

A VIEW FROM THE INSIDE

Conversations with Residents Living in the Grant Park
Care Center in Washington, D.C.

April 8, 2009

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Catholic University, The Columbus School of Law
And
DC Long-Term Care Ombudsman Program

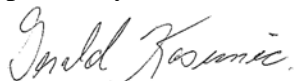
Forward:

The Grant Park Care Center's Resident Council has partnered with the DC Long-Term Care Ombudsman Program (Ombudsman Program) for the past several years (2004 to present) in order to improve the delivery of services, daily operational management, and introduce new perspectives through alternative nursing home programs.¹ Throughout the past few years, the Grant Park Care Center's Resident Council and the Ombudsman Program have addressed the lack of appropriate transportation for non-ambulatory residents seeking to participate in facility activities. The Ombudsman Program, having few legal and research resources, requested assistance through Columbus Community Legal Services, the legal clinic of The Catholic University of America's Columbus School of Law, to research possible transportation remedies. During this effort, it became clear that complaints relating to transportation were overshadowed by the quality of care, life, and safety complaints being voiced by residents. Since The Catholic University and the Ombudsman Program had developed a strong working relationship and understanding of the problems facing the Resident Council, the mission to "fix" the transportation issue expanded into a joint collaboration with the Resident Council to gather their stories and experiences.

In September 2008, the Resident Council agreed to work with The Catholic University law students, Joshua Borean and Patrick McCormally, who worked under the supervision of Assistant Clinical Professor Faith Mullen, with the mission to present the residents' voices to the nursing home administrators, current owners, the DC Department of Health, and Centers for Medicare and Medicaid Services. The Resident Council, Columbus Community Legal Services, and the Ombudsman Program believe the "conversations" gathered within this document offer insight into resident concerns and will hopefully prompt the nursing home owners and administrators to make positive operational changes for Grant Park Care Center's residents.

The Office of the DC Long-Term Care Ombudsman Program, through its local and federal mandates² to assist Resident and Family Councils, worked with Grant Park Care Center's Resident Council and The Catholic University law students to develop a forum in which residents could describe their experiences and promote quality care at Grant Park.

To that end, this project reflects some of the residents' voices within the nursing home. To protect their privacy, the residents interviewed and quoted within this report have been given pseudonyms and their identities will not be revealed.



GERALD KASUNIC
DC LONG-TERM CARE OMBUDSMAN

¹ The Ombudsman Program has a legal obligation to:
(16) Assist in the formation, development, and use by residents, their families and friend of forums that permit residents, their families and friends to discuss and communicate on a regular and continuing basis, their views on the strengths and the weakness of the operations of the facility, the quality of care provided, and the quality of care fostered in long-term care facilities. § 7-701.04 (a)

² D.C. Long Term Care Ombudsman Act of 1988: D.C. Code §§ 7-702.04, 7-702.05, and the Older Americans Act Amendments of 1992, 42 U.S.C. § 3058g.

A VIEW FROM INSIDE

By Josh Borean and Patrick McCormally

INTRODUCTION:

Readers who are familiar with the Grant Park Care Center will not find much in this report that is new. The concerns articulated by residents have been raised publicly at Resident Council meetings (meetings attended by Grant Park's staff) and detailed in surveys by the D.C. Department of Health. What this report offers is insight into how residents experience the care they receive at Grant Park, in other words, a view from inside.

Between September and November 2008, at the request of the Grant Park Resident Council, we visited Grant Park, attended three Resident Council meetings, and interviewed residents. During the course of our prior work with the Grant Park Resident Council on the availability of wheelchair-accessible transportation we heard from residents about other problems at Grant Park. We were troubled by what we heard. A close review of the D.C. Department of Health's annual survey of Grant Park heightened our concerns: for at least the past three years, Grant Park has had more deficiencies than other any nursing home in the District of Columbia.³

The D.C. Department of Health ("DOH") conducts annual surveys of local nursing homes to identify deficiencies that violate the D.C. Municipal Regulations and federal law. Over the last three years, DOH surveyors have found on five occasions that Grant Park failed to "be administered in a way that leads to the highest possible level of well being for each resident." *Id.* During that same time period, Grant Park was assessed as failing to "follow all laws and professional standards" twelve times. *Id.*

In the most recent available annual survey, conducted on February 22, 2008, Grant Park had 47 health deficiencies, 38% more than the next closest D.C. nursing home (34 deficiencies), 213% more than the average for homes in D.C. (15 deficiencies), and 422% more than the average for nursing homes nationwide (9 deficiencies). Deficiencies are ranked on a grid with the scope and severity of violations as the axes.⁴ The scope of deficiencies is rated from "isolated incident" to "pattern of harm" and finally "widespread harm."

Although the deficiencies noted in the February 2008 survey were corrected,⁵ it is our opinion, after attending several Resident Council meetings devoted to the quality of care and follow-up personal interviews with residents that serious problems persist. What follows are resident stories about the care they receive at Grant Park. While the stories that follow do not detail

³ *Medicare.gov-Nursing Home Compare*, Detailed information for Grant Park Care Center, *Feb. 11, 2008*. Available at http://www.medicare.gov/NHCompare/include/DataSection/ResultsSummary/OneHome_AllResults.asp?dest=NAV|Results|ResultsOverview|OneHomeAllResults|ResultsSummary&OneHomeNHC=095019%7CGRANT+PARK+CARE+CENTER#TabTop

⁴ A copy of the grid is included in Appendix A.

⁵ Medicare, *supra* note 1.

every problem that residents of Grant Park experience, they do attempt to paint a picture of the quality of care and quality of life at Grant Park through the eyes of the residents.

RESIDENT STORIES:

Bertha Thorpe. Ms. Thorpe uses a wheelchair, and has been at Grant Park for approximately a year and a half. She was transferred there after being hospitalized for a fall. She said that after the fall, it was decided that she was unable to live on her own.

Ms. Thorpe expressed concern about the security of her personal belongings, the administration of medicine, the quality of the food, and the way in which her roommate is treated. At a recent Resident Council meeting she explained that she had a set of dentures waiting for her, but which she could not pick up because Grant Park had not arranged transportation for her.

Ms. Thorpe said a number of things had disappeared from her room. She believes they were stolen, though she is unsure if staff or residents are to blame. She said she has had money, jewelry, perfume, food, and a number of other items go missing. She said she told Grant Park's management about the problem, but reported that they didn't do anything to resolve the matter. There is a lock on her door, for which she said she has a key, but it does not work. This problem has been ongoing for about seven months.

Ms. Thorpe reported a number of problems with her medicine. She told us she takes seven medications in all. She said she sometimes does not receive her medication on time. She said she does not receive her "sleep medication," and as a result is often up all night long. Ms. Thorpe noted that she often misses getting her medications entirely, especially if she isn't present in her room, or if she is in the shower when they are delivered.

Ms. Thorpe said that she thinks that the food is not prepared correctly, and as a result, she doesn't eat much. When asked if she went hungry because she didn't like the food, she replied that she doesn't eat the food because it's not good. We observed that she has a very slight frame. She complained that the food was too hard (we know, from a previous meeting, that she is supposed to have dentures but couldn't see if she was wearing them) and that "the oatmeal is too cold to melt butter, and the coffee is too cold to melt sugar." She said that food was on time, but that it was often taken from her before she was finished. She said that food that she purchases to supplement what she gets from Grant Park often goes missing from the communal refrigerators.

Ms. Thorpe has not had any problems with the staff, but she's noticed that the staff treats her roommate harshly. According to Ms. Thorpe, her roommate cannot speak for herself. Ms. Thorpe reported her treatment to the head nurse, but nothing has changed. She mentioned that her roommate would sometimes vomits when she was being fed, and that she would resist the nurses, and when she did so, she was handled roughly. Ms. Thorpe said that she may have been making a fuss, but "she's just an old lady, about my age."

Lydia Wilson. Ms. Wilson has been at Grant Park for approximately one year. She fell in her home and injured her leg some time ago. She went to a local hospital for physical therapy, and was then transferred to Grant Park. She was under the impression that she was going to be transferred to another hospital, and was surprised when she was brought to Grant Park. Ms. Wilson was in a wheelchair when interviewed, but she said that she can walk with a walker, and is doing physical therapy to get her leg back to full strength.

Ms. Wilson characterized the conditions at Grant Park as “terrible,” and she spoke specifically about problems with theft, food and water issues, discipline problems with lower level nurses,⁶ and problems arising from a shortage of linens.

Ms. Wilson claimed to have had money (\$300.00) stolen from her. She believes a staff member stole the money, but when she reported the theft, Grant Park officials said there was nothing they could do about it because there was no evidence. This alleged theft occurred during the daytime.

Ms. Wilson was particularly upset with the quality of the food at Grant Park. She said there was too much mashed potatoes and carrots and not enough bacon or sausage for breakfast, and she wanted her eggs prepared in ways other than just scrambled. She said that her requests to have grits or cream of wheat were honored.

She was concerned that, especially during summer, it was hard to come by water. She said residents have to ask for water, and when the nurses bring them water, it’s usually in small cups that don’t quench their thirst. She also noted that the staff runs out of disposable cups, so sometimes residents have to wait a long time for water while the staff gets them a drink. She said, in regard to the staff and their apparent lack of concern about residents’ need for water, “these young people [the nurse aides] or their mothers might end up here—treat people the way you want to be treated.”

Ms. Wilson has always had her medicine administered on time. She said that the head nurse on her floor is very good, but that the lower level nurses are “lazy” and aren’t nearly as attentive to residents’ needs as they should be.

Ms. Wilson was concerned that there is always a shortage of linens—towels, washcloths, sheets, pillowcases, etc. She was particularly upset by the shortage of nightgowns. She said she was fed up with having to use her own pajamas every night. She noted that the residents have brought these concerns up at Resident Council meetings, but that nothing has ever changed as a result of complaints.

Ida Cox. Ms. Cox has lived at Grant Park more than three years. Ms. Cox described a number of problems with medication, for example: missed medication, medication administered late, and on a number of occasions, medications that were allowed to run out. When her medication is late, Ms. Cox said she asks the staff for her medication, and she is told to wait. Ms. Cox said she takes medication for pain, and missing or delaying pain medication causes her great

⁶ We believe that many residents do not distinguish among registered nurses, licensed practical nurses, and certified nursing assistants, but instead refer to all of them as “nurses.” In this paper we adopt the residents’ usage.

discomfort. She said she has gone three days without some medications because Grant Park has let them run out of stock. She said that there have been times when her prescription drugs were replaced with over-the-counter medicines. Ms. Cox told us she had to go to the hospital once because the incorrect administration of her medication (she was not sure whether too much of one her medications was administered or the wrong medication was administered). She had an irregular heartbeat, but after being checked out by the doctors at the hospital, she was released on the same day.

Ms. Cox reported that she has suffered three broken legs, all of which happened in the presence of staff. She said the first break came when she fell during a physical therapy session—she was working on walking. The second break occurred when a nurse was using a Hoyer lift to lift Ms. Cox. She was not placed in the lift correctly, and when the nurse went to use the lift, Ms. Cox was dropped on the floor. The final break occurred when Ms. Cox was, as she described it, “pushed” out of bed by a staff member.

Ms. Cox does not feel that she gets to see a doctor when she needs one. For example, she said Grant Park never arranged a follow-up doctor’s appointment after her most recent broken leg, and as a result, she removed her own cast. The leg still gives her pain. Ms. Cox feels the medical attention in general at Grant Park is lacking. She said she hasn’t had a physical since she arrived, and last year when she got bronchitis and pneumonia, she said Grant Park didn’t honor her request to be taken to a hospital for care. She was told they were doing everything they could.

Ms. Cox said she often misses doctors’ appointments. She said that Grant Park doesn’t inform residents that they have appointments until the morning of the appointment. She said this isn’t enough time to prepare, and that there’s a chance that she will have planned something else during the same timeslot if she doesn’t know about the doctors appointment. She also said that the lack of transportation available to wheelchair-bound residents makes it difficult to get to doctors appointments. She is able to get out of the facility, but she uses Metro-Access.

Ms. Cox reported that due to the location of her room, she is often the last to be delivered food. She said the food is cold when it arrives, and the quality is poor. She often gets food that is not on the menu (she said it was things like hamburgers and chicken) because they run out of food before they get to her. She said they get too much filler food, like rice. She also notes that if they’re supposed to be eating healthy, they shouldn’t be eating so many carbs (like rice) and pork products. She noted that the “Breakfast Club⁷” is “pointless,” because it’s not open every day, and no one seems to know on which days it will be open, so if residents go to the dining hall, there may or may not be breakfast there. At an earlier Resident Council meeting, a Grant Park employee in charge of Dietary Services told the residents that the Breakfast Club had been stopped temporarily while they determined which residents were going to be using it, so that people weren’t eating in the dining hall and having a tray of food sent to their room.

Ms. Cox told us that in her view the linen service at Grant Park is substandard. She believes that beds should be changed every three days, but her bed is changed about once per week.

⁷ The Breakfast Club is an assembly of residents who meet every morning, roughly at the same time, to have a common meal, share camaraderie, or discuss events and activities of the home.

According to Ms. Cox, staff won't do laundry for residents. She said this has become a big problem—they are told “I'm full up, I can't wash it.” She said there aren't enough linens to go around—towels, bed sheets, washcloths are all in short supply. Ms. Cox also felt that the facility was too cold, and that there should not be any four-person rooms.

Her impression is that the staff at Grant Park is not efficient. She said they won't answer questions, and that if you ask something of a nurse who isn't assigned to you, there is no luck in getting a response—“I'm not your nurse” is the usual reply. She reports having to wait for care if a nurse is helping another patient and there is no one else available. She said she has to wait for care about twice per week, but that once she is attended to, the care is good. She reported that the staff members are always on their cell phones.

Ms. Cox has observed other problems at Grant Park. She has noted that staff won't change the undergarments of residents until the end of their shift, so that they are dry when the next shift comes on. Ms. Cox believes that by taking this approach, they minimize the amount of times they have to change residents. She said this problem is worse for residents who cannot speak for themselves. Ms. Cox also noted that some people who are bedridden and need to be turned aren't turned until bedsores appear.

Marsha Tobias. Ms. Tobias has been a resident at Grant Park for more than three years. She reported problems with medications. She said she is almost out of the pain medication that was prescribed after her hip surgery. She is worried that Grant Park has not refilled her prescription, but she said that she gets all of her medicine on time, and in the correct doses.

During our conversation, Ms. Tobias states that she is unsure of what is happening with her SSI payments. She switched over from receiving benefits from Maryland, and now receives benefits from D.C., but Grant Park hasn't given her anything. She said she used to get \$30.00 Personal Needs Allowance (PNA)⁸ from Maryland, but she hasn't seen the \$70.00 she said she is supposed to get from Grant Park.

Ms. Tobias has not experienced many problems with the Grant Park staff. She said there are problems “once in a blue moon.” She then noted that she goes out a lot, and that the staff isn't very good about getting her ready to go out. She's also had problems getting Grant Park to arrange transportation to her primary care physician. She's seen by a doctor at Grant Park, but she wants to be looked after by her own primary care physician.

Ms. Tobias indicated that the food could be better, and that she's not getting enough food. She also said the food is often not warm.

⁸The Personal Needs Allowance is the monthly sum that nursing home residents who receive Medicaid may retain from their personal income. Any income above the allowance is applied toward the cost of their care. This allowance is intended for the resident to spend at his or her discretion on items such as telephone expenses, cigarettes, a meal out with friends, cards to send to family, reading materials, or hobbies. The allowance is not intended to be used for personal items or services that a facility should be providing such as toothpaste, tissues, shampoo, incontinence products, etc.

Although she did not seem particularly concerned about it, Ms. Tobias reported that she uses both “diapers and pull ups” because of incontinence problems, but the staff only uses one or the other with her. She said she was often in soaking clothes or bed sheets for long periods of time before she was helped to change them, and there have been times where she’s had to wait a long time for clean bed linens.

James Fulghum. Mr. Fulghum has been at Grant Park for approximately a year and a half and uses a wheelchair. Mr. Fulghum was most concerned that, at the time of our conversation, his motorized wheelchair had been out of commission for two months. The battery for the chair will not recharge properly, and Grant Park took it to be repaired, though Mr. Fulghum believes the chair is still somewhere in Grant Park’s basement. A month ago, Mr. Fulghum was told that someone was “working on it.” For the time being, Mr. Fulghum is in a manual wheelchair. We have observed Mr. Fulghum on a number of visits to Grant Park, and as was the case on the day of our interview, Mr. Fulghum has trouble getting around in the manual wheelchair. We observed that he moves very slowly, and said that he has a lot of trouble getting around because he doesn’t have his motorized chair.

Mr. Fulghum expressed dissatisfaction about the laundry at the facility. He said laundry is returned to residents about two times every month, and that in the meantime, people often run out of clean clothes. He notes that Grant Park is also sometimes slow getting clean towels to the residents.

On the 5th floor, Mr. Fulghum reported that residents still have a hard time getting ice and water from the staff. He said that often, by the time you get what you asked for, too much time has passed.

Mr. Fulghum said that the food at Grant Park could use improvement. He said there is little variety. Mr. Fulghum stated that while the temperature of the food is usually acceptable, food is often delivered late. He participates in the “Breakfast Club” but noted that it doesn’t happen every day, and he doesn’t know when it will or will not happen.

Mr. Fulghum only gets out of Grant Park to go to the hospital, but he said he doesn’t go to the hospital anymore, so he doesn’t get out. Asked if he was able to go on any outings with Grant Park, he said that he had been invited to go on a couple of trips, but that even if you have the chance to go out on these trips, you have to be able to pay money. For example, if they go to the Golden Corral, everyone, along with having to be able to get there, has to pay for food. He said that if you don’t have much money, there’s no point in going.

Viola Owens. Ms. Owens has been at Grant Park for less than a year. She broke her ankle, and her doctor recommended that she have 24-hour assistance until it is healed, and this is why she is at Grant Park. She is temporarily confined to a wheelchair.

Ms. Owens said she has been trying to schedule an appointment to get back to her doctor for a long time, but she has been hindered in her efforts by Grant Park. She has missed four

appointments so far for reasons that she believes are related to Grant Park's actions. She said that Grant Park has to call three days in advance in order to have Medicaid transportation available, and that they often neglect to call ahead far enough in advance to get her transportation. Thus, on the day of Ms. Owens's appointments, she has no means of getting to them. She believes that if she would have been to her appointments on time, she would be well on her way to recovery. Ms. Owens plans to leave Grant Park as soon as she is recovered, but she believes Grant Park is dragging its feet and keeping her from leaving as soon as she'd like.

Ms. Owens said that for the most part the staff and care at Grant Park is OK. She recounted an incident wherein a nurse felt that Ms. Owens was in her way, and when Ms. Owens didn't move out of her way fast enough, the nurse very briskly whipped her wheelchair aside (with Ms. Owens in it), then just as briskly put it back in place. Ms. Owens said that she told the nurse she shouldn't act that way, and that it caused her pain when she did that. That same nurse later refused to warm up Ms. Owens's food, and said that nurses don't have to warm up residents' food. Ms. Owens said that when she complained about this to another nurse, she was reassured that the nurses would happily warm up her food.

Ms. Owens observed that there isn't enough staff at Grant Park. She once used her call bell button to call for a staff member to deliver her medicine (which she believed was late); no one responded to her call, and she did not get that medicine until the next morning. She said that she has just "started doing things for myself" like getting dressed in the morning, and washing herself, because it's not worth waiting on the staff. Ms. Owens said you have to wait a long time to get help going to the bathroom, and once you get to the bathroom, it may be a while until the staff returns to help you get out of the bathroom. Ms. Owens said that she usually has to wait to receive assistance from the staff for extended periods about three times a day. She said that a lot of the problem is due to the fact that nurses are often pulled off the floor. This is mostly a problem during the day shift, she said.

Ms. Owens expressed the opinion that the portions of food served by Grant Park are too small. It is worth mentioning that she has a very slight frame. She also complained that the food is too tough to eat, and when she requests that her meat be pureed, they often puree her entire meal, which she does not like.

Ms. Owens said she is very frequently late for dialysis because staff fails to wake her on time. She often has to get dressed and prepared by herself when this happens. While she is often late for her dialysis, she has not yet missed an appointment.

She also voiced concern about the laundry service at Grant Park. She said the service takes too long to get clothes back to the residents, and there have been mix ups. Ms. Owens is still waiting for some articles to be returned to her that were mistakenly given to other residents. The laundry is so slow that Ms. Owens told us she has "stopped bothering" to use it.

Ray Collins. Mr. Collins has been at Grant Park for more than three years. His foremost concern was that while he wakes up around 5:30 or 6:00 a.m., staff does not assist him in getting

up and getting dressed until 10:00 or 11:00 a.m., and sometimes not until afternoon. He said that there were times when they never got him out of bed.

Mr. Collins complained about the nursing staff and about one nurse in particular. In general, he said the staff often doesn't "treat you like you're human." He said they won't give him water when he asks, and he feels that at times the staff purposefully aggravates him. He said that once, when he was sitting outside, a nurse drove past him and said, "I should run over your black ass." Mr. Collins complained to Grant Park administration, who said they would do something, but problems with the nurse continue. Mr. Collins said that he gets along fine with other nurses.

Furthermore, he said that when he calls for a nurse, it is a long time before one arrives. Mr. Collins said the shortage of CNAs causes lots of problems in addition to not being able to get cold water and not getting dressed until late in the morning or early in the afternoon. Mr. Collins is concerned about thefts in the facility, and said that he recently had \$80.00 go missing from his room, as well as a number of DVDs. He's not sure if it was staff or other residents who may be taking his belongings. He said he complained to Grant Park staffers but nothing was resolved.

Mr. Collins said that he once waited so long to have his protective undergarments changed, and sat, soaked, for so long that he had to go downstairs to the administrative office, through public and high-traffic areas, wearing nothing but his adult diaper, just to get some assistance.

He said he has also missed medication and been given his medications late. He does not believe the excuses he was offered for this, including, "Oh, I didn't see you in your bed when I came by." He said this doesn't happen too often, but enough that it bothers him. He noted that nurses slack off, smoke cigarettes, watch TV, and talk on the phone. He said that when his nurse is on lunch break he is told for her to wait to get back by other nurses, instead of being assisted by them.

As far as food goes, Mr. Collins wishes there were more variety. He said the food is served cold, and often sits for 15 minutes after it is brought up from the kitchen and before it is served to residents. Staff is unpleasant to him when asked to warm up food. He also noted that the serving sizes are too small, and that "a baby could eat more than that." During our conversation, Mr. Collins said that residents only get small amounts of food, but he sees kitchen workers eating large amounts of food from the kitchen.

Mr. Collins was upset with the linen and laundry service. There are 36 residents on each floor, but only 5 or 6 clean towels are available every day. He said sometimes he is washed with paper towels instead of washcloths.

Mr. Collins no longer has a medical need to be at Grant Park, and the social workers there are supposed to be helping him look for external housing, but he believes that no one is currently helping him. He thinks this is because there are too few social workers and because those that are there are not interested in helping him find housing. He has been waiting for housing for two years now.

Mr. Collins has been out on Grant Park-organized trips three times since he's been in residence, but he said that it's hardly worth it, because all of the trips they schedule involve the residents having to spend their own money, such as trips to buffets. If residents don't have money, they can't go on these trips.

Dorothy Blackwell. Ms. Blackwell has resided at Grant Park for more than three years and expressed a number of concerns about the care at Grant Park. Ms. Blackwell first noted that she should be doing physical therapy, but she hasn't been getting that therapy, and Grant Park hasn't been helping her. She also said that she has needed to see the eye doctor for a long time. Grant Park sent her to the wrong eye doctor—this doctor couldn't treat her because she's in a wheelchair, and his equipment couldn't be adapted to her.

Ms. Blackwell said that the CNAs “don't know what they're doing,” and when she instructs them on how to help her, they don't listen to her. For example, she said that when they lift her, they do so roughly and in “any kind of a way.” She said she needs a Hoyer lift to be lifted, but staff usually can't find one. (The day of the interview we were told by a resident that Grant Park had one functioning Hoyer lift and that “they can't find it.”) Ms. Blackwell doesn't like being in bed, but she said she often has to wait a long time for the staff to locate the Hoyer lift.

She said the staff doesn't like to change her when her undergarments are soiled. She said that for this reason she doesn't drink water until noon—she holds off on drinking water to minimize the chances of having to wait around for long times to be changed if she needed to be changed. She said the staff is rough and nasty with her sometimes.

Ms. Blackwell will not take her pills until she looks at them. When asked if she had ever taken the wrong medication, she said “no,” but she then said that she doesn't get the wrong medication because she makes sure it's right, and if it's not she gives it back. She said this happens a lot. As far as medical care is concerned, she said she hasn't had a physical since she arrived at Grant Park, and that when she complains of having a medical problem, she is ignored, and nurses never call a doctor in to check her out. Ms. Blackwell was hospitalized approximately a year prior to our conversation, and while she was at the hospital, she was given a physical.

She noted that there isn't enough staff to change the beds as often as is necessary, and even if there were, there are not enough linens to go around. According to Ms. Blackwell, there are not enough washcloths or towels either. Ms. Blackwell said she sends her laundry away, and sometimes it never comes back to her, even though her name is on the clothes.

She is also concerned about the number of residents on drugs. She said that “St. E's [the local mental hospital] won't even take these people.” In the same breath, she said people at St. Elizabeth's have more freedom than the residents at Grant Park—that it's easier for them to get around outside.

Lawrence Critchfield. Mr. Critchfield has been a resident of Grant Park for more than ten years. A bad surgery left him paralyzed in the legs and in one arm, though he does have limited use of his other arm.

Mr. Critchfield reported a number of difficulties in dealing with the staff of Grant Park. In his opinion, residents are stuck in a situation in which they receive poor care and have no one to complain to. He said that if residents ask questions or raise concerns about their needs, it is likely that the CNAs or nursing staff will take retaliatory action, such as filing a complaint about the resident.

Mr. Critchfield complained about the poor quality of the food and food service. According to Mr. Critchfield, his portions are consistently so meager that, in order to satisfy his hunger, he saves some food from breakfast, or skips breakfast altogether. While it is possible to get extra portions of food, Mr. Critchfield stated that the staff is generally not too happy with residents who make such requests, and because of his past negative experiences with staff, he chooses to take “his risks” with the portions he is given.

Until last year, Mr. Critchfield enjoyed waking up around 5 o’clock and getting an early start to his days. He says that now, even if he is awake that early, he does not get assistance from the CNAs with bathing, dressing, and other essential morning activities until hours later. According to Mr. Critchfield, the CNA staff has said that the delay is due to the number of dialysis patients that need care early in the morning.

Mr. Critchfield noted that the quality of his health care is suffering. He has an ear problem that results in a large buildup of earwax. The buildup becomes so obstructive that Mr. Critchfield is not able to hear out of one ear, but he has been told that he cannot get in to see a doctor for another month.

Mr. Critchfield does not know the actual date of his appointment and said this poses additional problems. In the past, he has had to pay his co-pay for doctor visits, even though he is a Medicaid recipient. If he does not know when his date is, he is not able to plan appropriately to have his co-pay ready.

He said he is supposed to be receiving MRI evaluations and physical therapy for his legs but has not received a schedule appointment or therapy at Grant Park.

Mr. Critchfield stated that his last trip off the Grant Park campus was a shopping trip in 1998. Because he is unable to take himself out of Grant Park, and because there is not a regular bus available to take wheelchair-bound residents off campus, Mr. Critchfield has not taken a recreational trip in ten years.

Edna Bishop. Ms. Bishop came to Grant Park within the last year after being discharged from the hospital, where she was receiving dialysis treatment. Her decision to come to Grant Park was largely based on its in-house dialysis facilities. She is non-ambulatory, and requires assistance getting to and from her dialysis treatment, having her clothes and bed linens changed, and taking care of her sanitation needs.

Ms. Bishop said she is not receiving that quality of treatment she had expected. She said she is often late for her dialysis treatment in the morning, and once her treatment is over, she often has to wait for an hour or more, once she is off of the dialysis machine, to be taken back up to her room. She said this is particularly difficult because, due to the dialysis, Ms. Bishop needs to have her clothing and diapers changed. The delayed return to her room means that Ms. Bishop must sit in soiled clothes for extended periods of time. She said she is often forced to wait at other times during the day to be changed out of soiled diapers because of slow or insufficient CNA staff.

Ms. Bishop said her bedpan is often filled beyond capacity and is not changed by CNA staff on time. As a result, her bed sheets are often soiled, and she said she has been refused clean bed sheets on several occasions, being told that there are no clean sheets. She said the laundry problems extend to her bed gowns, which also need to be changed frequently, but are not changed because the laundry is not getting washed and returned in any sort of timely manner.

Ms. Bishop said she has also experienced problems with the administration and distribution of medicine. She has a skin condition that makes her itch very badly. She cut her nails off because she was beginning to scratch herself too hard. She has been prescribed a topical medicine for this problem, and the cream is effective. However, at the time of our conversation, she had run out of cream and she had not gotten a refill for over a week.

Ms. Bishop also reported medication errors. She is concerned that nurses mistakenly give the wrong pills or doses to residents, and those who either don't know their correct prescriptions or are unable to say anything may end up getting the wrong medicine. Ms. Bishop knows what she is supposed to take, what it looks like, and when she is supposed to receive it. She carries a note pad and writes down important information.

Roland Perry. Mr. Perry has been living at Grant Park for less than six months, after being discharged from a hospital. Mr. Perry chose to go to Grant Park instead of going to a homeless shelter.

Mr. Perry exhibits a positive attitude about the care he receives at Grant Park. He gets three meals a day, has made friends with many of the residents, and is able to avoid many of the bad influences that one is surrounded by in shelters.

Even though Mr. Perry, recognizing the alternative, is happy to stay at Grant Park, he has noted some problems. He lives on the fifth floor, where residents have been without an ice machine for months. He said CNAs are often not willing to go to a different floor and bring ice back up.

He also expressed concern about the lack of control over residents who do not wish to "play by the rules." He said smokers litter the front entrance with cigarette butts, and drugs and alcohol cause problems with resident behavior.

Gordon Cole. Mr. Cole has been at Grant Park for approximately a year and a half, and he is also satisfied with the care he receives in the facility. He said that his medicine arrived on time, and that the staff was doing a good job. He said that sometimes the food wasn't good, but that

most of the time it is warm. He is able to do some shopping and gets around outside the facility without much difficulty. He was in a wheelchair during our interview, but he is not confined to the wheelchair, and can walk on his own. When asked about the multiple layers of clothes he was wearing, he said that he didn't mind the cool temperatures in the facility.

Curmet Forte: is the President of the Resident Council at Grant Park. He asked that his real name be used in this report. His position gives him a unique perspective in that he is both a resident and an advocate for the residents. Mr. Forte spoke to us about the problems that he experienced personally at Grant Park, as well as the problems he learned about in his capacity as President of the Resident Council.

He is outspoken about the quality of food service. He said that food temperature is consistently a problem. Breakfast in particular is usually served cold, though Mr. Forte said that lunch and dinner are also not warm enough. Mr. Forte said that although Grant Park brought in new food service carts, the problem with food temperature was not alleviated, especially for residents who live on the fifth floor, as Mr. Forte does, and are at the end of the food delivery schedule. He also said portion sizes were too small, and that a recently served Salisbury steak was the "size of a silver dollar."

Another problem Mr. Forte identified is that the fifth floor ice machine has been broken since early 2008. Mr. Forte said residents had limited access to ice during the hot summer months. There were ice machines on other floors, but in Mr. Forte's experience, CNAs were often either unwilling or unable to go get ice from another floor and bring it up to the fifth floor.

Mr. Forte expressed his view that staffing at Grant Park is insufficient and the staff is overworked. He said that even though the mandatory staff-to-patient ratio is 1:8, the ratio at Grant Park is closer to 1:16. He says the reported number of CNAs is misleading because the staff gets pulled away from resident care to accompany residents to appointments or to take care of dialysis patients. He believes the night staff is often short, and the morning staff is insufficient to properly take care of resident needs in the morning. He observed that a lot of work goes into waking, bathing, and dressing residents and making sure that they are given the proper medications, and that staff shortages may contribute to poor resident hygiene and medical errors. Mr. Forte expressed the concern that some residents have been given the wrong pills or the wrong amounts of pills, and unless the residents know exactly what they are supposed to be taking, they might take the wrong medicine. Mr. Forte said he tells residents to memorize the color and amount of the pills they are supposed to take so that they won't accidentally take the wrong medicine. He said he personally has been given the wrong medicine.

As Resident Council president, one of Mr. Forte's major concerns is for resident safety in the event of a fire. The current plan is to have staff carry residents from floor to floor, until each resident is out of the building. Mr. Forte characterized this plan as unreasonable, insufficient, and unacceptable for putting residents at what he characterized as "high risk" if they needed to be evacuated. Mr. Forte said that "it would be a total disaster if a fire broke out." Mr. Forte said he has lobbied for improved evacuation systems such as a chute system that would allow for safe and efficient evacuation of patients down the stairwells.

Mr. Forte, like many of the Grant Park residents relies on a wheelchair to get around. In his opinion, Grant Park does not provide adequate transportation for non-ambulatory residents. According to Mr. Forte, Grant Park does not own a working wheelchair-accessible van, and does not bring in third-party transportation often enough to allow a reasonable number of residents to take trips outside Grant Park. He estimates that, based on the number of residents in wheelchairs and the limited number of trips, four wheelchair-dependent residents per month can leave Grant Park for an organized recreational such as a trip to the mall or to Golden Corral for dinner. By his calculations the average amount of time a resident would have to wait between trips would be over two years.

Mr. Forte said the problem with transportation goes beyond recreation. He mentioned several instances in which residents were late for doctor appointments. Once residents are at the appointments, they often have to wait for several hours to be picked up and brought back home. Grant Park makes arrangements to have Medicaid-funded transportation take residents to medical appointments, but he said the residents are often not given appropriate notice and as a result miss appointments.

Mr. Forte said laundry services are slow and inadequate. He said that towels and bed sheets are rarely cleaned in sufficient quantities to serve the residents. He said that when the weather turned cold this year, Grant Park did not initially provide enough blankets to the residents. He said that because the front door is broken, the first floor is drafty.

Mr. Forte said that the residents used to enjoy a gift shop that was run by the residents. The profits generated were used to fund resident activities. He said the shop is now out of the residents' hands, and in his opinion, the prices charged are too high for the residents to afford on their monthly personal needs allowance.

SUMMARY OF KEY ISSUES IDENTIFIED BY RESIDENTS:

FOOD, NUTRITION, AND HYDRATION

Based on the residents' interviews, the most frequent concern voiced by residents of Grant Park is the food quality and service. According to the latest Nursing Home Inspection Survey produced by the Department of Health, the food service at Grant Park imposed on the residents a widespread risk of potential for actual harm.. The following four areas of observation all received deficient ratings in February 2008:

- Hiring enough skilled workers to carry out dietary service
- Making sure that residents are well nourished
- Offering other nutritional food to each resident who will not eat the food served
- Storing, cooking, and giving out food in a safe and clean way

While these deficiencies were corrected, in the monthly Resident Council meetings that we attended, diet, food, and water concerns were raised by residents with a growing sense of frustration. One of the primary concerns with the food is the quality itself. Residents voiced dissatisfaction with taste, temperature, and lack of variety. Residents told us that meal times stretch over several hours, which results in food being delivered late and cold.

In addition to their ardent dislike for the taste and presentation of the food, many of the residents have complained that the portions have been reduced to the point that they believe they are not receiving enough food. Residents are allowed 3 oz. of protein (e.g. chicken or fish) at lunch and 2 oz. of protein at dinner. According to the food staff representatives, residents are given vegetables, starch, bread, and juice or coffee to round out their meals. Even so, residents complain that the portions are insufficient, going so far as to say that the portions served “wouldn’t feed a baby.”

While the administration maintains that residents are free to ask for more food once they have finished their first portion, residents told us that the reality is that it is all but impossible to call down and ask for more food with any expectation that it will be served within the dining hours. With so many residents having to wait for their first meal, it is highly unlikely that a second portion could be served in any sort of timely manner. Compounding the problem is the lack of a working phone in the kitchen. At a recent Resident Council meeting, a number of residents stated that they had tried calling the kitchen, but the phone was never answered. The administration’s answer was that they knew the phone was not working, and that the fault rests with the phone company. Residents are unaware of any alternative means of contacting the kitchen with requests for more food or requests for a meal substitution.

Residents are also experiencing an ongoing problem with ice and water service. Residents told us that several of the ice machines have been out of service since the spring of 2008. The residents located on the fifth floor have been most vocal about the problem. At one point, the fifth floor ice machine was removed, and the residents were told that a new one would be installed. As of November 2008, the residents were still waiting for a replacement.

The fact that any of the residents are unable to have ice in their drinks is troubling, but we were told that there are some residents who are not even served water when they ask for it. One resident said that his CNA has refused to give him water during the day because it just makes him go to the bathroom more frequently and she would have to change him too often. Another told us that CNA has refused him water or ice, without any explanation.

The consequences of the water problems may go far beyond the inconvenience of unquenched thirst. As a group, nursing home residents are at a high risk of suffering serious consequences from dehydration. “[Older persons] who do not receive adequate fluids are more susceptible to urinary tract infections, pneumonia, decubitus ulcers, and confusion and disorientation...[and]

life-threatening electrolyte imbalances can occur. Mortality rates for untreated dehydration may be very high.”⁹

The food service standards were established the Federal Nursing Home Reform Act. Chapter 42 of the Code of Federal Regulations sets forth a number of requirements for nursing homes providing long-term care. A number of those regulations deal directly with the problems described by Grant Park residents:

- Residents must be served “food that is palatable, attractive, and at the proper temperature” 42 C.F.R. § 483.35(d)(2)
- Menus must “... (2) be prepared in advance; and (3) be followed.” 42 C.F.R. § 483.35(c)
- Facilities “must provide residents with sufficient fluid intake to maintain proper hydration and health,” 42 C.F.R. § 483.5(j)
- Residents should “...receive services in the facility with reasonable accommodation of individual needs and preferences except when the health or safety of the individual or other residents would be endangered” 42 C.F.R. § 483.20(e)(1)

PERSONAL HYGIENE

Resident care facilities must ensure that a resident’s ability to bathe, dress, groom, and use the toilet does not diminish, unless circumstances of the individual’s clinical condition render diminution unavoidable. For residents who are unable to perform such activities, the facility must ensure that they receive necessary services to maintain good grooming and personal and oral hygiene.¹⁰

We observed that many of the residents at Grant Park are non-ambulatory. They are in wheelchairs or beds, and they told us they need help to move to a toilet or tub to personally attend to their sanitation and hygienic needs. The federal regulations are clear that long-term care facilities, like Grant Park, must have staff and measures in place to allow such residents to continue to have normal hygienic routines. Several of the residents who were interviewed gave examples of when they had needed to be changed into fresh underclothes, or have their bedpan changed, but could not get timely assistance from the staff.

Residents told us that clean linens are frequently unavailable because laundry is not done on time, and there are often shortages of clean bed sheets, gowns, and regular clothes. At one Resident Council meeting, residents complained that two pillowcases, four towels, and three washcloths were sent up for 38 residents. One resident complained that he was bathed with paper towels, because the staff could not find any washcloths.

⁹ Sarah Greene Burger, Jeanie Kayser-Jones, and Julie Prince Bell, *Malnutrition and Dehydration in Nursing Homes: Key Issues in Prevention and Treatment*. National Citizen’s Coalition for Nursing Home Reform, June, 2000.

¹⁰ 42 C.F.R. 483.25(a)(1);(3).

TRANSPORTATION

During the interview period, there were over 250 residents at Grant Park, many of whom are confined to wheelchairs. Residents in wheelchairs, especially motorized wheelchairs, require specially adapted vehicles in order to travel to and from the facility. While Medicaid covers the cost and provides for transportation of residents to and from doctor appointments, residents told us that the staff at Grant Park sometimes fails to request Medicaid transportation the required three days in advance of when the service is needed. As a result, residents miss doctor appointments. Other residents told us that even when the staff arranges for the transportation in a timely fashion, they often fail to inform residents that they have an appointment until the morning of the appointment, which leaves the residents unprepared and frustrated.

In addition to scheduling problems, Grant Park affords its wheelchair-bound residents fewer opportunities to travel outside of the facility than residents who can walk. Residents who are able to step up into buses Grant Park provides are able to participate in outings with relative frequency, whereas Grant Park only arranges two trips out of the facility for wheelchair-bound residents a month. Four individuals in wheelchairs can go on each outing, which means that only 96 individuals in wheelchairs have the opportunity to join in Grant Park's community excursions every year. Assuming that Grant Park gives everyone a chance to go on an outing once before giving anyone a second turn, Grant Park is only arranging for its wheelchair-bound residents to participate in its community excursions once every two to three years. Grant Park does not have a wheelchair-accessible vehicle, so it is completely reliant on outside, private contractors when it arranges to transport residents outside the facility for other than medical reasons.¹¹

The federal regulations implementing the Federal Nursing Home Reform Act require facilities to provide an ongoing program of activities designed "to meet...the interests and the physical, mental, and psychosocial well-being of each resident."¹² The interpretive guidelines for the federal regulations note that this includes "[t]ransporting residents who need assistance to and from activities (including indoor, outdoor, and *outings*)."¹³ The Americans with Disabilities Act forbids providing a lesser opportunity to participate in a service or privilege to individuals on the basis of a disability.¹⁴

Another concern raised by residents is that, if they have the luck to be invited to go on a facility-organized outing, many of the outings are to places where residents are required to spend money. For instance, a number of the outings Grant Park organizes are to restaurants. Some residents do not have the money to spend on outside meals, so even if they wished to participate, they would be unable. As a result, they turn down opportunities to go out in the community, even though they would very much like to participate in an outing. Being involved in the community is not just a privilege, but a right protected by law, as can be seen in federal regulations:

- The resident has the right to—

¹¹ Metro Access is used to transport residents to medical appointments.

¹² 42 C.F.R. § 483.15(f)(1).

¹³ *Guidance to Surveyors for Long Term Care Facilities* 42 C.F.R. § 483.15(f)(1), *app. PP* (emphasis added).

¹⁴ 42 U.S.C. § 12182(b)(1)(A)(ii).

- (1) Choose activities, schedules, and health care consistent with his or her own interests, assessments and plan of care;
- (2) Interact with members of the community both inside and outside of the facility....
42 C.F.R. § 483.15(b)(1-2)

- A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility. *42 C.F.R. § 483.15(d)*.
- The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial well-being of each resident. *42 C.F.R. § 483.15(f)(1)*.
- The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including...visit[ing] and being visited by others from outside the facility. *42 C.F.R. § 483.10(j)*.

MEDICATION ISSUES

One of the most frequently raised concerns of the residents of Grant Park relates to the administration of medicine. Federal regulations require that a nursing facility like Grant Park ensure that it is free of medication error rates of 5% or greater, and that residents are free of any “significant medical errors.”¹⁵ “Significant medical errors” are those that cause a resident discomfort or that jeopardize health or safety.¹⁶

The most recent reports from the surveyors that check for compliance with local and federal regulations indicate that in the past Grant Park:¹⁷

- failed to make sure that residents who take drugs are not given too many doses; failed to make sure that the use of drugs is carefully watched; or failed to stop or change drugs that caused unwanted effects
- failed to have drugs and other similar products available, which are needed every day and in emergencies, and give them out properly
- failed to properly mark drugs and other similar products

In the past, surveyors have found that Grant Park failed to “make sure that residents are safe from serious medication errors,”¹⁸ though such a failure is not recorded in the most recent survey.¹⁹ Some residents at Grant Park nonetheless expressed concerns about medication.

¹⁵ *42 C.F.R. § 483.25(m)(1,2)*.

¹⁶ *Id. at app. PP.*

¹⁷ See Detailed Information for Grant Park Care Center, *supra* note 1. (According to the same survey results, Grant Park had the most health deficiencies of any nursing home in Washington, D.C., with forty-four. *Id.* The national average of health deficiencies is nine. *Id.*)

Of the residents interviewed, eleven reported having had their medications delivered late, incorrectly, or not at all, and a few have been given the wrong medication altogether. A number of residents expressed their belief that the problems with medication were caused by a shortage of staff. During a Resident Council meeting, one resident said that at one point there was such a shortage of staff that he helped the nurse on duty to distribute pills to the other residents.

STAFF ISSUES

The residents expressed concern that there was not enough staff and also described their problems with the existing staff. The residents noted that for the most part the staff is friendly, but there were a number of complaints about staff members who did not show proper respect and care to the residents. Residents told us that staff members have treated them roughly, rudely, and without respect. Incidents ranged from staff members pushing residents in a wheelchair briskly out of the way in the hallway to an outright threat directed at a resident. There were even more complaints that staff were not attentive to the needs of residents.

Federal law on the quality of care required of nursing homes is clear: “A nursing facility must care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident.”²⁰ Every survey conducted at Grant Park since February 2, 2005, (four in total) has found that Grant Park has failed to “give each resident care and services to get or keep the highest quality of life possible.”²¹ Although surveyors concluded that the problems have been corrected, some of the residents we spoke to believe some lapses in their care are caused by not having enough staff.

Many residents observed that sometimes staff members simply do not do their jobs. Residents said that the response they often receive when seeking assistance with sanitation needs is “I’m not your nurse.” According to the residents, one of the most common problems at Grant Park is having to wait a long time for staff to assist them when their clothing is soiled. Two residents expressed the belief that some of the staff members try not to change residents who have soiled themselves until the end of their shift. The residents thought there are two reasons for this: so that the resident would be dry when the next shift came on so the next shift could not complain that the prior shift was not doing their job, and so that staff members would not have to change the residents more than once during each shift. The residents we listened to (in individual interviews and at the Resident Council meetings) complained that in their opinions, staff members spend inordinate amounts of time talking on their cell phones while on duty and that they take extended breaks, during which times they often refuse resident requests for assistance.

One aspect of life that residents expressed concern about is the time at which they are helped to get out of bed and start their day. Several residents reported that they have on occasion waited around in bed for hours for a staff member to help them prepare for the day. Some residents reported having to wait until after noon to be helped out of bed, and one resident told us that on

¹⁸ *see id.*, follow “View Previous Inspection Results” hyperlink

¹⁹ *Id.*

²⁰ 42 U.S.C. § 1396r(b)1(A).

²¹ *See* Detailed Information for Grant Park Care Center, *supra*.

one occasion he was not helped out of bed until the next morning. Federal regulations give nursing home residents the right to self-determination.²² This includes the right to choose schedules consistent with their interests and to make choices about significant aspects of their lives in the facility.²³

Residents said that they have been told by Grant Park staff that the reason they are not helped out of bed when they wish is because there are so many residents who need dialysis treatments in the morning, and that those residents are the staff's first priority. However, residents who take dialysis treatment also told us that the staff fails to wake them up on time for their dialysis appointments, and as a result, they are late for their dialysis treatment.

SAFETY AND SECURITY

Safety:

The federal regulations that govern nursing homes mandate that facilities must:

- Have “written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients.” *42 CFR § 483.470(h)(1)*
- Train staff in these procedures, and hold evacuation drills at least quarterly, and at least one full evacuation drill of all residents at least once a year per shift. *42 CFR § 483.470(i).*

The February 2008 survey revealed that Grant Park did not have a written emergency evacuation plan. Furthermore, a number of concerns were raised about the suitability and safety of the facility. Grant Park did not have a fire alarm system that could be heard throughout the entire facility, and did not have properly rated fire doors that were capable of blocking off smoke.

The residents are not completely unaware of the potential risk. One resident stated that he is concerned about what would happen in the event of a fire. He said that there have been instances in the past when certain residents have accidentally started fires in their bedrooms, usually by smoking cigarettes. He is afraid that if such a fire spread to the rest of the building, there is no realistic way for the staff to evacuate all of the residents, especially the ones on the higher floors.

Grant Park has sought to minimize the risk of fires by curtailing resident smoking—limiting it to outside patio areas and prohibiting residents from possessing lighters and matches. However, while the preventive steps taken by Grant Park may reduce the risk of fire, the overall status of the fire safety and evacuation systems leaves residents, especially those on the upper floors, concerned about their safety if a fire were to break out.

²² *42 C.F.R. § 483.10.*

²³ *42 C.F.R. § 483.15(b)(1,3).*

Security:

Many of the residents complained to us about theft at Grant Park. Purses, cash, and medical devices have all been reported as stolen. Residents believe that other problems of safety and security arise out of drug and alcohol abuse by some of the residents. During the day, most residents are free to come and go from the Grant Park property. There is a main gate, but residents are permitted to leave if they wish. Unfortunately, according to some residents, other residents who have taken advantage of this freedom come back to Grant Park inebriated and disruptive. According to some of the residents, the problem is not merely external. We heard from several individuals that drugs are brought into the Grant Park facilities and distributed by residents or guests. Some residents felt that hosting a police substation at Grant Park might improve things.

CONCLUSION

The residents at Grant Park with whom we have been able to speak and interact are remarkably resilient, and for the most part upbeat about their situation. Some of the residents we spoke with even indicated that they thought Grant Park was a nice place,²⁴ though when we inquired, most were quick to tell us about the problems they had experienced. Many of those who have been at Grant Park for a number of years seemed resigned to the quality of life they have come to expect, and see no hope of change. Many others are quick to forgive Grant Park's shortcomings—they feel that they should be happy with what they have, and not complain. We believe they deserve something better, and we hope that this report will help Grant Park better understand the residents' concerns and take steps to address the problems the residents identified.

Grant Park Care Center Comments:

Date: April 3, 2009

To: Resident Council of Grant Park Care Center

From: Grant Park Care Center

Re: Conversations with GPCC residents (A view from the inside)

Grant Park Care Center response to the Report

Summary of Key issues identified by residents:

Personal Hygiene

The staff ratio regulation is 3.5. GPCC average daily staff ratio is 3.9 which is above the required the staff ratio regulation. The facility does have sufficient linen supply. The facility does have a problem with staff hoarding linen. Rounds are being done to check rooms to collect linen which has been stored in areas of resident rooms.

²⁴ One resident said that Grant Park was nicer than the homeless shelter he lived in prior to his admission.

Transportation

Medical appointments are monitored Monday through Friday and discussed in the morning meeting. Administration is currently in the process of leasing a wheelchair accessible van. This van will be used for trips and also medical appointments.

Residents should be informed at least a day before a scheduled appointment. Nursing staff will be reminded to inform the resident of an upcoming appointment. This will continue to be monitored.

Medical appointments which are missed are investigated for the cause and plan of action is taken to prevent re-occurrence.

Medication issues

The medication administration record and treatment administration record is reviewed daily by the unit managers and also by the Director of Nursing and Assisted Director of Nursing weekly. All nursing staff has been re-educated on medication administration. Staff that is in violation of policy is disciplined up to and including termination.

Staff issues

All staff is in serviced on customer service and the expectation of GPCC during the initial orientation. Staff is also required to attend mandatory customer service training. Guardian angel rounds are conducted daily which is an opportunity for residents to report any staff issues and/ or concerns. This enables concerns to be readily addressed. It is important that residents report concerns to their unit manager or any member of management. Employees talking on their cell phone and simply not working is unacceptable and needs to be reported to a supervisor when it occurs. The administrator does rounds on a daily basis.

Safety and Security

Residents are asked not to keep large amounts of money in the facility. The facility does have a banking system which allows residents to keep up to \$100.00 in a locked area. The money is held in the business office and the resident has access to their money during banking hours which are weekly. Residents are given a receipt for money deposited and withdrawn. It is recommended that residents keep their money in the business office. Bank cards, high amounts of cash, jewelry and other items should not be kept at the facility. Each resident has a inventory sheet which is kept in the medical record. It is imperative that all personal items be logged on the inventory sheet.

Continued Safety and Security:

The facility has recently hired a clinical social worker to assist in addressing behaviors. The social worker will be assisting the facility in addressing residents which abuse alcohol and drugs. Also, efforts are being made to have residents transferred to other facilities that can better address their needs.

A meeting has been planned with the Department of Health and key individuals in the community to assist the facility in addressing the residents needs.

Other concerns raised:

Ice machines have been installed on all units and are currently working.
Some concerns cannot be addressed without the identity of the resident.

The identity of the resident is needed for the following concerns to be addressed:
Ray Collins- discharge planning- need specific resident information
Dorothy Blackwell- need identity to address the rehabilitation concerns

Grant Park Care Center administration is committed to the improvement of the facility in every aspect from the quality of care to the appearance of the facility. The change requires not only commitment from the administration of GPCC but also the commitment of the residents and the community.

We would like to highlight some improvements that have been made here at the facility:

- 100 new beds have been placed around the facility.
- Mailboxes have been installed for the smokers to store smoking materials.
- Smoking monitor on duty 24 hours a day.
- Electric lighter has been installed for smokers.
- Nightstands and wardrobes have also been ordered.
- Facility has been deep cleaned by an outside cleaning company.
- Heating curtain has been repaired in the front lobby.
- Cameras have been installed to increase safety of our residents and staff.
- A new washer and dryer has been ordered.
- Wheelchairs are cleaned on a weekly basis. One unit is done each week.
- Computer lab and pool table are available for residents use.
- A new sign has been installed at the entrance of the building.

Comments received and added to the document April 2, 2009.

Department of Health, Health Regulations Licensing Administration Comments:

**DISTRICT OF COLUMBIA
Department of Health**

Health Regulation &
Licensing Administration



The Department of Health, Health Regulation and Licensing Administration (HRLA), has the first-line responsibility for regulating nursing homes including Grant Park Care Center (GPCC) for licensure and federal participation certifications, and appreciates the work of the

District's Long-Term Care Ombudsman (LTCO) on this project, entitled *A View From Inside*. Clearly, there is no better gauge of the services provided by a nursing facility than the resident. While HRLA's records showed that GPCC's census is over two hundred seventy and this project focused on the summary of interviews with thirteen (13) residents whose experiences and observations at Grant Park highlight, in many instances, ineffective performance, insufficient staffing and behaviors on the part of some staff members. The LTCO also notes the results of government surveys in which GPCC was cited for violating licensing and certification requirements that had resulted in some of the same deficient practices discussed by the residents in this document.

HRLA program staff have assigned additional monitoring at this facility because of certain patterns of deficient practices. In addition HRLA's Senior Deputy Director and program staff have met personally with facility management staff and corporate representatives to discuss on-going problems at the facility and the managing of those problems in compliance with law and on behalf of the residents. It was determined that GPCC would benefit from external change agents. Therefore, management was required to develop an action plan inclusive of systemic and isolated issues that impact on the facility's ability to sustain continued regulatory compliance.

Currently HRLA is in the process of conducting a licensure and re-certification survey the week of April 6 thru April 9, 2009. HRLA will continue to monitor compliance, cite deficiencies when appropriate and initiate the imposition of civil penalties to ensure the health and safety of the residents of Grant Park Care Center.

Comments received and added to the document on April 7, 2009.

ACKNOWLEDGEMENTS:

The authors of this report wish to thank Jerry Kasunic and Mary Ann Parker of the Office of the DC Long Term Care Ombudsman Program, supported and sponsored by the DC Office on Aging, AARP DC, and Legal Counsel for the Elderly for facilitating our work with the Resident Council and for their sustained commitment to improving the quality of care for the residents of Grant Park.²⁵ We appreciate the guidance of Faith Mullen, Assistant Clinical Professor, Columbus Community Legal Service, The Catholic University of America, Columbus School of Law. We would also like to thank Curmet Forte, the President of the Grant Park Resident Council. He has been an outspoken advocate for resident rights and quality care. We appreciate both his expertise and his vision. Finally, we are grateful to the residents of Grant Park who shared their experiences with us and helped us understand the difficulties they face.

²⁵ The views expressed herein are for information, debate, and discussion, and do not necessarily represent official policies of the sponsors and supports acknowledged above.

Appendix A

Federal Scope and Severity Grid

	Isolated	Pattern	Widespread
Immediate Jeopardy	J	K	L
Actual Harm	G	H	I
Potential for more than Minimal Harm	D	E	F
Minimal Harm	A	B	C