

Hello I am Pamela and I want to tell you about Robert Boden, my husband. Bob suffered a severe traumatic brain injury (TBI) in August of 2012 that has left him not able to stand, walk, turnover, swallow and difficulty speaking.

Because Bob is unable to swallow he has a PEG tube. A flexible tube is placed through the abdominal wall and into the stomach so that he can receive nutrition, fluids and medications. A PEG tube remains as an open direct pathway to the internal organs. Certain exact steps must be followed when supplements and medication are given.

Bob receives medications that have strict parameters therefore, it is absolutely necessary to take his blood pressure directly before each and every time medication is administered.

It is imperative that anyone that has direct contact with his PEG tube must thoroughly wash their hands and use sterile gloves before direct contact.

Check the tube placement using a stethoscope and syringe with air in it that is forced thru the tube while you listen to assure that the tube is still in the proper placement.

Using the same syringe you have to find out how much residual is still in the stomach as to not overfeed and cause pulmonary aspiration.

Using the syringe you flush the tube with water to be assured it is free of clogs and clear of stomach fluids.

Proceed slowly with the bolus feed followed with water flush.

The medications are given at the same time the tablets must be crushed and mixed with water and then flushed with water.

The liquid medications are also flushed with water.

These steps require approximately 40 minutes and Bob requires feeding and medication 5 times per day.

I am explaining this so that you might have better understanding of two things, the importance of these steps and the amount of time required to properly complete these steps.

Bob has been a resident of this Kansas City, Kansas facility for two years now and in this amount of time I have witnessed weekly serious medication errors. Bobs medications have been hours late, not given, or the facility not having his medications or food at all for several days.

Bob has very high blood pressure, congestive heart failure, an enlarged heart, severe diminished lung capacity due in part to a permanently collapsed lower lung lobe as well as a permanent ventricular

She came to the room and looked at it and came to the same conclusion that I had. When I asked the nurse what the protocol was for insuring that when equipment was placed on a resident for oxygen deprivation that that equipment was functioning? She said it was a rented unit so they did not ever check it and that the rental company came out on a bi-monthly basis to service it. I placed a phone call to the administrator to ask why they did not have any failsafe to keep such an occurrence from happening she said she was not aware that they did not have any procedure in place. The next day upon my arrival I found Bob not responding well and very lethargic, I went to find the nurse so I could ask how long he had been that way and why had I not been called? She stated that she did not observe anything wrong with him when she was in the room several hours earlier. I let her know that something was definitely wrong and that I thought he needed to be transported out to the hospital. She disagreed but said she would place a phone call to the Doctor and ask him what he thought. The Doctor informed her that if I wanted him to go to the ER then to have him transported. I was also told that if nothing was found to be wrong with Bob that I could be held responsible for the entire bill. I let them know that regardless I did want him sent in to KU Hospital. At the hospital it was determined that he had suffered another stroke and he had another seizure while at KU hospital. This time he was hospitalized for 6 days. Again this situation was completely avoidable and costly to Dqdø'j gcnj "cpf "O gf læctg"ceeqwpv.

Bob has had his PEG tube ripped out twice while the staff has been handling him, the result of that is another trip to the ER to have a specialist replace the tube and then a series of CT scans to insure the proper placement then the careful watch for days to insure that it is not getting infected and not to mention it is a **very painful** experience as well as expensive and harmful to Bob.

Bob had developed a fungus growth inside of his PEG tube and had to be sent in to the ER to have it replaced that was also avoidable if sanitary procedures had been followed and again costly for both Bob and insurance.

The most recent trip to the ER was due to the fact that they fed him food that he is highly allergic too and causes an anaphylaxis shock. I discovered when I arrived they had already given him two cans.

Bob has even gone without food for two days due to the fact his supplement was not ordered.

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Three of his five daily feedings

Blood pressure and oxygen readings before I administer his medications.

Three of his four daily breathing treatments which consist of two medications given thru a nebulizer that take about 12 minutes each with a required 10 minute minimum break between treatments.

Change his briefs and toileting

Daily shower

Dental hygiene

Shaving

Fingernail trimming

Hair washing and grooming
Weekly weight check.
I get him ready for bed every night

I also make sure to collect all necessary supplies that he will need and put them in his room. I do all of his personal laundry set his clothes out every night for the next day. Even with all of my help Bob is not receiving adequate care. Bob is not able call out for help and most of the time unable to push a button or realize that he does need help.

Bob has a roommate that was found unresponsive in the morning and went out on a 911 he was just returned to his room when I had arrived. The gentleman was put in bed at 11:00 AM and no one came in to assess him, change him or to take him to eat. At 4:30 PM the social worker came in and woke him up to ask him if his daughter could have Power of Attorney for him at that time I informed her that no one had been in to check on him she checked his brief and found that he was soaked thru, she had an aide come in and change his brief but nothing else was done for the gentleman. When I left at 5:45pm a nurse still had not been in to check on him and he had not been given any food. Dinner is served at 5:00pm.

There was an occasion where a wheelchair restricted resident could hear from his bed another resident screaming for help that went on for several minutes before he then heard a crash. That resident managed to get himself out of bed and into his wheelchair to go across the hall and found the resident had turned over his wheelchair was in the floor having a grand-mal seizure he went to locate a nurse. When the man saw that they just put him in bed he told them that they needed to call 911. They waited about an hour before that call was made.

One of the worst incidents involved another resident rolling herself around the hallway in her wheelchair with an open bleeding sore that she kept wiping with her hands then touching the wheels cpf "tcklpi 0Kxg"dgpp"qrf "vj cv'vj ku'tgulf gpv'ku"J KX'r qukkxg"cpf "pqvj lpi "y cu'f qpg"vo contain the spread of contaminated fluid until I brought it to their attention.

In my opinion almost every one of the situations I have shared with you was avoidable if proper care had been given to my husband and others in this facility.

I would move my husband to another facility but I have toured most of them and you find the similar problems occurring in all of them. Granted some are worse than others. I keep my husband where he is because it is close to my home where I can get to either my husband or my father whom I also care for, within a few minutes. This affords me the time to see that both have proper care.

In closing I challenge you to do what is right and pass bill 2201.

Think wj gp"{qw] gct"vj g"ucvgo gpv'vj g{"f kgf "qh'pcwtcncwguö"I ask you to question it! I truly wonder how many die from pure and simple neglect.

Sincerely, Pamela and Robert Boden

Pamela Boden, Kansas City, Kansas, February 16, 2015