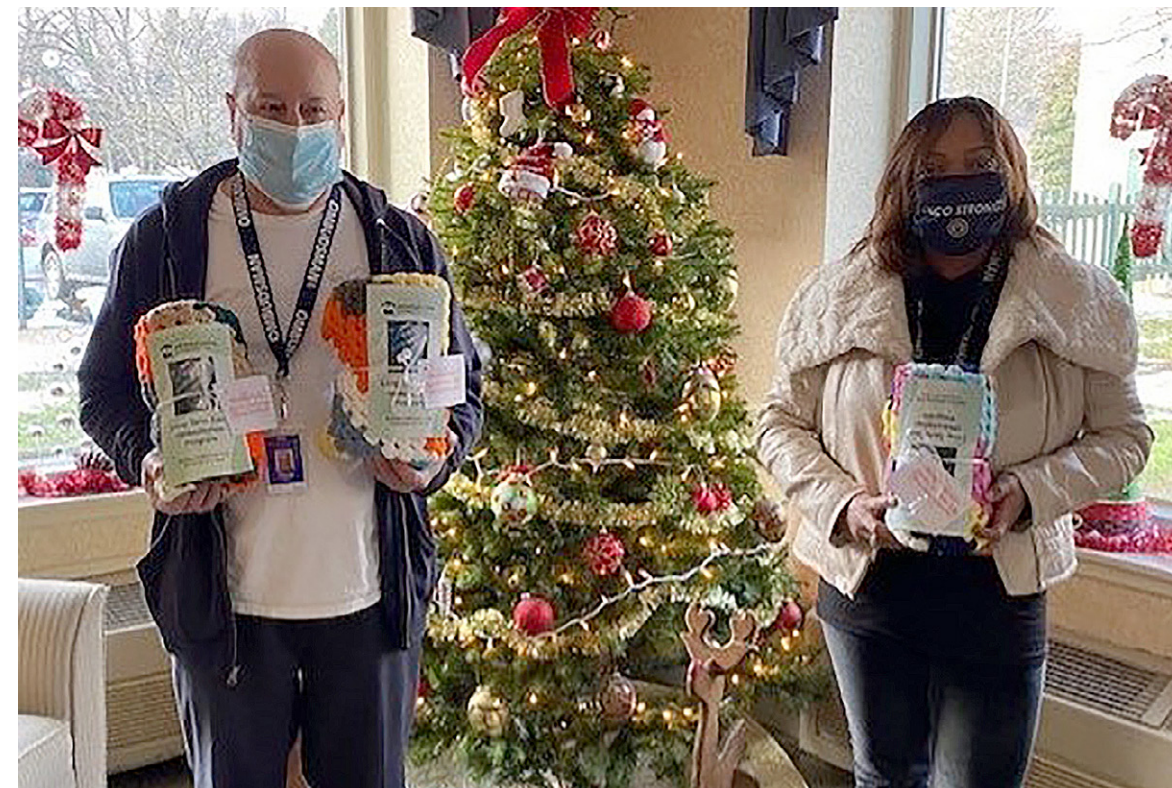
It is difficult for me to imagine how these statistics apply to the new reality. Can I return and grapple with the same issues I dealt with before knowing the

ultimate consequences on a very grand scale? I do not have the answer, but I know something has changed forever.

I received an email from Consumer Voice just today. The article focuses on six critical areas needed for reform, with the first being staffing and workforce. Accountability is given twice as needed well as transparency by those responsible for the care of older adults, owners of long-term care facilities and the government. Further, structural changes

in long-term care and redesign of nursing homes are recommended.

I recommend going to the Consumer Voice website and reading the complete document “Framework for Nursing Home Reform Post COVID-19”. All the lives that were lost in long-term care due to the failings of a broken system need to be addressed. We as ombudsmen need to return to our roles with a greater purpose and desire to support and fight for change.



Delaware County ombudsmen delivered 60 afghans to Naamans Creek Country Manor nursing facility. Their volunteers in the community make the afghans for the residents, wrapping each one with an ombudsman brochure and putting their contact information in them. Usually, they would hand-deliver the afghan to each resident at a selected facility, but due to COVID, they dropped them off and the staff hand-delivered them to each resident.

This is what we can look forward to at 70, 80 ...

This is something that happened at an assisted living center. The people who lived there had small apartments, but they all ate at a central cafeteria.

One morning, one of the residents didn't show up for breakfast, so my wife went upstairs and knocked on his door to see if everything was OK. She could hear him through the door and he said that he was running late and would be down shortly, so she went back to the dining area.

An hour later, he still hadn't arrived, so she

went back up towards his room. But she found him on the stairs.

He was coming down the stairs, but was having a hard time. He had a death trip on the hand rail and seemed to have trouble getting his legs to work right.

She told him she was going to call an ambulance, but he told her no, he wasn't in any pain and just wanted to have his breakfast. So she helped him the rest of the way down the stairs and he had his breakfast.

When he tried to return to his room, he was completely unable to get up even the first stairstep, so they called an ambulance for him.

A couple of hours later, she called the hospital to see how he was doing. The receptionist there said he was fine, he just had both of his legs in one side of his boxer shorts.

I'm sending this to my children so that they don't sell the house before they know all the facts.

— From social media



BY CAROLYN DiMATTIO

Erie County
Staff Ombudsman

Erie ombudsman faces obstacles in first trip back

Returning to a facility to attend a DOH/Resident Council group meeting was very exciting for me. This was the first meeting since last year's lockdown. I was looking forward to seeing the residents and learning how things were going in their facility. Unfortunately, it didn't go as smoothly as I had hoped.

The DOH surveyor seemed upset even before the meeting began and kept asking me about Resident Council meetings. She left the group several times to verify the minutes with the newly hired activity director. She came back and realized two people who were on the attendance list were missing and left again.

She returned with the activity director and an iPad and told everyone that the facility had made arrangements for the president of Resident Council to attend virtually. Once connected, the president had her TV on and couldn't hear the surveyor's request to turn it off. I agreed to find a staff person to go to the president's room and ask her in person. Just as the meeting began, her roommate arrived and turned on her TV! Another trip out for staff assistance.

OK, we were finally ready to start. The residents were in a large activity room, socially distanced from each other at six feet apart.

The surveyor had her N95 mask and face shield on securely, which made hearing her next to impossible. She began by directing her questions to the Resident Council president on her iPad. This was well-intentioned but it made the surveyor virtually silent to the other residents. The residents looked at me in confusion. I asked the surveyor if she wouldn't mind speaking to the other residents as well, so that they could participate in the process.

The surveyor repeated her first question, asking if any of the residents ever attended "one of these meetings" before. They all answered no. The surveyor looked at me and said that residents had to participate in Resident Council and that she had confirmed this with the activity director.

The ombudsman explained to the surveyor that she had asked the residents if they had ever attended one of "these" meetings, not if they attended Resident Council. Once she rephrased the question, everyone nodded.

Although I had to repeat several questions in a louder voice, the residents were able to offer some excellent insight and valid concerns.



Ombudsman Mary Ann May, back right, poses with her six-resident PEER class at Mountaintop Senior Care Nursing Home in Luzerne County.

PEER training a huge success

The lady with sparkling white hair smiled sweetly as I walked into the activity room on a sunny day on May 6. Sitting next to her, but six feet apart, was a gentleman whose face lit up when I said, "Good morning."

We were soon joined by five other residents, smiling and chatting as they were brought into the room.

We gathered to begin the first PEER training session that I conducted at the Mountaintop Senior Care Nursing Home in about two years.

The faces and voices of the residents were so happy, they gave me a huge boost of energy.

The five PEER training sessions are usually spread over the course of several weeks, one session every seven or more days. But the

idea of a faster schedule was so well-received that I compressed the course to five consecutive weekdays, starting on a Wednesday and ending the following Tuesday, to give the residents a break on the

weekend.

To my delight, each successive session was as invigorating as the first. It seems that the residents had been in seclusion for so long, they were eager to meet, converse and share their feelings and experiences.

Because the sessions at Mountaintop Senior Care were so positive, I held another compressed PEER training at the Gardens in Tunkhannock, beginning May 25. Four residents attended along with three certified PEERs, kept the discussion lively and meaningful, and enjoyed their graduation on June 2.



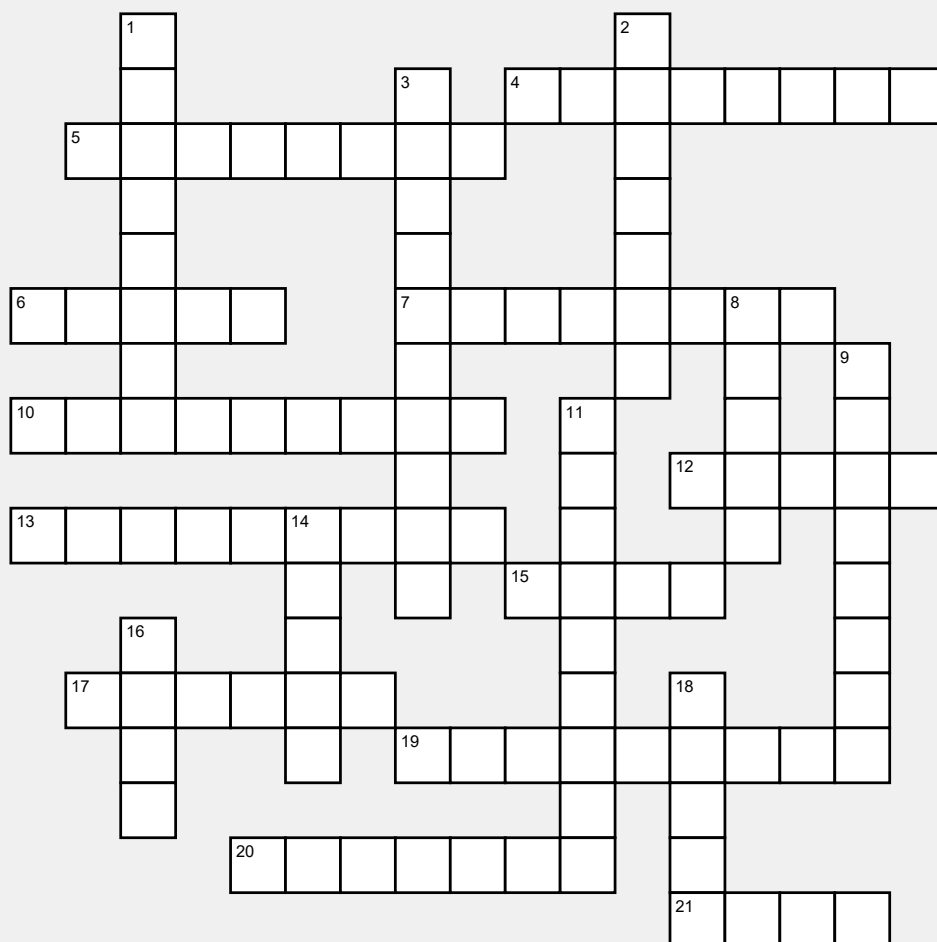
BY MARY ANN MAY
Pennsylvania
Certified Ombudsman



Cambria County's ombudsmen provided a novel solution to a COVID problem — lack of access to the residents. They posted this “concerns” box outside a nursing facility which included contact information.



Seaside Crossword



ACROSS

- 4) Clingy crustacean
- 5) Wind-driven craft
- 6) Where the buoys are
- 7) Moving waters
- 10) Spineless one
- 12) Sandy area
- 13) Coney Island attraction
- 15) Coral formation
- 17) Wave rider
- 19) Two-hulled vessel
- 20) Saturday and Sunday
- 21) Ocean motion

DOWN

- 1) Marine creature's home
- 2) Flying saucer
- 3) Shore construction
- 8) Drying cloth
- 9) Holiday from work
- 11) Beach whistle-blower
- 14) Breakers
- 16) Beach hill
- 18) Luxury boat

PA Long-Term Care Virtual Family Council

Follow us
on Facebook

- Join us to learn about Resident's Rights, build your advocacy toolkit, empower each other, and enhance quality long-term care for your residents/loved ones.
- ZOOM meetings every other Tuesday evening at 4:30 p.m.
- Email jarotz@pa.gov including "Virtual Family Council" in the subject line to join the listserv for more information.

**EXCELLENT RESOURCE FOR FAMILY MEMBERS
ANYWHERE ACROSS THE COMMONWEALTH!**



Summer Word Search

S	W	I	M	M	I	N	G	C	F	S	U	X	E	Y
C	K	Q	S	X	Y	E	L	C	I	S	P	O	P	N
D	S	L	E	E	P	O	V	E	R	N	Q	I	W	X
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AUGUST
BEACH
COOKOUT
FIREWORKS
FLIPFLOPS
HEAT
JULY
JUNE

LEMONADE
PICNIC
PLAY
POOL
POPSICLE
RELAXING
SAND
SLEEPOVER

SPRINKLER
SUMMER
SUNGLASSES
SUNSCREEN
SWIMMING
VACATION



Simple grounding exercise:

5 Things you see
4 Things you feel
3 Things you hear
2 Things you smell
1 Thing you taste

Grounding helps with
anxiety, anger, and focus.

