

02/11/2019

Complaint Investigation

3 Hrs. 30 Mins.

Pelham received an email from [REDACTED] Director, that he had a resident with some concerns and thought that the Ombudsman Program may be able to help.

Pelham and Intern Goffin made a trip to the facility (1/30/19) to visit with this resident. Upon arrival Pelham and Goffin met up with Social Worker [REDACTED] informed Goffin and Pelham that the resident with concerns was [REDACTED]. She then explained to intern Goffin some background information. She talked about how [REDACTED] is only still in the facility because it was unsafe to discharge him due to lack of support outside the facility. He is more competent than most of the other residents. She also mentioned that one of his main concerns was wake up time. She then directed Intern Goffin to a meeting room where [REDACTED] joined her.

Intern Goffin spoke with Mr. [REDACTED]. His concerns include:

1. Lack of consistency with wake up times. Mr. [REDACTED] needs assistance to get out of bed. While he was on restorative care, the staff from restorative came in at 9:00 am every day and got him out of bed. He liked this because when they came in at 9:00, he was able to make it to the facilities activities on time. He no longer is on restorative care and was being assisted out of bed as late as 10:45, so he was missing activities. Mr. [REDACTED] told Goffin that a few days ago, they added to his care plan that he was to be assisted out of bed between 8:30-9:30 am. He said that this made him very happy and since this change has been made this problem has improved. However, he stressed that he would like to be assisted out of bed as close to 9:00 am as possible.

2. Lack of Social Activity. Mr. [REDACTED] explained to Goffin that he struggles to find social satisfaction in the facility. Due to the population living in the facility, he stated that he is one of the few that is still competent. This has been very hard on him. He was able to help with activities in the past but due to some complaints, he was no longer able to help. He also reported that he used to host a Bible study, but due to the location of it being right next to the kitchen, he felt like it was not taken seriously. There was always a lot of noise and distraction. He also struggled because some of the attendees were either not competent or disagreed with his Bible study. Due to this he stopped. But he mentioned he would like to try again if things were different.

3. When Pelham asked Mr. [REDACTED] how we could best contact him, Mr. [REDACTED] reported that he does not have personal phone or a phone in his room. He mentioned that he would like to have one in his room if possible.

In the meeting with Pelham, [REDACTED] and intern Goffin, all of these concerns were addressed.

1. It would be stressed to the staff and [REDACTED] to try to assist Mr. [REDACTED] out of bed as close to 9:00 am as possible. But Mr. [REDACTED] mentioned that as long as they were in that hour window, he would understand, but would appreciate the staff getting him up closest to 9:00 am.

2. Pelham and [REDACTED] spoke with Mr. [REDACTED] about the potential of re-starting a Bible study. DeWesse agreed to let Mr. Emery use a more private location for his study. Pelham suggested that he only invite the residents that he was friends with and not make it a public activity. This suggestion was made because Mr. [REDACTED] disclosed he was not comfortable having incompetent residents in his group due to the distraction some had caused in his past Bible study. Mr. [REDACTED] agreed.

3. Pelham and Goffin spoke with [REDACTED] about residents rights to privacy and phone access. Pelham asked if there was any way the facility could provide Mr. [REDACTED] a phone in his room. [REDACTED] said that he would work on seeing if that could be a possibility.

Intern Goffin will follow up with Mr. [REDACTED] to see if he is satisfied with the interventions.

4/9/2019 6:15:06PM