

## **Senate Bill 204 – Health Care Facilities – Assisted Living Programs – Memory Care and Alzheimer’s Disease Unit Regulations**

**Written testimony by Mary R. Jones** – former nursing home Social Worker, former staff of the Baltimore County Long Term Care Ombudsman Program and former care partner to her spouse (who had a diagnosis of Lewy Body Dementia). **Position - support**

I have twenty plus years of combined professional and personal experience related to the care of persons with dementia including direct interaction with and advocacy for persons residing in Assisted Living Memory Care Units. As an Ombudsman, I had extensive experience interacting with staff and management of assisted living facilities to promote resident’s rights and assist with problem resolution. I believe I have a unique perspective for your consideration. I urge you to consider and support this proposed legislation on behalf of assisted living residents, staff and management. Please consider the impact on resident’s well-being, staff preparation (resulting reduction in frustration) and positive outcomes for management (customer satisfaction, reduction in crises, cost savings due to staff retention).

Residents with memory issues have unique needs best served by staff adequately prepared to provide treatment, care and services. Preparation begins with dementia-specific training. The outcomes of untrained and ill-prepared staff are problematic at least and catastrophic at most. In my experience, unprepared staff result in staff frustration and an increase in negative behaviors by the residents. The worst outcomes are resident abuse and/or neglect. Staff require a special understanding of persons with dementia – this is not “typical” care. For management, turn-over of staff increases as staff frustration increases and customer satisfaction suffers.

Staffing levels are paramount to meet the intense individual care needs of residents with memory issues. Even with adequate training, care ultimately suffers without sufficient staffing patterns to provide the intense level of personal needs. In my experience, inadequate staffing patterns also correlate with high staff turnover. Care of persons with dementia requires time and patience. One area of need specific to those with memory issues is night-time oversight to prevent resident to resident abuse. This is impossible without adequate numbers of people to provide care.

Each person with dementia requires a person-centered care plan that includes activities to promote their highest level of well-being. Residents engaged in activities of personal interest appropriate for adults with memory issues are more likely to be content and less likely to engage in difficult or problematic “behaviors”. The recent world-wide epidemic caused decreased socialization which increased the need for additional attention to resident engagement. Every person requires interaction and socialization. This is possibly more important for those with memory issues. Engagement in activities should include social interaction in the safest manner which requires a staff person dedicated to identifying individual needs and available resources.

Admission and discharge are particularly difficult for persons with memory issues. At the time of admission, adequate assessment in addition to communication with persons in the life of the resident familiar with their individual patterns of daily living and specific needs should become part of a pre-admission service plan. To ensure that staff are adequately prepared to care for the new resident, the information should be shared in a timely manner. Discharge criteria and planning should be specific and communicated both at admission and throughout the time of residence on the memory care unit.