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Testimony
House Aging and Long Term Care Committee
Greta Wakefield, Moran Manor
Kansas Health Care Association
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Representative Bethell and Committee Members,

Good Morning. My name is Greta Wakefield and I am a licensed adult care home administrator in the state of Kansas. Today I speak with you on behalf of just two of the elders whom the Adult Protective Services failed to do just that: PROTECT. Always keep in mind that this could be your grandmother, your mother, your sister.

My first little lady is Maxine. Maxine had a stroke in December 2008. She came to live with us in January 2009. Her DPOA of health care and finances – her grandson-- did sign all admission paperwork for her to reside with us. Her payorsource at that time was Medicare A. In late March of 2009 we began to contact her grandson regarding payment for room and board as she was a private pay resident after her skilled stay. We continued to get the run-around from her grandson--having certified letters returned, the phone number no longer being a good number, etc., etc. In June of that year after we were unable to locate him we contacted APS, for you see, not only was he not taking care of her financial situation with us, nor her pharmacy charges, but most importantly he was never available for us to contact him regarding her declining health. APS was contacted 3 times in regards to Ms. Maxine over a 6 week period. Nothing was done. They never came in the facility, nor did they contact her nearest living relative, who was her brother who also resided with us... no one. Ms. Maxine passed on September 9th of 2009, with this DPOA nowhere to be found. It was in late September that I received a phone call from APS asking “was there still a situation”. I stated that unfortunately Ms. Maxine had passed away, to which the caller replied, “oh well, ok I guess we can close this file”. Unbelievable!! In the end those who were put into place to protect her, failed her.

My second example is Ms. Ruth; this example is the ultimate form of abuse! Ms. Ruth was brought to our facility in April of 2011. She had been hospitalized in KC and was to be admitted to Long Term Care. The hospital had allowed her elder husband to drive her to us. Upon arrival we could see that her husband could not even remove her from the vehicle. My director of nursing actually went to assist with transfer and brought Ms. Ruth into our front room. She was not cognizant of where she was, although she did recognize her twin sister, who also resides with us. Within 30 minutes of trying to get information from her husband to admit her, he became agitated and stated that he was just going to leave and take Ruth home with him. We were very concerned as he kept stating she would just be better off dead. He had also stated that “maybe she will just die on the

way home". Dumbfounded by all of this my staff stepped in and reassured the husband that we didn't need to do any paper work, just let us take care of her, to which he replied no. He attempted to pull his wife out of her chair. Not wanting to fuel the situation, my director of nursing assisted with transferring Ms. Ruth back into a wheelchair and then his car.

During this transfer, I immediately called APS and described the situation playing out in our front drive, asking for guidance on a possible 9-11 call. They took my information and the details of what was going on and stated "we will call you back". They did not return our call, so that afternoon we phoned the local sheriff in the area where they reside to do a well check. The sheriff did call back and stated that they had stopped and that Ms. Ruth had come to the door and stated she was fine. We explained to the dispatcher that this could not possibly be correct as she did not have the physical ability to answer the door nor was she cognitively able to have that type of conversation. Adult Protective Services finally did call back, 2 days later. They stated they would check on her and get back with us.

A week later they had not returned our call, so we phoned them. They stated they had sent "someone" to the home on their behalf and that she was "fine". We phoned family and asked them to check on her, as something was just not right. Well we were correct. Ms. Ruth was admitted to the hospital in SE Kansas in June and then discharged to us. She was in very ill health and had a wound vac. In the short amount of time she was at home she was left in a brief "until it was all used up" and her husband was not able to bath her due to his frail size. She had developed a "bed sore" while in her husband's care, but not just any sore – oh no, this wound was 13.5 cm wide by 11.75 cm long by 4.5cm deep and then it tunneled up to 2.5cm. I again phoned Adult Protective Services, this time reporting the details of her health and the fact that her husband was now living in the back of a van in our parking lot wanting daily to take his wife home. They took all the information and again said they would be in contact.

We heard nothing in 3 days so called them again. They said it was not considered urgent as she was now "safe" in a nursing home, so it would be investigated but would not take priority. Wow, at not one point has this women ever been a priority for the services that are supposed to protect her. You would think she would have been in a great amount of pain when she came to live with us, but no – for you see when a wound is this large and deep, everything is dead, including nerve endings. Our staff is known for great wound care, but due to declining health unrelated to the wound, Ms. Ruth passed in November. And to date – not a single call back from APS!

Thank you for your time and I sincerely hope that with your direction the Adult Protective Services system is given the necessary attention to changes that are desperately needed.