

Select Subcommittee on the Coronavirus Crisis
Hearing on “Examining Long-Term Care in America: The Impact of the Coronavirus in Nursing Homes”
Mary Beth Delarm
Statement for the Record
September 21, 2022

I swear my full testimony given at 1 PM Wednesday, September 21, 2022, is the whole truth and nothing but the truth. My name is Mary Beth Delarm, and I am the daughter of Pat Ashley who died in one of the lowest rated nursing homes in the Capital District area of New York State During 2020 after Covid in nursing home shutdowns began.

The coronavirus only brought to the public’s attention the corruption, deficiencies, patient neglect and political payoffs to gain favors to our nursing facilities owners. The sad part is money should be going to the patient not in the deep pockets of the industry or politicians. But would there be change knowing backroom dealings have been ongoing for decades— Long term?

Here are my suggestions...

1. For five years I watched as what has become the norm in our society hurrying people out of hospitals once they are stabilized. Then rushed into the only available slot of a low rated nursing facility. Of course, the family would not know that with only 24 hours leeway and no time to research. That is the first thing that needs to change. There must be a transitional period of at least a week for someone to shop for a decent care facility. That’s if one can be found. Usually, the few that are higher rated on the CMS chart have long waiting lists. This forces prospective residence/patients into substandard Care in the system that is rated a “one” and actually would be a “zero” if such scoring was available.
2. Whether for profit or not, there must be a law immediately implemented that prevents campaign contributions from any nursing homeowners, their families, relatives, or friends (affiliated with any nursing home industry if even a property owner, etc.) to elected officials. This would prevent collusion and assisting the pocketbooks of nursing homeowners and politicians, and instead add oversight that funds from government programs are channeled directly to patient care. As it is now you see glorified Nh lobbies and administrator offices but patient rooms (which I have photos of) literally crumbling from wallpaper to sheet rock, infested with ants, leaking roofs, & unsanitary throughout. This does not include feces I have seen on walls, floors, and elevator rails.
 - a. Ensure wheelchairs and walkers are cleaned weekly. I can’t tell you the crud I’ve seen month after month which prevents wheels from moving. Our elderly deserve more than that!
 - b. Have various willing family members in each facility be on a “Facility only” oversight committee. They should be the ones reporting deficiencies. If you leave it in the hands of administrators, you’ll never see honesty or improvement.

3. Remove inspections to nursing homes from the state and into an independent subcommittee under the federal government CMS. This committee should have another committee non-government related to arrange surprise inspections unlike currently Exists. There should be no political affiliations on this committee. Easier said than done but we're trying to get rid of the corruption.
4. All healthcare laws should take effect immediately or by the first of the year, so patients don't suffer. Even with any laws there must be ENFORCEMENT and a system of checks and balances. We do not have that now at any level in our federal government healthcare.
5. As I opined in my state health committee testimony over the last few years, I encourage federal grant funding for CNA's and nurses who dedicate themselves to the geriatric field of nursing homes. This would help fix empty gaps in facilities across the nation. Nurses and CNAs would have to sign an agreement they remain employed in the field for at least 12 years, before being approved for the grant.
 - a. Updated staff training should be required annually for good patient care— which is what it's all about!
6. Direct patient care must increase to at least six hours per day per patient.
7. There must be more patient social interaction opportunities and more importantly inclusion. As it is now you walk into a nursing home and many people just sit in wheelchairs near the front desk.
8. I have seen the need year after year for memory care facilities. As of now most dementia and Alzheimer's patients are left isolated in a corner. It has been proven medically and statistically that eliminated from social interaction progresses the disease.
 - a. I believe they should have an interim facility in every district for patients who need strict rehab with short term release prognosis, one for declining LTC patients, and one for memory difficulties.
9. Any reports of neglect or abuse now made to the state, must be copied to a federal government subcommittee affiliated with CMS. These reports must note in quantity on the formal CMS ratings in a new category. It will likely be impossible to follow up on each and every one since the state obviously can't. But numbers of complaints logged themselves speaks volumes. If there are numerous ones that are found to be substantive, they need to consider closing the home removing the license of the facility. It would be interesting to see a separate category for sanitary patients. I do not know of one nursing home that has not left a patient in their own urine or fecal soaked pants because either the CNA went on a break, didn't have enough time because of too many patients, or sitting behind the unit desk on their cell phones.
10. Establish an enforcement committee of all rules and regs and see to it they are published online in an updated manner for not only each individual nursing home's website but a current CMS rating on their kiosks or marquee at entrance outside. Aside from having such transparent information online this would be duplicated in the CMS website.

11. All nurses and CNA's when changing shifts must log any incidents for the next nurse to see. This would encourage better patient care instead of them not knowing why someone had scratches and wounds all over with blood dripping. Again, I have seen this on my mom with my own eyes more than once and not one staff member knew what happened. this is unacceptable.
 - a. If a nurse is found to be harming a patient, they need to be dismissed.
12. If cameras were installed in each room hallway and throughout each facility, would immediately decrease theft, neglect, and abuse of patients.
13. If there are ever viruses rampant in a nursing home, there must be a better way to allow visitors in. The lack of visitors as you know killed many patients. Perhaps you could keep them in their room until noncontagious. Have visitors come in with masks just like they do with patients with C diff. But for God's sake don't close down the whole place. This is the 21st century and it's time to ameliorate.
14. Nursing homes that are poorly rated continually share low grade staff and once they have a bad reputation, such as the one my mom's home frequently got, they'd change names to avoid the poor stigma. Switching staff from other low quality nursing homes owned within that "ownership" family is sneaky. This exacerbates an already poor situation. Additionally, name changes of a facility hide truth and transparency. A prospective patient's family would not have a clue on the background of a facility unless aware of name changes and the poor history. There should be a law to prevent this nationwide.
15. Finally, I highly suggest that strip searches upon a patient's admission like they are a criminal or a piece of meat with cameras flashing as they are flipped over from side to side naked no longer be permitted. If a facility wants to do something like that so no one says they have caused wounds, they should have it done in a doctor's private office with medical people not a team of gawking eyes and flashbulbs. Nor with five or six strangers standing over them within the first 20 minutes they enter their room. It's demoralizing and strips one of their dignity. It's especially horrible for a dementia patient. I can't believe this is permitted in our society especially for the elderly. And I won't believe it if I hadn't seen it with my own eyes.

I hope the committee seriously considers my suggestions. If you saw the photos I have of the facilities my mom was in, your heart would break. Please feel free to contact me and I will share. No person should ever be mistreated. I shared this with my congressman right before Covid and his jaw dropped. Mr. Tonko said he definitely will move the ball forward to getting on it but a week later I heard from his office who yelled into the phone "I warned you Paul can't get involved in the Nursing Home situation." If we can't depend on our congress who are elected officials, who can we count on? Citizens of this country need change in our healthcare system and fast. Otherwise, we are doomed.

Thank you.
Mary Beth Delarm