

Long-Term Care Facility Access Policy Workgroup Meeting
May 30, 2023

Q & A Transcript

Time: 12:33

Name: Signed Curious

Question: Just a note: On my device it says that Chat is disabled so if we have any comments we should use only the Q & A tab, I suppose

Answer: Good afternoon, thank you for your note. Members of the public may submit comments and questions throughout the meeting using the Zoom Q&A.

Response: Oh okay, I am a member of the public so it sounds like I stick with Q&A tab.

Reply: Good afternoon! Correct: members of the public may submit comments and questions throughout the meeting using the Zoom Q&A.

Time: 12:40

Name: Marian Hollingsworth

Question: I cannot get on the chat to introduce myself. Not sure what I am doing wrong.

Answer: Hi Marian, are you a work group member or member of the public?

Response: I am a member of the public.

Reply: Thanks-- you are welcome to add comments and questions through the Q&A feature.

Time: 13:15

Name: Amy Weber

Question: What is this meeting about

Answer: Good afternoon. This is the Meeting #2 of the Long-Term Care Facility Access Work Group. https://aging.ca.gov/Long-Term_Care_Facility_Access_Policy_Workgroup/

Time: 13:16

Name: Teresa Palmer

Care homes are not prisons. The right to freedom of association and resident chosen companionship should be the starting point. Obligation for infection control falls on the facility (with government support): PPE does not differentiate between staff and family equivalent. No limitation of any type on freedom of association by residents should be presumed -this should be the default position. Staff and staff alone brought in and spread infections in nursing homes—there is no evidence that family equivalent caused illness or deaths. Being a care home resident does not mean you lose your constitutional rights!

Time: 13:16

Name: Kat DeBurgh (she/her)

Let's not forget that there were PPE shortages in the beginning of the pandemic. PPE isn't always available.

Time: 13:17

Name: Kat DeBurgh (she/her)

Also, quarantine is not a punishment, nor are necessary precautions that protect not just the individual, but others they come into contact with.

Time: 13:18

Name: Teresa Palmer

ANY LIMIT IS ARBITRARY AND MUST BE JUSTIFIED ON AN INDIVIDUAL BASIS

Time: 13:28

Name: Teresa Palmer

How about “resident designated support persons” instead of “essential caregivers”?

Time: 13:33

Name: Teresa Palmer

If there is truly individualized care planning for resident designated support persons without arbitrary limits, there is no need for a “compassionate” designation

Time: 13:40

Name: Karen Klink

I am sorry but Ombudsman did nothing to help families during the Pandemic

Time: 13:41

Name: Teresa Palmer

Allowing nursing homes or local agencies to be “more restrictive” led to a lot of unjustifiable isolation and big lags in following federal rules. This must be avoided.

Time: 13:42

Name: Karen Klink

We do need a law and we need enforcement

Time: 13:43

Name: Karen Klink

I ask for some comments from the regulatory agencies like CDPH and CDSS who have remained silent.

Time: 13:47

Name: Teresa Palmer

any time you use the word “allow” you are talking about someone other than the resident deciding something that the resident should decide.

Time: 13:52

Name: Teresa Palmer

If planning for resident designated support persons is truly individualized and flexible over time (reflecting the residents wishes and condition) there is no need for a separate “compassionate care” designation. Access to resident designated support should by definition be compassionate without arbitrary limits.

Time: 14:08

Name: Teresa Palmer

Resident isolation is a public health problem

Time: 14:10

Name: Teresa Palmer

Staff spreads infection between residents—a designated support person visits only one person—if anything support persons should have less restrictions

Time: 14:12

Name: Teresa Palmer

Health officers royally screwed up the covid emergency in care homes. The whole purpose of this work group is to prevent a repeat of that.

Time: 14:15

Name: Teresa Palmer

Time limitations is NOT needed unless individually justified with resident input. Remote visitation is not the equivalent of face to face. Jayleen Richards is justifying past wrongs.

“Toolbox” is a code word for violation of human rights

Time: 14:19

Name: Karen Klink

Good Point Tony. Thank you

Time: 14:25

Name: Teresa Palmer

Anissa Davis-if you are bound to use least restrictive why was most restrictive allowed? How can this be prevented again?

Time: 14:29

Name: Teresa Palmer

Public health “flexibility” INCREASED the risks to care home patients due to their isolation and lack of care when support persons were locked out. Flexibility is a code word for abandonment of disabled and elderly in care homes.

Time: 14:44

Name: Teresa Palmer

Any facility “parameters” should be individualized, approved by the resident, and flow from a non-arbitrary care planning process. “Parameters” is a code word for violation of human rights

Time: 14:48

Name: Teresa Palmer

Bare minimum=freedom of association with use of PPE

Time: 14:49

Name: Teresa Palmer

If a visitor is disabled it may be too hard to not have at least 2. There should be no arbitrary limit on the number of visitors—it should be an individualized decision based on resident wishes and risk tolerance.

Time: 14:51

Name: Teresa Palmer

Risk of death or decline from isolation should outweigh ANY limitation being left to the discretion of understaffed nursing homes

Time: 14:52

Name: Karen Klink

Remember this is not just SNF's and unfortunately did happen in ALF

Time: 14:57

Name: Karen Klink

Me too!