



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

Assisted Living Workgroup - 2011
Request to Provide Comment or Testimony Form

We appreciate your attendance at the Assisted Living Workgroup meetings, and would be very interested in any comments you would like to share, or testimony you might wish to deliver before the workgroup.

To request a time for testimony at the following meeting, submit it in one of the following ways: (1) in writing at the meeting via the form below (2) by email to Beth.Eastman@ahca.myflorida.com or (3) in writing through the US Mail to the address listed below.

Division of Health Quality Assurance
Attn: Beth Eastman
Agency for Health Care Administration
2727 Mahan Drive, MS # 16
Tallahassee, Florida 32308

Time and duration of public testimony may be limited based on the number of speakers. If we are unable to accommodate all who wish to comment, we will maintain a record of your specific request for future consideration.

Anyone needing further information, or special accommodations under the Americans with Disabilities Act of 1990 (for example, Braille or large print documents, sign language interpreter services, or closed-captioning) should contact the Agency for Health Care Administration at (850) 412-3746. Special Accommodations requests under the Americans with Disabilities Act should be made by contacting Beth Eastman (850) 412-3746 or by email at Beth.Eastman@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

Name: Sean A. Cononie, Director
Affiliation or Interest: COSAC Homeless Shelter
Email: sacacon@gmail.com
Phone Number: 954-924-3571

I would like to do the following (indicate with a below):

Submit written comments for consideration by the workgroup.	Request to provide public testimony before the workgroup.
	✓

(OVER FOR COMMENTS)



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

**Assisted Living Workgroup - 2011
Meeting for Public Input
Comments Form**

Provide a summary of your comment(s), suggestion(s), experience(s) or concern(s).

SEE ATTACHED "Testimony and Comments"
sheet

URGENT NOTICE: MOST

HOMELESS SHELTERS IN THE
STATE ARE VIOLATING THE LAW.

PER SEAN CONONIE SHELTER
DIRECTOR INCLUDING HIMSELF.

PLEASE ALLOW SEAN CONONIE
TO SPEAK MONDAY, AUGUST

AHCA

“Assisted Living Workgroup – 2011” Testimony and Comments

This is very long but it will become the biggest topic of your task force.

About 15 years ago I was feeding the homeless and at times I would find them to be medically needy: I would take them to the local ER. I found one guy by the name of John McCormick who was severely mentally comprised who became my best friend. I took him to the ER and about 40 days later they released him to nobody, so I took him in. This day was the start of a homeless shelter. Before I knew it I had a 40 bed homeless shelter for people who were too sick or too mentally ill that the new type homeless shelter known as HAC would not take because to enter their funded programs a person would have to be able to work. We took people who could not be placed at ALFs because they were too disruptive or too needy for some ALFs or for the ones who just wanted to smoke and would light up at a nursing home. I became the dumping grounds for every hospital, every police department, every funded shelter, and every church. Before I knew it in less than a year I had 200 beds and no funding. I became Johnny's only way to get help, showers, medicine, going to the rest room, and over time he had COPD all the kind of medical service one would do for people with COPD at home, for I did them or had staff trained to help out with 24 hour care. I always said we were not an ALF but we were An “*Advanced Living Facility*”. From a homeless shelter to not letting our people die in hospitals we started hospice so they would die at home. My best friend died September 2010, and we changed our shelter to honor his name.

Last month the Attorney General's Office came to our shelter and asked if we did services, and I said, "Yes. Like every shelter in America." In 2009 I write an email to AHCA and explained to them that every shelter in Florida that I knew of held and controlled meds. If we did not there would be drug transactions, over doses and told them they needed to address this issue. No one had gotten back to me. After this visit from the Attorney General's Office my staff all wanted to close our doors in fear of being arrested. In 2001 a State investigator came out to our shelter because the City of Hollywood who used our facility more than anyone else wrote a letter to the State saying we were "doing all kinds of services." The City wanted us gone after using us as their dumping grounds because the shelter they funded would not take dysfunctional people, and this caused homeless people living on the streets and they wanted them gone so their police dept just dropped people off to us. They sued us to move us and used zoning laws but a half million in legal fees we won. The Judge said their zoning laws were not up to par, and we could stay. When that investigator came and asked me what we did I told him, and he said I do not think you can do these things. I said to him, "You mean to tell me that the State is going to tell me I can't help someone according to the Book of Matthew?" He then said, "If you are telling me this is your religious right to help these people, I am done with this."

Then we have State APS investigators who placed people here that are in dire need of services that require a license but cannot be placed anywhere because there are no funds. We even at times call 800-96-abuse when we feel that a person is neglecting themselves or that they are too medically needy for us. If the person has benefits they will try to place that person only if that person wants to leave the shelter. They can be in a wheel chair, unable to take a bath, or too mentally confused but not baker actable. If they have no benefits the APS worker says they have no benefits so we cannot place them. If they do have benefits and the person says I am not going to an ALF I want to stay here the APS worker says I cannot force them to leave if they do not want to go to an ALF. So now we have the task of trying to keep them from self-neglect. If they refuse to shower or they need help showering we cannot help them, and they do not want to go to an ALF who will be charged with neglect when they smell of urine or have feces all over them. We can't just let them sit there like that, so we should be able and it is our duty to help them. It is our duty to monitor their blood pressure, to help them keep their wounds covered or cleaned, and it is our duty to help them.

At our place some pay us a sliding scale if they have benefits and if they do not want to go to an ALF. Example, Client X comes to us homeless with one leg and in a wheel chair. For a year he stays for free. We apply for his benefits, and he now gets \$2,000 a month. If he goes to an ALF he gets back approx \$34.00 for the month after this man worked his entire life. Now, if we help him in any way we are operating an ALF without a license. So in theory we have to force him to go to an ALF or maybe the State comes in and says you can't stay here you got to go to an ALF, and he says, "No. I am staying here." Are we to just let this person and stay and say to him, "I am sorry we can't even tell you it is time for you to take a shower because that is a service that is outlined in the law." We can't take his blood pressure because we want to monitor or we can't help him monitor his sugar readings on the meter. If he wants to stay here he will have about \$1200 in monthly income instead of only \$34.00 a month. We did not open up a homeless shelter to be a landlord or a slum lord. We opened up a homeless shelter to help mankind. What the State is hinting is that we cannot help them whatsoever, and we should just become a slum lord. I did not work 18 hours a day for 15 years and not even going to my home to sleep but stay in and live in my office other than wanting to help these people. I cannot be a slum lord. Again if this person who needs the same level of service does not have benefits no one will do anything but us, and we are proud that we can help mankind for free.

Right now with the current laws, a person can just take a bottle of oxycontin and say to us, "I am now taking ten of them." We just got to sit back and say have fun and get high. When we call poison control they tell us to call 911 and when 911 arrives if the person is not high they say why did you call us. If the person did not want to kill themselves the police cannot Baker Act the person. Even when it is time released and the medics know over time they will be real high and it is dangerous they will tell us to call them when the meds make them o.d. because now they are not high. If the meds were locked up and we coached them this saves this life. I repeat every

homeless shelter controls meds, we do not prescribe them. All we do is help them stay within normal limits the same thing a mom would do for her child. We developed lock boxes with keys, and the client comes in and gets their meds from the box and we watch but with the law we can't say, "Hey you can only take one not 20." If we did we can be arrested for a third degree felony. And I bet you if we did not say a word and let the client take as many pills as they wanted and that client died, we would be charged with a crime. If we call the police they will say it is their meds as long as they were not trying to kill themselves: it is a private matter.

Also all home health that the patient does at home, and keep in mind this is their home now, becomes illegal because most home health that a patient does at home needs the assistance of family members for them to be able to do it. There is not one ALF done here that I know of that will allow IV antibiotics home health wise. No shelter will either, but we do for this is their home. Under Medicare and Medicaid, usually the home health care nurse comes in and shows the person how to use the IV treatment. They give them about two to three days of education and then the patient is on their own, and they will now do the next six weeks of antibiotics. This requires the help of another person for them to be able to do this IV treatment and that is my staff. If they were at home it would be their roommate, their neighbor or their relatives. This is their home. We do the same thing as a family member, and we assist this person. If this cannot be done we have now just created a way to make Medicare and Medicaid go bankrupt because the patient will require a six week stay as an inpatient.

We are their health care surrogates or power of atty because they usually do not have a family member. I do not understand how I can make a decision to shut off a ventilator at an ICU unit, but I can't take someone's blood pressure at the shelter. We also allow them to die here when they are terminal, and we take care of them. We turn them. We help them with their meds. We give them a water lollipop when they cannot have fluids when they are about to die. Hospice is meant for the home so now we can't take care of our own. They are loved by us, and we want to be there for them at the time of death so they know we loved them so much and they were family and they died in respect. Do not take this away from them and us. It is our feeling as well as theirs. We can't take care of someone for ten years and say, "Go to the hospitals and die by yourself for we can't put water on your lips as the people did for Jesus as he hung on a cross.

If the State wants to enforce these laws on shelters, then we have just cured the homeless problem in every state because I am quite sure that every state has the same laws when it comes to ALFs. If this is correct then about 40 percent of all homeless cases in America will now be housed in ALFs paid for by the State in which they reside. When I found all this out I called on the experts in Washington, DC and asked them if they ever heard of this. Their response was, "No. But maybe we should push every State to get all the people in places and about half the homeless in America will now have a home." This can of worms will be the perfect way to get all these poor people, help. However, I know that there is no way possible for this to happen especially with today's economy.

We are forced to either close our doors removing 300 to 400 beds off the inventory of beds in the State - the only one willing to take people who can't function. However, doing that will just make matters worse. No one wants to go to jail for helping someone who is down and out.

We took about 20 of our staff all formerly homeless clients who are now part of staff and put them in a class where we can administer oxygen, use airway hooks, use AEDs and do a lot of stuff that we are not allowed to do. We took a class that gave us certification to work a code and that is with over-the-counter meds, oxygen and many other services. We spent over \$100k in training and emergency supplies so we could save our people when they have a heart attack or they do over dose.

REMEDIES

Start to give ALF licenses to homeless shelters; however, because of the square foot rules and bunk beds used and other ways, we all deal with bed space and rules such as curfews, etc. No shelter that I know of in any state could qualify for an ALF license. As far as meds are concerned, have their shelter staff takes the same two hour course that ALF workers have to take when they help with medication. The laws should not apply to those individuals who do not want to go to an ALF with or without benefits. Allow home health care with staff assistance as long as the staff has been to the education part of the home health services that the patient would do at home. Allow a homeless shelter to be considered their home where these laws are not enforceable. Develop a task force on shelters and come up with a training course where people can assist the homeless with services. Or shut down every homeless shelter in Florida and only use ALFs and for the ones who are thrown out of ALFS allow these people to go to shelters that are like tent cities so they get some sort of help. If any homeless shelter or halfway house in the State tells you that they do not control meds they are lying by stating that and continue to avoid arrest. I am sure their grant applications have med control policy. They all know it but continue to do it.

Please allow me to assist the state on this emergency situation because as it stands we all can face criminal violations for only doing our job to help mankind. In fact I am sure if the research is done the state and the federal government is funding these operations that are not within the law. There must be an emergency law signed by the governor allowing Homeless shelters to operate with their guidelines until new laws are passed.