

**City**

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# Neighbors

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## Advocate targets nursing-home abuse

### Aunt's tragedy spurs crusade

By Molly Kinetz  
Neighbors staff writer

If disgusting tales upset you, don't talk to Carole Herman.

Despite the upper-class ambiance of her Carmichael home and her chief executive officer demeanor, Herman wrestles daily with disgusting stuff: open bedsores, beatings, bruising, gangrene and drug-induced stupors.

Herman, 49, is a crusader against abuse of the elderly in nursing homes. She never wants for work, she said, because abuse is everywhere.

She used to vomit while investigating cases; now, she takes a deep breath and forges ahead, not hardened, just resigned to reality.

Herman's efforts have landed her on many national talk shows, including "Geraldo" and "Sally Jessie Rafael," and will be featured soon in an article in Family Circle magazine.

Her office overflows with file boxes full of case histories, complaints filed, books about medicine and nursing homes and awards she received in her pre-advocacy days when she was chief executive officer of a computer software business instead of founder of Foundation Aiding the Elderly.

"We are talking about our mothers and fathers and ourselves," she said. "They are helpless and can't cry out."

Inability to cry out is not always the sign of age taking its toll, Herman said. A walk down a nursing home hallway lined with chairs, each occupied by a person staring at nothing, is a clue, she says: Residents of nursing homes are overmedicated to make them easier and cheaper to control.

"I can prove drugs are given for behavioral control so the home doesn't spend money on their care," she said. "It's also less expensive to drug them than give them physical therapy."

She cites the case of a 79-year-old woman who broke her leg and was taken



Randy Allen/Neighbors

**Carmichael resident Carole Herman has gotten national attention for her efforts to stop nursing homes that mistreat the elderly.**

to a nursing home for physical therapy before being sent home.

"She was in the nursing home five or six weeks with no physical therapy but she was given Thorazine (an antipsychotic drug) three days after she was admitted," Herman was called in by the woman's distraught daughter who could get no answers from the nursing home staff.

Herman has become adept at getting answers, a skill she developed in the wake of her aunt's nursing home experience.

In 1980, Herman's aunt, Matilda Anticevich, was suddenly transferred from the nursing home to an acute care hospital for surgery on her bedsores.

"She had Stage 4 (bedsores)," Herman said. "That means you're dead. It has gone through the muscle to the bone and poisons the bloodstream."

Anticevich was under a doctor's care at the time, a doctor who didn't return phone calls and, as Herman eventually

found out, didn't see his patients because he lived 500 miles away.

Anticevich didn't survive the surgery, in part due to malnutrition.

"How do you get malnutrition when you are paying \$3,000 per month?" Herman asks. "After all this, I learned a lot."

Her aunt was not one of those abandoned in a nursing home. She was visited almost daily by Herman's mother, but bedsores are invisible unless the patient is disrobed or can talk. Herman's aunt wasn't talking for long after she entered the home, Herman said, because she was put on Haldol, an antipsychotic drug.

Herman's mother questioned the medication and her sister's loss of communication, but was told if "she didn't like it, she could take her sister elsewhere."

"The older generation thinks doctors are gods and don't question doctors," Herman said. "I remember my aunt, when she was still talking, saying, 'They pull my hair, they are so mean to me.' We were told that old people hallucinate

**'We are talking about our mothers and fathers and ourselves. They are helpless and can't cry out.'**

— Carole Herman

and think things. I bought off on it."

She doesn't buy it anymore and has made it her task to convince others that buying what nursing homes are selling may be deadly.

"Look at medical records...educate yourself. You have to question treatment, nutrition, medicine...Visit at different times of day, visit at mealtimes," Wooten said. Her list of questions to ask nursing home operators is long.

Tough questions must be accompanied by tough skin, Herman said. She is not welcome at most nursing homes, although they cannot prevent her from visiting patients who request her help, she said. She has been warned off by lobbyists, barked at by licensing personnel and is generally persona non grata where nursing home owners are concerned.

"If I get people upset, I don't care," she declares. "I don't care what they think. They discredit me and ask what type of medical degree I have. They say I am a crazy woman with a vendetta against the industry. It doesn't bother me. I know I'm telling the truth."

Herman is not alone in her crusade against the nursing home industry. A "20/20" television crew took a hidden camera into a nursing home in Texas. The film, depicting people tied in bed and choking on food, was aired Oct. 25. Herman said she wasn't surprised by the report.

One of her bibles is a book written in 1975, "Tender Loving Greed," by Mary Adelaide Mendelson. It documented much of what Herman says she still finds, 16 years later, when she visits nursing homes.

## Nursing-home evaluation important for relatives

By Molly Kinetz  
Neighbors staff writer

Carole Herman, 10-year veteran of investigating health care abuses, suggests the following procedure when selecting a facility for relatives:

- Get a durable power of attorney for medical care so you can make health care decisions and see medical records.

- Request a complete facility profile from the state health department licensing division for the facility you intend to use. Note the number of complaints, the fines assessed and whether the fines have been paid.

- Notice how many people in the home seem to be in stupors or in bed or unable to talk. If many of the

patients fall into these categories, be wary of overmedication at the facility.

- Visit at different times during the day and during the week, including mealtimes.

- Be sure the patient is actually seen by a doctor and talk to the doctor personally about all aspects of medical care. If the doctor is provided by the nursing home or if the doctor is difficult to contact, bring in another doctor to examine the patient.

- Make sure all recommended care is given, such as physical or occupational therapy. Stop by when such activities are scheduled.

- Take seriously any complaints the patient has about mistreatment by the staff.

- Check the patient's body for bedsores, particularly the coccyx, hips and feet.

- Take an interest in other patients. Talk to their relatives about problems and the care being given. The families of patients should meet regularly outside the presence of nursing home staff.

- Report lack of cleanliness, poor food (such as sandwiches for dinner) or other signs of inadequate care to the state licensing agency and follow up on the complaint. Continue to call until you are told the resolution of the case, the penalty, if any, and whether the penalty is paid.

- Do not be intimidated by threats of kicking the patient out or refusals to cooperate with your requests for information.