

Testimony to The Nursing Home Safety Task Force
Submitted by, Jamie Freschi, Regional Ombudsman

October 29, 2009

Thank you for allowing me the opportunity to speak to this Task Force. My name is Jamie Freschi and I am a Regional Ombudsman, here in Springfield. I am representing Region 07 of the Long Term Care Ombudsman Program.

Our program serves residents in nursing homes, assisted and supportive living facilities, shelter care facilities and homes for the developmentally disabled in a 12 county area. Our regional program is seeing an increase in residents who have mental illness, (not related to aging) who have criminal backgrounds and who are under 60 with mental illness and/or criminal records. Our role is to protect the rights of individuals who reside in long term care facilities. This includes living in a safe environment.

Recently, we were called in to assist with a concern in a nursing home where a 40 year old, completely mobile, female resident was scaring residents with her behavior and verbal threats directed towards residents and staff. The residents were asking to be moved to either a different room or another facility to get away from her and families were also threatening to remove their loved ones from the facility. Residents expressed fear while around said resident. Luckily, the resident was removed from the facility for a psychiatric evaluation before anyone was physically harmed.

Another case of a resident with MI who was not appropriate for nursing home care is a male resident who was in his 20's and so violent, he would throw chairs, rip doors out of their frame and punch holes in the walls of his room. He too was discharged for his behaviors.

These are just two examples of residents who need different care than what a nursing home can provide. The residents with mental illness are not getting their needs met in a nursing home and at the same time may be a potential to harm residents who have no way of defending themselves.

Problems are also rising due to some facilities accepting residents with criminal backgrounds. For some residents with criminal backgrounds and who are completely immobile, this may not be the case. However, it is problematic when the resident with a criminal background is mobile and dangerous. It is also a problem when the nursing homes are doing the criminal background check after admitting the resident.

Facilities do not have the staffing to monitor individuals at all times who need 24 hour supervision due to mental illness or dangerous behaviors and staff do not have the proper training to handle residents with mental illness or who have criminal backgrounds.

There was concern when our office became aware of two residents, both of whom were sex offenders were sharing a bathroom. The rules state that all sex offenders are to have their own room and private bathroom. This rule was overlooked because both residents were sex offenders.

The Criminal History Analysis summary which lists reasons for the recommended risk category is too vague since the complete criminal history is not included in the current reports. Statements such as "lengthy criminal history"...with "numerous convictions" do not give a clear indication on the severity of the crimes. Please consider taking another look at how residents are assessed for "risk". I believe that the complete criminal history should become a part of the analysis along with a section stating the mobility level, and verbal ability of the resident.

Also, please consider re-evaluation on residents with criminal histories on a regular basis and include the reason for discharge when a resident moves from one home to the next. It seems some residents move from facility to facility, but there is no mention in the new criminal analysis form that the resident had been in other facilities previously.

Our program is fortunate to have a very good working relationship with our local Elder Services Officer and with the Illinois State Police, Medicaid Fraud Unit. We will continue to work with these agencies when problems arise. However, there are many changes that must be made at the IDPH level in order to maintain and assure resident's safety. The focus must be on prevention as opposed to reaction after an incident that may have endangered a resident.

Thank you for your time and consideration.

Respectfully submitted,

Jamie M. Freschi
Regional Ombudsman
I CARE Long Term Care Ombudsman Program
620 N Walnut
Springfield, IL 62702
1-217-523-8419
1-800-842-8593

Jamie@icare.ws