

APS Testimonial

To whom it may concern:

Within the past year I have had some experiences with APS that have made me question the efficiencies of the program. I am here today to see how administration within the long-term care setting and legislation can work together in making their job easier, more efficient, and make sure we all are working passionately to protect the geriatric community.

We had a situation with an elderly resident that was admitted into a hospital from her home setting where APS was involved in monitoring her care. The elderly woman lived with her husband and had decreased her activities of daily living; refused to speak with her husband in the room; acquired pressure ulcers within the home setting; became incontinent; and was losing her quality of life.

Her son had checked on her on a continuous basis. Neighbors, family members, and friends had contacted the APS to check on her in the home setting. APS said they couldn't prove anything to say there was neglect.

I'm not sure what steps they had taken to try and prove neglect but when the woman was admitted to our facility she had such a decline and stated to our staff that she did not want to have her husband take her home. APS was once again called in. Due to the husband's behavior and being verbally abusive to my staff, I filed trespassing orders against him and he could not come onto our property. In the meantime, the son met with APS again and was stating the verbal abuse and neglect that was happening in the home. We gathered witnesses and statements from our staff proving that she did not want to go home. Due to fear of her husband, I believe, she became totally mute when APS began to meet with her at our facility and once again they said that we'd have to send her home because he was the DPOA and they could not prove abuse or neglect.

I will say as an administrator we would have been cited for the decline of this resident if she was living in our facility. We would have been given an Immediate Jeopardy if not worse. We are held accountable.

In conclusion, with all of the physical proof of her decline, doctors notes, hospital notes, and statements that our staff gathered along with the son's testimony, there should have been a way to save her from going back to that neglectful of an environment. My question: What can we do to remove the "red tape" and make sure we are protecting the geriatric community?

Best Regards,

Stephanie Witt, MBA-HCM