

Testimony before the Nursing Home Safety Task Force October 20, 2009

My name is Nancy Flowers and I am co-chair of the Illinois Long Term Care Council. I am also a board member of NCCNHR: the National Consumer Voice for Quality Care, a member of the Illinois Association of Long Term Care Ombudsmen and the Regional Long Term Care Ombudsman for the City of Evanston. I wish to thank the Task Force for the opportunity to provide testimony on the topic of nursing home safety and the importance of strengthening resident protections for facility residents, particularly as these protections relate to the admission of residents with felony histories.

The Illinois Long Term Care Ombudsman Program was created and funded through the Older Americans Act and the Illinois Department on Aging to give long term care facility residents access to knowledgeable, objective and independent advocates. The Long Term Care Ombudsman Program provides advocacy on behalf of long term care facility residents living in licensed nursing homes, assisted living and shared housing establishments and supportive living facilities. Throughout Illinois, Ombudsmen investigate and resolve resident complaints, work to ensure residents are treated with dignity and respect, assist residents and families through education and information, help facilities through consultations and trainings, and represent the interests of residents before government agencies. Evanston's Regional Ombudsman Program is one of 16 regional Long Term Care Ombudsman programs in the state.

I have been a Regional Ombudsman for over 11 years, all working for the City of Evanston. In my role I regularly visit and respond to requests for assistance from the residents living in the 11 nursing homes in Evanston. Eight of these facilities care for predominantly older adults, one for persons

with developmental disabilities and two provide care for persons with mental illness. Of these facilities, three have accepted residents with a history of one or more felony convictions. Of the identified offenders admitted to these facilities, 60% were determined to be of moderate risk, and to require additional supervision from staff. The types of crimes for which these residents were incarcerated include robbery, battery, murder, attempted murder, and aggravated assault. One of these residents, identified to be of moderate risk, was not screened until 18 months after admission.

Long term care facility residents live in facilities because they need some type of physical or mental health care. Most are physically vulnerable and experience difficulty asserting or protecting themselves from stronger or more aggressive residents. Mixing this population with residents who have committed violent crimes puts the more vulnerable residents unnecessarily at risk. Mr. Warfield has testified about his experience in one nursing home with one resident who was an identified offender. In addition to his experience, I know of others that include physical and sexual intimidation, physical and sexual assault, battery and theft.

With the placement of identified offenders in nursing homes, law enforcement, paramedics, public health and the ombudsman program become important partners responding to facility issues and resident concerns. Ideally, law enforcement and paramedics contact the ombudsman program when issues arise in nursing homes. In Evanston, police officers alert the ombudsman of criminal activity and paramedics refer concerns about care in specific long term care facilities. In turn, ombudsmen work with residents and facility staff to ensure that any complaints that would be considered a crime in the community are appropriately referred to law enforcement. Ombudsmen also work with residents to ensure that residents understand the

investigation and court process. For example, in Evanston ombudsmen offer to remain with a resident while police interview the resident and have worked with victim advocates to assist residents to get to court to testify against a perpetrator.

I would recommend that the Commission re-consider the placement of persons with violent histories in nursing homes. While these residents need supportive housing, I do not believe that nursing home staff have the training nor is this staff in sufficient numbers to provide the supervision and structure these residents need. In addition I recommend the completion of all screenings prior to the admission of any resident to a long term care facility, including any treatment or supervisory recommendations. This prescreening process increases the likelihood that facilities will only accept those residents whose care needs they can meet.

Thank you for your consideration of this testimony.

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