

**Statement for the Record
Senate Special Committee on Aging
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**"The Nursing Home Reform Act Turns Twenty: What Has Been
Accomplished,
and What Challenges Remain?"**

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Since 1990 I have been involved in the nursing home industry as a social worker, family member and ombudsman. All roles have been advocacy roles. At times it is difficult to advocate when it appears a simple solution to the chronic complaints of lengthy call light response and inadequate activities, especially for those with dementia, could be resolved by increased staff. The 5 to 1 ratio which tried to be implemented with Senator Montigny's help a few years ago got blown out of the water.

I am a realist and understand that nursing homes are under huge financial distress; however, accepting the responsibility of caring for a resident must result in adequate care to help the resident maintain the highest quality of life as possible. Nursing homes appear to be taking on more than they can handle by accepting residents with substance abuse problems, mental health issues and behavioral issues that they cannot adequately handle. The supports are minimal.

Yes, I can attest to the fact that the residents are no longer "snowed" as in "pre-OBRA" days, but we still have to do better. We have to respect their wishes; keep them as independent as possible; and provide enough services to keep them and their fellow residents safe.

One quick story to illustrate the nursing home's occasional lack of acknowledgement of a problem and an easy solution to help improve the quality of life of a stroke resident:

An elder suffered a stroke in 2000; went into a nursing home with her own wheelchair (low because she is 5'2"). The care is good; however, she has recently outgrown her chair because of weight gain due to her inability to exercise (although she still self-propels in the wheelchair). The rehab team offered her a wider chair but standard height, so the resident naturally refused since she would lose her independence to propel herself throughout the facility. Head of rehab said since resident refused, that's the end of the facility's responsibility. They need only to provide a standard chair. Now the Ombudsman program is involved, and we will research all avenues to help this resident maintain her highest level of independence. But the solution appears to be a "no-brainer." We will ultimately prevail and our resident will be comfortable

and safe, but should not this be the goal of each and every facility that accepts the awesome responsibility of caring for those who cannot care for themselves?