

February 14, 2015

Erica Stevanovic, [{ a Á Ú Ó á } Á a Á ^ { à ^ ! • Á - Á @ Á [~ • ^ Á @ á ^ } Á Á Ú ^ } á ! • Á [{ { á ^

I appreciate the opportunity to offer testimony as you consider House Bill 2201 which would provide for safe care of elders and minimum staffing in Kansas nursing facilities.

From age 18-23 I worked as a certified nurse aide (CNA) in Kansas nursing facilities in Hutchinson, Lawrence, and Leavenworth, along with small communities surrounding it. I respect and enjoy older adults. It was my goal to continue my education, get a nursing degree and continue to care for elders in nursing facilities.

I worked in not-for-profit and for-profit nursing facilities. Two of the facilities I worked in, were rated as 5 Star facilities by Medicaid.gov/nursing home compare. My experience in 5 star rated facilities was consistent with my experience in nursing facilities with lower star ratings, there were not adequate numbers of aides and nurses to care for the elders.

In one of the 5 star rated facilities there were three halls, as a newly hired CNA I was assigned to the hall with elders needing the highest amount of help, two-person assists and mechanical life assists. I was responsible for the care of 24 elders, many in two person rooms. There were supposed to be three CNAs working that hall. Usually there was one, sometimes two with the • ^ & [} á Á ^ ! • [] Á ^ á * Á Á [á * Á Á @ ^ Á Á @] • É

Imagine the danger to an elder with one aide lifting her/him out of bed or into the sling in the mechanical lift. It was distressing and dangerous and more so when the elder was heavy. It was difficult to impossible and the stress for me was terrible. I worried about hurting or dropping an elder. Often when I was working alone I would be helping one elder and at the same time one or two or three other elders were calling for help to get up, to go to the bathroom, to go to an activity, to eat. I was told that the nurse assigned would help if needed but it rarely, if ever happened. The nurse would give medications, provide specific health care treatments, or be trying to get staff to stay for a double shift or come in for an extra shift. In the 9 months I worked there many elders fell when they would attempt to get up to go to the bathroom after calling for help and no one coming.

Because I was good at caring for elders and had a good work ethic I was assigned to the hall with fewer elders all in private rooms, and there were always 2-3 nurse aides on that hall. I was paid the same to care for 24 elders as I was paid to help 14.

In the other 5 star rated facility where I worked there were two halls. One hall had 14 elders and on the other 21 elders. On the hall with 21 elders, there were more elders whose care was paid by Medicaid. The 21 person hall was older, smelled of urine, and had fewer nursing staff to residents than the 14 person hall.

When the nursing staff could not handle behaviors of elders with dementia they would ask for the elder to be medicated. It happened often because the facilities are nearly always working short staffed. The medications keep residents sedated or sleeping and easier to manage. As a } ~ ! • ^ Á Á Á á Á Á Á á Á Á ^ { à ! Á Á Á ^ } Á @ Á Á • Á @ } á and how it harms the elder.

Although it was my dream to be a nurse and work with elders in a nursing facility, after those five years as a nurse aide, I did not feel I could deal with seeing poor care on a daily basis.

Erica Stevanovic, [{ a Á Ú Ó á } Á a Á ^ { à ^ ! • Á - Á @ Á [~ • ^ Á @ á ^ } Á Á Ú ^ } á ! • Á [{ { á ^ husband who attends medical school.

I hope you will provide a safe nursing staffing minimum for the care of elders. They deserve good care. They deserve not to be harmed especially when it is so avoidable.

Thank you, Erica Stevanovic, Lawrence, KS