

Dr. Peter Reed, Chair
Task Force on Alzheimer's Disease (TFAD)
Department Of Health and Human Services
Aging And Disability Services Division
3208 Goni Road, Building I-181
Carson City, Nevada 89706
RE: Proposed Recommendation – "Choice in Care and Care Setting"

Dr. Reed:

On behalf of our nursing facility and assisted living facility membership we thank the task force for their time working on behalf our those living with dementia and related illnesses throughout our state.

I am writing this as public comment for the upcoming Task Force on Alzheimer's Disease meeting (11/15/22) where the task force will discuss a proposed recommendation entitled, "*Choice in Care and Care Setting*". I am unable to attend the meeting because of a conflict and am hoping this letter will allow further conversation on the issue.

Many of the residents we represent have dementia and our caregivers work to provide the best care possible for them. We are concerned about some of the language in this proposed recommendation and those concerns are below.

The idea of widespread involuntary admission to locked long term care would certainly be concerning if true. There do not appear to be any studies or statistics supporting the claim. Rather, there appears to be a misunderstanding of both the steps taken to determine that a resident should be placed in a secure area of a facility as well as the safeguards in place.

The draft recommendation appears to assert that a single physician on a single day could deem a resident appropriate for a secured treatment facility with no possibility of that decision being questioned or changed. There is no discussion of the evaluation process, or the criteria typically used to determine whether a resident may be appropriate for a more secure environment or the conversations with the resident, family, caregivers, and other individuals to determine what the least restrictive environment may be.

While the resident may not *choose* memory care on their own volition, it is unlikely that physicians or families are recommending or requesting memory care unless absolutely necessary. Memory care is more expensive, it is difficult to find placements, and generally not a first line of defense. Residents must have an appropriate medical diagnosis for admission to memory care and other safeguards are available – including the Nevada Ombudsman's office – for investigation and intervention if a placement is brought into question.

It is worth noting that although a memory care facility is "secure," residents and families continue to have freedom of movement, including the ability to leave the facility for periods of time, and residents may demand discharge. Some of the language in this recommendation does

not match Nevada law. In California, there is a system for appointment of a medical guardian or conservator to identify a decision maker. Nevada law allows power of attorneys or other designated individuals to make these decisions. Just as a resident's spouse or power of attorney may consent to admission, the same individual may consent to admission in a memory care unit.

Even the Nevada Department of Health and the Nevada Revised Statutes recognize that residents may reach a point where they are unable to make their own decisions and language requires facilities to respect resident decision making, *whenever possible*. Moreover, the Nevada Department of Health *requires* facilities to transfer residents to secure memory care facilities when they cannot safely care for themselves without the requisite supervision.

While we certainly agree that a resident and legal representatives can reject a memory care placement, the facility is not obligated to admit the resident to the "general" or "long term care" portion of the facility if the resident's needs exceed the available resources. If, for example, a dementia resident requires a 1:1 aide or high frequency rounding around the clock to ensure resident or community safety, a facility is within its rights to reject the resident if it does not have those resources. Similarly, if a dementia resident has a history of violent outbursts with injury to himself or others, a facility may assert that it does not have the ability to care for a resident of that nature outside of the memory care unit on its campus.

Residents and/or families do have the ability to reject memory care or leave memory care; however, this does not mean that they will be admitted to a general long or short-term care facility (non-memory care), or that the resident will be moved into a non-secured area of the same facility if existing staffing resources or the physical plant are not safe for that resident.

We want all our residents to thrive. We want our memory care residents to live in the most appropriate setting and we want our residents to be safe. We hope to work with the task force on language to achieve these goals.

Thank you for considering these comments.

Sincerely,

Brett Salmon | President | CEO

Nevada Health Care Association | Nevada Center for Assisted Living

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