

Nursing home issues on rise

By Marian Hubbard Jefferson
Special to Sentinel-Voice

DALLAS (NNPA) - In nursing home residential facilities, incidents of patient neglect and abuse are on the rise. There are also reports of problems with funding and staffing which, taken together, show that there is a definite correlation between problems with staffing, the need for increased liability and more frequent occurrences of neglect and abuse.

Numerous complaints have been launched against nursing homes and care facilities across the entire healthcare industry. And as a result of increased reports of abuse and neglect, lawsuits are steadily increasing.

Thirty-six states have passed "bill of rights" legislation. And with respect to nursing homes, 31 states now allow for bringing lawsuits for violation of a patient's rights. Texas was the first state to pass a patients' bill of rights in 1997, giving patients the right to sue managed care plans in courts if denied medically necessary care.

In 2003 the state legislature passed Texas Health & Safety Code, 242.501, amending the current code to address the rights of nursing home residents.

While abuse is often thought to be physical in nature, abuse in nursing homes can occur in many different forms. Abuse can be improper or inappropriate use of restraints, failure to feed or give water, failure to bathe, improper care resulting in pressure sores or allowing a patient to lie too long in a soiled diaper or bed linen. These are called activities of daily living and most nursing home residents need assistance with these at some point in their stay.

According to Thomas Day, director of the National Care Planning Council, for every 100 elderly patients in a nursing home in a given year, 38 will recover or stabilize so they can be discharged. But they will be replaced by 38 new patients needing care. Ninety percent of these patients are age 65 or older and need help from nurses, doctors, physical and psychological therapist, and other specialist and direct care workers to ensure patient stability of health — mind, body and soul.

Sadly, many of these patients will never recover to the point where either they or their loved ones will be able to care for them. And still for other patients, there is no one to care for or advocate for them but employees of the residential nursing home facility.

Ultimately, patients who do not discharge home will either die in a nursing care facility or be discharged to a hospital where they will die.

Prior to 1997, nursing home facilities could count on full reimbursement for services rendered to patients. Since that time, Medicaid will usually cover 50 percent while Medicare covers approximately 12 percent of the daily cost of a residential stay. Most states make up the difference for dual eligible patients (those covered both by Medicaid and Medicare). But, in Texas, those who deliver nursing home services to the elderly receive less in reimbursement per resident and often pay more in liability insurance per patient. (Rates have increased in some cases 1,000 percent and might cost as much as \$6,000 per bed per year.)

If a patient's Medicaid and Medicare coverage does not cover the entirety of their stay, patients will have to pay out of pocket using personal assets (homes, life savings, jewelry etc.); sometimes, relatives and other family have to help sustain their loved ones by using their own monetary resources.

According to a review of nursing home practices, Day states that if a nursing home is losing money, it may make up the difference in charging nursing home residents higher daily rates. Another method used to make up the difference is cutting back on direct care workers, which include specialists, nurses and other workers. This can have devastating effects on nursing home staff and the patients' families. More important, it has a great effect on the patients who may be forced to endure extreme episodes of humiliation, isolation, loneliness, helplessness, hopelessness and despair as a result.

Marian Hubbard Jefferson writes for the Dallas Examiner.

Baptist Congress joins AIDS push

Special to Sentinel-Voice

ST. LOUIS (NNPA) - The National Baptist Congress of Christian Education will host its third annual health fair during the National Baptist Congress Convention in St. Louis June 18-22.

The health fair and screenings are scheduled for June 19-20. This is the first time that the National Baptist Convention will offer full medical screenings for the over 45,000 national delegates attending the conference.

Dr. R.B. Holmes Jr., president of the National Baptist Congress, has issued a collective call to action for Baptist ministers to mobilize efforts and increase health and HIV/AIDS awareness within their respective congregations.

"The Congress is the teaching arm of the National Baptist Convention USA Inc.," said Holmes.

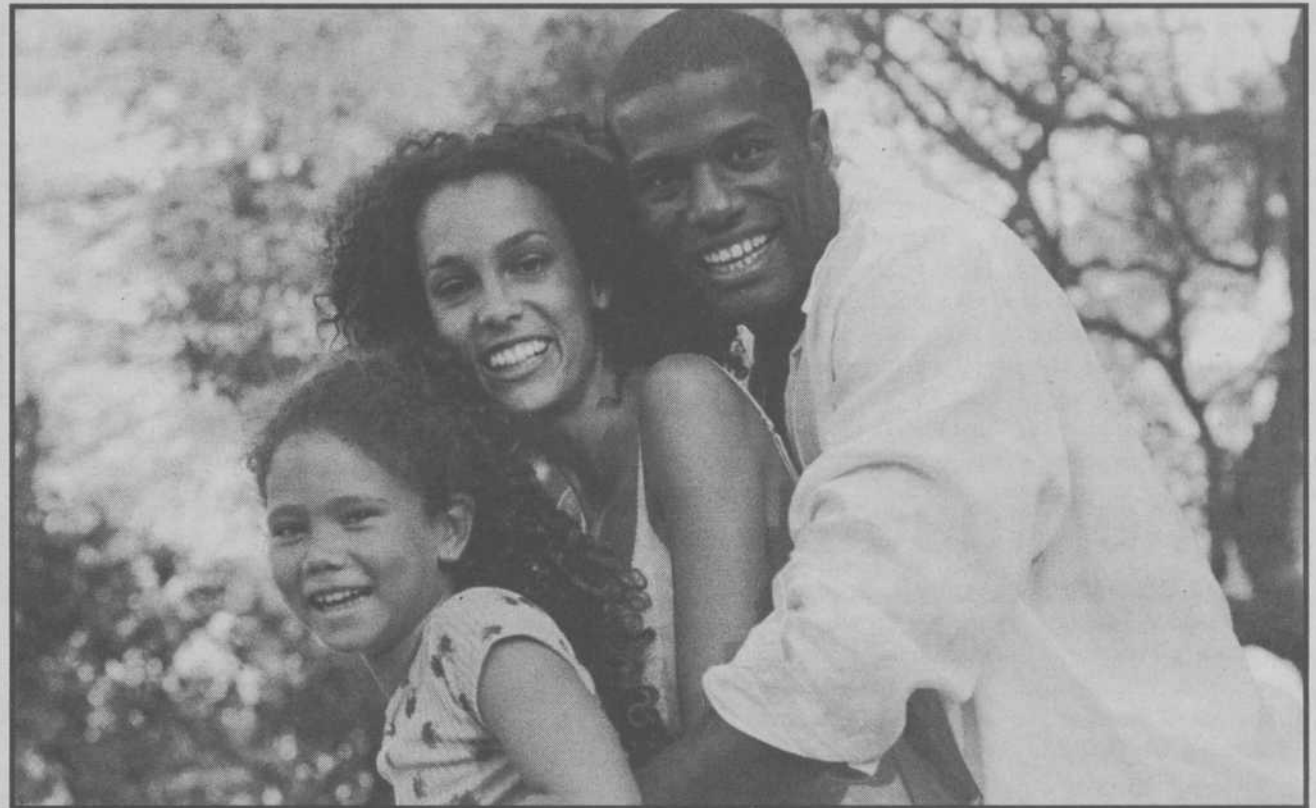
"Each year for the past 102 years, we have brought together thousands of Christian educators and workers to

teach them techniques and methods to improve their respective ministries in local churches. However, their ministries will not reap the full benefit of their training if they are not physically fit or their life is cut short because of poor health. We are striving to develop skilled Christian workers and healthy ones as well."

The health fair screening effort will be provided in partnership with the National Physician and Family Referral Project. HIV/AIDS will

be a major focus of the conference, beginning with the first-ever National Baptist Congress AIDS Awareness Conference on June 16 and ending with the Role Model Awards Dinner on June 21.

According to Washington University in St. Louis, the Centers for Disease Control's last report in 2004 ranked St. Louis the 24th worst area in the nation for HIV rates. That amounts to 217 newly reported cases that year and nearly 7,000 people living (See Screenings, Page 19)



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Mosquitoes aren't just a nuisance; they can carry West Nile virus and other diseases.

Take these steps to reduce your risk:

- Avoid bites and illness by applying insect repellent to exposed skin when mosquitoes might be present. When possible, wear long sleeves, long pants and socks. Be aware of peak mosquito hours at dusk and dawn.
- Clean out mosquito breeding grounds on your property by draining standing water. Install or repair screens to prevent mosquitoes from getting inside your home.
- Report dead birds, stagnant swimming pools and mosquito problems to the health district online or by calling 759-1220.

If you have questions, call the health district's Mosquito Control hotline at 759-1220 or visit our website at www.SouthernNevadaHealthDistrict.org/mosquito_control/index.htm.



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