

We are the Ombudsmen for Lehigh and Northampton Counties. We are a state and federal program and our role is to advocate for the rights of residents in long term care facilities. We make a routine visit to each of our (almost 100) facilities quarterly. We provide booklets detailing residents' rights, along with our contact information. We support residents in advocating for themselves when they have a residents' rights issue. Often the issue can be resolved by working with facility administration. We also provide residents with contact information for the State Dept of Health, Adult Protective Services, corporate complaint hotlines and low-cost legal services. In recent times, many of our residents have expressed concern about state and national issues that affect them. In 2024, the personal needs allowance for Medicaid residents was raised from \$45 to \$60 per month. Residents responded to a survey from our state office and contacted their state representatives to advocate for this increase. In this past year, many residents and families have expressed worry about reports of cuts to Medicaid and changes to Medicare. Our office has begun a project to provide all residents with contact information for their state and federal representatives so they can voice their concerns directly.

Today we would like to share some of the most common concerns we hear when speaking with residents:

Shortage of staff: Residents know when staffing is short as this directly affects their care.

Even when a facility is meeting the minimum requirements, residents still report waiting times of 20 minutes to almost an hour when they request help to the bathroom.

Weekends are most often when call-outs occur and staffing is short. Residents who require a Hoyer lift to be moved out of bed may end up being in bed all weekend because the Hoyer lift requires two staff for safety. A resident who is assisted out of bed on the day shift may end up sitting uncomfortably in a wheelchair until later in the evening shift until staff are available to put them back to bed.

Agency staff may be brought in to make up for staff shortages, but residents often report their care suffers because agency staff do not know their individual needs or facility procedures.

Residents report staff shortage often results in fresh water not being provided on every shift as required. Staff may pass out water early on the day shift but not pass it again until later in the evening. Conversely, some residents limit their water intake, knowing that they will have to wait a long time when needing the bathroom. These are risk factors for urinary tract infections which can lead to confusion and behavioral changes as well as kidney damage and often necessitate hospitalization.

Food service is another area in which there are a lot of complaints. We find that corporations set a spending limit, often of less than \$10.00 per day per resident. Quantity, quality, and variety of food is limited; Residents observe frequent turnover in dining services from chefs to servers. Often food servers are high school students, and little training is provided. Basic expectations, such as water, condiments and napkins on the table are not met. Food trays are delivered to the nursing unit with the expectation that aides will serve the trays; but due to their workload and minimal staff, the tray service is delayed, and food is cold when residents receive it. Residents also say that snacks are not always served, as required, again due to staff being short.

Residents also are aware of the stress and tension among staff who are trying to accomplish more with less. Dignity issues, disrespect and verbal abuse are on the rise; residents report staff being on their phones while they give care, being short tempered, distracted, and retaliatory when they are reported. Residents express they feel facilities are less likely to discipline or fire staff who are verbally abusive because it is so difficult to find employees. Families, residents, and even other staff have had the experience of witnessing staff being verbally abusive, reporting it to the state, and having the results be “unfounded.”

The definition of “Minimum” is “the least quantity assignable, admissible or possible”. “Minimum” should not be our goal when it comes to caring for our residents. A grade of “D” is the minimum required to pass a course. Are we happy when our kids bring home a “D” on a report card? Do we want a physician treating us that passed medical school with a “D” average? Let’s replace “Minimal” with “Optimal”. Talk with administrators, staff and residents to find out what is optimal as far as the number of personnel needed so that residents do not need to wait excessively to be taken to the bathroom, that they can be served nutritious hot meals in a timely manner, and have their needs attended to by qualified and well trained staff members who are not rushed. Most of us are likely to need nursing home care someday, and many of us will end up on Medicaid. Let’s all think about how we want to be cared for. I encourage the legislators to visit residents in our facilities and hear their concerns first hand, and to build the budget around what is optimal, not what is minimal.