NYS Assembly and NYS Senate Health Committee Chairs,

Please accept this as my sworn affirmation for the upcoming Department of Health NYS budget hearings.

My name is Mary Beth Delarm. I am the biological daughter of a mom who lost her life as a result of Governor Cuomo's order sending Covid infected patients into nursing homes, with his subsequent order of isolation and neglect, which NYS nursing home residents are still succumbing to over a year later. Over the past several years, I have had extensive experience witnessing nursing homes unbelievable poor care of our aging population. To date our vulnerable population in these facilities are still forced to incur Injurious treatment but now moreso as an "accepted routine way of life" —because no one does anything to change it. The nursing home industry is permitted to fail consumers and the vulnerable population they are charged to protect; all while its corrupt profiteers' pockets soar. The chronic cavalier acceptance by our state leaders and nursing home affiliates refusal to improve nursing home care has turned facilities into death chambers with no exit. State leaders continue sacrificing our Loved ones by literally **dying for change,** while different political and facility industry players operate business as usual. Ongoing poor political decisions in 2020 has resulted in the highest migration rates NYS has ever seen. New Yorkers can no longer get work, afford inflated taxes and don't want to die another nursing home statistic abandoned by our state leaders without care or communication. **This year after year perpetuating failure cries for the necessity to apply billions of state funds toward nursing homes and rehabilitation total reform now.**

I have seen first hand the glaring need for more resources to oversee the needs of nursing home residents, pre and during the pandemic as well as technology forfamilies to communicate with their loved ones in nursing homes. This coupled with video surveillance in the absence of physical oversight by any Heath agency is needed to immediately protect the residents to improve their well-being and the overall nursing home environment. My proposals will substantially reduce department of health or other regulating agencies ((such as the Attorney General's)complaints and halt failures of an industry long needing correction. My testimony will include specific changes needed in the Department of Health, the nursing home industry and procedures addressing and reporting criminal issues.

There are ways to manage the budget properly to ensure patients receive quality care they deserve in the increasing aged at home and nursing facility population.
Prevention: our healthcare system needs to address preventing diseases rather than profiting from those once they occur. This would prevent substantial costs in pharmaceuticals, and kickbacks towards providers and others who profit towards promoting medicines, and instead address symptoms before they exacerbate.

As such, it is an abomination to society and denigrating to human life that nursing homes were not given their own segmentation of priority in the state budget proposed. A half a page hardly does New York State citizens justice as the state consistently sweeps our vulnerable population under the rug for another year. Since approximately 1/3 of our seniors are in or will be entering a facility, or been demonstrated by our government to have died during the pandemic or as a result of neglect in nursing facilities across the state, it's a downright embarrassment and further neglect to citizens to minimize and attempt to exterminate what remains of our vulnerable population. It is a waste of taxpayer money The Department of Health and state politicians, who the general public depend on and pay, continue ignoring responses to NYS consumers life-threatening concerns in these failing facilities. The people who become temporary or long-term residents of any nursing facility deserve the highest budget

appropriation of any other and immediate corrective measures to thwart further harm. To ignore this fact would be a disservice and disregard for all people who have worked hard to make our state great, and an injustice to human life itself.

My suggestions deal with transparency, accountability, effective improvement of the nursing home system which has been broken for decades, from the bottom up, inside and out, still significantly impaired by poor government.

1. ***Establish a new bill for Accountability** and Responsibility with personal payment or penalties from any individual offenders shall be implemented for any crimes or serious harm relative to the nursing home industry, whether politically induced or not. This specifically pertains to ANY ACTION which results in harm to any nursing home resident, whether or not the offender is or was in public office, employed in or affiliated with the nursing home industry. This must be a requirement in our state immediately. **If there's fire spreading in dry grass in any environment, an investigation is done to find out the cause of the fire—Whether it was a lightning bolt (act of God) or a smoking gun simmering in the background. If it was a smoking gun, investigators research who was responsible for that smoking gun. That's what is needed now in regards to nursing home neglect. The whole field burned during Covid and those multiple individuals need to be accountable for that decision and action which directly resulted and caused the deaths of all those in the field.**
2. **Corporations must be held accountable for meeting their responsibilities and the liability waiver for nursing homes, politicians and any other person or entity granted in 2020, should be repealed immediately in a retroactive manner. (A3397) An addendum to this bill should include any and all legal fees paid for by the offending party.**
3. **Establish a bill ensuring Accuracy of Health Department AND NURSING HOME RECORDS & Death numbers particularly during a contagious disease outbreak.** Hiding numbers and not counting nursing home patients during The COVID-19 pandemic who died in other locations, (e.g. hospitals or at home) or not tested and particularly from neglect all subjected to the living horrors of the Covid environment which directly resulted in their end of life, each deserve to be counted, instead of bogus wording of "**inability to thrive"**. Death certificates are historical documents and permanent records in that person's family generation history and must be truthful and correct, not reinforce lies. *Each nursing home death certificate should accurately state "died as a result of COVID-19 pandemic in a New York State nursing home with Covid or Neglect or other affiliated condition. Each soul and family deserves the dignity of the truth and be COUNTED for the pain and suffering they incurred during their last days, weeks or months of life through no fault of their own. After an independent, bipartisan probe, hold each and every perpetrator of such harm and falsities accountable to corrective action and punishment.*
4. In light of Cuomo's nursing home cover-up, I encourage NYS reps to support Senators Tedisco's and Jordan's call for new legislation to **strengthen** New York's open government/**Freedom of Information Law (FOIL) to hold the Gov., and any other officials or agents accountable when they impede the public's right to know. Thereafter disclosure, we must have an independent, perhaps even federal, bi-partisan investigative committee get answers and facts.**
5. Re: accountability and crime—no one understands why our governor implemented bail reform. Perhaps lack of transparency and failure to be remorseful and accept responsibility and accountability for certain wrongdoings. Hence **Bail reform,** if not rescinded, continues to harm our state budget, taxpayers, the safe livelihood of our citizens and a disregard to our justice system. By allowing release and not holding non-law abiding citizens, our state leaders and legislators, wastes money. Why would our state leaders want to approve criminals and

corruption to rule of our society with disregard for human life and safety? Sure we have less prisons populated, but that results in less jobs and more criminals walking the streets. Keep that up and the population will even be less with increased murders and shootings. Which we've already seen since bail reform began. Not too smart! **Repeal bail reform now retroactive accordingly.**

6. **Increase educational funding for anyone interested in the medical profession who is middle class or lower economically qualified**, by providing specific grants to motivate students to join any nursing Home profession.
7. In regards to education and assistance of physical oversight in nursing homes: **implement a new program where students in grades 9-12 get credit towards active participation in government after The pandemic** . Also Credit could be applied to student volunteers for community in person and digital Communication service. An anology could be considered like old-time candy stripers but towards social involvement and interaction rather than medically. This would be a huge relief towards ALL Nursing home hired staff and a huge benefit towards each resident.+ it would not drain a dime of the budget since it's volunteer. For specific medically oriented BOCES students other volunteering could apply to their nursing program. Get our retired willing population back into contributing with incentives for volunteering for small nursing home tasks. Engage the senior centers for starters. Increase the budget for other organizations such as state wide senior action which benefit that population.
8. **Mandate staff in current nursing home operations be reviewed by their supervisor, who has been with the same institution for an Entire year**; and
9. Require the DOH annually **review each facility's current pool qualities and numbers of Supervisors, nurses, CNA's and social worker with updated surveys** from every employee! This would not only provide numbers of how long an employee stayed with a particular facility but hands on feedback—vital to a successful operation for every patient and staff and overall environment.It will reveal where weaknesses lie to remedy any issues ASAP. *This supports a checks and balances on in person quality care.* The requirement should be the same for any staffing agency which hires for any facility.
10. **P 83 (10 of the DOH budget...) Nursing home quality of care** While the DOH proposes to reward quality staffing practices, it fails to address a solution of the root of the problem. So *before* reward **good quality staffing of adequate numbers for *each* residence must be statutory to comply with decency of living.** Highly trained staff (from social worker to activities staff to nursing supervisor, to nursing director to nursing home administrator and specifically CNA) is mandatory. This is necessary to ensure employees who have scored high with dedicated educational hard schooling are those rewarded with such high paying employment to care for our vulnerable geriatric and rehabilitative care populations. Let's get the qualified staff in there first before we start worrying about how we're going to reward them .
11. **Addendum to bills setting minimum staffing requirements nurse to patient ratio for direct care A00108 and S04336.** Once quality graduates, current and old staff are properly retrained and a large pool of candidates exists, then we have the numbers required for each for profit and not-for-profit Nursing Homes to increase their ratio of medical staff per resident. **10 residents per CNA Is fair and reasonable**. Anything less would be a disservice to both employee and particularly NH resident. increasing employment in nursing homes would benefit the NYS work force and decrease unemployment. It would also prevent some of our best qualified medical professionals to migrate to other states and countries, as has been the case particularly during Covid. **Establish minimum safe staffing standards. (S1168/A108)**
    1. P 90 **higher education, BSN C**HANGED TO BSN in 4. In 2017 Cuomo signed into law this program to enhance the quality of patient care and elevate the nursing profession

requiring all nurses to complete a Bachlorette in Science in Nursing degree within 10 years to maintain licensure by the state. **This should be changed to within 4 years** to be more effective for both student and patient. 10 years is simply too long. I have consulted with friends in the nursing profession who shared with me they would never go back to school with a lapse longer than four years and even that is questionable at that point. They explained by then they likely would be involved with raising families and simply won't have time or money to apply to schooling. Once they're in the workforce they prioritize earning an income rather than schooling. They additionally added, If 10 years lapses after a degree is earned, they likely may have forgotten skills learned nine years earlier. Also who is going to fill that pool during the 10 year lapse? We need to have continual rollover into the nursing medical field. If New York wants to be one of the top educated medical trained states we need prompt, consistent and continuing education without gaps of 10 years.

2. **Social workers and nurses in geriatric care need to be highly skilled & educated.** NYS needs Incentive for Graduates to earn MS degrees in social work and dedicated students for specific geriatric care. Only those with such degrees should be hired in any nursing home facility . A. To motivate individuals to be professionally intrigued in nursing professions, there must be incentive and mandates throughout the state prohibiting high ratios of patients per nursing staff. 20 or 40 residents per nurse or CNA is not doable and in fact harmful as history has proven for decades. The staff suffers from exhaustion and noncompliance while the patient risks and sacrifices their lives from abuse and neglect. No one will desire to be employed in a nursing home if physical and mental abuse of the patient continues with inadequate staff. During Covid I have known known some nurses who told me much of their staff hid behind glass partitions at desks while others quit the profession entirely. The risk to their emotional and physical health was far too great so they sacrificed high salaries and Job only to start new careers in a fast food restaurant and another at a grocery store. Bottom line – –The state must fix the staff numbers before Rewards! Anything more than 10 resident patients per nurse is not only unfair to both resident and nurse, but inhumane.

12. **Establish a new bill to Re-organize the department of health from the bottom up or top down** so there are non-partisan employees and the department of health Commissioner is voted by the people and its employees are independently qualified. not appointed, so as to avoid collusion. This would reduce and eventually eliminate wrongdoings by The new director/commissioner and other political corrupt state players. Monitor closely communication between DOH and nursing home affiliates. (I expound on this new re-organization and design throughout this testimony.)
13. ***Relative to bill number A02610, Mandate new penalties by the State agency charged with health oversight to any nursing home facility or rehab for violations*** of any unsanitary conditions that exist without immediate (within one day) and permanent improvement. E.g. if a home has several complaints of stench and unclean structural items, such as feces smeared on handrails, in elevators, dining areas or resident walls. Documentation by the state agency and complainant would immediately be written up upon each occurrence resulting in a high fine. Of six figures. We must hold the bar high to improve the hygiene and sanitary conditions of our loved ones residents. Complaints of residents left sitting in their own waste would also require fines to the facility. The more complaints from the same institution, the higher the fines. A limit of violations would be the same for every nursing home across our state per institution. For example, three for the same action and five over all within one year. If a facility exceeds that violation limit, immediate action by the regulating health agency is taken to **remove the**

facilities license. Any facility or regulatory agency allowing violations to be ignored or complacent gives permission for the system to stay broken. **This would be a new bill before following the procedure to closure of nursing homes —-bills S02847 and A02432**

14. *** Establish a new bill that enforces punishment and hence eliminates NEGLECT in any nursing home.**When a patient gets a urinary tract infection from sitting in their own waste, and develops sepsis and dies, that is direct neglect. When a patient is not mobilized and develops bedsores which become infected , that is neglect. When a resident dies from not being assisted with feeding or Denied beverages and utensils a facility fails to provide, **That is neglect from lack of care of staff not doing their job to care for a patient**. The cause of death is from staff neglect causing the resident to painfully starve and dehydrate till they are no longer breathing . I saw this happen on a weekly and then regular basis because of inefficient and inadequate staff which became more life threatening as Covid moved in. Some residents eventually lost limbs because of staff failing neglect to keep a patient Mobile and instead confined to a chair or a bed. All of these are not "inability to thrive" particularly when staff and the human eye can see a patient losing weight and crying for liquids and food as I saw happened to my mother and many other patients left without drinks, utensils and sometimes only a couple of tablespoons on their plate at dining hour. It's called malnutrition or starvation as a direct result of severe neglect. The organs wither for a reason— because the patient is not getting care. Teeth fall out because the patient is not getting oral hygiene. That is neglect. We don't send our loved ones into a nursing facility because we want them neglected and dead. We trust our department of health and nursing home facilities to use our taxpayer money and our loved ones hard earnings through life for the best trained care we cannot provide at home. Since the department of health and nursing home industry has failed horribly at their jobs, and refuses to improve, I suggest you take the billions and billions of New York State monies and redistribute to each resident patient so they can have proper in-home care. In the least, a patient would have a fighting chance at a long and caring life with attentive people present. **A**. If you refer to historical criminal records in New York State, you see Offenders charged with murder for negligence as a direct result of a loved one dying from not getting proper care. These offenders are convicted with serving criminal sentences and pay high penalties . Nursing home populations who die as a result of neglect pre--and during Covid should not be treated any different, just because a facility and our government oversight fails to do their job. We shouldn't let murderers back on the street if they've already killed. Responsible parties for Nursing Home deaths should not be any different. Those charged with care for our loved ones have a choice – – either you provide care or you don't. And if you don't, you pay and serve the punishment so it doesn't happen again. If a student commits a serious violation at an educational institution they are suspended or expelled. The same requirements should be required for those who govern the law of our nursing home population. No state leader, over site agency or member of our nursing home operations should be above the law. Our loved ones paid the ultimate price and deserve at least justice from every offensive entity. Immediate reform is the next step.
15. **Establish a bill that prohibits nursing homes to participate in the common marketing scheme of buying, selling and changing NH names to secret their horrible substandard, and in many cases, abusive history**. By allowing this common ploy to perpetuate misleads the public and encourages poor choices when a family has to choose a long-term care facility within days of hospital release. Otherwise a facility can change management as frequently as with their bad practices, still evading the public. From 2021 going forward regardless of management and ownership change, the name must be allowed to stand. This way, If a family needs to research a facility at a moments notice they can do so quickly. This transparency without secrecy, allows

any institutional facts which could be harmful to the care of a new resident, be revealed to the incoming patient before a physical move is made.

16. **Amend Bill A03622** which imposes a moratorium on owning a failing facility and disallows a new purchase of another facility for 24 months since their last violation, to.... 1. ***Restrict any other nursing facility purchase for at least 5 years, and if such prior violations which existed resulted in loss of life, any purchase will be permanently prohibited. And...*** *2.* ***establish a bill that creates a moratorium on conversion from non-profit or public to for-profit during this time along with a prohibition on purchases by both venture capitalists and LLCs that do not disclose ownership.***
17. **Provide disclosure of ownership, public comment, and review quality of owners' performance in other facilities prior to approval of certificate of need (S3060)**
18. ***Start a brand NEW regulatory agency that exists separate of the department of health, yet shares information with the DOH called Nursing Home and Rehabilitation Authority,** *perhaps without NYS connected to the title*. .A **new entity rather than the department of health is needed to replace the decades old broken Department of Health.** This would allow independent review, approval and physical oversight of nursing homes as well as agencies that provide direct care staffing. Eliminate any provision in hiring any staff with a history of working for a failed nursing home or a former appointed political position. Such an authority will independently review the surveys stated above in #4 as well as any other necessity related to overseeing nursing home management and inner works of a facility's staff. This would relieve much pressure on the DOH in general. **A**. One job that new agency would establish is trained teams to do independent nursing home inspections with staff entering any nursing home at any time without a moments notice to review staff, sanitary conditions, functional maintenance items such as wheelchairs, lifts etc. and of course quality care. This surprise in depth inspection would prevent any facility to fabricate actual practices as has been the case for decades**. B.** As an amendment to **bill number A03618**, the number 40% of its inspection time shall change to 50% off business hours, with a better chance a facility never knows when to expect a surprise investigation on a weekend or weekday. **C**. Add a provision inspections can be more than once a year. And all follow-ups to ensure violations have been remedied, and are at the cost of the nursing home facility. Such physical and corrective action must be demonstrated by the facility within 30 days of the violation . If the violation is not corrected within this period of time or less, such offenders will receive a double penalty per month.
19. ***Establish a bill to Implement requirements where a home or facility that maintains any rehabilitative short or long term patients is Restricted from changing the facility name if they are sold to new management.** This ensures transparency, avoids collusion behind the scenes and is no longer misleading that it has a clean record when the fact may be that it's revealing a historical poor one. This bill will ensure The department of health as well as a facility''s website **details it's historical path with any other names the nursing facility held, AND include any other 'sister managed or owned facilities by the same or affiliated management, together with any former CMS ratings, as well as violations noted during any inspections.** *It will protect consumers and residents by informing them to the factual record of any future residence they may consider as a long or short term residence or rehabilitative facility. In addition to Bill S00553 ratings will prominently be displayed on the front desk, CMS updated ratings should be required to be displayed on a marquee outside of each facility 365 days per year.*
20. ***Establish a new bill In conjunction with transparency mandating formal department of health, Including Medicare and Medicaid, complaint forms are available and easily accessible *throughout* a nursing home facility.** Such documentation will be physically visible allowing consumer, staff and residents' to Privately voice their concern without fear of retaliation. These

forms will be clearly labeled and placed for any party to utilize. Each facility must have at least 20 forms available in each location at any one time and placed at a heighteven for the challenged to access. These forms shall be located in various sections of each facility including the entrance and exit doors, lobby area, each resident's room, dining areas and activity or sitting areas and will have a postal address as well as website to note a concern. Simple electronic websites do not work for much of the baby boomer population and as such, Restrictive in the inability to voice concerns. In my years of regular visits I have learned most residents and family members are unaware such forms exist on hardcopy in a facility they have frequented for months if not years. For one facility I did not even discover until two years after a family member was housed there, such a document existed. I was directed to a barely visible folder placed sideways on a hallway wall too high for a wheelchair bound person to access, basically hidden from the general public. This with three words no larger than 12 font written sideways in a plain brown folder, even someone with 20:20 vision failed to see walking by on a daily basis. I pulled it out of the slanted plastic holder and the folder was empty. Such important documents cannot be hidden. The public deserves transparency and the right to bring alarming safety concerns to the attention of the facility and health agency that oversees them at any time without fear of retaliation.. *This new mandate will require every facility to inform every resident, council meetings and noted on the public activities calendar posted. These documents will be clearly labeled stating there will be no retaliation from a facility for any person voicing their concern whether staff, resident or concerned family member. If such retaliatory Action occurs Fines and documentation will be noted in their record toward the retaliating facility anddouble any penalties for impeding freedom of speech and the right to protect safety concerns. This will be an additional bill to S04826 which shall delete the word 'unnecessary' before risk. Any risk should be reported to the oversight agency so corrective action for any safety threat is made.*

21. **Better infection control is needed** and **violations need to be addressed and penalized appropriately with more than a slap on the wrist.** Because so many facilities are let off the hook or minimally fined for serious violations, many nursing home facilities have repeated offenses. Hence the health agency established to oversee such violating facilities, must increase penalties and fines to the seriousness of the offense . If the violation is repeated or there are multiple offenses, the fine should be doubled. Otherwise the state health agencies and government are minimizing the value of a life. For example, with an overall one-star rating, the lowest ranking issued by the U.S. Centers for Medicare and Medicaid Services, the agency cited the state Health Department's inspection as the basis for its $66,623 fine in an Albion County nursing home. The violations for lack of infection control were numerous. Specifically, facility staff (certified nurse aides and licensed practical nurses) entered and exited the room of residents diagnosed with [redacted]. The same staff then entered the rooms of residents without Covid-19, passed breakfast trays, assisted with the residents' meal and provided hands-on care without wearing PPE and completing proper hand hygiene," according to the inspection. Staff assigned to caring for residents with confirmed and presumed cases of Covid-19 failed to take hygienic precautions before entering the rooms of residents who were not infected. It is improper and ineffective to fine a facility minimal dollars when they continue operating business as usual. because the state adequately fails to penalize an institution, infection control continues still decades later and continues to fail to get a handle on it. ***Make an addendum to bill S01621 for staff and visitors to have rapid testing before they even enter a building.***
22. **Establish standards for infection control audits (S1783 & A1999**) And **Require every skilled nursing facility employ an infection control specialist, responsible for ongoing infection control staff training and for developing infection prevention & control policies and procedures,**

performing infection surveillance, and auditing adherence to recommended infection prevention & control practices.

23. **Fines and repercussions to a facility should act as a deterrent to bad behavior** just as a student would get suspended or expelled from school for a serious issue. The penalty to crime or failure to maintain hygienic and safe criteria needs revamping. Anything lower than a six figure fine per violation must be mandated to the offending nursing facility owner and operations in order to improve our nursing home environment and eliminate safety threats to our vulnerable population. This is necessary as less serious violations have increased, been ignored and result in more serious offenses. For low star rated nursing homes failing to improve year after year or any facility to continually violate protocol is an invitation to disaster. Chronic violators must have their licenses removed. Otherwise our state continues wasting tax dollars. Take the money from facility penalties and put it towards improving the system, to prevent state taxes from increasing. The state needs to get a handle controlling what nursing homes get away with so that our taxpayers do not incur the monetary burden and help fix the broken nursing home system where facilities prey on our loved ones and tax dollars. This is an addendum to bill 802610
24. Our state needs to **STOP allowing nursing homes to share staff.** This is particularly vital in poor sister managed for profit nursing homes. I have seen far too many poor quality staff moved from one Failing facility to another. if implemented, this would significantly **get a grip on poor practices and infection control spreading from institution to institution.**
25. **Nursing home cafeteria and activities staff need training in specific geriatric care before being hired.** Why? Over multiple years in more than one nursing home, I have witnessed employees not medically trained, taking residents to the bathroom or otherwise assisting them eating, etc. because medical staffing is nonexistent. I have also witnessed **CNA's and nurses* refusing to assist a patient and other staff needing help. If the ratio of medical assistants (*above) was 10 :1 indicated problems could be prevented. Until there is such a change and no requirements to fix staff shortages, working practices stay broken. Requiring a cafeteria, maintenance or activities employee to do the work of a medically trained professional is negligent. How can facilities possibly maintain staff and attend to patients who sit in their own waste for hours and maintain virus control criteria, when they can't keep a simple wheelchair functional and clean. It fails to serve the resident needing help and keeps the system broken.
26. *A **new bill requiring each nursing home facility must be established to allow social experiences off the property.** I have not been aware or communicated of any off nursing home campus social trips to social events in a nearby city in the six years my Family members have been in 2 nursing homes but one event. **This is unbelievable in the last stages of life a resident would be forced to be treated with more confinement than a prison when they are still mobile. Why would trips not be made mandatory when one of the main advantages would be benefiting mental and physical health from social exposure.** A **nursing home who receives approximately $13,000 per month per resident operating a low STAR CMS facility year after year and cries for money to provide transportation for their residents needs investigating.** *The department of health or other regulatory agencies must mandate trips once a month in every facility, where they provide transportation and encourage every resident to experience the trip.* Residents and family members pay large amounts to the state and facility for care including activities and social exposure. As such they should not only be rewarded with monthly trip inclusion, but entitled, with the facilities obligation to also provide transportation. **It is injurious for a resident to be confined for 30 days without a reprieve off the nursing home property. Not one resident should be left behind** as my parent experienced at a Rensselaer County

Nursing Home (Diamond Hill now known as Collar City, and before Diamond Hill was known as Northwoods in Troy/ Schaghticoke) treated my mom...on the one trip she would've experienced before her death in 2020. Staff told me my mom was all dressed up looking forward to the last and only off-campus social experience she would've had in over 5 years since incarceration in that nursing facility. Sadly, instead I was told by staff they simply forgot her and The bus drove off to the Fair while mom was left sitting by the lobby door in a wheelchair alone watching the bus drive off. Perhaps this could have been prevented with adequate staff. Certainly there should've been restitution and another trip for her required as part of an attempt to be accountable and at the least remorseful. This would be the proper way to handle and prevent such an atrocity where a resident is socially and emotionally harmed with neglect. **For a resident to continue to be ignored by nursing home staff gives permission for nursing home facilities to fail by not resolving, or being held accountable. While our government continues this practice, they allow our nursing home residents harm on a daily basis and keep the system broken**. Perhaps with proper attentive staff, Communication of a phone call between the front desk and one of the staff on the bus, instances like this could be avoided. To prevent future anguishing action toward a nursing home resident formal documentation must be made by the activities department, the social worker in the facility, a notation to the department of health noting such harm and that certain accountability has been made to the resident(s) who were harmed. This transparency will be included with the institution's record. The public knows our state government and profiteering nursing homes are apathetic towards emotional care of a resident. Practices I described above are unfortunately all too common occurrences in facilities across our state and country. In the least, it requires protective and enforced action for the over all mental health and well-being for nursing home residents.

27. ***Establish a bill whereas each Rehab and nursing home facilities must have specific additional designated and trained staff for transporting a wheelchair patient or other cognitive impaired resident** (perhaps one who does not remember the activities calendar) from one room to the activities room or cafeteria, patio, etc. I have witnessed far too many activity assistants take time out of each activity (negating more than half the program time) to move all the patients from each resident's room to the activity destination on another floor, and the same amount of time to return the individual by meal time ***without any help***. Again, every resident and activities member benefits from this as well as increasing the NYS workforce. This problem in all nursing facilities drains the actual activity Time any resident has for fun during the entire week and stressful to the minimal activity staff which is usually two employees, And at many times only one. Inadequate activities staffing or staffing dedicated to mobilize patients from room to room also restricts how many residents can participate in an activity. This is discriminating to those who are left behind. It is wrong to leave and eliminate a resident from an activity because facility does not have adequate staff to assist or simply may not have time to move them.
28. ***Establish a bill to Thwart internal nursing facility staff promotions unless the employee has additional education for such qualified basis**. I have seen internal promotions to benefit no one but worker and nursing home administration to attempt to shadow failing to meet the needs of patient residents, bad press and deter from the root of facility problems. I have witnessed administration and management of troubled facilities renaming a position as well as offering incentive to staff if they would not "blow the whistle" for improper protocol and down right violations of operations. A particular example was to take an individual with no professional background who started out simply at the front desk and move them to a position that was simply made up —called "concierge". It didn't work. The individual simply got an escape from working the front door, spending many hours of the day walking halls, wasting employee Task time and money because these individuals were not medically trained to protect residents or do

anything else. Losing and Shifting Staff in other departments, such as between activities and dining areas is also common ploys to mask a facility's failure to maintain adequate staffing. This was especially prominent practice during two years prior to Covid. It exacerbated during Covid as nursing homes struggled with inefficient and low staff numbers. Such improper practices continue. Furthermore the practice must stop allowing an institution promoting employees on paper just to retain quotas to meet health department number requirements. This can be corrected or prevented by requiring adequate numbers of **trained** staff from the get go, but only with checks and balances from the regulatory health agency charged to oversee the facility.

29. E**stablish a bill requiring equal representation of all religious faiths to have equal access to use 24/7 a specific designated space suitable for a resident the opportunity to privately pray or meditate (**exclusive of their room, exclusive of public or private dining, activities room or public sitting room)
. My mom's nursing home in Rennselaer County had weekly services in the Activities or dining rooms, but they were strictly Christian. I attended some of these sermoned services most times the activities Director or assistant would host. They were biased against any faith that was not Christian, and at times quite Evangelical. The only other services they held were with a Catholic priest or other Catholic representative once a week. This seems largely discriminating to the remainder of other resident faith's which exist in the facility Though my mother is a Christian, there were many of faith in her 110 nursing home facility there are in every nursing home across the state and country. I met Buddhists, Hindus, and others. In the least, a facility should have a dedicated chapel where one could practice their faith. In the remodeling of mom's nursing home in over five years she was resident, the facility put extensive monies into the lobby and administrators office, while the rest of the place fell apart. Aside from ripped mattresses, wall paint and sheet rock literally peeling off and left on the floor over the years, They removed the one small two person closet once a chapel and converted it into a janitors desk room. The facility then set a Bible in a small dining area that was for the most part inaccessible due to it being locked. Though it held the public TV (always kept off so residents could not see the news) the room was occupied for private staff meetings or family dining.
30. ***Establish a bill with a new committee to Strictly Monitor drug Orders, ratio to patient and distribution in nursing home facilities** . Amongst one of the most recent criminal acts newsworthy worth noting in my parent's facility was a long employed nursing supervisor found by authorities to have embezzled drugs from the low rated facility. **Our state needs better oversight and drug inventory control in nursing facilities.**This was the same supervisor that oversaw an entire unit, and at times building in the absence of management. **A**. As I have seen in many nursing home facilities and state is aware, it is common to see overmedicated patients sitting slumped over in wheelchairs in a common area. My mom's nutritionist and nurse more than once told me they believe she was overmedicated. What's wrong with this picture to waste state dollars to have immobilized and uncared for overmedicated residents just sit in a wheelchair day after day. To continue allowing this decade after decade? It is a known fact it is less stress on staff not to have to attend to resident patients when they're sitting in a stupor. **The regulating state health authority needs to get this under control now by establishing a committee with strict drug oversight.** An additional benefit of residents no longer sitting wheelchair bound or forced into their beds as overmedicated sluggish robots, this mandate would also increase the overall health of residents And reduce the pharmaceutical bills in the Medicaid budget.
31. ***In addition to establishing bills that would require implementing specific care in our education programs for medical professionals, Alzheimer's and dementia support facilities should be established as a go-between between in-home care to long-term nursing home**

care. As a member of the Alzheimer's Association, **NYS needs direct specific trained individuals in Alzheimer's, dementia and cognitive impaired individuals since that disease continues to increase in our population.** We know the issues are severe and affect not only the patient stricken but family and friends. That this needs immediate addressing instead of waiting till the population increases even more and it is unmanageable. this would increase our workforce, Skilled workers and decrease unemployment immediately. The dementia population has been increasing dramatically over the years from 3% and is expected to be 14% of patients in the next years. As it is now, there isn't any dedicated facility. Hence most people don't know what to do other than meld into an existing failing inadequate staffed nursing home. It keeps the system broken and overpopulated and are vulnerable loved ones ignored. They need individualized care and our nursing facilities cannot handle the care they require.

32. Establish a bill to start new health related facilities as **A hub between nursing homes, homecare and hospitals desperately needed as our aging vulnerable population has increased.** This would be additional to the above demetia establishment. To make this further beneficial, it would lessen the burdened Nursing Home population, spreading it out to more effective care facilities across the state. This would increase the NYS workforce and monies for our state as well as benefit such dedicated care to the individuals who need it. To be cost-effective, take money from facilities that fail to improve and close and institute a new facility with entirely new hirees. Whereas BILL A03839 would benefit some of our vulnerable population, it only applies during a pandemic for temporary safe care. This proposed hub facility would be more of a permanent care housing option.
33. **Theft of personal belongings needs to stop with decades needed surveillance (**as noted in #30 of this testimony) More often than not, residents clothing and personal belongings a family purchases for their loved one or with a resident's personal funds, come up missing. Even when reported to proper authorities in the facility theft is continually ignored. Such theft is not the result of the patient but caused by neglect of nursing home staff. In our society when there is theft there is repercussions usually resulting in fines, reimbursement/compensation or jail. The nursing home industry is no different and needs to be held accountable for any crimes as a direct result of any missing items. We document them with the department that overseas laundry, etc. for a reason, because we trust they will be cared for. If we had cameras throughout the facility, we could Monitor protection for not only our loved ones but their possessions. Having multiple upon multiple belongings of my mom's stolen was bad enough, but her art books and rosaries? There needs to be accountability; But effective measures first to prevent such crime.
34. ***Establish a bill to Increase funding for in-home Medicaid-based care with a look back of no more than one year; in turn reducing nursing home population and increasing opportunities for a family to provide in home direct physical care.** This would also solve and eliminate state government preventing visiting the family patient during epidemics. Less people would die of isolation and neglect. Another benefit would be increasing the medical workforce applicable towards such in-home care. Such one on one in home care itself would improved for our loved ones overall health and well-being.
35. ***Establish a bill to limit and cap any nursing facility which accepts Medicaid to $9,000 per month per resident.** New York State needs better options for our loved ones residential care instead of the mostly cost prohibitive ones that exist. There are private residences with limits of say six patient residents per home which operate mostly self pay at $3500-$4000 a month to the resident .To require anything above and beyond $$9k a year for inadequately staffed, unsafe and unsanitary larger facilities that accepts Medicaid, ridiculously overinflates charges to our taxpayers the resident never benefits from. What's wrong with this picture when a failing

institution is allowed to charge upwards to three times that of a small more effective direct caring facility?

36. ***In addition to bills for essential care workers and compassionate care visits designated in A03113, S02655, S00614 and A04312 mandate a bill for<u>Immediate</u> Visitation of any family members and next of kin.** It is Absurd our government has disallowed family members and essential care workers needed to help our loved ones thrive in nursing homes during the pandemic, thus resulting in increased deaths. Current standards are especially ineffective when nursing home employees can come and go in and out of grocery stores, the gym, visit with their own family members and meander restaurants or other public services where they could easily contract contagious diseases of any type and bring them back to nursing home populations. **A**. There is an easier solution by rapid testing on site prior to every visitor or employee before they enter any nursing or assisted living facility. You would limit visits to 2 visitors per resident at a time. This procedure is effective in other countries. It is also beneficial to the patient because some family members or next of kin live long distances and are only in the nursing home area certain periods of time. **B.** Whether it is end of life care or not, without thoughtful and inclusive family visitation rights enforced and implemented, our government and nursing home industry continues to commit senocide, a heinous crime. Further neglect and deaths can be avoided if this is corrected immediately and never again allowed. **C**. If a family member wants to enter a nursing home to visit, they should be allowed without question or limits. Visiting a Loved one outside or in a *private area (which is mandatory in a nursing home residents bill of rights*) or another location, including their own home for proper attentive care should never be prohibited, pandemic or not.
37. **Contact tracing in general not thorough**! hence not completely effective . Myself and other NYS residents I know have either traveled abroad or through our country and returned to New York State without any followup with contact tracers. This absent communication and tracing is not for lack of trying on the part of the traveler. I have also known some people who haven't traveled who contracted Covid. All have followed proper protocol but not one of these individuals were contact traced. In fact were told the state doesn't have enough Employees to trace so to basically sit home and chill. A better system needs to be implemented that is consistent vs. NYS talking a list of dictated orders that are not actually put into affect. If the state doesn't have enough contact tracers, as we were told, they need to hired. This would provide jobs instead of individuals making more money sitting at home on unemployment as our state continues to dole out money, close businesses and go broke.
38. ****** Establish bills that mandates an Increase in social worker staff and add a dedicated social worker liaison in hospitals to facilitate transition between patient and nursing facility. Additionally implement a new program where a patient and their family is given sufficient time of at least a week to find adequate housing/residence. And, require more nursing home facilities to accept Medicaid.** As it stands Protocol for transitioning from a hospital to nursing facility has a failing history that harms patient and their families. The department of health 's requirements to urgently boot a patient out of hospital care complicates patient transition, secrets documentation during a stressful period when a family is rushed and in fact encouraged poor future care choices. Far too many patients have been forced to hurriedly choose lower than substandard nursing home facilities for long term care during critical health situations. A relatives example follows... Their choices which they were forced to make within 24 hours after sudden release from the hospital was (1) returning to a filthy inattentive understaffed low rated facility that almost killed them or (2) choose the only other one with an opening simply because it was the "next available" on the list (which accepts Medicaid). This is harmful practice to

everyone involved and apparently only advantageous to the institution who gains a new Medicaid paid patient. To tell a family they have to leave the hospital because insurance won't pay for one more day is unconscionable. **Our state must change requirements of a hospital stay instead of shooing a patient out the doors, bags packed or not, after their required terminology of "stabilizing" a patient is achieved.** Before release, please give a patient family adequate time to research. A suggestion for implementation of at least three days is better, unless perhaps a family could take them home for a lenient period, say no longer than a week. As you know, unless the patient's name is already on a nursing facility waitlist, other facility openings for higher star ratings are nonexistent. *This must change, to offer a patient resident a chance at a decent end-of-life long-term facility.*

39. **** Establish a bill to Redesign the ombudsman title and significantly remodel the program communicating its role to nursing Home residents and all family members**. This go between spokesperson of sorts, who is to explain nursing home residents rights, should be allowed to share information with more than a health care proxy or power of attorney for the simple reason of protecting the residents health and care. As it is now, many residents and family members know nothing of ombudsmen. And those who do don't use it. **A**. The current and past ombudsman program is antiquated and ineffective. Reasons are numerous. Confidentiality and restrictions put on a volunteer who has vast facilities territory of an entire county is physically not doable by a couple of part time people. It has been my experience through years that Most facilities cannot be visited more than once a month by one person. A more effective location would be place a paid Ombudsman in each nursing home facility since obviously the social worker position is ineffective for resident rights and training is totally different. (**In the least one ombudsman should not have to oversee facilitation even remotely with more than one home's population. It's otherwise humanly impossible for their role to be effective)** Whereas the social worker looks more out for protecting the facility and often state, the ombudsman's role is protective of the resident and facilitates communication on their behalf. While the department of health has little physical oversight with visits perhaps once a year, a one man band makes it equally difficult and impossible to assist as the eyes, ears and voice as needed for over 100 residents..(per home) at a distance or not. **There are many duties involved with this position and not enough volunteers willing to fulfill such a high pressured position. B**. In this newly revised program, If an ombudsman is communicated serious complaints about the care of any nursing home resident, whether the concern stems from a resident, designated health care proxy, family member, durable power of attorney or stranger, the ombudsman dedicated to one facility would be much more effective to promptlyrectify the situation, as well as required to immediately share the concern with the department of health and if necessary Attorney General. **C**. Because of the wide scope of tasks of an ombudsman, even if designated to one facility, **should be salaried as a grant or otherwise by NYS. More intensive training would be required as well as an internship and mentoring to make this program successful.**
40. *** Establish a bill requiring a checks and balances on the department of health for Complaints and followup so the Department of Health and AG are accountable for communicating within 30 days to address <u>any</u> complaint regarding a nursing home, it's conditions, a resident or staff...**. Long lacking from our NYS department of health has been accountability from them and the Attorney General's office failing to follow up or respond to complaints, particularly those that are serious. To date this has boomeranged with wasted failing taxpayers money and unsolved problems exacerbating in already failing nursing homes. in the least our public is entitled to a response that is written and provided to the complainant. Many improper practices to date have occurred and continue to remain secreted between a facility's nursing home staff, while complaint paperwork notifying the DOH of issues long sits on their desk that could've

addressed and solved problems long ago. This could be the reason the nursing home situation has remained increasingly critically broken for years and failed to improve during the pandemic. It was fractured many times through the decades. This likely because requirements expected and stated by DOH were mandatory in policy /contracts from a facility, never existed or were failed to be enforced and as a result, lapsed. **The whole system stopped working because both the nursing home operators and management and Department of health did not live up to their obligations.** *There was no working checks and balances on the department of health; and if there was, that entity didn't do their job either.* A. **If The Department of Health or Attorney General's staff is inefficient or fails to have enough employees, get rid of the bad apples and hire competent staff.** Our state tax money pays for these employees and their bosses to work for us, not to be disregarded and wasted. There should be new requirements to hire NYS Health department Staff, with non-partisan employees who are not biased, affiliated, assisted or appointed by the governor and / or Commissioner or Director of any State agency. The fiscal benefit would avoid money spent on state investigations or wasted on inefficient workers who simply talk, secretive and fail to produce.

41. ***Establish a new bill which further limits any campaign finance contributions to legislative, governor or other state and local politicians**; **and that such limits can occur no longer than one year prior to the actual vote occurring.** The nursing home disgrace special interest decision making could perhaps largely be avoided if these tighter requirements were implemented and enforced.
42. **** establish a bill to represent a fair and beneficial voice for the patient by sharing healthcare COMMUNICATIO**N **between a nursing home, hospital, DOH and <u>all</u> family members** requiring **<u>HIPPA CHANGES</u>**. Unfortunately there are some members of families who are not actively engaged in the care of their loved one, or could be estranged amongst each other. However common this may be, the loved family member incarcerated in the nursing or health facility may have chosen both or one or even perhaps someone entirely different as a healthcare proxy or power of attorney, had they known they would have cognitive impairment and hence planned for end of life years in a nursing facility. This could happen for many reasons but usually occurs as a result of urgent critical health care needs that pop up unexpectedly prior to formally designating either representative. In today's broken health world, though a family member may be the only or most active physically person visiting the resident, that individual is often excluded from basic care communication of their loved one due to such lack of planning from their loved one. If HIPPA laws were changed to include all family members RE: Healthcare decisions when in a long or short term facility, the best health choices and overall needs of the resident would be met. It would work towards the best interest of the patient resident and in fact necessary for even a friend of the families to step up to the plate when so many family members or next of kin live out of state. As it is, additional representatives are needed to be the eyes and ears for adequate and improved care of each nursing home resident. **NYS needs laws to make sure <u>each</u> family member or resident's friend has a representative formal voice as well as to be equally informed on the total care plan of their family member.** .
43. **B**. **Update HIPPA with exclusions... particularly for nursing home residents. (this section applies to general communication on behalf of a nursing home resident)** A *friend of a resident, though perhaps not a designated HCP, who is often only the living one to visit their loved one in a nursing facility, must be able to share Complaints and concerns and SHARE them WITH the department of health and Attorney General, ombudsman, nursing facility or whoever the acting state or county authority may be.* I was the primary communicator and visitor with my mother of all her family members. Yet because of retaliation from my complaints to the department of health and Attorney General's office on what I physically witnessed at the nursing home facility,

my mother died and was cremated 24 hours later shortly after the pandemic started and I was never informed until a week later. This is a travesty that could've been avoided.

44. As an addendum to the above (#35) proposed bill or in a separate bill itselfwould be **mandate that under no circumstances, except if the family or friend had a contagious disease, could a family member be prevented from visiting or general communication including Visual and audio communication from a distance with their loved one let alone be notified of illness or d**eath. **A**. Notification of life-threatening illnesses, hospice or end-of-life care And notification of when their loved one dies should be immediately be shared within 24 hours of a facility being aware to all family members, whether biological or legally adopted, healthcare proxy, power of attorney or next of kin friend.
45. *** Establish a bill to require Nursing Home Surveillance to ensure and record health and safety compliance. It would basically be akin to a black box used in Airplanes. In addition to bills A03708 and S03821 this bill would require <u>Every nursing home facility across the state to update their technology with Video monitoring 24–7 weather profit or not for profit facility.</u>** The immediate benefit would be reduction in complaints and allow physical evidence of issues and concerns the facility fails to address. For decades, the state has been sorely lacking in technology and communication between the department of health, family members, nursing Home for profit and not for profit administration, ombudsmen, The attorney generals, failing to protect The resident. That New York State has ignored this is a tragedy particularly with ever increasing numbers of serious negligence complaints, unsanitary conditions, Criminal abuse and death.. If Camera Monitoring was instituted 20 years ago when technology took off, it would've avoided lawsuits, paperwork, money spent between all, and more importantly, loss of life. If video monitoring is immediately instituted this year, it would directly monitor active PPE use amongst all staff and visually track any safety lapses that could cause contagious outbreaks of any disease. We must be prepared now in each and every nursing home to protect its residents, staff and public in general who staff interacts with on a daily basis. A year has been long enough. NYS can't fix mistakes unless we know where they're broken. ***With video monitoring we can record and see where violations and Weaknesses occur in nursing facilities and immediately fix them. <u>The benefits of video monitoring…</u>***

1. Legally if there's any question whatsoever about the care of a resident, especially those who cannot speak for themself, or whose mental status the administration opines is impaired, facts can be substantiated simply by reviewing a camera. This can address and prevent falls, injuries, and quickly locate a patient who turns up missing. We all know that all three of these instances have happened in every single nursing home with injuries on a frequent basis. Yet nothing is done to address the serious issues except arguing where injuries came from.

1. In my regular visits over the last few years, My mother has had several bruises on her arms, shoulders, face and legs and in other instances blood dripping from 3 to 6 inch wounds upon my arrival and no staff knows anything about it. The same happened when she suddenly had teeth in the front of her mouth. A clear indication oral hygiene was lacking, or falling and staff failing to notice.
2. Facilities across the state could also get a handle on infection control with video monitoring.
3. The most common serious flaw seen in every nursing home is the patient resident not getting changed, left sitting in their own waste, covering their wheelchair and fingernails for weeks at a time. Because of stressed or in adequate staff, the patient suffers and many times infections result. Cameras can address and prevent this suffering and abuse to the nursing home resident. There would be no question as to who or when a patient was attended. If this neglect or other

violations occur more than once, a staff member should be penalized; and if twice — The employee is removed and replaced.

4. Upon one of my surprise visits, I physically witnessed a CNA verbally abusing my mother to the point my mother immediately layed down like a dog in her bed after The CNA shouted at her in a commanding reprimanding voice to "lay your ass down". I reported this to the Nursing Home and department of health authorities with no response. The only affect that occurred was retaliation to me and my mom from the nursing home for my complaints. **New York State can put a stop to elder verbal abuse and immediately address falls with video cameras.** Even if audio technology is excluded in nursing home monitoring, a picture tells the story, hence avoiding further injury to patients.
5. In many nursing homes I've visited friends, in addition to where my family members were institutionalized, I have witnessed and heard many employees talking behind unit desks chitchatting or texting and laughing for lengthy periods of time far exceeding any break periods. This occurred frequently all while patients were neglected. **Video monitoring would quickly put a halt to wasted work power and employer and state money funding social hours that should be spent on patient care.**
6. **Video cameras** need to be placed in cafeterias so we can see if those patients who require assistance being fed are given the care they require. So many times I've witnessed many residents who require direct feeding assistance in private dining rooms with my mom, left there with a plate, often no utensils, no drink and a half hour later the CNA comes in and wheels them to their bed saying "oh not hungry today; I guess you're tired and need to go to bed". Some of those same resident family members told me their family member lost weight and felt they were being neglected in their absence. Such family members and other nursing home residents shared with me they were afraid to speak up for fear of being retaliated against by staff and to their loved one. If there was technological physical oversight and proper penalties for such proved negligence, it would open up new jobs in the technology workforce and protect residents. This is particularly important with cognitive or communicative impaired patients.
7. *** While I support <u>Bill S00597 for Nursing Home virtual visitation and consent to be recorded effective immediately a need to Establish a bill effective immediately for telecommunication between any nursing home resident and loved ones, not excluding any family or friends, but in fact broadening the audience to benefit a resident's health and well-being is required.</u> otherwise the state Restricting, prohibiting or even offering an option for nursing home residents, *particularly those with impaired communication abilities,* prevents regular communication with loved ones outside the nursing home, n in turn restricts freedom of speech and the right to interact socially with others.(which is now the only safe method to communicate during quarantine)** This AV Technology is necessary so those quarantined cannot only see the patient but hear if they need different or immediate care! Communication with visuals should be implemented even without a quarantine. The reason as we all know is physical oversight is severely lacking in the for and not for profit nursing home industry. Also scientific fact has proven with extensive research that emotional health improves physical health. Hearing a familiar voice or seeing a loved one is emotionally supportive and beneficial to overall human existence. Telecommunication is basically a supplement for social interaction outside which nursing home resident otherwise would not have during closure of a facility. Like people do every day outside of a nursing home on a regular basis, Routine Communication is vital between family and friends with their nursi**ng** home resident and or family member for overall health to maintain and improve. **<u>45. Retaliation</u>**: **Though the Resident Bill of Rights for nursing home patients states "retaliation by staff is not allowed", The practice continues. I've heard from other residents, their family members, and experienced it myself over years.** In my instance I

explained to the administration because they were failing horribly at the care of my mom, and shared I would report them to the Department of Health for wounds and forcing her to sit in her own excrement for eight hours. There were other residents who told me they missed meals because their nurse did not tend to toilet them getting out of bed until after lunch. They reported their nurse and as a result told me the treatment worsened. I heard several atrocities that would make your head spin in addition to seeing a nurse hitting a resident because the resident was raising their voice to the nurse. knowing that residents were speaking to me, The N. Home administration and DON reprimanded me at first saying residents could not speak to me and I could not listen. It was unbelievable the nursing home administration would try to prevent social interaction because it might taint the facility's image if I shared residents' Complaints with DOH. it was threatening and intimidating to residents as well as myself, let alone heartbreaking to hear complaints on the nursing home facility and staff from so many residents who befriended me through the years. Hearing seriously neglectful, unsanitary and harmful concerns from residents was a regular part of some visits because I took time to listen. **Equally alarming are concerns staff does nothing to fix in the absence of correction from a facility let alone enforcement from the department of health**. Many of these residents did not have visitors, so no one else they could share with. Any Nh administration penalizing residents for freedom of speech is unacceptable as well as a Facility ultimately restricting a visitor's visits because they do not want information of the facilities continued neglect, and abuse of their residents reported to authorities. This is unbelievable where a state allows a facility to continue operating knowing such abuse is occurring in our nursing home institutions. Particularly in our society in this day and age. With **At home care at least a person is allowed to listen and visit with people who car**e. It's pure negligence by any nursing home to further harm a resident by failing to protect their rights of simple company and freedom of speech. Facilities which engage in such poor behavior need to be held accountable. For **the state to allow retaliation go unnoticed without an entity which promptly follows up on such disregard for a patient's life, is unconscionable and keeps the system broken. Especially when actions could have been avoided to begin with or corrected with physical and visual technology oversight. 1.** Establish a bill **that specifically protects Retaliation against employees, visitors and nursing home patients and also provides for penalties and compensation to parties whom they harm.** This specifically not just to whistleblowers who have to face unemployment, loss of wages and high legal fees, but anyone who expresses and shares concerns for resident rights, opinion and facts, specifically that result in loss of life or harm to any nursing home resident. **Nursing home facilities must be mandated to pay for all legal fees for any person who they retaliate against regarding complaints. NYS has long gotten away with allowing retaliation in nursing homes particularly during closure related to the pandemic. You can check out Diamond Hill Nursing Home, now renamed Collar City, involving a nurse named Stephanie Gilmore who was fired for notifying health authorities of numerous Covid positive patients and staff in the nursing facility. She was retaliated against and released from her position after she was asked by Administration to keep quiet their numbers of exposing known Covid positive patients and staff to the rest of the residents and staff.** https://wnyt.com/troy-new-york-news/former-diamond-hill-nurse-says-she-was-fired-for-speaking-out-about-coronavirus-concerns/5723142/. 2. Establish a bill to require **Any retaliation matter that exists or reported to the health authority which oversees a nursing home, is a criminal misdemeanor degree or processed as a felony depending on the severity of retaliation and marked such on the facility's , Government and Department of healthpermanent record. Once addressed and evidenced in a timely matter of no more than 30 days, such nursing home should also be penalized with fees.** 3. If any legal fees are involved by either party the nursing home institution should be mandated to pick up both. Any costs

awarded to the patient resident of could, upon the decision of the patient, be put back into the ombudsman program or other entity directly benefitting the patient.

8. Re: **WITHOUT COMMUNICATION & Complaint oversight of Nursing homes, DOH FAILS protecting patients rights**. The department of health or whatever entity determined as authority, (if it is still redesigned and replaced)must follow through with communication on any complaints they receive re: a nursing home whether it be from employee, family member or stranger aware of safety concerns to any patient. Prior to and during Covid pandemic, I and several others who have a loved one in a nursing home have written over a hundred letters and countless phone calls to the department of health, the attorney general and legislators with not one response. Some of these letters involved serious neglect and injuries as well as out right unsanitary filth we've seen in these institutions. The only complaint the Department of Health ever acknowledged to me was regarding a nurse who requested (more so commanded in a declaratory sentence over the phone) to euthanize my mother because "she had to get rid of her cough" in Evergreen Commons (East Greenbush) in 2017. Although the DOH responded with a letter to me, I was appalled to read the nursing home was.only punished with a written citation of neglect once the doctors at Albany Medical Center documented her being starved and dehydrated for several weeks. Any complaints after that regarding neglect and criminal abuse in particular 2019 to 2020 pre- and during the pandemic, not one was followed up on. If we can't count on our own state to respond to life-threatening concerns, how can we trust them not only to protect our vulnerable population but the rest of the citizens in regards to everything else. It's pretty apparent the entire NYS system from the root up is broken and can only be resolved if that trunk is not repaired. **Please consider replacing the department of health, or in the least it's inadequate staff, with competent people who promptly address and fix the problem! It's called accountability and amends. Both come with any job, and humanity in genera**l.

Where does the state get this money from?:

1. Gov. Cuomo and the Commissioner of Health Zucker, for starters, should be the first to take their personal monies and profits during their administration to pay for any change of death records and or legal fees or other compensation to all survivors of each nursing home related pandemic death.. I'm sure there are several fund folders our governor could find restitution search money in, beginning with his books sales from 2020 forward . Under no circumstances should this money be profited by Medicaid or nursing home industry. ****Additionally I propose a fund established to memorialize the lives lost during the pandemic with a wall at the Empire State Plaza listing **every single nursing home victims** name on it from 2020 to 2021. If any nursing home industry owners or administration are found guilty of collusion during or related to the pandemic and neglect they too should be directed to contribute to such fund. The Federal government should not be held accountable for these crimes as it was our governor who pulled the trigger, and nursing home industry affiliates who held it down. (as a World Trade Center responder), I attest there are are too many stumbling blocks in a designated VCF, (victims compensation fund) which takes decades of documentation and stress is often unachievable in the victims or survivors lifetime; And attorneys, to whom families supply extensive paperwork, are those who profit while the offenders are left unaccountable.

2. Redirect monies from nursing home profits and expenditures so owners, managers and those facility *property* owners affiliated with each facility do not rape/ reap the benefits that should be applied towards in-care residents.
    1. Take money from fining nursing homes for any violations toward preventative measures in place so violations cease all together. You must start treating and penalizing the nursing homes with six figures or more plus a permanent mark on their record, to prevent inappropriate conduct to begin with.
3. Redo educational budgets so that money can be applied to such good quality educated and trained staff.
4. Large Monies now put into the DOH could be redirected towards this new NH regulatory authority.
5. Medicaid funding could also be applied to the above.
6. Regarding the cannabis program why not take the millions profited from that and apply some of those proceeds to improve our bound aging nursing home population. Otherwise NYS is saying that legalizing marijuana is more important than caring for our population that contributed decades of hard work to our society.
7. The state gives money for other things while the aging population is disregarded. Certainly your physical managers can review the budget to secure more substantial monies where needed for our geriatric population. Keep them tuned in with technology.
8. If substandard nursing homes continue to fail, pull Medicaid money from them so they cannot continue to be dysfunctional.

To continue allowing our NY State leaders and Nursing Home Industries exist without major corrections, redesign, and serious accountability, gives the State of New York permission to operate with a legal license insured to fail. (All with taxpayer money)
Now, more than ever, it is important that nursing homes are staffed to provide high quality care and safety for their residents. My Executive Budget proposals will have a positive impact on nursing home residents and staff delivering the quality of care needed for the most vulnerable New Yorkers in a safe work environment.

Respectfully submitted,
Mary Beth Delarm