

ADULT FAMILY HOME SPECIALTY TRAINING

TRAINERS GUIDE

Long Term Care Ombudsman Program

By Jan Thomson RN,MN

Summary

In this training, participants learn about adult family homes and their role as an ombudsman visiting these facilities. Learning activities will enable them to develop familiarity with the regulations and begin to develop skill in observations and interviews. Additional material will be presented regarding some difficult issues in this setting.

Participant learning objectives

- Build on knowledge of ombudsman role to develop skills in advocating for resident choice and skill in use of problem solving when visiting adult family homes.
- Understand the unique differences in adult family homes as compared to other licensed care settings
- Understand how to access the standards of care expected in adult family homes

Preparation

Supplies needed

Name badges

Manual

Trainers Guide

Chart paper & tape

Easel

Excerpts from WAC 388-76

Excerpts from WAC 388-112

Cards for Open vs. closed question activity

Tent signs for Learning activity #1

Prizes For game

Reference material complete copy of:

WAC388-78,

WAC 388-112,

RCW 70.129 and

RCW 74.34

Prepare ahead of time

Do headings on chart paper

Organize training materials

Arrange room by tables of 5 of possible

Personal treasure Hunt

This is your chance to get to know everyone here. Find people in this group who fit the descriptions below, one person for each description. Have people sign their names on the lines next to the descriptions they fit. Raise your hands when you are finished. Have fun!

- 1. Someone with the same color eyes as you. _____
- 2. Someone who was born in the same state as you. _____
- 3. Someone who lives in a house where no one smokes. _____
- 4. Someone whose birthday is within ten days of yours. _____
- 5. Someone who has been embarrassed in the past two weeks. _____
- 6. Someone whose favorite dessert is the same as yours. _____
- 7. Someone who has lived outside the state. _____
- 8. Someone whose first name has more than six letters. _____
- 9. Someone who likes to exercise. What kind of exercise?

- 10. Someone who has been told "I love you" in the past week. _____
- 11. Someone who comes from a family of more than five persons. _____
- 12. Someone who loves to laugh. _____
- 13. Someone who has a pet. _____

MODULE I

Introduction and role of the ombudsman

Page 4G

This is the time to clearly define the volunteer ombudsman role. Be sure to cover the following topics:

1. How the volunteers can make a difference in this difficult setting
Relate some real life situations where an ombudsman has made a difference.
2. Review how this is different from a regulatory role. Ombudsmen are not licensors. This is important to explain. You will be spending time training them on how to access the regulations. The purpose is only familiarity not to develop expertise.

Purpose of the training_

The purpose of the training is to give the new volunteers enough background to make them comfortable in the adult family home environment.

Tips:

3. Remember as you proceed through the training, the more personal experiences you can relate to the specific information shared, the more meaning it will have for the volunteers.
4. Go over the bullets under the headings, paraphrasing the information to present it in a different way to help with understanding.
5. Remind them of confidentiality issues and the need to gain the resident or representative's permission to proceed with a complaint investigation. If resident is reluctant, ask your supervision ombudsman for advice. It may take more than one visit
6. If you haven't already done this, explain what the level of your supervision will be and expectations on when and how volunteers will contact the Regional ombudsman.

What are adult Family homes/ why are they different? Page 4G

Ask the participants what they know about adult family homes. Then ask them what questions they have about adult family homes.

Chart
Paper-----

Questions re
AFHs??
How big are
AFHs?

Residents in AFHs are more vulnerable

Page 5G

Ask participants if they can think of reasons why residents would be more vulnerable in this setting. Make sure all bullets are covered, if not, point out the additional information.

Value of the ombudsman visits

Page 6G

Ask:

Q How long is it possible for a resident in an AFH to not see anyone other than the provider?

A It is possible for the time to be as long as 18 months.
(Licensing span)

Q Ask participants to imagine they are an elderly newly admitted resident in an adult family home and a ombudsman introduces themselves to the resident.

How do you think the resident feels when this happens?

A Answers may be pleasure or happiness, however, other feelings may also be present, fear, suspicion, pleasure, anger or lack of interest. Discuss why this may occur and how you can reassure the resident that you are there to advocate for them.

Q Why it is important to build relationships with providers?

A The provider is ultimately the person responsible for the quality of care of the residents, if you have taken the time to build a relationship, your influence can be significant. Part of building a relationship is letting them know how you can help; this is where your problem solving skills come in.

Joint efforts to raise standards

Page 6G

Explain that in the past ten years, there have been great strides in raising standards for adult family homes. Much of this improvement have been the result of joint efforts of the ombudsman program and the agency responsible for licensing (ADSA)

Go over the bullets under this heading, adding any personal knowledge of passage of laws or filing of regulations.

Standards used in Adult Family Homes

Page 7G

Learning Activity #1

Page 8G

This is a team activity to learn how to access the regulations. The activity may be changed depending on the experience of the participants.

Begin by explaining on how to access the regulations. Display chart paper as follows:

Look up WACs

- ***Review index***
- order of WACs**
- ***WAC 388-76-10000***
 - ***WAC 388-76-10005***
 - ***WAC 300-76-10010***

- First look at the first few pages of the WAC where there is an index of subjects to identify where the specific WAC can be found.
- Using the excerpts of WAC 388-76, explain the numbering system and use as an example: WAC 388-76-10000 then it goes to 10005 and 10010.
- Hand out the first question and tell them they have three minutes to find the site. After the three minutes is up and they

don't have the answer, it goes to the next team. If they have the answer they get the point.

- After the three minutes are up for both teams, don't leave them struggle. Walk them through the process. No one gets the score.
- Hand out and ask the next question. Continue process until all questions are asked and answered.
- It's a good idea to give team prizes for the most points earned. It makes it more fun. A possible score of eight points is earned.
- When the game is over, handout the question and answer sheets.

The purpose is to learn and have fun. Don't get too heavy handed.

For beginners:

- Use only excerpts of the WACs where the answers can be found. This simplifies the process for beginners.
- Ask the questions one at a time and give each team three minutes to look up the regulation that applies.
- Follow the rules of the game as on page 13. If neither team gets the answer and cite, help them walk through the process and find it. The purpose is to learn how to do this, not win the game.

Variation for experienced staff:

- Use the entire WACs.
- Ask the questions only, and when they answer, give them one minute to look up the cite.

QUESTIONS AND ANSWERS FOR FACILITY FEUD GAME **Page 8G**

Question # 1. What regulation covers the situation where a resident needs physical assistance to ambulate during an emergency?

Answer: WAC 388-76-10870 the resident's preliminary service plan and negotiated care plan must identify the resident's level of evacuation capability as defined by the following: .

(2) Level 2 – resident is physically and mentally capable of traversing a normal pathway to safety with mobility aids, but unable to ascend or descend stairs without the physical assistance of another individual; and

(3) Level 3 -- the resident physically or mentally is unable to walk or traverse a normal path to safety without the physical assistance of another person.

388-76-10820 The provider must ensure that residents who have an evacuation capability of level 2 or level 3 have their bedroom located on a grade level floor and exiting the building does not require the use of stairs, elevator, or platform lift to exit.

Question #2. A provider asks you what the regulations say about leaving a resident alone on the AFH. What regulation explains the requirement to you?

Answer: WAC 388-76-10195 the provider shall ensure that:

(1) Enough staff is available in the home to meet the needs of each resident if residents are in the home or not,

(2) Staff are readily available to meet resident needs if the home takes the resident out to another location and the resident negotiated care plan does not indicate it is safe for the resident to be left unattended for a specific time period; and

(3) All staff are skilled and able to do the tasks assigned to meet the needs of each resident.

Question #3. You go to an AFH and discover a sliding lock on the door of a resident's room. You suspect he is being locked in his room. What regulation addresses this issue?

Answer: WAC 388-76-10655 (1) the resident has a right to be free from physical restraints; and WAC 388-76-10665 involuntary seclusion.

Question #4 What other WAC applies in the situation in Question #3?

Answer: WAC 388-76-10695(3) the provider must ensure that every area used by residents:
(a) has access to one or more exits and must not pass through a room, garage, or other space subject to being locked or blocked from the opposite side; and
(b) is not accessible only by or with the use of a ladder, folding stairs, or trap door.

Question #5 During your visit to an AFH, a resident tells you that his nephew comes and takes all his money and he doesn't like it. What regulation addresses this issue?

Answer: WAC 388-76-10670 the resident shall be free from abandonment, abuse, financial exploitation, neglect and involuntary seclusion.

Question #6 A care givers in an AFH tells you that she saw another care giver hit a resident, She wants to know if is enough to just report it to the provider? What regulation gives direction in this situation?

Answer: WAC 388-76-10225 The provider and all caregivers shall immediately notify the department's toll-free complaint telephone number of any incidents involving allegations of resident abuse, neglect, exploitation or abandonment in accordance with the provisions of chapter 74.34 Abuse of vulnerable adults)

Question #7 You enter an AFH and find a caregiver overwhelmed and on the verge of tears. She says, I just started today, have no training, don't know the residents and hasn't even been orientated to the home. What training is required before a caregiver can have routine interaction with residents?

Answer: WAC 388-112-0040 (1) all paid or volunteer staff in adult family homes who begin work September 1, 2002 or later must complete orientation before having routine interaction with residents. Orientation must be provided by appropriate adult family home staff.

Question #8 In question #7 what other WACs would apply?

WAC 388-10135 The provider shall ensure that the provider, entity representative, resident manager and all caregivers: Possess a valid first-aid and CPR card prior to providing care for residents OR within 30 days of beginning to provide care for residents, if the provision of care is directly supervised by a fully qualified caregiver who has a valid first-aid and CPR card or certificate.

Who regulates AFHs

Page 9G

Put up a flip chart with the divisions of ADSA and ask participants what roles they think the divisions play. Write answers on chart paper.

Residential Care Services (RCS)
Home and Community Services (HCS)
Management services (MS)
Developmental disabilities (DD)

<u>Division</u>	<u>Role</u>
RCS	
HCS	
MS	
DD	

How AFHs are regulated

Page 9G

Briefly go over the functions of licensing and complaint investigation

On enforcement, explain that enforcement can only occur when a specific violation of a law or regulation is identified. There must be a failed facility practice leading to a citation.

Example:

A resident is struck by a caregiver. A complaint is called in and an investigation is done by licensing. The findings were as follows: there

were no deficiencies in hiring. Background checks were done and references were checked. All necessary training had been done. There had been no previous incidents involving this caregiver. The provider immediately put the caregiver on administrative leave, called in a report to the hot line and notified police.

There were no failed practices, therefore no citations and no enforcement possible, although the resident had been harmed in the incident. Had there been a deficient practice, serious enforcement action could be taken.

Why you need to know this

Page 10G

Ask participants why they think it is important to know this. If all the bullets in the manual are not covered, share the information.

Other facts about licensing

Page 10G

Discuss the bullets under this heading

Understanding citations

Page 11G

Explain the bullets on why you need to know this.

A written citation contains the following components

Statement of the requirement

 This is what the law or regulation actually says

Statement of the scope and severity

 This is essentially how many times or how many persons are affected and how serious it is

Statement of outcome. This includes possible impact not just actual

Supporting evidence (observations, interviews or record review)

 What you see, hear, smell, touch or read. Witnesses are critical.

Write requirements on chart paper

**Requirement
failed to
meet**

**Scope and
severity**

**Potential
outcome**

Evidence

**Priority of significance in evidence gathering
Observation is first, interview second and record review last.**

Discuss why what you see and hear from a resident is more important than what you read.

Learning activity #2

Page 11G

Discuss why it is important that all the components are there in a citation to clearly identify the problem for the provider. (The reason being so the provider can correct the problem or so the citation can hold up in an enforcement action.)

Hand out learning activity #2 to each participant.

Using the list of components of anatomy of a citation, identify and underline the above components in the following citation.

EXAMPLE OF A WRITTEN CITATION:

WAC 388-76-10805 Fire protection requirements (3) the facility must ensure that smoke detectors are in working condition at all times.

Based on Observation and interview, it was determined that the facility failed to ensure that three of four detectors were in working condition. The facility failed to ensure smoke detectors work in working condition placing all residents at risk of harm by fire.

At 2:00 pm on 11/6/2006, the provider was asked to test the detectors in room #1, #2, #3 & #4. The detectors in rooms #1, #2 and #3 did not function. Only the detector in room #4 functioned properly.

The provider made the statement "Oh, they haven't worked for a long time, but the residents are never left alone."

ANSWERS TO LEARNING ACTIVITY #2:

Example of a written citation:

WAC 388-76-76515 Fire protection requirements (3) the facility must ensure that smoke detectors are in working condition at all times.
(The requirement is stated.)

Based on observation and interview, it was determined that the facility failed to ensure that three of four detectors were in working condition. The facility failed to ensure smoke detectors were in working condition placing all residents at risk of harm by fire. **(Failure to meet requirement, scope and severity and potential outcome is determined.)**

At 2:00 pm on 11/6/2006, the provider was asked to test the detectors in room #1, #2, #3 & #4. The detectors in rooms #1, #2 and #3 did not function, only the detector in room #4 functioned properly.

The provider made the statement "Oh, they haven't worked for a long time, but the residents are never left alone." (**Supporting evidence is stated.**)

MODULE II

Motivating the provider

Page 12G

Ask the participants what motivates them to do something that they would rather not do. If they don't include the following items, bring them up; fear, guilt, positive feedback, negative feedback, threats or rewards.

Ask what are some things to do to motivate the provider

Share the remainder of the information in the bullets.

Adult family home visits

Previsit preparation

Page 14G

Ask participants what they would take with them on a visit.

Ask participants what they think is most important on the first visit. And what other information should be gathered. If building rapport with the provider doesn't get mentioned, be sure and include it. Make sure all information on bullets is covered.

Initial visit

Page 14G

Talk through bullets under this section, referring the participants to attachment #1 and #2

LEARNING ACTIVITY #3 – SKILL PRACTICE ON INTERACTIONS WITH PROVIDERS

Page 16g

Read through scenario #1. When reading quotes from provider, use an angry or irritated tone of voice. Make it real.

Read response #1 in your most officious voice. Then response #2 in a reasonable voice. Ask participants to comment on the responses. Ask them when they might have to use response #1 (the answer is when response #2 fails).

LEARNING ACTIVITY #3 CONTINUED-

Case Scenario #1

You have entered an adult family home for the first time to make an ombudsman visit. You are wearing your badge, have presented your credentials, and explained your role.

The provider looks at you suspiciously and says, "You look like you are from the government. I just had my inspection yesterday and don't have time to mess with you now. "Don't you people ever get tired of violating our constitutional rights, this is my private home. I'll have to ask you to leave".

Response #1

You reach into your briefcase and bring out your regulations and show the provider the law regarding the ombudsman visits and you say, " The law is clear that you can be fined if you interfere with my work; please let me get started."

Response #2

You pause to get your emotional responses in check and then state, "Actually, I do not work for the government. I am a volunteer from your community. It sounds like maybe you had a difficult time with your inspection and are feeling angry and discouraged. Do you need to talk about it? Can you share your concerns with me, maybe I can help?

Discuss the two responses and ask participants if they can think of another response to this case scenario.

The second half of the activity has participants work in pairs and write responses to Case scenario #2 and #3. Ask them to role play the responses using different body language and tones of voice.

Participants will work in pairs and write a possible response to the following case scenarios and then role play the interactions.

Case Scenario #2

You are in an adult family home on a complaint investigation and after you greet the provider and explain the purpose of your visit, the provider bursts into tears and says "You've come to shut me down, haven't you?"

Case Scenario #3

You have finished your complaint investigation visit and as you are leaving the provider says "It was Mrs. Jake's family that complained, wasn't it? As far as I'm concerned, they can just take her home. I'm sick of it."

Interview vs. interrogation**Page 17G**

Go around the room and have participants read the Interview vs. Interrogation guide on page 17.

Routine visits**Page 18G**

Talk through information under this section. Refer them to Attachment #1 Adult Family Home Visit Guidelines on page 26.

Open and closed questions**Page 18G**

After looking at Attachment #2 for suggestions on observations and interviews, talk about the importance of open ended questions and keeping the interview going.

Learning activity #4A open ended questions**Page 18G**

Hand out Learning activity sheet. Ask them to look at the closed questions and write a version of an open ended question for the 4 questions. After 5-8 minutes ask them to read their questions. You may then hand out the suggested answers for the activity.

Learning activity #4A skill practice on Open questions

Read the closed questions and create a different question that is an open question.

- New admission to the facility:

Closed: Did you like your first few days?

Open:

- Personal Life Style:

Closed: Do you like to go out? Would you rather just stay here?

Open:

- Adjusting/Fitting In:

Open:

- Home Routine:

Closed: Is everything at this facility okay?

Open:

Suggested answers for 4A skill practice on open-ended questions:

- New admission to the facility:

Closed: Did you like your first few days:

Open: Tell me about your first day. How was it?
What did you do?

- Personal Life Style:

Closed: Do you like to go out? Would you rather just stay here?

Open: How did you spend your free time before admission?

- Adjusting/Fitting In:

Closed: Is everyone treating you fairly?

Open: How are you getting along with the staff? How are you getting along with the other residents? What are your fellow residents like?

- Home Routine:

Closed: Is everything at this facility okay?

Open: How does the schedule fit in with your previous routine?
How are you managing?

Learning Activity #4B practice open ended questions

The participant has received a complaint where there is a complaint about the care in an AFH by the daughter of an elderly woman. Information in the complaint indicated that the food was unpalatable, it was noisy at night and caregivers were rude. Also the complainant stated that her mother didn't like to 'make waves', and all her life had just put up with things, even serious things.

In this activity practice questioning with open ended questions with a focus on keeping the conversation going.

1. Participants will work in pairs. Hand out one card to each pair. On one side is the statement "My daughter says I'm being abused in this AFH."
2. The other side of the card has the word "CLOSED" in red.
3. The person that is not holding the card starts asking questions about the issue.
4. The person holding the card answers the questions until they feel communication is being shut off wither by a closed question or they feel interrogated.
5. The card is then turned to show the work CLOSED

Complaint visit

Page 19G

Ask participants about issues that may be the subject of complaints. Using chart paper, list these issues.

<p><u>Complaint</u> <u>issues</u> resident left alone <u>Plan</u></p>
--

Pick the resident left alone and talk through the plan. Who to interview, etc.

Follow up visits

Page 20G

Using the issue selected for complaint plan activity, ask participants how they would plan their visits. For example, for the residents left alone issue, you would want to do a follow up visit at the time of day they were allegedly left alone (for after hours visits, remember you need permission of your supervising ombudsman. Use chart paper to write down their suggestions.

<p><u>Plan</u></p>

Documenting your visit for referral to licensing

Page 21G

Do an overview of the required information when a LTC ombudsman makes a referral to the Hotline.

Have participants document a referral using the following format. Possible violated WACs are 388-76-10030, licensed capacity and 388-76-10820 Resident evacuation capabilities and location of resident bedrooms. They may find other regulations that fit. If not contained in your excerpts, look up in your resource manual of complete WACs.

LEARNING ACTIVITY #5: DOCUMENTING A REFERRAL

You have just left the “Abiding Love” Adult Family Home after doing a complaint investigation with the allegation that the home has seven residents living there.

During your visit you determined that the provider is the sole caregiver. You have counted seven residents, all unrelated to the provider. It is clear the home is over capacity. You find that the most recent admission is Mr. James, an elderly male that difficulty ambulating and cannot manage stairs without the assistance of another person.

Mr. James, the new resident, has a room that to your eye appears very small, lacks a window and has three steps that must be navigated to go to or from the room. Three other residents have Alzheimer’s disease and require help with ADLs and direction to attend meals or to go to their rooms.

When you talk to the resident, he seems confused and physically weak. You have concerns about his medical condition and his inadequate room, but you are most concerned about the resident’s physical inability to navigate steps by himself in case of an emergency.

This concern, coupled with your knowledge of other residents in the facility that require help to exit in an emergency, gives you concern. The presence of only one caregiver sleeping in the home to assist at least four dependent residents leads you to refer this situation to the licensing agency.

Using the following blank format on the next few pages document your referral.

DOCUMENTING YOUR VISIT FOR REFERRAL TO LICENSING:

Required Information when a LTC Ombudsman makes a referral to The Abuse and Neglect Reporting Hotline- Complaint Resolution Unit (CRU).

Questions to ask yourself before you make a referral:

- Do you have consent from the resident or representative if the resident can't speak on his/her behalf?
- Is there a more appropriate person to make the call such as the resident or family directly?
- If staff reports a suspected abuse or neglect situation to you have they reported it as a mandatory reporter as required by law?
- Have you consulted with your regional ombudsman?

When making a referral includes the following information:

- Name and address of Facility
- Name of Ombudsman and phone number and address of Regional Program

Description of event(s) including:

1. Date and time of the event:

2. Location in the facility:_____

3. Name of resident(s) involved (with permission) Room # and bed

Describe the nature of the complaint including any facility staff involved:

What law or WAC do you think was violated? Be as specific as possible.

Name and phone number of any other persons who can verify the complaint.

Instructions to CRU regarding follow-up:

Does the resident or representative want to be contacted directly by the Complaint Investigator?

What is the best way to contact?

Where should reports be sent to? The resident? The Ombudsman?

After calling or faxing the complaint:

The CRU office staff will call you or the Regional LTCO with the Control Number. This is your best way to track the complaint through the Residential Care Services Complaint System.

This case must be entered into Ombudsmanager. Once the final report is obtained, you can determine with the complainant if they are satisfied with the outcome or not.

Attachments

Page 25G

Do an overview of the contents of the attachments.

Explain that:

- Attachment #1, the Adult Family home Visit Guidelines, is a suggested tool in draft form.
- Attachment #2 is written to assist in observations and interviews.
- Attachment #3 is a collection of special topics to discuss
- Attachment #4 contains assistance in working with interpreters.
- Attachment #5 is an Access to resident representatives form

Summary

Page 38G

Review information covered during training. Ask if there are any unanswered questions.

**Highlight quote about continuous learning to close the meeting.
close**

“There will come a time when you feel comfortable in your ombudsman shoes, but you will never know everything there is to know because each situation and resolution is as unique as each resident we serve.”

Michal Glauner, Regional Ombudsman – Snohomish County

