

Comment on HB 646 and SB 330 from Margaret A. Rothenhoefer

Background Information

My husband Dan Rothenhoefer, was admitted to SOVA in Danville Virginia for the treatment of an asymptomatic UTI infection in Spring, 2018.

After successful initial treatment at SOVA in Danville, Dan was transferred to Kindred, a long term acute care facility in Greensboro for observation to make sure he was fully recovered from the urinary tract infection. Before being discharged by Kindred Dan had recovered from the UTI to the point where he started his Physical Therapy program.

Dan remained at Kindred for about 2 ½ weeks before he was released and transferred to a local Danville nursing home equipped for the level of rehabilitation that Dan needed in order to regain his previous level of mobility. Dan had been bed ridden for about 2 months because of the UTI and his doctors at both SOVA Danville and Kindred felt that further physical therapy would be of benefit to him because he was weak from both the infection and from being bed ridden.

Nursing Home Care

Dan received treatment at nursing home from the end of June, 2018 to the early part of October, 2018. During that time, he received minimal therapy. Every time I went to visit Dan, I found him laying in bed looking tired.

I was beginning to have misgivings about the quality of care that Dan was receiving at this particular nursing home. I started calling the head of the Physical Therapy Department. He avoided returning my numerous telephone inquiries about Dan's progress. I was equally unsuccessful in my repeated attempts at reaching the nursing home's doctor or the head of the nursing department.

I found out by accident months later, in October, 2018 that instead of giving Dan the physical therapy he was supposed to receive, the nursing home gave him antidepressants without telling either of us that they were doing so. Nursing home personnel also neglected Dan's basic nursing care needs: They failed to turn him at the recommended intervals. As a result, he developed pressure ulcers on both heels as well as a gigantic pressure ulcer at the base of his spine.

The pressure ulcers were not properly cared for. They became infected. In October of 2018 the nursing home transferred Dan to SOVA Danville with the explanation that Dan would never be independent again, that he would probably need lifelong dialysis, and that taking care of Dan would interfere with my freedom. For these reasons Dan should be provided with palliative care only

because he wasn't ever going to get well. After hearing what the nursing home personnel had to say, I called CMS for help.

Post Nursing Home Re Hospitalization and Death

Dan was readmitted to SOVA where doctors attempted to treat his infected pressure ulcers and the low blood pressure that the infection caused. After being discharged from SOVA, Dan was transferred to Select Specialty Hospital Acute Care in Greensboro, NC.

In spite of the Doctors best efforts to heal Dan's wounds, they never healed and Dan was too weak to tolerate further treatment.

Dan died in hospice care on December 19, 2018. We were married for 49 years, 5 months and 26 days. I love Dan dearly and I miss him very much.

Conclusion

At the present time, Virginia has no minimum staffing standards for Nursing Homes. It is up to each Nursing home to set its own standards. This obviously hasn't worked.

The minimum state wide staffing standards presented in HB 646 and SB 330 would greatly improve the quality of patient care in Virginia's nursing homes and lead to better patient outcomes.