

March 17th, 2021

To The Senate Committee on Human Services, Mental Health and Recovery
Chair Gelser, Committee members:

My name is Mike Kashdin and I work at an Assisted Living Facility in Washington County, Oregon. I have worked at the same location for nearly three and a half years.

Generally speaking, staffing is far from adequate.

When I started, as a caregiver, I was told I'd be trained and would "shadow" for at least a couple days. Within hours, on my first day, I was cleaning a soiled resident by myself because there was nobody else. I was quickly run into the ground working frequent doubles, sometimes only getting an eight hour break between my next shift (possibly another double). I remember having to lie down on the floor just to give my back some relief. Within the two to three months I was a caregiver, I was constantly in pain, and had to miss work twice due to injury. The second time resulted in pain and weakness that lasted for many months, and I worried these issues would be permanent. It was after that I was temporarily placed in the kitchen to help remain active and alleviate some of the kitchen under-staffing. I eventually chose to stay full-time as a "wait staff" member, as it was usually (but not always...) "easier" work.

There is little incentive to kill ourselves for this work. We earn less than many businesses now offer, with very little equality among workers. Many only do the bare minimum because they either stop caring, cannot physically or mentally continue, or just realize the workhorses will shoulder the burden. I'd say 80-90% of the new employees that come through are either in high school, or just finished. They have little to no experience, and as I have seen since my first day, they receive very little training. It almost always falls to other coworkers or trial by fire, rather than management.

Despite being a kitchen worker, I am constantly interacting with the carestaff. I see people that were a joy to be around and loved their job ground down to a husk, working frequent double shifts, often by themselves. A med-aid all but lived in the building for four days because there was no one else. Anyone that signs on to be only part-time (myself included) is often pressured into full-time work, often overtime.

Covid precautions have only made this worse for the carestaff. The kitchen is often now reliant on caregivers to get meal orders from residents, and recently, now to also remind them to come down to the dining room. We have multiple residents that require frequent, lengthy, and often multiple person attention. The pagers and walkies of care staff go off endlessly. And again, it is often down to one caregiver and possibly the med-tech to do everything. Even with two caregivers, they are stretched far too thinly.

A recent resident council summary complained of waiting for an hour or more for help. Even having a walkie, I often cannot get in touch with carestaff myself. We often don't even have anyone at the front desk, which has been especially difficult during Covid lock-downs.

Weekends are just expected to be bare-bone affairs with little to no management in the building, and many working alone. We pull doubles. We miss lunches. Breaks are often a forgotten luxury. We don't get to rest. Even on my "days off," I stress over the often inevitable call-in. We make mistakes. Residents are ignored. Allergies and other dietary issues are regularly missed or overlooked. As much as I believe in our med-aids, they are only human, and I fear what could happen.

Residents need more available assistance. Our caregivers and kitchen staff need help. We are desperate. Please support SB 714.

Thank you,

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