

My brother moved to a group home run by Good Neighbor once NVTC closed. The agreement with the state promised **equal or better**. This move was **dramatic**. Not only was it a VERY different environment and not conducive to a wheelchair, but, all the other residents were ambulatory/non-verbal/autistic. **But** there was also a lot of staff turnover which caused him extreme anxiety including verbal outbursts and temper tantrums which greatly affected his health. As soon as he got *comfortable* with an individual staff member, they seem to leave to a job that offered better salary and benefits. Concurrently, most of staff had to work a second job to make additional money to make ends meet. Because of this, Covid entered the house/group home which added to the quarantine situation and added stress to families.

Before Covid, we were fortunate that he was able to continue with his day-program. This allowed some continuity in his life. Also, my brother benefitted from the dedicated staff who he knew and trusted. They were able to resolve many outbursts and tantrums. But again, they needed to have second jobs to supplement their income.

He transferred to a Community Residence, Inc (CRI) house in September 2020. This was done because this residence was supposed to be more medically oriented specifically because of his on-going pressure/bed sores with the great assistance of his support coordinator. He went with no sores and a weight of approximately 110 pounds. But again, this was a traumatic time because of new staff and other clients. (During his time with CRI he was assigned to another support coordinator who was very good-but it should be emphasized that they have limited exposure to their clients and are dependent on staff doing their jobs.) But in hindsight, this was the beginning of serious and painful pressure/bed sores. Although, I think the staff really tried; they were limited because of staff shortages due to turnover caused by salary and benefits issues. Therefore, they did not give my brother the care he needed. Additionally, because of Covid restrictions there were no *extra eyes* on him like family or his day support staff.

In November 2020 his **downward** spiral continued but his lack of care by the CRI staff left him in a very bad and vulnerable state. He went to the Virginia Medical Center-previously known as Arlington Hospital with what was thought to be a bowel blockage. It should be noted he was sent in his underwear and his 'medical book' which contained little or no relevant information (i.e. medicine list) to help hospital staff especially because he doesn't talk and since there were strict Covid rules-there was no staff with him. **Luckily**, JM's sister Kim was allowed in and found him on a gurney in the hallway. She was able to get him into a single room (which was great since it took over 24 hours to get him a *hospital bed* because the hospital was overwhelmed with Covid patients.) Also, it should be noted that he had Stage 2 pressure/bed sores when he went to the hospital. This was a clear indication that the staff at CRI because of staff shortages and turnover did not provide the appropriate care of my brother.

To provide a short synopsis--his bowel obstruction was quickly resolved but then pneumonia, oxygen and sodium levels were an issue. Concurrently, his pressure/bed sores either stayed static or became worse. Also, it was decided, in the hospital, that his swallow function was not working properly which meant he wasn't getting proper nutrition and was additionally adding to pneumonia and aphagia. It was determined that a G-tube was needed. And, although JM's family wanted him to go back to his 'home' for Christmas, CRI decided they could not support him even though I think that there is clear evidence that staff was inadequate as a result of shortages and turnover. (There was no difference in him from when he was originally sent to the hospital-in fact he was physically better.) Also, this would give everyone time to look for other residential options due to the recommended G-tube insertion although

his day program stated they had no issues with a G-tube. However, because of CRI's decision to not let him return, he went from Virginia Medical Center to Cherryvale Rehabilitation Center then back to Virginia Medical Center due to oxygen and sodium level issues than back to Cherrydale Rehabilitation Center and finally to Scarlet Haven on February 8, 2021. (His eating issues, which resulted in G-tube, which was done during his first stay at Cherrydale.)

Additionally, my brother's sister Kim was able to be with him at Virginia Medical Center because she got special permission which was great but we were not able to visit Cherrydale. The residential staff contacted his family on a few occasions but again this was a clear indication that even though he had been in their 'care' for over three months, there was no connection because the staff was short and the remaining staff was overwhelmed. Therefore, he was **alone** for Christmas and his birthday. Also, since we only had Zoom visits with JM while he was at Cherryvale, we were SHOCKED when we saw his hair was shaved off. By the time he got to Scarlet Haven, who took him to the wound clinic the day after he arrived, we learned that his pressure/bed sores were now Stage 4. There were questions whether there would be bone damage and if they would ever heal. Concurrently, they were very painful. Also, his weight was recorded at 87 pounds. (Remember on September 2020 he was approximately 110 pounds.)

I am **HAPPY** to report that he is now 120 pounds and his sores are 'healed/closed'. He also has a new chair and since he now can be *up* for periods of time, he is learning how to use it and his house accommodates his movement. The staff has provided the necessary levity so there doesn't seem to be anxiety with his G-tube and/or lack of eating food. Concurrently, since there is a familiarity with the staff, because many came from NVTC, so he feels they know how to take care of him and that provides him security.

However, it is imperative that waiver reimbursement level is increased to insure equal or better and that the ALL waiver reimbursed staff can be fairly compensated since they are a vital resource to my brother's well being-safety and security as well as many others. Specifically residential and day staff need to be fairly compensated so well trained individuals can be attracted and retained.

I hope these comments provides some important information, but feel free to contact me any time.

Respectively submitted,

Donna Ann McHugh