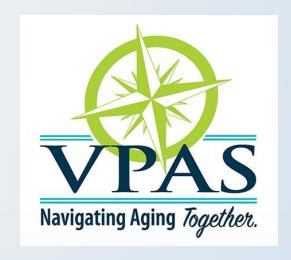
What is a Long-Term Care Ombudsman?









John Brownlee Local Long-Term Care Ombudsman

for counties of: Rockingham, Rockbridge, Augusta, Highland, and Bath

for cities of: Buena Vista, Lexington, Staunton, Waynesboro, and

Harrisonburg

Older Americans Act

(Title VII, Chapter 2, Sections 711/712)

Under the federal <u>Older Americans Act</u>
(OAA) every state is required to have an
Ombudsman Program that addresses
complaints and advocates for improvements
in the long-term care system.

Services are confidential and free of charge



Virginia Department for Aging and Rehabilitative Services

Duties of the STATE Long Term Care Ombudsman

In addition to the training and oversight of the local Ombudsman offices, duties of the Office of the State Long-Term Care Ombudsman include:

- Addressing systemic care problems through participation in committees, task forces, and advisory boards working on issues such as staffing, workforce development, survey and enforcements processes, long term care financing, quality standards..
- Analyzing and monitoring the development and implementation of laws, regulations, and policies that relate to the health, safety, welfare, and rights of long term care recipients;
- Collecting, reporting, and analyzing statewide program data, trends and issues in long term care.



The view from 30,000 feet:

A Local LTC Ombudsman:

- * Works objectively on behalf of older people receiving long term care services in facilities.
- * Maintains a person-centered approach to resolving complaints considers what is in the residentt's best interests
- * Works cooperatively with regulatory agencies
- * Focuses on complaint resolution and empowerment

In what areas does a Long-Term-Care Ombudsman work?

LTCOPs <u>advocate</u> for quality of care and quality of life of <u>residents</u> in long-term care:

- --nursing homes
- --assisted living
- --residential care
- --home health organizations

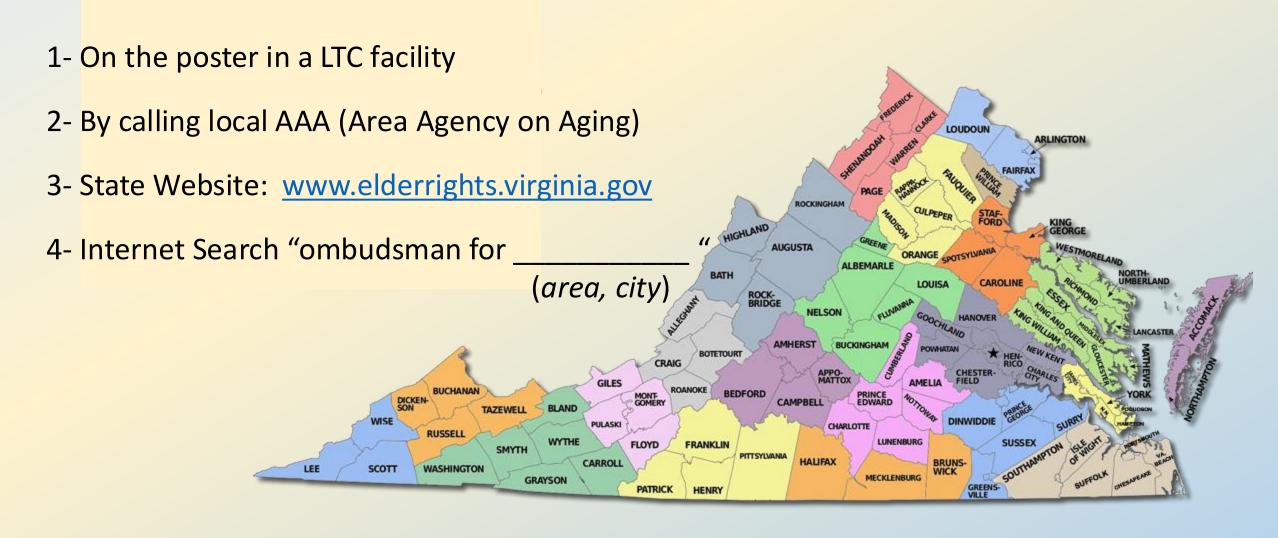
What Complaints do Ombudsmen Specifically Address? Examples:

- Violation of residents' rights or dignity
- Physical, verbal, or mental abuse, deprivation of services necessary to maintain residents' physical and mental health, or unreasonable confinement
- Poor quality of care, including inadequate personal hygiene and slow response to requests for assistance
- Improper transfer or discharge of patient
- Inappropriate use of chemical or physical restraints
- Any resident concern about quality of care or quality of life

Who Can Use an Ombudsman's Services?

- Residents of any nursing home or board and care facility, including assisted living facilities
- A <u>family member or friend</u> of a nursing home resident
- A nursing home <u>administrator or employee</u> with a concern about a resident at their facility
- Any individual or citizen's group interested in the welfare of residents
- Individuals and families who are considering long-term care placement

Finding a Long Term Care Ombudsman in VA





LTCOP Activity Highlights (2023 Fed. Fiscal Year) Data from federal fiscal year (FFY) 2023 National Ombudsman

Reporting System (NORS) data



Conducted 342,189 visits to Long-Term-Care Facilities



Attended 17,095 Resident Council Meetings and 1,271 Family Council Meetings



8,232 community education sessions



3,106 trainings for LTC facility staff



261,989 consultations to LTC facility staff (this line data from 2020)



502,484 instances of information and consultation to individuals (residents, family members, others)

LTCOP Activity Highlights (2023 Fed. Fiscal Year)

The LTCOP worked to resolve 202,894 complaints (in 2023).



Top 10 Nursing Home Complaints (2020)

- 1 Discharge or eviction
- 2 Response to requests for assistance

Physical abuse

Dignity and respect

- 5 Personal property
- 6 Medications

3

4

- 7 Symptoms unattended
- 8 Personal hygiene
- 9 Other rights and preferences

2023 Most Common Complaints Handled in Nursing Homes:

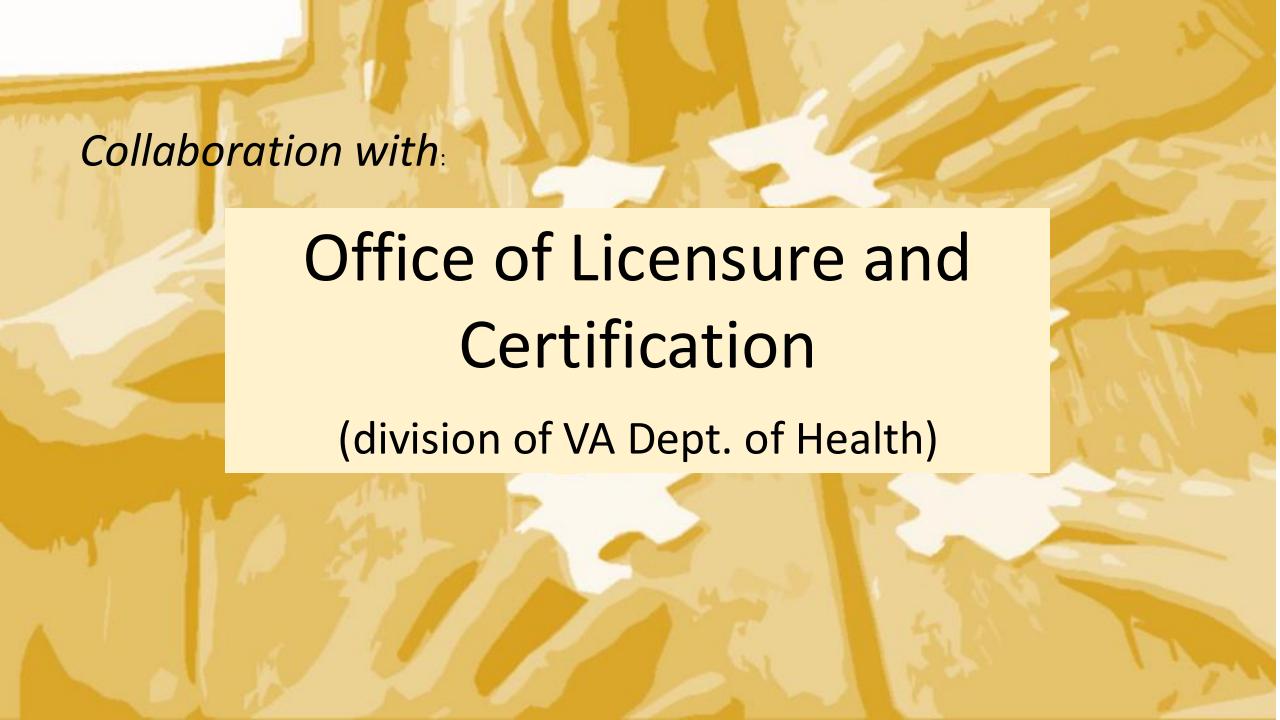
- 1- Discharge or Eviction
- 2- Response to Requests for Assistance
- 3- Physical Abuse

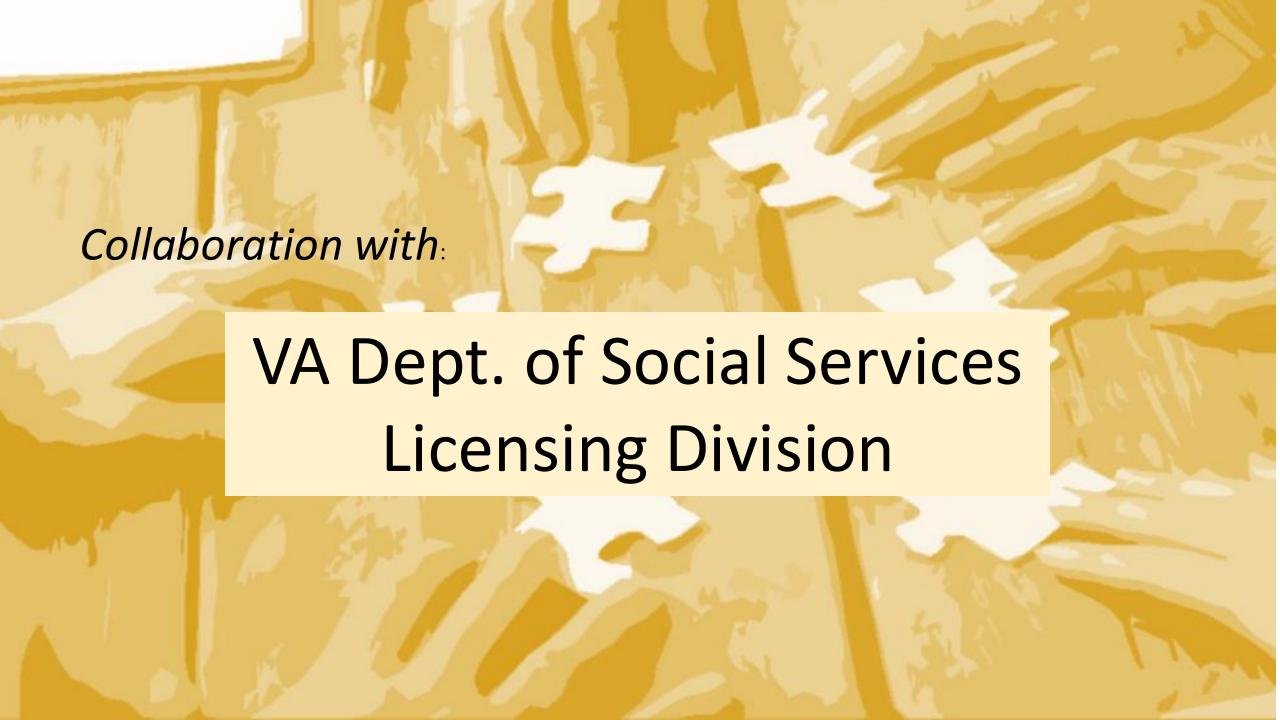
10 Care planning

Working with Other Agencies:





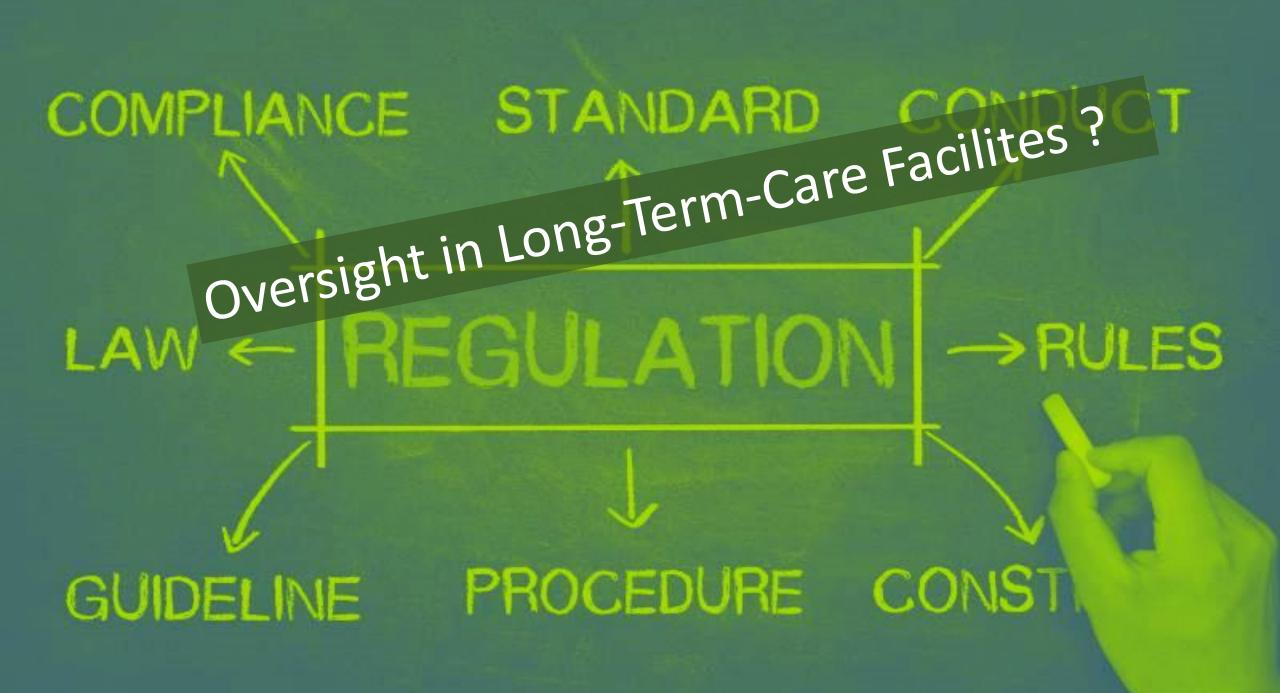
















Regulatory and Oversight Entities for LTC Facilities in Virginia



Centers for Medicare and Medicaid Services

Federal Level

OLC

VA Dept. of Health (Office of Licensure And Certification

State Level





Regulatory and Oversight Entities for LTC Facilities in Virginia



The "Enforcement Division" is responsible for enforcing standards of practice and for providing information to healthcare practitioners and the public.



To view facility inspections of Residential and Assisted Living Facilities in Virginia go to:

https://www.dss.virginia.gov/facility/search/alf.cgi



RESIDENTS' RIGHTS

Nursing Home Reform Law of 1987:

- increased emphasis on residents' rights
- Created national minimum set of standards of care for people living in licensed nursing facilities certified by Medicare/Medicaid



The federal Nursing Home Reform Act went into effect on October 1, 1990 and required the following:

All nursing home and assisted living facilities must "promote and protect the rights of each resident" and "provide care and services necessary for each resident to attain or maintain the highest practicable physical, mental and psycho-social well-being."

Right to Exercise Rights



 As a resident of the facility and as a citizen of the United States.

 Without interference, coercion, discrimination, or retaliation.

Right to Dignity

- Be treated with dignity and respect
- Equal access to quality care
- Freedom from abuse, neglect, and exploitation
- Freedom from physical or chemical restraints
- A safe environment



Right to Choices About Care

- Help develop your own care plan
- Ask for care plan meetings, choose who attends
- Choose your own doctors and specialists
- Refuse or stop treatment or medication
- Be free of physical and chemical restraints

Right to Choices About Personal Space

- A safe environment (with personal belongings, where possible)
- Easy access to the call light
- Furniture and equipment that is functional for your needs
- Share a room with another consenting resident

Right to Choices About Lifestyle

- Make choices about your schedule, personal care, and activities
- Designate or revoke a surrogate decision-maker
- Organize or participate in family or resident groups in the facility

Right to Be Fully Informed



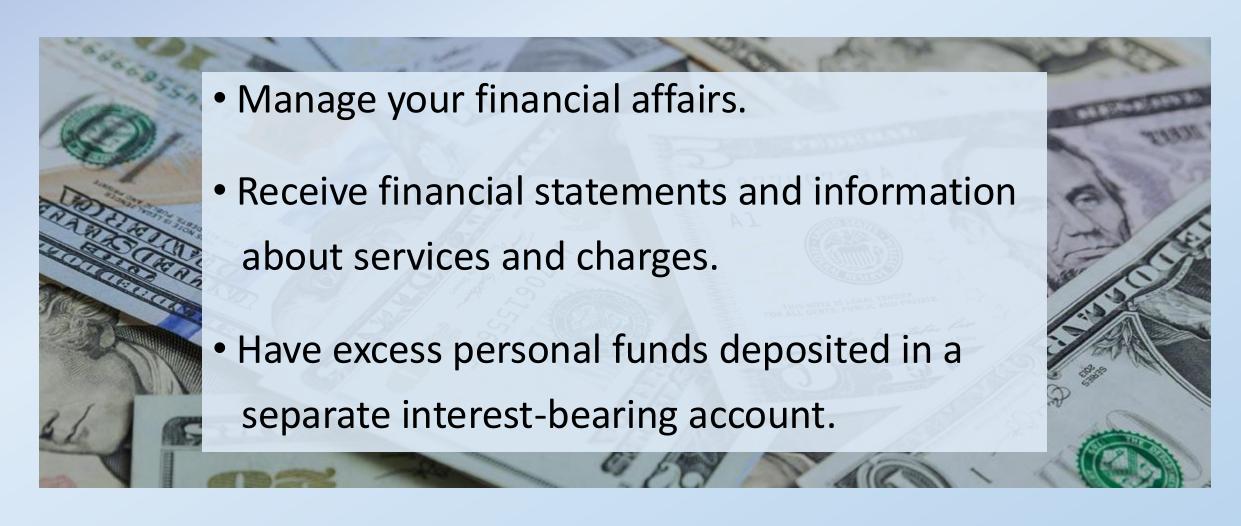
- Risks and benefits of proposed care, treatment, and treatment alternatives
- Changes to the plan of care
- Changes in medical or health status
- Notices in a language and format you understand (e.g., Spanish, Braille, etc.)
- Access to personal and medical records
- Contact information for your physician, specialists, and all relevant agencies, including the state regulatory agency and the Long-Term Care Ombudsman Program

Right to Access

- Access people, services, and activities
- inside and outside the facility.
- Visitors you want, at any time you choose.
- See your doctor, specialists, or representatives of the state survey agency or Long-Term Care Ombudsman Program.
- Participate in social, religious, and community activities inside and outside the facility.



Right to Manage Finances





Right to Make Complaints:

- Make complaints to the facility
- Ask staff to take steps to resolve complaints
- Make complaints to outside agencies like the state survey agency OLC or the Long-Term Care Ombudsman Program

Right to Remain:

- You have the right to stay in the facility unless specific conditions are met, such as transfer or discharge is necessary for your health and safety, or the health and safety of others
- Appeal your discharge notice and remain in the facility until the appeal is decided
- Receive a 30-day written notice of discharge that includes information like:
 - The reason for discharge,
 - the date of discharge,
 - the location to which you will be discharged,
 - your rights, and
 - name and contact information for the Long-Term Care Ombudsman Program and the Protection and Advocacy Program (for residents with intellectual or developmental disabilities or mental health needs)

Right to Remain

Preparation and orientation to ensure a safe and orderly discharge

 Notice of your right to return to the facility after a hospital stay or therapeutic leave, including bed hold policies, and a statement of your right to return to the same bed (if available) or the first available bed

Lawful Reasons for Transfer/Discharge from Nursing Facility

Resident's welfare and the resident's needs cannot be met in the facility

Resident's health has improved sufficiently so the resident no longer needs the services provided by the facility

Safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident

Health of individuals in the facility would otherwise be endangered

Resident has failed to pay for a stay at the facility

Facility ceases to operate

Can the facility simply put me or my loved one out without any assurance that the new placement is appropriate for my care needs?

It is illegal under federal and state law. Federal and state law requires that the discharging facility provide sufficient preparation and orientation to residents to "ensure safe and orderly transfer or discharge from the facility".

At a minimum, this obligation requires that the resident be sent to a place which can provide the care the resident needs.

What should I do if I, or my loved one, receives an discharge notice from a nursing home that does not seem appropriate?

- 1- Call the local Ombudsman
- 2- It may be necessary to file an appeal with Dept. of Medical and Assistive Services

Is it a good idea to be represented at a DMAS transfer/discharge hearing by an attorney or trained paralegal?

- Yes. Cases can be complicated.
- Lack of compelling case may result in transfer or discharge.
- Further appeals usually based on the hearing record, so information needs to be thorough.

Assisted Living Facilities in VA

Resident's Rights in Virginia Code

Virginia Code subsection 63.2-1808

§ 63.2-1808. Rights and responsibilities of residents of assisted living facilities; certification of licensure.

22VAC40-73-550. Resident rights

Resident Rights in Assisted Living





Helpful Resources:

https://nursinghome411.org/

https://theconsumervoice.org/

https://justiceinaging.org/wp-content/uploads/2019/01/25-Common-Nursing-Home-Problems-and-How-to-Resolve-Them Final.pdf

Prevalence of Elder Abuse:

- According to US Department of Justice:
 - Approximately 1 in 10 elders abused each year.
 - Studies indicate the number may be higher in nursing homes and also for those who have a cognitive disability;
 - Abused elders are 3x more likely to die prematurely than non-abused elders; and
 - Elder abuse is dramatically underreported only 1 in 23 incidents of abuse is reported

