

To Whom It May Concern,

My mother was a resident at [REDACTED] from [REDACTED] until [REDACTED] 2014. (3+ months)

Our first few days' experience was pleasant. We were with Mother most of the time to help her adjust and my mother was treated fairly. I did have disturbing observances with other patients that did not have family members with them.

The music in the hallway and in the dining room was very loud and hip hop. It agitated mother and she kept saying "turn the music off". One day she said that she wished she had a hearing aid so she could turn off the noise. Most residents in the same area were agitated people. Being new to the idea of mother in a home, I thought the agitation was just a 'norm'. After several days, I researched music and discovered all the research done on music's effect on people especially in the elderly experiencing dementia. Soft background music could help so much with the demeanor of the residents.

I shared my thoughts with a director of nursing. I honestly thought I was discreet and trying to be helpful in what I had found about music. The DON must have asked the aides to change the music. The DON must have made the request but didn't follow up to see the results of his request. The music got louder both in the hall and in the dining room. The choice of music was terrible and definitely would not have been the choice of the elderly residents. The residents' voices in the rooms got louder and more frequent calling for help. Agitation was very noticeable to visitors but ignored by nurses and aides. A resident saying "help me" was just an irritation to the staff.

I think that because I had made the music observation, I was deemed by the aides a trouble maker and my mother then was the source of the aides' retaliation. Most of the aides were of one nationality and there seemed to be a leader who was in charge. One aide not of that nationality came to me quietly one day and said, "You see what is happening. You can report it. I cannot as I need to work here."

I am going to share some of the things I remember that happened to my mother and to other residents. We moved my mother as soon as it was possible and I have waited until she passed to write this. I did not want any more retaliation anywhere. (And I am happy to report that my mother received excellent care at her next home.)

This incident although not the first was the one that made us hurry to find a way to transfer Mother. I picked her up one afternoon to take her to the dentist. She was using her walker and was only half the way down the hall when she said, "Oh I have to sit down. My back hurts too much." She had the ability to walk a long distance and I looked at her. She was bent way over. I said, "Mom you need to stand up straighter when you walk." Then I noticed that her walker handle had been lowered to the lowest level. I was shocked. There was a nurse and an aide in the hall. I said, "Come look at this. Someone has lowered the bars on her walker."

Excuses were made immediately. They said my mother did it. I'm telling you that she could not have done it. My mother was not mentally capable of doing it. My mother did not get out of her chair and move about so that she would get to the walker. To unscrew the screws you needed a wrench and some strength. In order to make the bars evenly moved, it required mental ability and a thought process.

Then they said, "Well it had to be done for another patient to use." There were no other patients that used her walker. There are no other patients short enough to have needed it shortened.

Then they said it had always been that way. No. I showed them how I had written her name with permanent marker when I brought the walker in. You could not see the whole name because the bars had been moved.

Someone did it on purpose. It didn't 'just happen.'

Another incident. I went in at 8:15 am. Mother was dressed and sitting in the hall. The schedule was to get the resident up at 7:00, dress, and go to breakfast before 8:00. Mother was sitting in the hall, tears in her eyes. She was being ignored. Aides and a nurse were very busy all around her. At the time, aides would be getting new linens, changing beds etc while the residents were in the dining room. There was much activity and movement all around my mother. They knew she was sitting there. Mother was so relieved to see me. I said, "Let's go have a cup of coffee in the dining room while we wait for breakfast." When we got to the dining room, everyone was finished eating. There was a cold bowl of oatmeal and a cold cup of black coffee at my mother's place. When I wheeled her to her place, the aide said, "We are finished serving breakfast."

About the second day [REDACTED] mother was there, her partial was lost. I reported it. Staff was concerned at the time and helped look for it. They said they would replace it. I wrote to the house dentist explaining the loss. Told them I could get the dentist reports for them. I offered to go to the original dentist. I never did get any help [REDACTED] for the partial and when we left [REDACTED], she still had not had anything done about the partial. Daily dental care is very low on the list of care. Every night before Mom went to bed, I would help her brush her teeth. I noticed that her roommate never brushed her teeth. Nor did anyone ask or offer to help her. There was a man that sat in the hall most of the time. His mouth was always hanging open. His mouth and his teeth were the most disgusting I have ever seen. His teeth were definitely never brushed!

Mother was given a lasix every morning. At home, she would go to the bathroom frequently all morning. I imagine the lasix worked the same at the nursing home. I walked in one morning when I heard the aide say, "You don't have to go to the bathroom. I have already helped you three times." Mother told me then that she wasn't going to go to the bathroom anymore because they were counting how many times she went and they didn't like helping her get to the bathroom. I understand that helping an elderly woman to the bathroom is tiring. But elderly women in your care that have been given a lasix will need to go to the bathroom.

The aides have a very strong accent when they speak English and many times they speak to each other in their own language. They shout from one end of the hall to the other. They call back and forth in the dining room. Because my mother had dementia and she didn't understand who they were and where she was, she was afraid. She was afraid to go to sleep at night because she thought all the loud shouting was a street fight in a foreign country. She was afraid they were going to come in and kill her. This was now her home. It may be due to cultural differences, however the aides should be respectful and not shout down the hall, especially after bed time. Quiet doesn't take work or money. Quiet is an attitude and shows respect and caring.

Because my mother's nerves were sensitive, she would jump when there were loud noises. The aides thought this funny. They would move the dish cart right up to her and then clear the tables by throwing the dishes into the cart, make loud crashing noises, and watch her jump. Again, being kind and thoughtful doesn't take extra work or money. It requires a caring attitude.

There was a deaf lady at our table. She was treated as dumb. One day I saw her crying. I looked and she had not been given her meal. I called it to the attention one of the 3 aides. They were of course angry that I interrupted their conversation about a friend that was pregnant. One slammed back her chair, went over, got the tray off the serving cart, slammed it down in front of the lady. Again, it doesn't take much extra to be sure everyone has been served but you do have to stop your personal socializing.

I believe that there is a change in the dining room now. When mother was there, the people who needed feeding were in the same dining room with those that fed themselves. Those that needed help would cough, gag, and be noisy eating. It was never a pleasant atmosphere with that and also the loud music and the talking of the aides across the room. Watching the aides shove food into their mouths was also hard to see. The aides did not properly feed the resident. They shoveled food into the mouths.

One afternoon I was trying to read out loud to mother in her room. For almost an hour it was hard for us to concentrate on my reading because out in the hall there was a lady crying "help me, help me, please someone help me." I know that aides and nurses went past the lady. I knew she was being ignored and I was afraid to be intrusive and go find out what was wrong. Finally I went to her. She was in her wheelchair. I knew who she was. I knew that she was right outside her door. I said, "_____, what's wrong?" She said, "I'm scared. I forgot who I am. I don't know where I live." I said, "Oh I know who you are. Your name is _____ And look at the name here on the door. It is your name. This is your room." She said, "Oh thank you. You are the only one who made sense today." Then she said, "But my son doesn't know where I am." I said, "Well, shall we put you in your room next to your bed. Then I'll go to the phone and call your son and tell him where you are." She smiled. She relaxed. She went into her room and told me she was going to take a nap. The whole scenario took less than two minutes. She was happy. The rest of the hall could relax. The aides weren't irritated any more. It only takes a minute to meet the resident in their world and help them out and then all's well.

It's not necessary to listen to "help me. help me" all day. And according to charts we see posted on web pages, residents get many hours of individual care.

One day I went into the room and mom's bed was made. All the "tidying up" had been done for the day. I sat on the bed. It was soaking wet. Did someone make the bed up wet? Was it made and then someone spilled water on it? If I had not pointed it out would Mom have slept in a wet bed?

99% of the residents are in wheelchairs. They have to get themselves to the dining room and back if they don't want to eat in their room. Some are very old. One man was very crippled in both hands. It was hard to see them trying to get to the dining room. Aides would walk right past them and ignore their situations. It doesn't take much more effort to push someone especially if you are going their way.

One day a resident told me that there wasn't any hot water when they gave her a shower and she had to have cold water for her shower. Could that be true?

One night a lady was sitting in the hall and she was crying. She motioned to me that her back hurt. I started to rub it and an aide walked by. I said, "Her back hurts. Could she have some medicine, or a pillow, or maybe lie down?" Aide was disgusted and said, "She is always complaining." And walked on.

One evening while walking mom up and down the halls, we saw a lady sitting in a wheel chair in front of the desk. She was crying and sobbing. It was like that for three days in a row. My mother and I were the only ones that talked to her. We would hold her hand and talk to her. She didn't talk but she would stop crying and look at us with questioning eyes. One day she wasn't there. I asked where she was. A nurse said, "Oh she died." I will always have this terrible feeling that her last days on this earth were spent sitting in a bright hall, being passed by by people who didn't even look at her. How can nurses, staff, and aides not care? What is wrong with our system? Why are we allowing our precious senior citizens be treated so?

I was there every day and every time I saw a resident I made eye contact and smiled and said hello. At first the residents didn't know how to respond! They were not use to having people talk to them.

I've mentioned some of my concerns. There are more that I have not remembered. I am now reporting these because I'm embarrassed for the United States to allow our senior citizens to be mistreated. They deserve care and respect. I appreciate the fact that it is hard work and the homes are understaffed. But we transferred to a place near by with a different atmosphere and attitude. I know it can be better. And, we had hospice for mother at the end. I know that caretakers can have love and respect for the person they are taking care of.

We need better attitudes and caring.

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An added note. I was at ^{facility} [redacted] every day. And when I needed a break my siblings would come to town to be with mom.

When I told the administration we were transferring Mom in several days, I thought they would tell the staff. They did not. My family helped me get mom, her chair and her clothes and we were ready to move within 20 minutes. The aides were very shocked that we were taking Mom out. All the staff and aides came in and hugged Mom as if they were really sorry to see her go. It was interesting to watch. If someone came up to mom to hug her, mom reacted either with fear or with honest smile and hug. I could tell in that short activity, who had hurt Mom and who had been nice.

And, an interesting footnote to all this:

My mother transferred to [redacted] on [redacted] 2014. ^{same day}
Someone reported to the social security office that she died on [redacted] 2014. All her social security checks, nursing home policies, insurances, and Medicaid (for a short period) stopped. I have had much turmoil and work and frustration trying to get that all straightened out. As to today [redacted] the checks have not been reissued.

6+ months later