

Because We CARE

Minutes
June, 3, 2017
Meeting: 1

United Hebrew Geriatric Center
391 Pelham Road
New Rochelle, NY 10805

United Hebrew Family Council Members

Diane Hamele-Bena
JoAnne Criscuolo
Tara Curet
Carol Demouth
Kathryn Dire
Sandra Goldfarb
Kathleen Harvey
Randi Held
Jenny Ju
Maureen Morgan
Barbara Paterno
French Pearson
Len Poggiali
Dava Yavetz



Saturday, June 3, 2017
First meeting of the Family Council Committee
Rosen Generations Room - 11:00am
Meeting Director: Barbara Paterno

In attendance:

Diane Hamele-Bena	Randi Held	French Pearson
Tara Curet	Maureen Morgan	Len Poggiali
Carol Demouth	Barbara Paterno	

The meeting began with Michael Bobrowski, Director of Social Services, joining the Committee. Coffee, water and muffins were provided by UH.

We started by asking Michael pertinent questions pertaining to our first topic, Toileting. Michael will provide answers to our questions via email before our next meeting. Questions asked were:

- How many Residents have/had UTI's and how are they logged.
 - **Michael answered:** UTI's are tracked with an electronic tracking system – he will ask Nursing.
- What is the occupancy on each floor of UH – Skalet and Kramer.
 - **Michael answered:** UH is not quite full.
 - Kramer is full – each has 40 beds on Floor 2, 3 & 4
 - Skalet – 2 and 3 are full – 4 & 5 are not full
 - Skalet – There are 8 vacancies on 4 & 5
 - Skalet has 44 beds on each floor
 - Note: Occupancy numbers can change daily.
- How many staff members does each floor have and what do they do. The shift complement per unit.
 - **Michael answered:** He said that each floor has its staffing posted outside the nursing stations. It tells you how many staff is on at that particular shift. We still asked for more info.

- What is the submission process from our Committee to the UH Staff.
 - **Michael answered:** Michael said we would present it to Grace Aronne in a sealed envelope & write it up as a concern or topic from the Committee.
- **Committee member to Michael:** The scheduling of breaks for the staff after dinner was addressed to the Staff and was supposed to be resolved. It was not. After dinner 3 or 4 people take breaks. After dinner is a critical “bathroom” time. We know that this happens after meals – lunch and dinner, we are unsure about breakfast.
 - **Michael answered:** Michael said we should invite Jerome Bagaporo, Chief Nursing Officer to our meeting to see if he looked into the problem.
- What are the “Can’s and the Cannot’s” for a family member. A committee member can no longer use the microwave to heat up her mother’s food, and we can no longer go into the refrigerator unless we ask. Having to ask a staff member to go into the refrigerator for us is a waste of their time. We cannot get a drink or put food (labeled with the Resident’s name) in the refrigerator without asking. We cannot toilet our family, we are not allowed to do certain things. Are there floaters to assist with certain tasks? Family members are willing and want to assist in minor things. What can we do? Tying our hands adds extra burdens on the Staff if we cannot assist in minor things. Please clarify these regulations and what we can and cannot do.
 - **Michael answered:** Michael said the issue with the microwave is that a Resident can burn themselves if the food is too hot and that UH would be held responsible. Michael said that the microwave and the not going into the refrigerator rules always existed, but they were laxly enforced. The refrigerator restriction is for infection control and there are labor issues, too. He said that they want us to assist, but the particulars need to be explained and we might want that as a topic for discussion. He said that it revolves around the nursing aspect. Michael said that the do’s and don’ts should be discussed with Jerome Bagaporo, who will advise us what the regulations will allow.
- A Committee member said she was there 8:00am one morning because she had to take her mother to the doctor. She wanted to heat her mother’s breakfast in the microwave and was not able to do so. She said that Residents were in the dining area and there were 3 that needed to be spoon feed and there was only ONE staff member in the dining room working. “Where was everyone else?” she asked Michael.
- A Committee member brought up the use of family members using private aides. To some extent, this frees up staff and thus reduces the 8 to 1 ratio during critical time of the day. Private aides free up nurses aides; however, there are

restrictions on what they can do. We asked for the following to be clarified: If a UH employee is paid by a family member on his/her day/time off, are there certain things they are not permitted to do? There are also volunteers who get people to do activities, do individual projects with them and keep them company.

- **Michael answered:** Azor (UH's own agency) cannot even toilet the Residents; it is a State Regulation. Michael said employees working on their days off for families have more leeway than a person "coming off the street." Michael was not sure if a UH employee on their day off could toilet. He will find out. Michael said that Jerome could also address that.
- A Committee member asked if we could ask for a volunteer to do a particular activity (playing cards) with a Resident at a certain time of the day.
 - **Michael answered:** Michael said we should speak to Mile Levine, Activities Director, and that she would be open to that, if a volunteer were available. He said there is not a huge volunteer group, however. Volunteers see residents fairly consistently, maybe once or twice a week.
- A Committee member said that her bedroom-bound mother was left alone in her room for hours, without access to the remote control for the TV.
- A Committee member asked to whom the CNAs report.
 - **Michael answered:** CNAs report to the Charge Nurse and the Charge Nurse reports to the Nurse Director, who reports to Jerome Bagaporo.
- A new Committee member described a situation in which her mother waited 45 minutes to be brought to the bathroom.
- A Committee member asked Michael if he will also be working on offering us suggestions as well. He said he would. Michael said he will send us data regarding our concerns prior to our next meeting.
- A Committee member brought up dehydration and having the appropriate amount of liquids between meals. He said that there is not enough hydration on Kramer Floor 2 and one thing works against the other: the more they drink, the more often they have to go to the bathroom. He said his family member required intravenous hydration twice due to dehydration. *Michael* added that there is risk of fluid overload if a Resident has heart issues. Another Committee member said that the Wartburg Nursing Home brought each Resident to the bathroom every 2 hours. Another member noted that at one of her meetings with Staff, they told her the same thing, i.e., that UH brings their Residents to the bathroom every 2 hours, but that has not been the case.
- A member asked if residents have regular toileting schedules. Another member stated that her mother had bed sores and the doctor said they were due to excess moisture due to infrequent diaper changing.

We thanked Michael and he left the meeting.

After Michael left, a Committee Member read a concern she had about something Michael said at the first meeting.

Key points were:

Michael said that when we bring an issue to the Staff, it would benefit us if we provided suggestions or solutions. The Committee Member wanted it to be known that finding solutions is not the responsibility of the Committee. Although we will do our best to try to assist and suggest solutions, it is their duty to come up with resolutions, or, as another Committee member said, “compromise” to our concerns.

The Committee agreed.

- Several items requiring votes were read:
 - **Formation of Leadership Role.** It was discussed that we would not have a Chair or Co-Chair for the Committee. We would have “Directors” that would alternate giving all a chance to head a meeting. The Director would start the meeting and lead the Agenda, call for the next meeting date and end the meeting.
 - *Voted: Everyone is in agreement*
- The next items up for voting were:
 - **Committee Name.** *It was agreed* that “Because We Care” is our Committee Name.
.... Our Committee is hereby named: “Because We Care” aka “BWC”....
 - **Declaration.** The Declaration was read.
 - *Voted: Everyone is in agreement*
 - **Mission Statement.** The Mission Statement was read and will be voted on after some minor grammatical changes.
 - **Message from the Committee.** The Message from the Committee was read.
 - *Voted: Everyone is in agreement*
- A Committee member then read 2 articles found on the Internet.
- *Key points are:*

From: Columbia University School of Nursing

<http://nursing.columbia.edu/nursing-home-infection-rates-rise-study-finds>

Nursing home infection rates are on the rise. UTI's are the most common infection and have increased by 1 percent. UTI's can be prevented by “increasing the frequency of assisted trips to the toilet or diaper changes for residents who are unable to use the bathroom.”

This is the reason the Committee asked Michael for UTI rate data.

However, it was brought up that there likely are more UTI's than the numbers might suggest, because urine cultures are required for diagnosis, and may not always be performed. It was agreed that the UTI rate data may be helpful.

- A member read the second article from the Internet. *Key points are:*

From: Nursing Home Law Center

<https://www.nursinghomelawcenter.org/nursing-home-abuse/dignity-training-ordered-for-staff-in-new-york-nursing-home-after-they-humiliate-residents-who-need-assistance-with-toileting>

A nursing home in Glendale, NY was federally fined after six residents complained to the New York Department of Health officials that the staff at the facility humiliated them when they failed to answer their calls for assistance in using the toilet. When officials questioned the nursing home staff about the delay in bringing residents to the toilet, many said that some days the facility seemed too short-staffed to cope with the needs of the residents. This resulted in *a fine*, and their staff's mandatory enrollment in "dignity training." The facility administrator chose to "redeploy" the current staff to cope with spikes in call-bell use as opposed to hiring more staff.

"They redeployed the current staff and trained them to do toileting. This is called "Dignity Training".

- The Committee member who read this article made an observation that realistically, we can gather all the data we asked for, and the bottom line will always point to the need for more staffing. More realistically, she said, they will most likely not hire any more staff. The member suggested that an option to bring to UH is "redeployment of current staff" to do toileting--Dignity Training. Of course, our first request would be to hire additional staff.
- A Committee member brought up the fact that when her father has to go to the bathroom but is not taken in a timely manner, the urge to urinate/defecate goes away, but then constipation occurs as a result, as does discomfort restlessness at night. *The issue of toileting triggers many issues... frustration, humiliation, depression, anxiety and many health concerns.*
- A Committee member told the group about a phone call she made to the Nurses' station when she knew her father had to go to the bathroom and they had not yet taken him. The phone call was picked up, but, unknown to them, the phone was put down and the member heard her father ask to go to the bathroom and then heard the Nurse shout to her father, "YOU HAVE TO WAIT!" When the family member called back, the nurse, unaware of what the family member had just heard, told the family member that her father told her he didn't have to go to the bathroom. This was reported to the head nurse in a meeting that was called by the Resident's family.

- It was discussed that 3 staff members take breaks after dinner, yet this is the most critical time that Residents have to go to the bathroom!
- A member said her mother had to go to the bathroom during the time when the duty nurse was monitoring the residents in the TV area. The Member was told that her mother would be taken to the bathroom in 20 minutes, when her replacement was expected to arrive. However, her replacement was 10 minutes late, resulting in her mother having to wait 30 minutes to go to the bathroom. By the time they used the transfer device, 45 minutes had passed. This was frustrating for the family member and humiliating to her mother. It was mentioned that, again, this can serious health risks.
- A Committee member told of an instance where a Resident had to go to the bathroom and there was nobody around to take her. Dr. Tiko was there and noticed nobody around to assist and he requested assistance for this Resident. He was told that the resident could not be taken to the bathroom because two people were required for this Resident, but only one was available and the other was on a break. The Resident continued to loudly demand to be brought to the bathroom, and so Dr. Tiko told the nurse that he (Dr. Tiko) would take the Resident to the bathroom, with the nurse's assistance.
- Another Committee member mentioned that when asked to assist with toileting of a Resident, an aide responded that she could not, because she "had to do computer work."
- A Committee member spoke about staff taking lunch breaks and said that most times, food comes much later than anticipated on the 2nd floor, which pushes everything back: lunch on the 3rd floor gets delayed because the 2nd floor is off-schedule and late. The member suggested that they alternate breakfast, lunch and dinner and that staff should multi-task, on different floors. It was discussed that, again, it comes down to a staffing issue. The Member stated that, almost every day, a staff member from the 3rd floor comes down to assist with the feeding on the 2nd floor. Floor 3 then loses a person for that period of time.
- One member said that Residents are lined up to go to the bathroom (at times), waiting to get to use a single bathroom that is occupied. On 3 Kramer, there is one "common" bathroom that can only handle one Resident at a time. Questions were posed: Can another toilet be placed in that common bathroom? She suggested utilizing another room or location for another toilet that would be near-by.
- One member mentioned that she came across a New York State rule of "lifting and transferring." Its purpose is to protect the staff as well as the Residents. Staff should not be lifting Residents from under the armpits, because this can lead to injury of the staff and the Resident. It is costly for the nursing home if an aide goes out on disability from hurting his/herself while lifting a Resident. UH should have a program for Lift and Transfer and get new devices. They have old hydraulic devices

at UH. These new devices will make it easier and quicker to take Residents to the bathroom. Perhaps the staff is reluctant to take Residents to the bathroom for fear of hurting their backs. In that case, UH needs to invest in these new and easier devices that will make the lift and transfer much easier for *both* staff and Resident. It is understandable that it takes time to get a Resident to the toilet. Perhaps these new devices can decrease the time and burden for both and assist the staff in time-management.

- One Committee member said that on one occasion her mother had to sit in a wet bed while waiting to go to the toilet. She asked why UH is not “pro-active” instead of being “reactive.”
- UTI treatment was discussed, and it was mentioned that proper diagnosis and treatment requires a urine culture. However, if staff does not detect signs of a UTI, cultures may not be ordered. A member stated that one clue to the presence of a UTI is a sudden change in mental status, such as the appearance of increased confusion or sleepiness. A Resident could have a UTI for a long time if staff does not recognize symptoms and bring it to the doctor’s attention.
- One Committee member said her mother had a UTI. Three months later, the family member told the staff that she thought her mother might have another UTI, but was told by the staff member, “Oh, no, we can’t do another test.”

Off topic

- A Committee member said that she hired an aide to stay with her father overnight because UH said they can’t prevent her father from falling again at night; staff said they could only take precautions to make a fall less severe.
- A Committee member spoke about a staff member speaking from behind the Resident in a voice that could not be heard by the Resident. It was mentioned that this occurs quite often. Another Committee member added that staff frequently move Residents or perform other actions without informing the Resident about what they are doing.
- One Committee member’s mother has one tooth that broke and has a sharp edge. She has been waiting for MONTHS for a machine to file her tooth.
- A Committee member said that her parent’s personal aide is not allowed to assist the Resident in walking. Her father broke his hip and is confined to a wheelchair, and, once physical therapy had ceased, is afforded almost no opportunity to walk with a walker. She mentioned that a Resident is permitted to unsafely wobble down the corridor using a walker, yet her father’s personal aide cannot assist him. At a family meeting, the family member offered to sign a waiver saying they would not hold UH

responsible if something happened while the personal aide was assisting. Grace Aronne, Assistant Administrator said she would consult UH's lawyer about this and have an answer the next day, but she never got back to the Committee member.

- A Committee member brought up that the family switched Social Workers because the SW's (one in particular) state that they cannot do much because their "hands are tied" and they have no answers.
- A Committee member said that her mother has bed sores. Another member brought up the fact that there are Residents that have no one to advocate for them.
- Members agreed that there are positive aspects to UH, as well: it was agreed that although we have major and minor issues to tackle, United Hebrew does have some very caring and attentive staff members. The "understaffing" is what creates problems that can ultimately be very dangerous.
- A Committee member stated that family members are not permitted to place bibs on Residents (this is a question for Jerome). One Committee member, who always put a bib on her parent (3rd floor), was told one day in a whisper, "You cannot help with the bibs today."
- A Committee member said that when they first arrived, they were encouraged to use the kitchen and were told that the kitchen is open to family members. One day, she went to get a beverage for her father and there were NO drinks in the refrigerator. She was told to go to the Skalet refrigerator and a Skalet staff member told her that she could not come over there for beverages. In addition (and unrelated), their refrigerator has a lock on it.
- A Committee member brought up the issue of extremely poor dental hygiene. There is never denture cleaner in her father's bathroom. The family member constantly has to clean her father's dentures. This is a huge source of disease and ailments, especially with Residents who cannot speak for themselves and have no family members to assist with this critical personal hygiene task.
- One Committee member said that her father is sensitive in a certain area and she witnessed a staff member saying something personally embarrassing to him. Although she reported it, she did not receive feedback regarding what, if any, corrective actions were taken. Humiliation of residents by staff should NOT be tolerated.
- A Committee member said that he was visiting his family member and, at approximately 2:30 pm, he heard out in the hall, "Help, Help, Help...Nurse, Help!" When he went out into the hall to see what was happening, he saw someone who should not be out of their wheelchair out of their wheelchair, ready to fall. Nobody was near that area.

- A Committee member said that there is a Resident who has a family member that feeds her most every day. Thus, the staff “expects” that she will be fed. On more than one occasion, this member witnessed that when the family was not there to feed the Resident, her entire tray was taken away and *she did not eat any of her meal*. When the member addressed the staff member, the reply from the aide was, “We’ll give her something to eat later.” When the member complained again, the response was to move the woman to another table where she would be fed. However, it was the Committee member who pointed this out to a UH staff member.
- It was also discussed that staff members move Residents to another food table without explanation. A Committee member witnessed a Resident crying when she was moved without explanation. She had just moved into the Nursing Home. A member remarked that this Resident had just given up so many freedoms by moving into a nursing home, had just begun to feel comfortable with her dining neighbors, and then was moved to a different table, abruptly and without explanation.
- One Committee member mentioned that many CNAs actions are based on fear that they will be reprimanded. For example, they fear that if they tell us we can get sweet and low in the kitchen or go into the refrigerator, they will be reprimanded by the Nursing Director or the “higher-ups” if they see them. However, many members agreed that you often cannot find someone to assist you with simple requests, such as getting a drink or storing food with the Resident’s name on it in the refrigerator. A member stated that it does not make sense to ask a staff member who is logging pills, logging information on a computer or assisting a Resident to assist us with refrigerator needs. One family member was told they cannot even place an empty food tray into the slot of the food bin.

Common comments and notes:

- Staffing issue.
- Break issue. Breaks and meal breaks need to be better scheduled.
- We need to invite the Nursing administration to a meeting.
- Family wants to assist in certain areas and are not permitted.
- Staff should multitask on all floors.
- Orderlies do not make beds – they cannot do the linens.
- CNAs make the beds – they don’t clean the rooms.
- CNAs change shifts at 3:00pm – first thing most of them do is the linens.
- This is their “Home.” We should be able to go into the refrigerator, etc.
- Some aides work shifts that end at 2:00 instead of 3:00. Those aides are busy finishing their computer work at the end of their shift, which is precisely when they are needed for toileting, after lunch.

Future topics that stemmed from this meeting:

- New lift and transfer law. Are they getting new devices?
- How can we, as Committee, try to locate more volunteers?
- Personal hygiene, e.g., dental hygiene, nail cutting, and shaving.
- New building, money to renovate, building overhead with not-full capacity, staffing – money for building but not for current staffing and no parking. Who is the building for? etc.
- Parking – UH can use the parking lot across the street for Valet parking? If they can valet there, why can't we park there? Do they have City permission for this?
- Activities (activities after lunch and dinner). Residents eat dinner at 4:30pm and from 4:30pm to bedtime, there are no activities. Some Residents are even prepped for bed right after dinner.

Director's Comments

- The Director asked the Committee to think about future items to be placed on the list. She said that every topic will not take the entire meeting. When we present our documents to the Staff, we will have major topics, such as the issue of Toileting. This single-topic document will then be submitted to UH on its own. However, there also will be smaller topics--“single concerns” that we want addressed. We can address and submit several of these in a single document.
“Singles” topics: A small topic of concern to be addressed.
- The Director stated that at any given time, we will have open items, pending items, and closed items. If an item is closed, we have the right to “re-open” the item if we find that UH is not upholding their commitment to us. She also said that we will call “Emergency” meetings if anything of concern arises. When the sickness outbreak occurred last summer and there were deaths, family members were not receiving answers to their questions. If any member needs to call an emergency meeting to address an urgent situation, please email everyone.
- The Director asked that all help research topics and concerns and email any articles brought to the table to the Minutes-taker. Research is powerful and will make us more knowledgeable and credible.
- The Director then asked if there were any thoughts or comments.
- The Director then gave her final words. We need to keep our ears open. We've agreed to be advocates for our loved ones in UH, but being a part

of this Family Council Committee holds us accountable for all Residents, not just our loved ones. Let's keep our eyes and ears open for all and bring to this table any issue that can better the lives of all these precious Residents. We are not here to complain and demand, we are here to make a better life for all.

- Possible dates for the next meeting will be sent via email. The final date and time will then be emailed/communicated to all.
- The Director thanked everyone and the meeting ended.

Staff at our next meeting:

- Invite Jerome Bagaporo, Chief Nursing Officer

Topics Status

Toileting: Open

Topic running list:

Topic 1 - Toileting: Open

Topic 2 -

Topic 3-

Notes from the Scribe

Committee Member update

Diane Hamele- Bena joined the Committee. Her email is: dh129@cumc.columbia.edu

Dava Yavetz – Michael Bobrowski told me that Dava would like to join the Committee. She cannot, however, make Saturday meetings. She is able to attend weeknight meetings when we hold them. I will reach out to Dava and ask her for her thoughts and future topics. She will be listed as a member. Her email is dava.yavetz@gmail.com

I reached out to Dava to confirm her acceptance as Committee member and this is her response:

"Hello!

Yes, I am interested in the Committee. Honestly, I think it has been needed for some time. I work at Banana Republic so my schedule is a strange retail one. Sometimes I work early mornings and sometimes I close in the evenings. I do work weekends. I will see what I can work out in the future. Looking forward to reading the minutes.

Best,
Dava"

Doree Topaz asked to be removed from the Committee. It is hard for her to commit to meetings (she is in a wheelchair). I thanked Doree and asked her if she has any concerns she would like us to bring to the table, to please contact us at any time. She agreed.

The Minutes will be emailed to all Committee members, not just those who attended the meeting. The Minutes will not be sent to UH. The following will be sent to Michael Bobrowski:

- The Committee Declaration
- The Committee Mission Statement (pending, not yet approved)
- The Message from the Committee
- They will be sent to Michael upon submission of our first Report to Grace Arrone.

Articles that are referenced and/or read to the Committee will be attached to the Minutes (or links will be included).

End ...