

Written Testimony to Follow-up Oral Testimony Presented at the Nursing Home Safety Task Force Hearing, October 29, 2009, Springfield, Illinois

Thank you, Governor Pat Quinn and Michael Gelder, Senior Health Policy Advisor, for convening this task force and holding hearings to listen to the public. Much appreciation goes to David Jackson, reporter for the Chicago Tribune, for researching the abuse and neglect issue that affects the most vulnerable and helpless of Illinois citizens who reside in nursing homes.

I am Margaret Niederer, a retired regional ombudsman, a member of the Illinois Long Term Care Council, and have been a family member. Since 1991, I have worked on eliminating neglect in nursing homes and on the elimination of conflicts of interest that prevent the Illinois Long Term Care Ombudsman Program from complying with federal and state laws.

The Illinois Long Term Care Ombudsman Program is mandated to be the voice of residents who live in facilities, and to inform the public of the issues, including the extent of abuse and neglect in facilities, but there are still conflicts in this program. The federal and state laws require the ombudsman program to:

- a. Identify the problems in regard to protecting the health, safety, welfare and rights of residents;*
- b. Comment on, monitor, and recommend changes in laws and policies; and*
- c. Facilitate public comment on critical problems facing residents.*

The examples of problems concerning housing identified offenders in nursing homes and providing services for persons with a mental illness in the Illinois long term care facility system were clearly described in the Chicago Tribune article and further detailed through testimony at the October 20, 2009 hearing, now posted on the Internet, and in this hearing today. I have personally witnessed abuse and neglect in facilities in my regional area and have served as an advocate for families and others who brought many serious problems to my attention when I was a regional ombudsman and since that time as a volunteer advocate.

There are many dedicated, caring people who work in nursing homes and there are some good nursing homes. Nevertheless, little has changed regarding the neglectful care of residents in most nursing homes over these past years.

The Illinois Long Term Care Ombudsman Program has promoted Pioneer Practices, which advocates for residents' choice and treating people with care and concern, the way anyone would want to be treated. The question is why some nursing homes promote Pioneer Practices and are able to provide quality care and a quality of life for residents while the system allows other facilities to continue to provide poor care and actually neglect residents.

As the task force considers specific issues regarding identified offenders in nursing homes and the lack of psychotherapy and other mental health services for persons with a mental illness, the State can no longer tolerate the major deficiencies in the total system of costly long term care in nursing homes.

The testimony at the October 20, 2009 hearing and the hearing today gave evidence that many people charged with protecting residents have extensive knowledge about the abuse by the identified offenders and the lack of appropriate programs and therapy for persons who are mentally ill.

Why did it then take the Chicago Tribune to inform the public?

The policy makers knew about many of these abuses in 1992 when the St. Louis Post Dispatch wrote several articles about Illinois nursing homes. In the intervening years, the Chicago Tribune, the Illinois State Journal and other media outlets, some of which I am not specifically aware, have reported on abuses and neglect in nursing homes.

These horrific situations have not been communicated to either the policy makers or to the public, or reported to the Illinois Long Term Care Council, a mandated council to make recommendations to State officials and the legislators regarding long term care. The State departments, the advocates, the Illinois Long Term Care Ombudsman Program, the nursing home staffs and lobbyists all evidently have known about the abuse and neglect and lack of care for years---but why did it take a reporter to tell the public?

Now we are outraged?

Nothing constructive has occurred to actually fix any of these system problems of abuse and neglect, up to this time. Nothing has actually happened, except planning and execution of limited pilot projects, to deal with the high cost of nursing facility care instead of an overall State initiative to provide care in the community at a lower cost. The State must take advantage of the savings in community care in order to redirect funds to needed areas.

This time it will be different. A concerned Governor has decided to do something about eliminating major problems in protecting people who need long term care.

I applaud Governor Quinn who has made a commitment to resolve the issues that allow neglectful care.

Therefore, the task force must not only address issues of identified offenders and of serving persons with a mental illness, but also has to resolve the major issues involving ongoing, widespread neglect. The recommendations from testimonies to improve the system from the October 20, 2009 hearing and the hearing today have merit and should be considered.

I offer the following recommendations:

Appoint an independent Nursing Home Czar to ensure success of the task force improvement plan, the implementation of the plan, and transparency of the plan.

Rational/comment: The public is concerned that the improvement plan will be forgotten after these hearings, or weakened because of political considerations that will diminish or stop the execution of the plan.

The appointment of one person, a "Nursing Home Czar", is needed to follow-up these hearings to identify what information and data are required to assess the short and long term goals of the plan; to inform the public of the system changes planned and instituted; to assess the outcomes of those changes in terms of eliminating abuse and neglect of residents; and to make certain that this information is transparent to the public and the Illinois Long Term Care Council.

The appointed Czar, in order to carry out these responsibilities, should not have conflicts, which the Governor has to ensure. The employment of the Czar could be by the State or by a not-for-profit agency such as the Health and Medicine Policy Research Group of Chicago. In either case, the Czar would be under the direction of the Governor and have immediate access to the Governor.

The State has a compelling interest to be successful in instituting necessary system changes to protect the health, safety and rights of older Illinoisans and persons with a mental illness and to control the costs in the system.

People needing long term care must be served in community settings as a first option.

Rationale/comment: The major problems in long term care will not be solved in this State until there is a viable community system to provide long term care services for people who should not be in a nursing home. Illinois must move people to community settings who do not belong in a nursing home and allow the funds now spent for nursing facility services to follow the person.

A timeline should be developed for diverting people from nursing home placements.

Rationale/comment: The State should not wait for the outcomes of any research project in this area, such as Money Follows the Person, but should immediately divert a significant number of people from ever entering a nursing facility. Protocols for serving persons in the community have been developed and the State should not wait on “some perfect system” to divert people or to offer the transfers to essentially everyone in a facility except those that actually need some exceptional 24-hour nursing care. The State (Case Coordination Units and other professionals) must not approve any Medicaid eligible person to enter a nursing home because of lack of community services.

The State has a compelling interest to allow people who want to live in the community to be transitioned out of nursing homes. The longer they live in nursing homes, the more they become institutionalized and fearful of living in the community.

Additionally, persons served in the community must have a protection program, parallel to the ombudsman program for facility residents. This would be different from the Elder Abuse program, as an ombudsman protection program would focus on a person’s rights in the community health care system.

Persons who are private pay and decide to enter a nursing facility must be informed about community care availability. Community care must be promoted. If these people become Medicaid eligible (need to know what percentage of people entering nursing homes that are private pay become Medicaid eligible within two to three years), they need to be encouraged to move into community placements.

The State should eliminate payment for unused nursing home beds.

Rationale/comment: The State cannot afford to continue to pay for unused beds and should eliminate payment for nursing home beds that have not been used for the last year. The State needs these funds to be targeted to community care.

The State must fund long term care in community settings.

Rationale/comment: Viable community-based services have to be in place for all older Illinoisans and those younger with disabilities to have the opportunity to live in the most integrated setting - their own homes—and then if needed, in supportive living facilities, or other supportive environments. The State must review the requirements for the supportive living facilities so that more people can be served, e.g., specializing in mental illnesses, other disabilities. Regulations have been filed for Supportive Living Facilities to pilot dementia units to serve persons with dementias, including Alzheimer’s., but the application process for approval has not begun. The Assisted Living Facilities have been providing specialized care for residents with dementias for years.

The State needs to pursue federal action to allow continuing Medicare or other health care funding for persons in community settings who are have chronic health conditions. For these people, health care services need to be provided for a longer period of time than the reimbursement now allows. Nursing care is allowed by the federal government for people with chronic conditions in nursing homes and it must be allowed for people living in the community.

The State must rebalance Medicaid allocations so that community settings and services are a State priority.

Rationale/comment: By 2011, complete and implement the plan to rebalance the State’s Medicaid allocations to provide the majority of long term care services in the community. This is needed to comply with the Olmstead Decision and to have a viable long term care plan for Illinois that the taxpayers can afford.

Recommendations Regarding Identified Offenders in Nursing Homes

(I agree with the testimony of Wendy Meltzer of October 20, 2009 about screening.)

No identified offender should be admitted to a nursing home unless that person is so disabled that the offender is unable to have physical contact with other residents.

Rationale/Comment: Several years ago, when the proposal to place identified offenders in nursing facilities was first presented to ombudsmen, I recall that the State said that there should not be a problem with identified offenders because these offenders would be persons with health conditions, such as strokes, that would render them bed-ridden. The severity of their conditions would make it improbable that they would be able to contact other residents.

This has not been the case.

Most people in nursing homes are women and most identified offenders are men. It makes no sense to put a male sex offender that is able to contact other residents, in a residence of mostly women who are frail and vulnerable. I, personally, as an older woman, cannot fathom a worse State policy unless it is placing an identified offender with a history of some type of violence in a facility where all the people are unable to protect themselves and there is no escape. Who thought that this would work?

Everyone in a facility is in immediate jeopardy in these situations.

No identified offender should be placed in a facility unless that offender cannot get out of bed and is unable to move from place to place in a wheelchair, and if left near any other resident, has one-on one-person assistance, 24 hours a day, 7 days a week.

No identified offender should be admitted to a nursing home until the Department of Public Health and the nursing home have complete information about the offender's health and criminal record.

Rationale/comment: Not only should this be required for identified offenders, but for ex-offenders as well. The data on recidivism tells the public that rarely any of the ex-offenders that were sex offenders or exhibited violent behavior can be trusted to not re-offend. Therefore, no decision on what identified offender or ex-offender should be approved for placement in a nursing home, based on one or more professional opinions about the offender's future behavior, especially a sex offender or one that has had a conviction of violent behavior.

Nursing homes are not equipped 24 hours a day, 7 days a week, to monitor one or more identified offenders capable of being in contact with other residents without one-on-one assistance assigned to each offender. Neither is the staff trained to handle instances of criminal violence. The certified nursing assistants, nurses and other staff would need to have training similar to guards in the prisons to not only protect all residents, but themselves as well.

The Department of Corrections should provide long term health care to offenders.

Rationale/Comment: Offenders who need long term care in a nursing home and are ambulatory or able to move from place to place in a wheel chair or with some other assistive device need to have that care provided in a prison facility. Other states have correction systems that provide this care.

Provide Appropriate Long Term Care Services for Persons with a Mental Illness

(I concur with Mark Heyrman's October 20, 2009 recommendations)

The State should provide long term care services in the home or community with mental health programming.

Rationale/comment: Although there are some licensed nursing homes that specialize in serving persons with mental illness and may have adequately trained staff, many do not. Too many times, there are not appropriate social services in nursing homes; instead, the homes rely on medication to control the residents. Many of these residents are overmedicated. There may be appropriate medical services, but most facilities do not have the mental health or social services to meet the needs of persons with a mental illness. These services are not even provided in nursing homes that are only State licensed (not federally certified), notwithstanding Parts S and T that require mental health services from qualified staff, including the professional standards for staff.

The types of problems brought to my attention in these settings have contributed to hopelessness of the residents with a mental illness, and even harm to residents, e.g., no programming at all; unneeded electroconvulsive therapy treatments; the rights of the person ignored, etc., e.g., a person being tied to her chair each night because she wanted to watch television instead of going to bed. These kinds of abuses of persons with a mental illness have to stop.

Many people, who because of their mental health condition are in a nursing home, should be served in the community. The nursing home environment is not conducive to providing a stabilizing environment for the resident because, too often, there is no quality of life.

Review and monitor specific professional training requirements to ensure qualified staff to provide social services.

Unless there is a specific complaint, the Illinois Department of Public Health does not consistently check the credentials of the nursing home staff providing social services, or of the social worker consultant, who comes once a month, to monitor qualifications. One-time-a-month consultation of a licensed social work service consultant is not sufficient to provide consultation to the nursing home employee in charge of social work programming for residents, including those with a mental illness. There needs to be more routine checking on staff qualifications on the annual Illinois Department of Public Health surveys to determine whether there is any professional in the facility qualified to provide an appropriate program for a person with a mental illness or if there is any consultation system or mental health center services for the residents that would meet the requirements of those needing mental health services and/or licensed clinical social worker services.

The system for providing mental health services to persons in nursing homes in collaboration with mental health centers does not always occur, according to informants. Coordination among services is not sufficient to provide an appropriate program through the Care Plan for the resident. Complaint investigations have revealed that the resident's care plan does not show how the mental health services in a community setting are coordinated with Care Plan for the resident. Too often, the information did not reveal any mental health center coordination with the facility or that the mental health agency staff providing the service was qualified.

While some residents with a mental illness, stabilized through medication, may need no more social programming than other residents, there are those that need social and emotional support, to endure the nursing home environment. To medicate a resident to tolerate the nursing home environment is wrong.

If a nursing home is going to accept one or more residents that have a mental illness, whether it is primary or secondary, the nursing home must employ a social worker/other professional trained in therapy and counseling. The State must establish the specific professional standard for persons providing mental health services and monitor, utilizing the standard, on each annual survey.

Recommendations for the Illinois Department of Public Health's Systems to Ensure Nursing Home Compliance with Laws and Regulations and to Promote Empowerment of the Public

The Department of Public Health must have a sufficient number of surveyors, especially those professionally trained in nursing and social work, to carry out its responsibilities under state and federal laws and regulations for nursing homes and other licensed facilities and for the licensure of home health care agencies.

Rationale/comment: The task force needs to review specific information on how the shortage of staff has impacted the Department of Public Health's ability to fully carry out its responsibilities for monitoring facilities and other obligations in long term care. Vacancies have not been filled to the extent that the department staff for the facility survey process has decreased by 60 positions since two years ago. Additionally, new State laws have added responsibilities to the department without the addition of staff, such as the licensure system for home health care agencies.

Lack of staff has limited the department's ability to follow up on nursing home and other facility complaints according to law in a timely manner, but the department's survey system, while still in compliance with the federal requirements for surveys, does not equate with the protection of residents. Additionally, the department has not monitored assisted living and shared housing facilities and followed up on complaints, as expected by the public, having only one or two professional staff assigned to this task.

The Illinois Department of Public Health must have a sufficient number of surveyors who have professional training in programming for persons with mental illnesses, such as a licensed clinical social worker.

Rationale/comment: No longer can the State assume that surveyors, not professionally trained in counseling or in programming for persons with a mental illness, are able to monitor care plans, especially those of persons with a mental illness. Complaints received indicate that some untrained surveyors appear to not understand the difference between a mental illness and a type of dementia, and do not understand the components of a credible social program for people with a mental illness.

The Illinois Department of Public Health must provide continuous training for nursing home staff on eliminating abuse and neglect.

Rationale/comment: Each year, the Illinois Department of Public Health should develop a new training program on abuse and neglect for nursing home staff, with an emphasis on the social and emotional needs of residents, especially those that have a mental illness. This training should be provided through technology, available throughout the year. All nursing home staff should be required to attend this training.

The Illinois Department of Public Health licensing and monitoring system and the subsequent reports, especially on abuse and neglect, must be transparent to the public.

Rationale/comment: All of the federal OSCAR and CASPER reports, as well as any compilations based on the Department of Public Health's deficiency and Incident reports, should be available for public review without having to access the information through the Freedom of Information Act. These reports should be available on-line. If there are federal restrictions on the public having access to these reports, the federal agency, CMS, should be contacted for an explanation of why these reports are not transparent and available to the public.

What would be the reason that facilities with a designation of a "Poor Performing Facility" are kept secret?

There needs to be training for the public on how to interpret the deficiency letters and forms sent to facilities using the federally prescribed format. These deficiency letters are required to be in every facility for public review. A website should be created that would instruct the public on how to read these deficiency letters and forms. There is information about the deficiency letters on the Department of Public Health website, but the information is not provided with examples of the forms or in a step-by-step format. This information must be "family friendly."

The federal data on nursing homes in the Medicare/Medicaid system, such as is posted on Nursing Home Compare, the Five Star Quality Ratings, etc. are incomplete and misleading in too many cases. The website warns consumers that the data is only a beginning of what should be considered when choosing a nursing home, but it serves to confuse people because there is no other system that allows comparison of facilities. In one service center community, the acknowledged worst nursing home had the best rating and some of the better homes had lower ratings. One of the reasons for this is that the federal government uses data reported by nursing homes that are not verified for accuracy. The State needs to recommend to CMS changes needed in the Nursing Home Compare and other data systems.

The Illinois Department of Public Health Hearing Process Must Be Perceived as Fair and Impartial and without Conflict.

The laws and regulations on hearings need to be changed so that complainants, usually families, get a “fair chance” of having their problem heard in an impartial manner in which the hearing process does not favor or appear to favor the facility. If the Department’s Hearing Officer, which is its employee and thereby conflicted by being a Department of Public Health employee, renders a decision that favors the complainant, this equates with the Department of Public Health not properly conducting an investigation of the complaint.

The current system is not the hearing process needed to protect residents.

The existing hearing process is a formidable and intimidating process for families, especially when the family does not have an attorney (which is most of the time). These hearings must not be conducted in such a manner that a family believes that the complaint will not have a fair hearing before the hearing has even commenced. What is the percentage of hearings in which the complainant has prevailed? As one attorney always advised complainants, “Don’t ask for a hearing—you won’t get anywhere.”

In one hearing, the hearing process was so traumatic for a family member that another family member had to leave the hearing, physically shaking, during the questioning because the hearing officer allowed the facility attorney to degrade and humiliate the family member who was providing testimony.

Hearing officers should not be an employee of the Department of Public Health, but should be selected through an impartial process from various disciplines, not only from attorneys. The hearing officers should be trained by the department. Hearing officers would include various disciplines, family members who have expertise in long term care, advocates for families, physicians, and social workers, besides lawyers not employed in State government.

The hearing officer would not only consider what the Department of Public Health found or did not find during a survey, but would consider oral and written testimony by persons involved. The resultant decision would be solely the hearing officer’s, considering all the facts in the case, including written and oral testimony, which would have as much weight as any other information, including the Department of Public Health survey result. The decision would not be based only on what the Department of Public Health found during a survey, but whether the total testimony gave evidence of a violation.

If the hearing officer found that the facility had violated a law or regulation and the complainant prevailed, the facility would be required to reimburse the complainant for any attorney or advocates fees, similar to the Illinois hearing officer system for children with disabilities.

The hearing officer would also be required to consider recommendations to the Illinois Department of Public Health in regard to the complaint addressed in the hearing decision.

The hearing topics, decisions, and the rationale for the decisions would be communicated to the public and to the Illinois Long Term Care Council by the Illinois Department of Public Health.

The State has a compelling interest to ensure that the hearing officers are not conflicted and the hearing process considers all aspects of a complaint.

The Department of Public Health should view complainants (usually family members) as its friends, not its enemies.

The Illinois Department of Public Health must improve the system for filing complaints and reporting to complainants.

Rationale/comment: The Department of Public Health's system for following up on complaints and issuing a response to the complainant on the outcome must change in order to support the empowerment of families and friends to not tolerate poor care, abuse or neglect. These family members may be in facilities daily or weekly and have accurate knowledge of what actually occurs when the Illinois Department of Public Health is not there.

Presently, the complaint response system is a detriment to families filing legitimate complaints about neglect and abuse in nursing homes. In nearly every instance, the Department of Public Health surveyor cannot verify the problem in the complaint, unless there is some error in the written records. When a Department of Public Health surveyor enters a facility, the facility may call in several more people to work—and every employee in the facility is on the alert. Because of the increased vigilance of a facility during the presence of a department surveyor, the surveyor often cannot verify the complainant's problems by observation and makes a determination only on the resident's record.

The result is that the Department of Public Health's response most often indicates that there was no violation by entering one numeral on a form—the accompanying letter and form may actually mean that the Illinois Department of Public Health surveyor could not substantiate that the problem actually occurred, but that is not stated.

The letter should clearly state that the problem(s) listed in the complaint could have occurred, but the surveyor was unable to verify that the problem(s) as reported actually happened. The letter needs to provide more information about how complaints are handled and the tone of the letter needs to indicate support of quality care and the support of persons who made the complaint. Family members filing complaints believe that the Department of Public Health can and will be able to do something about the resident's lack of care and lack of a quality of life that prompted the complaint.

Most surveyors' findings concerning complaints are based on residents' nursing home records, since many times they are unable to observe residents' lack of care or other problem areas that are not documented. Lack of time and other circumstances often render the surveyor unable to contact the complainant or review other records, such as hospital records. They are under time restraints to write a report based a review of the facility records and on observation during a very limited time in the facility, unless there are major problems in a facility related to the complaint that are easily observed.

Families and family councils are encouraged to file complaints concerning poor care--although they may not know what constitutes a violation--only to have none of their complaints cited as a violation by the Department of Public Health. They become disheartened when the department cannot find a violation and the family actually knows there was lack of care, day after day. This system is very detrimental to families being empowered to do anything about problems in nursing homes. They feel hopeless and helpless to improve anything about improving poor care in a nursing home when the Department of Public Health cannot verify any instance that they know happened.

The Department of Public Health must view families and friends of residents as its friends, not enemies, and make a concerted effort to explain the restrictions that govern complaint investigations.

Families and friends of residents and the total community need to be concerned about the protections of residents in nursing homes. As Michael Gelder said at the beginning of the October 29, 2009 hearing:

(paraphrased) the State has a role to play in protecting residents, but it takes the families and communities to go beyond what a state agency can do.

I agree that the State has a role to play, but an empowered public is also needed to change systems. The Department of Public Health needs to review its protocols regarding family and friends contacts to empower these people who are the most concerned about nursing home residents.

Other Recommendations

Laws must be changed to increase penalties for repeat of serious deficiencies.

Rationale/comment: I concur with AARP on the need to review the State's penalty structure. The fines as presently levied do not deter neglect of residents. It is cheaper to pay a fine than to hire another aide or nurse. For egregious deficiencies, ("G" or above) year after year, the state penalty structure must escalate (double, triple) the fines until the facility either hires sufficient staff and trains and supports them to eliminate egregious deficiencies---or goes out of business. Additionally, the fines levied and the fines collected must be transparent for public review.

For some facilities, it is necessary for the Illinois Department of Public Health to put a monitor in the facility to document the instances of failure to provide quality health care. The monitor, which is contracted, should not have conflicts that prevent an unbiased report in the shortest period of time.

The monitor system cannot be implemented unless there are sufficient funds from the penalty system to pay for the monitors.

Sufficient funds should not be one of the criteria whether or not a monitor is assigned to a facility. Rather, the State should mandate that a monitor be required when a facility has repeat egregious violations or continues to have other serious violations while it is carrying out plans of correction for cited violations.

The costs for monitors and repeat survey visits because of ongoing violations should be paid by the violating facility. The facility should be charged for this extra expense, not the taxpayers.

The State law should be changed to remove the Certificate of Need provision

Rationale/comment: Nursing homes are a "State-protected business." They do not operate in a free market system as do assisted living and shared housing facilities. The State (Illinois Health Facilities Planning Board) must approve any new nursing home proposal, based on whether the area has a sufficient number of beds to serve a given population.

The State should not keep people from opening new nursing homes if they believe that they can better serve people who need nursing facility care.

The reason for having a "Certificate of Need" is obsolete, that of stabilizing nursing home services. Other states such as California do not have this provision.

Summary

The task force must first consider the major issue of too many people who reside in nursing homes now should be served in the community. Serving most people in the community would concomitantly address the exorbitant costs of facility long term care.

Living in an institution exacerbates the problems of those who are mentally ill. Every person should have the choice of being served in the community. However, the overall problem of abuse and neglect of facility residents must be constantly addressed through training on abuse and neglect, the empowerment of families, the transparency of the problems, an increased penalty system and the appointment a Nursing Home Czar, to constantly review the long term care system and report to the public.

To summarize the recommendations:

1. ***Provide for people with mental illness and older people needing long term care in the community, thereby eliminating costly nursing home placements.***
2. ***Remove identified offenders from nursing homes who can navigate on their own without one-on-one assistance and create a Department of Corrections long term care system for these people.***
3. ***Monitor the plans resulting from this task force by a Nursing Home Czar, ensuring that data and records pertaining to long term care are transparent to the public. The public must be informed in order to act as advocates for a safe, quality of life environment in nursing homes and a community long term care system that provides quality care.***
4. ***Change laws, regulations and policy to allow the Illinois Department of Public Health to promote the empowerment of families and others concerned with nursing home residents, especially through a fair and impartial hearing officer system.***
5. ***Establish the Illinois Long Term Care Ombudsman Program as a separate entity from the Department on Aging to ensure that there are no conflicts in the program and that the State Ombudsman can inform the public about issues in nursing homes and other types of facilities.***

I look forward to a new day in this State when most Illinoisans who need long term care are served in the community—and wherever they are served, their rights are protected. *I wish the task force much success in this endeavor. You have my full support in completing this daunting task.*

Thank you sincerely, Governor Quinn and Michael Gelder, for listening to the public regarding the protection of frail and vulnerable Illinoisans who need long term care and your determination to address the critical issues.

Note: I intend for facts concerning State laws, regulations and policy to be accurate, although some may not be complete. However, if there are inaccurate statements, please contact me with corrections at marganpost@gmail.com

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