

May 2, 2008

First I would like to thank the Committee on Aging and Older Adult Services for agreeing to listen to my testimony regarding House Bill 1952. This Bill would require carbon monoxide detectors in facilities providing care for care-dependent individuals.

I also want to thank those members of the General Assembly of Pennsylvania who introduced and referred this vital legislation to the Committee on Aging and Older Adult Services on October 23, 2007. Finally, I would like to personally thank Representative Mark Mustio, who took the time to listen to my story, Representative Kathy Watson who listened to my cousin Mary Smithson and the other House members who were instrumental in introducing this much needed legislation.

Passage of this legislation has become a personal crusade for me and members of my family because of a preventable tragedy that led to the deaths of my parents, David and Regina Housholder. My objective is simple; to do all I can to enable legislation that will prevent the needless deaths of other elderly Pennsylvanians due to the lack of carbon monoxide detection systems in facilities with care-dependent residents.

My dad and mom, David and Regina, were married for 62 years. I think it's accurate to say they were both strong-willed and desired to remain independent and self-sufficient. Mom was a very strong lady who wanted only to take care of Dad with little concern for her own health. She declined many of my offers for assistance, but I could see, partly because of my background in the healthcare field, that despite their desire to remain independent, they needed help. I realized they were coming to that time in their lives when they would be unable to maintain their independence in their own home.

I began searching for suitable assisted living facilities where both my parents could be placed and provided for in the fall of 2006. I looked at various assisted living centers in the Beaver County area and quickly realized my options were limited. Many of the newer facilities were already full and were not even allowing visits. I visited a facility in October 2006 that had the space available to take both of my parents. They even had a suite of adjoining rooms which I thought would be perfect for my Dad and Mom. This facility had been granted full accreditation by the Pennsylvania Department of Public Welfare. Although the facility was older, I felt confident my parents would be safe since it was a fully accredited facility.

Of course both my parents resisted giving up their independence. However, events beyond their control would make a decision unavoidable. Three days after my visit to the aforementioned assisted living center my Mother was admitted to the hospital. I needed very quickly to find care for Dad. I initially contacted a company that would provide 4 hours of in-home assistance per day, but it was not enough for my Dad who needed 24 hour assistance with bathing, dressing, meal planning and medications. Care giving chores that my Mom had always provided. I was concerned for his safety during the time the aide was not in the house. I was concerned that he might fall and be unable to contact anyone for assistance. Adding to my concern was the fact that my

husband and I reside about ½ hour from my parents home in Beaver, Pennsylvania, but we both worked in Pittsburgh, approximately 1 hour from my parent's residence.

My husband and I finally convinced Dad that it was not possible for him to continue to live alone at home safely, and he reluctantly agreed to move into the assisted living center in Rochester, Pennsylvania. I contacted the facility administrator and was able to place Dad at the facility, the same one I had visited the previous weekend. There was much resistance from my Dad, but my husband and I were able to make him realize placement in an assisted living facility was best for him at this time. We took dad to the assisted living center October, 24, 2006. In December 2006, my Mom was able to be transferred from the skilled nursing Center at the facility to join my Dad in the assisted living center.

One factor that made this facility ideal for my parents was the fact that it offered various levels of care, including a skilled nursing level of care. This was helpful when my Mom was transferred out of the acute care setting at the hospital, since I was able to have her transferred to the same facility at which Dad was residing. The staff was very gracious, and allowed my parents to visit with each other daily. There is a definite shortage of facilities that offer multi levels of care, so this facility was ideally suited for my parents' circumstances.

Everything was going pretty well until the morning of February 21, 2007 when I received a call at about 8:00AM at my place of work from an aide at the assisted living facility advising me that both my parents were found unresponsive in their beds. The aide had gone into their suite when neither my Dad nor Mom appeared for breakfast. I questioned the aide as to the reason for their condition but she was unable to provide an explanation. The aide advised that both my parents had been taken to the emergency room at the local hospital.

Since my husband had just dropped me off at my office, I waited a few minutes until I knew he would arrive at his office and called to advise that we needed to immediately go to hospital due both my parents being transferred from the assisted living center. My husband and I arrived at the hospital at approximately 9:30AM to find both of my parents in extremely critical condition but were not given any reasons for their condition.

At approximately 10:30AM, the Medical Center was notified by either the assisted living facility or the Rochester, Pennsylvania fire department; that the assisted living facility was being checked for carbon monoxide (CO) since one of the residents thought they smelled gas. Later that day we were advised that the CO readings listed in the Rochester fire department report indicated readings in the hallway of the assisted living facility at 114. It's my understanding that most CO detectors would have signaled an alarm at levels of 35. The physician caring for my parents immediately ran carbon monoxide tests on my parents. The CO levels in both my father and mother came back extremely high for the presence of carbon monoxide in their systems. The physician also ran cardiac tests that indicated that both of my parents had suffered heart attacks, which is common for people that suffer high levels of carbon monoxide poisoning. My

husband and I were advised that the carbon monoxide levels experienced by my parents were life threatening, but they would treat my parents with high concentrations of oxygen.

Later that day, my husband and I returned to the assisted living center to obtain some personal articles for my parents. We were met by facility staff and I questioned them as to how this could have happened, and asked if there were carbon monoxide detectors in the facility? It was at that time, my husband and I were advised by the staff that carbon monoxide detectors were not a requirement of the Department of Public Welfare regulations. The staff also advised us that, coincidentally, DPW officials were on-site at the facility conducting a routine review on the day of the CO incident. The DPW officials apparently saw the ambulances and fire department and began to question staff as to what was happening. At some point during our visit at the assisted living facility, the staff advised us that carbon monoxide detectors had been installed that same day. I believe it was at the direction of the DPW staff. It's my understanding; the facility eventually had the carbon monoxide detection system directly wired to the fire alarm system.

On February 26th, both my parents were transferred to separate skilled nursing facilities for additional therapies to attempt to increase their strength. It was impossible to place them together. Also on February 26th, I made contact with the DPW representative who was on site at the assisted living facility on the date of the carbon monoxide incident. He assured me that a full investigation was in process. He also verified that the presence of carbon monoxide detectors was not a requirement for facilities in the State of Pennsylvania. He also indicated that verification of the presence of carbon monoxide detectors definitely should be part of the complete review for any personal care, assisted living center or any facility that housed dependent-care individuals. The DPW representative assured me that once the full investigation was complete, he would be in touch, and the family would have access to the DPW's full report.

On March 7, 2007 my Dad passed away from the effects of the carbon monoxide poisoning. At the same time, my Mother was showing increasingly severe symptoms from the exposure to carbon monoxide. Her oxygen requirements were steadily increasing. Mom never previously required oxygen. She was becoming increasingly confused; losing her fine motor control; her ability to swallow and was beginning to have Parkinson like symptoms; she also manifested personality changes. These symptoms are all known to be side effects of carbon monoxide poisoning. Mom suffered significantly from the effects of the poisoning. She was too ill to attend Dad's viewing or funeral. Mom lapsed into a coma on March 13th and passed away on March 14, 2007.

It is unclear to me how many residents of the assisted living facility were taken to area hospitals, but the physician in the emergency department where my parents were treated advised me that his facility was in disaster mode and they were expecting multiple patients. Another area hospital was also on standby to accept multiple patients. The assisted living center had approximately 100-125 residents, so this incident had the potential for becoming a much larger tragedy. It is a miracle that other

residents were not affected more severely from the carbon monoxide exposure. I later learned my parents were the most severely affected because a faulty boiler was located directly below their rooms. Consequently, they suffered the highest exposure to the carbon monoxide.

There are many older facilities in Pennsylvania, such as the facility in which my parents resided. Many of these facilities are privately owned, and have older heating systems that increase the potential for carbon monoxide exposure. I would not want any other family to suffer through a tragedy such as my family experienced. If the owners of these facilities are not required by state regulation to have carbon monoxide detection systems, whether it be individual detectors placed in residents' rooms, or wired to a fire alarm system, they will not install them.

Perhaps facility administrators believe installation of carbon monoxide detectors represent an unaffordable added expense. I have seen single resident carbon monoxide detectors being sold for \$25.00 to \$35.00. I believe the cost of carbon monoxide detection systems for facilities housing vulnerable, dependent care residents is a small price to pay to assure the safety of our elderly citizens.

Ladies and Gentlemen, as you know Pennsylvania already has a high number of elderly residents. "Baby boomers" are turning 60, and our elder population is projected to grow over the next several years. Very quickly, it won't be us seeking care for our parents; it will be our children seeking care for us. It is my hope that our children can make decisions regarding the care of their elders with the knowledge that the facilities providing such care are as safe as they can be.

It is very important to my family and me that House Bill 1952 move from Committee and be passed into law as soon as possible. House Bill 1952 offers elderly Pennsylvanians the safety that no other resident of a residential care facility will die tragically from the results of carbon monoxide poisoning.

In doing some research, there are currently 12 states that require carbon monoxide detection systems in dwellings. Some even require detectors in single family homes. The states include Alaska, Connecticut, Florida, Illinois, Maryland, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, Texas and Vermont. This information is listed on the National Conference of State Legislatures web site. This information was updated as of October 2007

Thank you, to all for allowing me to testify today on this very necessary Legislation. Again, thank you to all those Representatives who were instrumental in introducing this Legislation and hopefully, this will move through the system and become law in the State of Pennsylvania very soon.