

I am here today as a family member. I do not have a PAC supporting my efforts. I am not being paid nor being reimbursed for expenses.

My mother-in-law was Dot Wright. My wife, Kathy and I provided 24/7 care for Dot in our home for 2yrs. Prior to admission into Baycrest Memory Care in Coos Bay. She resided there for 26 months. Dot died peacefully in our home on 1/15/2016.

Last year we provided testimony supporting HB-4083 to this committee. Since there are new members I will give a much abbreviated version of that testimony, before offering comments on HB-3359.

The December 2016 Oregon Health Care Association website informing members of defeating HB-4083--I will paraphrase—"this bill was brought forth on behalf of a dissatisfied family member regarding care". factual yes, and disingenuous. Well I am the dissatisfied family. Baycrest Memory Care had substantially failed 4 consecutive state survey's in less than a year... DHS issued a cease admissions order as well as a notice of non-renewal of license. During this time substantiated abuse cases by Adult Protected Services increased 100%. At one point the number reached 33 cases. This information is available on the Ombudsman website. There were 6 substantiated abuse case relating to poor quality care for Dot.

During an active survey process a residential care coordinator, a key staff position responsible for training of staff, falsified to appear complete for staff. She stated the directive came from the top. This was eventually substantiated a year later by licensing investigator.

During this time there was excessive and frequent staff turnover at all levels. 4 different administrators alone. Staff turnovers of this proportion created uncertainty, lack of trust, incontinuity of care for residents/families.

We consistently brought our concerns to whoever the administrator was. We contacted the local DHS office on a regular basis informing investigators of the on-going poor quality of care. There was frequent communication with the Ombudsman, licensing officials, and Salem DHS beginning with Ms. Kelly-Siel, than Mr. Hathaway, then Mr. Saiki.

I also contacted the Coos Bay police, Oregon consumer protection agency, Oregon division of Medicaid fraud, the Oregon department of justice and Governor Brown.

The last to occur was the substantiated sexual abuse cases. 5 women residents were involved and according to the police report the actual possible number of women was 14. I am including the 39 page police report with redactions of names of residents to this committee.

The owners of the facility, Radiant Senior Living, were issued a \$12,500 fine by DHS in ~~November~~ ^{October} 2016. Radiant Senior Living is contesting the fine. An administrative hearing is schedule mid-July 2017. Radiant Senior Living is entitled to due process.

Now, keep in mind this has been an abbreviated version of poor quality care.

A few comments about HB-3359. There are many legitimate individual measures which begin to address quality of care for memory care residents. I could be mistaken, but it appears most, if not all of the recommendations from the Purple Ribbon commission are in HB-3359. Each of the recommendations are professionally written and give credence to current thought regarding quality improvement in health care settings.

My understanding the primary stakeholders at the table writing HB-3359 included DHS, Ombudsman, Rep McKoewen and Keni-Guyer, at times the speaker of the house and an Oregon Health Care Association representative.

Here are some key quality principles from current literature, research, as well as present day practice in delivering quality care: Improving quality of care is grounded in the belief that often the most informed voices on the care team are those of the resident and family. Ultimately, they alone can confirm whether:

1. A plan of care was explained thoroughly.
2. The information provided was fully understood.
3. Their questions and fears were appropriately addressed.
4. Care was tailored to their specific needs.
5. They felt safe.
6. Systems worked efficiently and effectively.
7. Each was treated as a person-----a whole person, not simply as a chart, medical record or a stage in this progressive, terminal disease, dementia, Alzheimer's.

I do not believe any resident or family member was at the table for HN-3359. Therefore it is critical to give voice to the voiceless by including resident or family directly at the stakeholder table in writing legislation.

Another key principle in developing quality metrics are standards. In order to accurately utilize quality metrics, there must be specific staff training/education standards. All care-givers are educated using identical information, methods, evaluation and testing to ensure competency. Without this foundation and quality metrics/data is skewed/unreliable, cannot accurately measure.

In 2014 the Portland State Institute of Aging compiled a report on Community Based Care, Residents Characteristics. I'd like to mention a few care needs identified for memory care residents:

1. 92% of residents need care/help to get dressed.
2. 98% of residents need care/help to bathe.
3. 90% of residents need care/help to go to the bathroom.
4. 98% of residents need care/help with mobility.
5. 99% of residents need care/help to take their medications.
6. 48% of residents are taking 9 or more prescription medications.
7. This is my own statistic: 100% of residents care needs will increase as the disease progresses'.

By the way a recent national quality initiative about the use of anti-psychotic medications in facilities for older people, Oregon ranked 31 out of 51 states.

So much data. Makes my head spin. And this only scratches the surface.

So, let us stop kidding ourselves. All of us. Acuity for memory care residents continues to increase. Higher acuity levels=====higher needs of care. Memory care facilities must stop using the language of a service plan. This language provides a thin veil for documented care needs. The reality is memory care facilities are developing care plans, not service plans.

In closing, last year HB-4083 did not pass. The measure was simple and one page. It stated all endorsed memory care units/facilities will be required to have certified nursing assistants and certified medication assistants to provide direct care to residents.

Today I am convinced even if a bill like HB-4083 was re-introduced and passed, it would not be enough to meet the on-going needs of memory care residents. The approach for improving quality care to memory care residents is this: A one page bill changing the status of endorsed memory care facilities from a Residential Care Facility to a Nursing Care Facility. The demands of higher acuity demand this.

Memory care facilities are and have been Nursing Care Facilities. Memory care facilities no longer fit a residential care facility model.

To improve quality of care for memory care residents requires the state of Oregon a commitment to real and sustained changes in practice and policy, as well as an equally strong commitment to residents and families involved in dementia care, every step of the way.

Thank you.

Thomas Blastic