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CONNECTED TO END ELDER ABUSE

Staying Connected:

Elder Abuse Prevention and Awareness News

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BE THE SPARK

How to Identify Your Key Strengths in the Workplace

(Indeed.com)

Listen to Feedback

Pay attention to when your coworkers mention your positive traits and give you feedback on work performance.

Consider Your Passions

Think about what you enjoy doing the most.

Pay Attention To When You Are Most Productive

Make a list of your tasks throughout the day and how long it takes you complete each, and which are you felt more motivated to complete.

Ask Others Directly

Take a Personality Test

Seek Out New Experiences

Self-awareness relies heavily on life experiences.

As we continue to work on making some lasting changes, we should spend some time on identifying and building on our strengths.

Many of us have probably had an interview where we were asked to talk about our strengths. The responses provided are usually prepared ahead of time to show how the interviewee will be the best choice for the position they are seeking.

But how do we start to identify those strengths in ourselves that are present and beneficial to the work that we are doing in regards to elder abuse?

First we need to establish a definition of strength. Marcus Buckingham and Donald Clifton, authors of *Now, Discover Your Strengths*, state that a true strength meets three criteria:

- 1). You are good or have the potential to be good at it.
- 2). You are energized by doing it.
- 3). It benefits something greater than yourself.

So now as we start to consider what our strengths are, we need to understand that according to research we are probably the least qualified person to identify our own strengths. Research has shown that our views of our own behaviors do not typically align with our actual behaviors.

What skills or traits do people compliment you on the most? Have you asked a friend or colleague to tell you what they believe is your greatest strength?

If you haven't, this would be a great starting point. Find some friends and colleagues that you respect to give you their honest thoughts about your strengths. Selecting individuals that interact with you in different capacities will help you get a broader picture of your strengths. Colleagues on the same level as you may see you differently than

superiors or even people in different departments.

Now let's take an inventory of the things that we love to do, at work and at home. Does this inventory match up with what you are currently doing at work? Are there things on your inventory that you can incorporate in to your job?

For instance, maybe you like to write in your personal time, but you are not doing this at work. Consider looking for opportunities where you can incorporate some writing in to your work day (like writing an article for the Staying Connected newsletter, hint, hint, hint).

Some days at work seem like just minutes because we are so absorbed with what we are doing. Psychologist Mihaly Csikszentmihalyi refers to this as a "flow state" or sometimes referred to as being "in the zone."

Take some time to think about job tasks that seem to put you in a "flow state." Are these task that are inline with your strengths? If not, you may have just identified other strengths.

Consider experimenting with all this information that you have gathered. Experimenting may lead to the discovery of new strengths or may help us hone existing strengths.

Remember, perfectionism is not necessary. We all have to start somewhere.

Identifying our strengths as individuals will allow us to leverage them to achieve our goals of protecting our most vulnerable Kentuckians from abuse, neglect and exploitation.

Next month we will look in to ways to build on our strengths.

"Use your signature strengths and virtues in the service of something much larger than you are." Martin Seligman <u>Authentic Happiness</u>



Nursing Home Closures and the Impact on Residents Sherry Culp, State LTC Ombudsman

When a facility voluntarily or involuntarily closes, residents may experience transfer trauma or relocation stress syndrome. Relocation Stress Syndrome is defined as physiologic and/or psychosocial disturbances as a result of transfer from one environment to another. It is the combination of medical and psychological reactions to abrupt physical transfer that may increase the risk of grave illness or death. Residents may respond to the stress caused by relocating to a new facility by experiencing depression, agitation, withdrawn behavior, self-care deficits, falls, weight loss, and premature death.

A nursing home may make the decision to close voluntarily for a number of reasons, such as finances or a low number of residents in the building. The Centers for Medicare and Medicaid Services (CMS) may involuntarily close a facility due to poor care or other issues. When this occurs, CMS decertifies the facility from the Medicare and Medicaid program, meaning no reimbursement is given to that facility.

Nursing Home residents with a diagnosis of dementia are at a higher risk of relocation stress syndrome. When faced with relocation, residents with dementia are often confused and do not understand what is happening. Residents may suffer from transfer trauma and be at risk for isolation, depression, anxiety, resistance to care, and similar behavior disturbances. These behavior disturbances may then be treated with certain drug therapies which can have dangerous outcomes. <u>Antipsychotic drugs</u>, when prescribed for elderly persons with dementia, can have serious medical complications, such as over-sedation, confusion, increased respiratory infections, falls, and strokes. Even worse, antipsychotics can be deadly. In 2005, the Food and Drug Administration (FDA) issued "Black Box" warnings for antipsychotics stating that individuals diagnosed with dementia are at an increased risk of death from their use. The FDA has also stated that these medications are not approved for the treatment of dementia-related psychosis.

When a nursing home closes, residents are likely to feel helpless, hopeless, uncared for, powerless and abandoned. Residents who understand how and why they are moving to a new facility can experience transfer trauma that can manifest itself through high anxiety and depression. They may have mounting concerns about what the new facility will be like, if their needs will be understood and met, what will their new roommate be like, what will happen to their clothes and possessions, and will their family be able to find them or visit them.

Cynthia Rudder, PH.D explains in her study report <u>Successful Transitions: Reducing the Negative Impact of Nursing</u> <u>Home Closures</u> how certain policies and practices can be implemented to minimize the negative impact of nursing home closures, including transfer trauma on residents. Rudder points out, "Failure to protect dependent nursing home residents in these crisis situations undermines the entire framework of nursing home resident protections established in federal law." Residents and families should be well informed of the closure process and Residents' Rights. Resident input and choices should be gathered and respected during the discharge process. Communication about the process and options should be clear and accurate. Residents should be given proper notice and time to make decisions over where they move. Residents should be asked what will help them to minimize trauma, stress and anxiety. Residents may benefit from visiting the new facility for a tour before moving. Efforts should be made to help keep roommates and friends together if they want to remain together. Residents should be adequately prepared for and assisted with relocation. All belongings should be respectfully packed and transferred with the resident. New facilities should evaluate residents for transfer trauma and residents should receive counseling accordingly. New facilities should be prepared to comfort new residents, help them adjust, and be ready to meet their needs. Residents may benefit from extra help making their new room like their previous room with comforting items like photos and mementos.

In addition to being well-planned, a nursing home closure plan must be "resident-centered." According to CMS, facilities must assure "...that the residents would be transferred to the most appropriate facility or other setting in terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident."

It is important to try to resolve problems before they become dangerous and life threatening for residents. No one wants to see a facility close. The Long-Term Care Ombudsman helps residents and families to understand their rights, participate in care decisions, and works to resolve problems and complaints about care. Adult Protective Services and the Office of Inspector General also work to protect residents by investigating allegations of abuse, neglect, exploitation, and other regulatory violations. Nursing home closures are serious situations that should not be taken lightly. Residents may be living in difficult and dangerous situations where it is essential that they relocate to a new home. Closure is typically the last resort. Agencies, providers, residents, and families regularly work together to address problems and improve care. It is important to report any suspicions of sub-standard care and concerns to the LTC Ombudsman, OIG and APS to help prevent future closures by getting problems addressed before they escalate and result in a closure.

Contact the KY LTC Ombudsman Program at nhoa@ombuddy.org Visit www.ombuddy.org

The KY State LTC Ombudsman Program is housed at the Nursing Home Ombudsman Agency of the Bluegrass, Inc. (NHOA).



The Bluegrass Elder Abuse/Mental Health and Aging Coalition serves the residents of Clark County. They have had a busy year and here are some of the highlights.

- Welcomed new members from New Vista, Ampersand Sexual Violence Resource Center of the Bluegrass, Life Stance Health and Adult Protective Services. The coalition has continued to meet throughout the year via ZOOM.
- There were plans to sponsor an event in August to celebrate an end to social isolation with speakers, music, and entertainment. However, the Delta variant emerged causing the group to postpone this and several other educational events planned for the fall and winter.
- Bluegrass Coalition created a flyer and shared it via social media and paper copies about reducing social isolation containing resources in May and June.
- Members purchased the WEAAD t-shirts from the Frankfort office, participated in the Walk for Elder Justice and shared via

social media, local newspapers awareness materials. One member was interviewed by a local radio station on June 15th, WEAAD day. Signs provided by the Cabinet creating awareness about WEAAD and elder abuse were posted at all 17 senior centers in the Bluegrass. They also received a card stock colorful version of the Red Flags of Abuse to share with all the home delivered meals clients reaching 1500 individuals.

- Throughout the year information was shared with members and the communities about virtual training events included those about overdose awareness and Narcan administration. the dangers of secondhand smoke, domestic violence and elder abuse and several members attended the virtual conference "At Risk Adult Abuse, Hiding in Plain sight". Information was shared about a mobile Health unit which provided free HIV and Hepatitis C testing as well as multiple other events in the Bluegrass area including the first dining out night for Dementia Friendly Lexington.
- Advocacy information regarding the funding of Elder Justice Act, ARPA funds related to supports for seniors and caregivers and bills of interest during the legislative session including one related to the elimination of the death penalty for the mentally ill.



Confidentiality of Information: How does APS manage this?

Maintaining confidentiality during an APS investigation can get tricky. The worker has to balance the need to preserve the privacy of the victim while also trying to offer protective services to alleviate any abuse, neglect or exploitation that is occurring.

KRS 209.140 states:

All information obtained by the department staff or its delegated representative, as a result of an investigation made pursuant to this chapter, shall not be divulged to anyone except:

- (1) Persons suspected of abuse or neglect or exploitation, provided that in such cases names of informants may be withheld, unless ordered by court.
- (2) Persons within the department or cabinet with a legitimate interest or responsibility related to the case;
- (3) Other medical, psychological, or social service agencies, or law enforcement agencies that have a legitimate interest in the case;
- (4) Cases where a court orders release of such information; and
- (5) The alleged abused or neglected or exploited person.

This law provides guidance to workers on who they are allowed to talk with about a case when a professional entity has a legitimate interest in the case.

The worker may consult with their supervisor and the office of legal services to determine if a professional entity has a legitimate interest in the current investigation.

Once it has been determined that a professional entity has a legitimate interest in a case, the worker will communicate information that is necessary to provide appropriate and agreed upon protective services.

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There may be times when an adult is competent and makes it known that they do not wish for information to be shared with a professional entity, even if that entity has a legitimate interest in the case. If this occurs, the worker will honor their wishes and advise the professional entity of the adult's request.

Once a case has been closed, any requests for information will need to go through the Records Management Section of the Department for Community Based Services. You can access an open records request form by clicking <u>here</u>.