

To Whom it May Concern:

I am writing to you regarding my sister and I's experience of living in Skilled Nursing Facility during Covid. My sister (MS) is 50 years old, a mother of 16\14 and 11 year old children and a survivor of an acquired brain injury. Her experience in a SNF during the Covid pandemic has been anything short of desirable. Through many months she would ask "Did we do something good? Because if I have to be in jail, I figure I must have done something fun, but I don't remember". She has had less rights than those in jail. I will respond to each of the points you are covering as they relate to her experience.

1) Communication and visitation policies for care in nursing homes:

MS's SNF went into lockdown sometime around March 6th. As her conservator, I was not notified. She remained in full lockdown until early June. There was minimal to no communication from the SNF. I would watch Dr. Petit's weekly posts to see how many residents at the facility were diagnosed that week. My sister sat for 7 weeks in her room with no ability to step into the halls. We were threatened with calls to the police if we visited at the window. She learned of fellow residents passing by staff arguing in the hallways, unwilling to tell her anything due to Hippa regarding her friends if she asked directly. When the state passed legislation stating window visits and outside visits were to take place, I received a letter from the director 4 weeks after it was dated. It wasn't until June 18th when she was allowed outside visits with her minor children whom she last saw March 7th, her son's 14th birthday. Due to her children's special needs, facetime\txting was not a consistent option for them to stay connected. There was no facilitation on the part of the staff to assist her in keeping connection to her minor children. Due to her speech challenges, she is unable to successfully use a phone. There continues to be inconsistent application of the state mandate for visitations. We self supervise during visitations as there is not available staff to monitor visits. It has been six months since she has received a hug from any of her children.

2) Resources and protocols essential to combating a COVID-19 resurgence in nursing homes:

There has been minimal notification from the SNF as to any resources or protocols for combating a resurgence. There is inconsistent application of policies for visits (sometimes there is a temp eval and sign in, sometimes not). Residents still are not allowed life saving DME such as bi-paps and c-pap machines for sleeping and nebulizer treatments are not conducted even though there has been no new cases in over two months.

3) Reporting of positive COVID-19 test results between employees and employers:

At no time were we notified of the number of staff that were compromised. We only figured it out when a staff member would not tend their regular shift over multiple days. There were weeks when the SNF was relying on pool staff to cover many shifts. Having unfamiliar people assisting was traumatizing to my sister.

4) Funding of nursing homes & 5) Nursing home staffing levels:

With the reduction in census (50 %), my sister has received significantly reduced services that have been detrimental to her care. Her time with OT\PT was nearly halved. She suffered negative health impacts due to the minimal to no movement allowed during the lockdown. Staff was not provided with full covid pay that other SNF's were paying their staff which led to some staff leaving. Since Aug 1, 2020 - 8 CNA's and 1 kitchen staff has given their notice (her SNF

only has 60 beds). I believe there are 11 CNA's on her section of the facility regularly. Staff are leaving because they are not receiving raises on the expected schedule. These women are risking their lives for \$14.50 an hour with a \$50 shift differential when there is an active Covid case on the floor - yet people on unemployment were not asked to risk their lives and received \$600 per week over unemployment - you can see the staff's frustration. The food choices have been less than desirable. I don't know about you, but a grilled cheese and a bag of chips isn't really a well rounded meal on the weekend. Due to reduced staff, she was going 8 hrs a day (full shifts) without being offered the bathroom. There were nights she was "missed" from dinner. There was a morning where the nurse was rushing and provided her morning meds twice - and then lied about the impact of the double dose. From March 14 to the week of May 2 - my sister was not provided a shower - 7 weeks - no shower. How was that humane? We understand the need to control a virus but when literally 100% of the staff and remaining residents have all survived having it, at what point does mental health and physical wellbeing become a priority?

Overall, this entire experience has been horrifying. MS has felt that she has been imprisoned. She sat for weeks in her room alone, only to wait for someone\anyone to come into her room and have a conversation with her. Often when staff did come in, they did not have the time to speak with her. Her speech suffered and in turn her ability to eat has suffered. She has lived through this experience on her own, without a roommate. Always waiting for someone to come in, say hello, provide a hug (rarely) and an encouraging word.

As a family, we experienced two people, MS and Grandma survive Covid, both live in a SNF in CT. My sons experienced two friends and my sister in law die by suicide as well. This shutdown approach has far reaching impacts that will outweigh the impact of the virus itself. I don't know what the best course of action is, but I know the route we just experienced was far less than desirable and in many ways lacked basic human compassion.

Thank you for listening to a brief version of our experience. We always welcome conversation on how this experience could be improved (I can't imagine how it could possibly get worse).

Sincerely,
Kim Coyle
Unionville, CT