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[00:00:07] **Speaker 1** Sink them. All right.

[00:00:26] **Speaker 2** Are we ready?

[00:00:27] **Speaker 1** Okay.

[00:00:28] **Speaker 2** All right. I'm just going to have you both start with a little bit of what you are telling me. Tell me your names, how old you are and where we are now.

[00:00:40] **Speaker 1** Hi, I'm Dick Oakland. I'm 79 years old, and I'm in Linden Grove City Park on the north side of Madison. And this is my wife, Ludmila.

[00:00:56] **Speaker 3** We are not in the same place, but I am 74 years old.

[00:01:04] **Speaker 2** And you both. And where do you both live?

[00:01:07] **Speaker 1** We live in Wiltshire. Madison, But an assisted living facility.

[00:01:14] **Speaker 2** And close for.

[00:01:16] **Speaker 1** Almost six. Six years.

[00:01:20] **Speaker 3** Yes. Yes. So often.

[00:01:22] **Speaker 1** Right. We've had three owners since we came in 2015. Got it.

[00:01:27] **Speaker 2** Has it always been with Madison?

[00:01:28] **Speaker 1** No, no, it was Brookdale and then it was Elm Croft, and then it was Wiltshire.

[00:01:34] **Speaker 2** Got it. Okay. So what brought you over six years ago to this facility? What? What was kind of your change of life? What. What happened?

[00:01:45] **Speaker 1** We were in assisted living in Appleton, and Lanier's condition began to require more assistance. More than the, ah, CAC would permit. They have a 28 hour per week limit. So she actually got an eviction notice and we had to start looking for a different facility of the CBF variety. And our son had just recently acquired a new job and was moving to in Madison. So we followed him to be with family.

[00:02:28] **Speaker 2** And what was that transition like for you?

[00:02:31] **Speaker 1** It seemed good at first. We had some things to get used to. We I have notes from that time. Um, little tales I wrote down. One was about a man who was a little bit deluded. He told about this guy following him from California, who came in on and during the Christmas party and turned him upside down and pounded his head on the floor. But there were other things. So you didn't know how much attention to paid to him. But one Sunday dinner he'd finished, we did our chicken, which was very good, and he said, Oh, this is just skin. Well, we all had skin from our chicken. After the dinner, nobody looked to see if he had bones on his plate and I didn't pursue it. But as we were heading for the elevator, someone said, That was really good chicken. I got a very nice piece, but the lady next to me just got a piece of skin. And I thought, Roger, I wish I could help you. Not his real name. So we joked a bit. There were times when we'd wait a long time for meals and I coined the term protocol. Oops, We're here to get ready for being dead. And we practiced. So.

[00:03:56] **Speaker 2** Can you tell me a little bit about your condition? You said you have arthritis.

[00:04:02] **Speaker 3** And that's only one of the problems I have. Um, spinal cerebellar attacks. Yeah. Which means uncoordinated. And it, you know, it goes into all your nerves, even your eyes.

[00:04:22] **Speaker 2** Mm hmm. Is it painful?

[00:04:24] **Speaker 3** No. Emotionally.

[00:04:31] **Speaker 2** Does it make everything more difficult to do?

[00:04:34] **Speaker 3** Oh, yeah. Some things I can't do anymore.

[00:04:39] **Speaker 1** One of the peculiar things to me is getting used to the fact that if I hand her something, she might not have a good hold of it when I think she does. And so we've dropped a lot of things. Transferring from one person to the other because we're not coordinated together.

[00:05:00] **Speaker 2** And what did it feel like to be served an eviction notice at your former residence because you needed more care?

[00:05:09] **Speaker 3** It was really traumatic. And 30 days, two more times like a long time. But, you know, it's like tomorrow. And so I didn't like that at all. I feel just awful. Yeah.

[00:05:28] **Speaker 2** Has it been kind of a slow progression of kind of losing some mobility, or did it happen really quickly?

[00:05:36] **Speaker 3** No, it's progression. I've probably been doing it since 15 years, almost.

[00:05:42] **Speaker 1** But pregnancy really brought it into prominence.

[00:05:46] **Speaker 3** Yeah.

[00:05:48] **Speaker 2** And so what made you decide this specific facility when you were moving here?

[00:05:53] **Speaker 1** You know, the one very nice thing about Witcher north is Sure, Madison is that it's just the right size so that there are interesting neighbors and not everybody's just sitting in their rocker all day. And also small enough that there's not a separate wing for the SEABROOK people and a separate wing for the RCC people. I think that at another facility we looked at, she would actually have been in the locked wing because CB RF includes memory care and that would not have been pleasant here were at least in the same building. There's no apartment that we considered big enough for both of us. So she's in about roughly 250 square feet with her own hospital bed and and lift for transfers and her desk for working. But I'm I was interested when we came, I did more baking and had hoped to take piano lessons until I found that they cost about twice as many chairs in Appleton. So I got I've got an apartment. It's about 650 square feet.

[00:07:12] **Speaker 2** That sounds like it would be really hard to not be able to live together.

[00:07:16] **Speaker 1** Yes.

[00:07:18] **Speaker 3** But being in the same building is a real plus.

[00:07:22] **Speaker 1** And so we have meals together all the time. And she can come to my apartment evenings. Watch TV together. Mostly. Mostly PBS. Yeah, absolutely. And so it isn't quite like it used to be. Post COVID, the staffing shortages have hit really hard. We used to have somebody who would come down at roughly the time she was ready to get ready for bed and just take her up to her room. And that was the end of it. Now I'm expected to provide that. Transfer transition Transport.

[00:08:08] **Speaker 3** Transport is expected to do more than ever before.

[00:08:14] **Speaker 2** You are.

[00:08:15] **Speaker 1** Yes.

[00:08:16] **Speaker 3** Mhm.

[00:08:17] **Speaker 1** Because. Well I think I've been asked by some of the aides. Well why didn't you help her into the bathroom. You were right there and things of that sort.

[00:08:27] **Speaker 2** Um, and you pay for as if she was her own resident and you weren't there.

[00:08:33] **Speaker 1** That's the plan. Yeah.

[00:08:35] **Speaker 2** Um, can you just tell me a little bit about the care that you needed? Um, from from AIDS before the pandemic, If you had full staffing, what's a little bit of kind of the routine of, of things that you would need some help with?

[00:08:54] **Speaker 3** Walking. I could no one. I still can't know it even more so I can't. But I couldn't get out of bed alone without help. I still can't. And I make. I didn't have a hospital bed at first. I do now, you know. And it's very good.

[00:09:25] **Speaker 1** But what activities do you need to help with? Yeah, I think that's there more than just transferring.

[00:09:35] **Speaker 3** Putting toothpaste on my brooch, which sounds very silly.

[00:09:41] **Speaker 1** And requires coordination.

[00:09:44] **Speaker 3** Yeah, of course. Being sat on the toilet and getting off the toilet. I use a set of barge to get on and off and it's just harder. And yet it used to be. And now they insist on using a lift at night. Yeah and we covered it. Didn't have do it. I use a slide board to get into bed.

[00:10:18] **Speaker 2** So pre-COVID, can you say that again? pre-COVID, you would use a slide board?

[00:10:24] **Speaker 3** Yes.

[00:10:25] **Speaker 2** What does that mean?

[00:10:27] **Speaker 3** Well, it's a board that you slide your own.

[00:10:31] **Speaker 1** Chambered ins to shove underneath you lift. Yeah, lift the arm of the chair.

[00:10:36] **Speaker 2** And that was better for you.

[00:10:37] **Speaker 3** Oh, yeah. Okay. Uh huh. I felt more control.

[00:10:43] **Speaker 2** And a lift. You don't feel as in control?

[00:10:45] **Speaker 3** No.

[00:10:49] **Speaker 2** Can you talk a little bit about why the lift is more problematic?

[00:10:54] **Speaker 3** Because any little bump you feel and, you know, like one time before they fix the threshold, like boost me from just bumping along.

[00:11:13] **Unidentified** Mm hmm. Would.

[00:11:20] **Speaker 2** So it feels like even the simplest tasks up to the most difficult tasks are changed. Yeah.

[00:11:28] **Speaker 3** Were you. Right?

[00:11:29] **Speaker 2** Uh huh. Um. Does being able to do these things in a way that's comfortable for you, does that, um, and wanting to maintain your dignity is does that feel like that's changed?

[00:11:43] **Speaker 3** Oh, yes. There is no such thing as privacy.

[00:11:50] **Speaker 1** You know? The building actually looks like it was designed for eavesdropping. You know, people walk in the front entrance and there's a nice balcony. And the generation that's moving the older generation in thinks, Oh, isn't that lovely, Mom? And but it just it means that every word spoken down below was heard up above and vice versa. So, I mean, that's one just has to be aware of that.

[00:12:20] **Speaker 2** So can you tell me a little bit more about other elements of care that are different from pre-COVID to now?

[00:12:32] **Speaker 1** Mostly it has to do with the amount of transit provided. Sunday afternoon, she needed some time in her room for some medication after lunch and somebody would always bring her down to my apartment for the afternoon. And then I probably took her back upstairs for supper before that. But people were used to when we were out, we would call the front desk and say, We're about a mile and a half away. Could somebody meet us at the door to help get Lenny out of the car and take her in? And that would be just unheard of. No. So fortunately, the van has the ramp on the side and I can manage, but.

[00:13:28] **Speaker 3** No first ever so much more height. And they feel like they have to, you know, just be aware and defend themselves against every little thing you say who, terror, who and what did they say? When was it?

[00:13:55] **Speaker 2** This feels kind of adversarial.

[00:13:58] **Speaker 1** Yes. Huh. Right. I you know, we started filing grievances in June and early July.

[00:14:06] **Speaker 2** Of 2020.

[00:14:07] **Speaker 1** Or 2021, and we had quite a lot of turnover of management so that we were down to a nurse and a business manager with the only ones remaining from the management and I guess of an activity director as well. But the maintenance supervisor quit the we had no housekeepers and the marketing person had was well, she took over the executive directors position and then found that this was not going to work out for health reasons. And so we were really low on on the management. And then. I don't know. We started in the transitions. We seem to start having turnover faster and faster and faster.

[00:15:06] **Speaker 2** What's the impact on you as residents for high turnover?

[00:15:11] **Speaker 1** Well, you do know who they are. You can't call somebody by name.

[00:15:16] **Speaker 3** Or what you can't do. You have to walk on eggshells all the time.

[00:15:23] **Speaker 1** When more you are at a meal. We have sheets of paper on which to make our selections of foods, sort of like in a hospital. And there are people who consider me condescending if I do something for. And then there are people who think I should be more helpful or are want to want me to answer for her when they say, what would she like to drink? Something like that. And so you're caught in the middle.

[00:15:55] **Speaker 2** Can you tell me a little bit about you mentioned in your in your note that for the number of residents and the number of actual working staff, sometimes those ratios are really off balance.

[00:16:11] **Speaker 1** Yes, they are. And I'm sure that it's largely COVID related and the. Pay pays grade that people have in various assisted living facilities. But there's just not it doesn't seem to be a backup plan. We had in June a an aide for the cook who needed an emergency appendectomy, appendectomy on a weekend morning and could not be there for a day or two. I was amazed she could come.

[00:16:48] **Speaker 3** Back, but.

[00:16:48] **Speaker 1** Nobody could be called to come in. So we had a cook who was almost going out of her mind, wondering how he was going to keep going through the whole weekend. Some of us pitched in to set tables and scrub tables and to do these things. No worries about that. And but we were concerned that he might not last the weekend on the job at night. He had called the executive director at the time who wasn't the one we have now, and he got no call back. I called the same person and got no call back. We had a cook, a man pastor and one or two aides during the day. And at that time we had lower.

[00:17:42] **Speaker 2** For how many residents?

[00:17:43] **Speaker 1** I would say about 50 to 55 at the time. Yeah.

[00:17:47] **Speaker 2** So what does that mean? Does that mean some people need help and they can't get it right?

[00:17:53] **Speaker 1** It meant.

[00:17:54] **Speaker 3** They wait.

[00:17:56] **Speaker 1** Some people be.

[00:17:58] **Speaker 3** Stuck on the toilet for an hour.

[00:18:01] **Speaker 1** You might lie in bed for 2 hours waiting for someone to help you out of bed. One man called his daughter who called the front desk and then got somebody in there. You might have people missing their showers. There are still I overhear conversations in the dining room. Did you get to shower last night? It's still a question as to whether people will get them. It's been resolved pretty much for linear. There's not been a.

[00:18:34] **Speaker 3** Problem just for a twig snake.

[00:18:39] **Speaker 1** No. Yeah. And also, we had an incident that had quite a major impact. I thought, when a mad passer could not find childcare again, I think it was a weekend morning. There was no back up plan, even though a management person was in the office that day. And it's someone who had passed medications before but chose not to get involved. Did find accept, of course, to find a substitute eventually. But when 8:00 meds come at 1230 or one or 115, that is really a delay. Oh, wow.

[00:19:23] **Speaker 2** Okay.

[00:19:24] **Speaker 1** There was an even a case of doubling up. You know, you're you're almost due for your 2:00 Tylenol. So we'll give that now to as well as the 8:00 Tylenol. So that's I don't think that's practice.

[00:19:40] **Speaker 3** You just cannot do that.

[00:19:43] **Speaker 2** You mentioned verbal abuse.

[00:19:47] **Speaker 3** Less because they're just scared of their shadow. Yeah. Um, at times they'll call you rude if the tone of your voice it's wrong.

[00:20:03] **Speaker 1** And you.

[00:20:04] **Speaker 3** Don't mean anything.

[00:20:06] **Speaker 1** As problems with tone of voice. There have been a couple of incidents that I have not witnessed, but I've assisted a resident in reporting and one involved an argument between two staff members at supper time, and it was getting quite heated. It was in the serving area and there's a man who is non-verbal. He can communicate vocally but non-verbally. But when he goes up to the entrance and raises his hands and and vocalizes, we everybody knows what he's saying and something to the effect of aren't we supposed to get fed to here and can't this wait he was told is the one person called his name and said you go sit down and shut up. And a similar event. Assurances. Well, it was the same person on breakfast after breakfast went to two of the women who were lingering at the table and said and took their cloth napkins away from them and said, Eat those eggs, hurry up. And then she wait, stood there and waited of a little while. Again, I was not witness to this. I have reliable source and then went about disinfecting nearby tables with a spray disinfectant. Even though there were there were other people in the area as well.

[00:21:55] **Speaker 3** Would something soon get done or worse to be done? Some of the disinfecting didn't get done because there wasn't the time staff were.

[00:22:09] **Speaker 1** Getting a lot. I mean, this is a change of subject, but we're getting we're using a lot of Styrofoam and other plastic now and paper plates and wood. Most of us really don't like to be associated with practices like that. And so but again, it seems they don't have enough people to run the dishwasher, apparently. But verbal abuse, I have.

[00:22:37] **Speaker 3** Well, then the cooks come round and he let's not everybody loose conversation.

[00:22:45] **Speaker 1** He he seems to blame me for the trouble we have. He knows I've failed grievances. The state has come in. One inspector talked to the two of us for an hour and a half and then later Post sent a letter with violations. The section numbers and paragraph numbers which none of us could understand. And it was only posted for a couple of days or so. We never did get to track down what was going on. But this person who's the cook. Has told me more than once that if. That if an inspector comes in one more time, we'll close down and he'll lose his job. And do I want that on my conscience? No, my grievances have really not mentioned him. Except possibly. No, I don't think any grievance has mentioned him, some of his staff. But he has gone so far as to try to convince me as to hand me copies of orders he's placed with Cisco and show me how many things were out of stock. Well, if that's the case, I you know, I have no gripe against him for for doing that. There have been times when it really seems like things are stretched, a bits like there might be butter somewhere in storage, but we don't have one on the tables. And then the next morning, it appears. Finally, after about three days and. But I and this morning I believe he said to me, So I was talking to two others. You go ahead and talk. I like to listen to your your your troublemaker or some name, some turn like that.

[00:24:49] **Speaker 2** So. And you feel threatened.

[00:24:51] **Speaker 3** Oh.

[00:24:54] **Speaker 1** No, no. Really, Seriously. Although we've come to our standard greeting on departure is not necessarily Have a good morning, but take care or stay safe. And so we kind of. Half jokingly. You think that there are. That's a possibility. We've heard also of cases of people hearing their next door neighbors in their apartments calling for help and seeming to be ignored for a long time. It might be somebody who complains a lot or is always calling out, but, you know, if you let them move in, that's the consequence you might have is that they demand a lot more. But you still need to be able to rule out that there's real trouble.

[00:25:45] **Speaker 2** So it seems like there's the glut happening.

[00:25:49] **Speaker 1** I think so. I mean, you've definitely experienced long waits on the toilet and long waits for some medication and a refusal to even apply the external topical pain medication properly, according to doctor's orders.

[00:26:08] **Speaker 2** And what do they say when you ask them to do it correctly?

[00:26:13] **Speaker 1** I think I'm not there. But yeah, you kind of shrug it off or no.

[00:26:19] **Speaker 3** You know, this person doesn't like to talk to you at all.

[00:26:26] **Speaker 2** So nothing you mention, you don't know their names.

[00:26:30] **Speaker 1** We do know her. Her name? Yes. You've reported her. Oh, many times to the nurse and to the previous executive director and to the reporting to the new executive director, I think brought results in some fashion. Yeah.

[00:26:47] **Speaker 3** So they don't have so much dealing with it.

[00:26:50] **Speaker 1** Somebody else takes care of certain names.

[00:26:54] **Speaker 2** So it seems like it takes a lot of, um, a lot of squeaky wheels to make anything happen.

[00:27:01] **Speaker 1** Right. And there are, there are people who seem just not to get over anything. I mean, I. Got in trouble with one staff member even before I knew of the time I got in trouble there. And I just think that all she's done about it is is put others against me as they've come on board, too, because there are people somebody this morning had her name tag upside down and had her lanyard covering up part of it so that nobody could figure out her name. I don't.

[00:27:40] **Speaker 2** And has that happened a lot?

[00:27:43] **Speaker 1** There have been a lot of lapses on wearing name books that very much. Yes.

[00:27:50] **Speaker 2** And so it sounds like there's a lot of lack of rapport, right?

[00:27:54] **Speaker 1** Yeah. And I try to get acquainted. And and so I started once by asking, well, what's your name? And there was just no answer at all. And when she left the room, I was told by another worker that we don't have to tell you our names. Hip hop protects us just as much as it does the residents.

[00:28:16] **Speaker 2** Really.

[00:28:17] **Speaker 1** And that was her statement. Our new executive director has denied that that is true. So but that seems to be the attitude they have. And I just feel that she has she doesn't want to even speak to me and doesn't want her friends to be there, I guess. But yeah, I think people I think they're afraid to of something happening. I'm not sure why, but.

[00:28:51] **Speaker 2** And what incidents have you reported?

[00:28:58] **Speaker 1** I have reported that I. To the to the state. Yes, primarily the incident where we were so shorthanded back in June. An incident. In. I can't remember really all of them, but.

[00:29:21] **Speaker 3** To. To.

[00:29:21] **Speaker 1** For. Yeah. And. I think, Oh, yes, there was a time when no one was there for at supper time. No one showed up for the first 15 minutes. Some of us who had only two or three weeks before helped set the table for the cook we had then were decided we could find the cloth napkins and the placemats and stuff, so we set the table. Nothing was on the tables. There was no one around to ask about this. And then. About 15 minutes later than we should have been served. We were told all the coke ordered out for pizza and you'll have it on paper plates. You won't need silverware, you know. So we put back some things, but there was no communication. There's and no backup. Nobody around to let us know what's going on.

[00:30:24] **Speaker 2** Do you feel cared for? No.

[00:30:30] **Speaker 1** You know, by by a couple of people. You know, though the housekeeper doesn't chew me up from.

[00:30:40] **Speaker 2** But other than that, well.

[00:30:43] **Speaker 1** You know, a couple people I think are nurses is doing fairly well.

[00:30:49] **Speaker 3** And he's just so busy.

[00:30:51] **Speaker 1** Right. We've had management working such long days. I know there were two or three here at 8:00 last night and back in the office this morning.

[00:31:04] **Speaker 2** What do you wish were different?

[00:31:07] **Speaker 1** There are times I wish that Governor Evers would activate the National Guard to staff facilities like this and perhaps do the trucking for the food companies and some of the factories stocking for that warehouse stocking and make sure that places like this don't close. I can't imagine. I mean, I feel like the next the next facility is a bridge to be under. So yes.

[00:31:48] **Speaker 3** And this probably should have said earlier, but we think they'll even be retribution. Coach, talk to you.

[00:32:01] **Speaker 2** What are you what are you afraid of in terms of retribution or or retaliation?

[00:32:06] **Speaker 3** Eviction? And that would.

[00:32:15] **Speaker 1** Moving is, to me worse than anything. Know, if you're down to where you're in bed all day and people come in and wash you and feed you, moving sees you, I mean, they just pick up you transfer you to a pallet or a gurney and roll you away and you're moved. But it's not for people who have lives who are trying not to be proto corpses.

[00:32:49] **Speaker 2** And it sounds like there's a lot expected of you because you still have mobility.

[00:32:54] **Speaker 1** I think so, yes. Another little thing is that oftentimes. I put my laundry out at the scheduled time on Thursday evening and in the morning. It's not in front of my door, but it very often is in the elevator right next door to me. And so sometimes I'll grab it before I go to breakfast and sometimes I won't. But, you know, it's just a I think a slight one could call it a slight I suppose. But it's, it's you know, and there's so many little things that are just not worth mentioning, but yet we have this game we play when we sit down at the table. Does one of your pieces are silver a match, one of anybody else's at the table? Because you're it's it's like goodwill store silverware. Something. I mean, it's this I would hate to bring a guest into. Try to ah a person and to try to convince them to move here because just the appearance of the table settings and soup spoons and iced tea spoons. Tablespoon serving spoons can be on there. I even had a one tablespoon measuring spoon for my supper one time.

[00:34:23] **Speaker 2** How much do you pay to live in this facility?

[00:34:28] **Speaker 1** IP $3,295 a month, and last I heard, $6.05 a day went for food to some. But that was on my tax report. Land tax. You know. State tax, I forget. And that's just me. Yes. No, Lanier's was more until Medicaid picked up. And it was only then that we learned that Medicaid apparently is for medical aid only, not room and board. Okay, so they have determined an amount which is almost all over Social Security. And that's what she pays to the the Medicaid services provider who then pays.

[00:35:26] **Speaker 2** Which are so prior to Medicaid, how much? Well, then you have to pay.

[00:35:35] **Speaker 1** I think it was in the neighborhood of 3700 something a month. It's something I could look up.

[00:35:42] **Speaker 2** And now with Medicaid, it's how much it's sure.

[00:35:49] **Speaker 1** I think it's 673 because for the room and board and then the medicals. Costs are provided because it's basically her Social Security payment, -$100.

[00:36:11] **Speaker 2** If you had known all of these things, would you have chosen this facility?

[00:36:19] **Speaker 1** Being in the same building. Always an awful lot. I don't think there are. Well, it's a very pleasant area. I used to say my favorite thing was the orange juice, but still. But the fact the size of the building, the size of the operation is really works to our advantage. And. You know. I think I lost track. And part of the question that's happening more and more as a pro.

[00:36:51] **Speaker 2** So would more stuff make a difference if that was the issue?

[00:36:57] **Speaker 1** Oh, I really believe so.

[00:37:00] **Speaker 3** I mean, have to just do the minimum and then worry about getting written up to something.

[00:37:10] **Speaker 1** And I think there ideally there'd be some time for some discussion, maybe a work group with the executive director and a fourth of the residents at a time with several of the staff. And I think they had to get acquainted, meaning for staff only a few weeks ago. But it would be nice if we could learn more about the people who are helping us and vice versa. I mean, there are times when. Occasionally when a staff member will say, Oh, you do this, or you go there or you've been to whatever. We've all had interesting lives, I think before coming here. I think I talk about real life. You know, real life was interesting for.

[00:38:05] **Unidentified** Many of us. But. Perhaps have to do.

[00:38:14] **Speaker 3** Some work home and garden.

[00:38:17] **Speaker 1** To do would have more common friends. Yeah, but shoes off. Well, I think later maybe.

[00:38:24] **Speaker 2** Um. You were saying, you know how much the staff is paid.

[00:38:30] **Speaker 1** We've heard $10 an hour for the caregivers, a little more for kitchen helper cooks.

[00:38:39] **Speaker 3** More food pass meds.

[00:38:41] **Speaker 1** Oh, right. Yeah. Because that.

[00:38:43] **Speaker 3** Specialized.

[00:38:44] **Speaker 1** There are special skills for that. Yes.

[00:38:51] **Speaker 2** Do you feel safe living here?

[00:38:56] **Speaker 1** One big fear is fire. Because so many wheelchairs and otherwise. Incapacitated or reduced. People with reduced capabilities are on the upper floor with just elevators and stairs to go on. And. Concerns me that there's not some sort of mechanical device that could be operated the way things operated a hundred years ago to. Help people like a a stair chair that's, you know, whatever with cogs and whatever. But we've been assured that, you know, the fire department and there is a plan. The fire department would bring lots of people in case fire and they would be here in 3 minutes or whatever it takes are pretty close and that they know that they would have to physically help many people out of the building.

[00:39:59] **Speaker 2** When you made your initial reports and the state did come in, was that when it was still mixture?

[00:40:07] **Speaker 1** Oh, yes. It's been wheelchair for, I think most of this year or perhaps longer, I don't know.

[00:40:14] **Speaker 2** And has there been you said you don't know what happens after they said, oh, there are these violence.

[00:40:22] **Speaker 1** Yes. Right.

[00:40:23] **Speaker 2** We don't. Is it frustrating that you don't have communication from them or from the leadership staff?

[00:40:31] **Speaker 1** Yes. I. I believe that our new executive director has really good intentions and wants to hear our thoughts. She's accomplished some things in a physical way.

[00:40:48] **Speaker 2** No.

[00:40:49] **Unidentified** Oh. Silence from.

[00:41:12] **Speaker 2** So do you wish there was more communication from the state or the staff?

[00:41:20] **Speaker 1** Really the state. I think that I was disappointed that they had. There. Their findings buried in statute numbers and paragraph numbers without making it clear at all. One of her sisters volunteered to do some research online if I could get photos of the letter. But it was gone by the time I got there. I did ask I did ask the receptionist about getting a copy, but then I never did. So. I don't know. I just get the feeling that maybe they really don't want to share that. I've been disappointed that my email to our ombudsman over in the State Ombudsman program has not been answered in a week. That seems quite unusual. I did get an automated computer response saying she was out of the office for the rest of the day, so I believe she's still employed there. I do. I just feel like our executive director has been so very, very busy. No. I was mentioning a couple of improvements she's made. There are new thresholds in some of the apartments between the bathroom and main room, so you can get over the threshold more easily. We have all of our light fixtures in the dining room, have at least one bulb in them. They're floor old fashioned fluorescent fixtures. I think we are the last remaining customer for the last remaining supplier or something like that. So.

[00:43:06] **Unidentified** Well, yes. Mm hmm. Is there anything else you should know? So we're in a noisy neighborhood that. Is there anything else that you want to add about? Can we take it down? But how does this car feel?

[00:43:36] **Speaker 1** How does what?

[00:43:37] **Unidentified** How does all of this make you feel? Oh, yeah, sure. It doesn't take as long as long live cattle feed. I feel like I'm in some.

[00:43:58] **Speaker 2** Planet Star Wars, you know?

[00:44:03] **Unidentified** I like. Thrilled. Are you getting too warm? No. Okay.

[00:44:32] **Speaker 2** So how does all of this make you feel as not only this is your home, but this is an expensive home? Yes. And you're human beings that need care and you're in vulnerable positions. How does it all make you feel?

[00:44:50] **Speaker 1** I am very stressed.

[00:44:53] **Speaker 3** Oh, yeah. The stress level. Horrible.

[00:44:57] **Speaker 1** There are people who don't come to the dining room anymore because of the stress level, and a couple of people have moved out, maybe more.

[00:45:08] **Speaker 3** There are the cooks, and it's going to be just because of that. Right.

[00:45:14] **Speaker 1** And yeah, I mean, I. Talk to a counselor about once a month and. But part of it is my own doing. I guess if I talk to people or if I learn that something awful in my mind has happened, I will do all in that, even if I don't. Even if I'm not part of it. No wonder what what I can do. So might reaching out to you is something that has been waiting for months, really? Because we first reached out to the management we had in June and July and then reached out to the state and then and also tried to keep our ombudsman abreast of things. And I've had it in my mind to contact you for quite some time. But it's just that any one of those things is enough stress for just about the whole day.

[00:46:21] **Speaker 2** Well, you won't, you.

[00:46:22] **Speaker 3** Know, terribly stressed, but at least my blood pressure hasn't gone up. Why do some people.

[00:46:31] **Speaker 1** Yes, I know.

[00:46:33] **Speaker 3** You know, it's really affecting health now. And, you know, you can tell everybody is stressed. No, I just. Residents and staff too. And the kitchen staff. Everybody. Yeah.

[00:46:54] **Speaker 1** You get it?

[00:46:55] **Speaker 2** We're going to get that.

[00:46:56] **Speaker 3** The Navy. Go.

[00:46:58] **Speaker 1** Yeah, but you're. My blood pressure was up high yesterday. You. Maybe 25 to 30 points higher than it used to be. And but her clotting time is.

[00:47:14] **Speaker 3** Yeah.

[00:47:14] **Speaker 1** Way bounces way around because the diet is not consistent because we have for a couple of weeks had an awful lot of iceberg lettuce for vegetable and it's getting better. But, you know, tomato juice doesn't help a whole lot. And so it is having health effects, maybe not.

[00:47:38] **Speaker 2** Something they're taking for granted that your medication and your food are really, really important aspects. Yes. To your physical health and then your mental health is also being affected. Yeah. And that seems to be affecting your physical health as well?

[00:47:52] **Speaker 1** I think so, yes. Apparently the blood pressure is it's kind of a circle there. And I think. You could probably pick another facility similar to this at random, and they'd have many of the same problems. I mean, I don't know. I mean, some pay more. They're going to be better off. Some pay less even, I guess. Yeah, but we've lost so many good people. That's that's that's hard to deal with. We've had good staff and they're here for a few weeks and then, Oh, my goodness, what happened to. For him.

[00:48:37] **Speaker 2** Is there anything else you want to add just about your personal feelings, other incidents you can think of?

[00:48:48] **Speaker 1** I don't think so.

[00:48:53] **Speaker 2** Oh, the only other question I had was you mentioned that a lot of patients have memory care. Does that.

[00:49:00] **Speaker 3** Memory from.

[00:49:01] **Speaker 2** Memory loss and do these problems have a have an impact on them?

[00:49:08] **Speaker 1** Well, at this point, we are fortunate in not to have anybody who really seems to be seriously in trouble with their memory issues. We don't. We once did have a person who crawled into Linnaeus bed. That was years ago. We once did have a person who collected papers left outside apartments, but she's been out a couple of years, a year and a half or two. I would say there might be some people who have more memory problems than they are willing to admit to. I'm the first to admit that I have trouble getting through a sentence sometimes.

[00:49:51] **Speaker 2** Do you still want to live here?

[00:49:53] **Speaker 1** I do, because again, the moving is just worse than anything, in my opinion. I just of feel.

[00:50:01] **Speaker 3** The area can be beach. It's a beautiful area.

[00:50:08] **Speaker 1** And I. Go ahead. I lost it.

[00:50:11] **Speaker 2** Hmm. Do you fear any mistreatment if a staff member were to to see this?

[00:50:21] **Speaker 1** I'm getting shunned by some now, and I don't think it would help.

[00:50:28] **Speaker 3** Little things like being served glass in the dining room or being served a smaller portion.

[00:50:36] **Speaker 2** Really.

[00:50:37] **Speaker 3** Really well. And I still do that to me especially.

[00:50:44] **Speaker 2** Oh, my goodness.

[00:50:45] **Speaker 3** I know. I have my appetite.

[00:50:50] **Speaker 1** But, you know, I I'm trying to try and overcome these breaches of confidence and trust, and I don't know what more I can do. Like, I can't I can't name names because they won't share them with me some more. Sometimes. I will say one other good thing I learned I had had some surgeries in 2010 and 2011 and was still having some problems. When you have colon surgery and a kidney removed, you've got adjustments to make. And so she's in a lot better health now than she was five years ago. That's good. Yes. She may not be having a better life. But.

[00:51:42] **Speaker 2** But is there anything else you want to add when you know? Well, thank you.

[00:51:49] **Speaker 1** Thank you. Marissa. It's been wonderful to have you come visit with this.

[00:51:55] **Unidentified** Mike, do you want us?