

Overview of Facility Closure Process for LTC Ombudsman

The State of California is committed to minimizing the disruption of medical care and other supportive services to residents of long-term care (LTC) facilities in the event of a facility closure or other major event requiring the timely physical relocation of multiple residents. Circumstances prompting relocation can vary widely and may include voluntary facility closure, expiration or termination of a facility's provider agreement with Medicare or Medicaid/MediCal, revocation or non-renewal of a facility's state license.

The following process is intended to guide Ombudsman Coordinators, other representatives of the Office of the State Long-Term Care Ombudsman and key partners as they respond to events precipitating a facility closure. Note that this is an illustrative guide and that the sequence of some of the following steps may vary depending on the nature and conditions of the closure, the responsiveness of the facility's Administration and other factors.

I. The Ombudsman Coordinator identifies the members of the facility closure local Strike Team.

It is important to develop strong working relationships with relevant agencies and institutions before the threat of a closure arises. Ombudsman Coordinators should identify and invite key local contacts within these agencies to form a Strike Team who can provide support in the event of a facility closure. If required, state-level authorities within these agencies may be leveraged to help address more complex or intractable issues. These may include:

- a. CA Department of Aging
 - i. The State Long-Term Care Ombudsman Program, State Officers and Program Analysts
 - ii. Office of the Long-Term Care Patient Representative, State Officers and Local Representatives
 - iii. Division of Home and Community Living, Aging and Disability Resource Connection (ADRC), [Core Partner Organizations](#)
- b. CA Department of Public Health (for SNFs and ICFs),
 - i. Licensing and Certification (L&C) Division, District Offices
- c. CA Department of Social Services (for RCFEs and ARFs),
 - i. Community Care Licensing Division (CCLD), Regional Offices
- d. CA Department of Health Care Services,
 - i. California Community Transitions (CCT), local [Lead Organizations](#)
- e. County Health Department
- f. County Veteran's Services Office (when a qualifying veteran resides in the facility)
- g. Medical Health Operational Area Coordinator (MHOAC) (in the event of a disaster or emergency)

II. Notification

- a. The Ombudsman or other member of the Strike Team learns of a potential closure. If the OSLTCO is notified about a potential closure first, the OSLTCO will alert the Ombudsman assigned to the closure facility.
- b. The Ombudsman notifies all Strike Team members of a potential closure.

III. Ombudsman Response Plan Potential closure/emergency is verified and/or the situation is monitored.

- a. The Ombudsman Coordinator and Strike Team members discuss and verify the closure. If critical details are unknown, a member of the Strike Team will be assigned to verify the information by communicating with the facility.
- b. The timeline for closure or resolution of emergency is determined.
- c. Determination is made whether there is an adequate plan of action or no further action is needed.
- d. Determination is made that there is an inadequate plan of action and additional action is required.

IV. Facility Administration Notifies Residents, Family/Representatives/Guardians and Staff of pending closure

- a. CMS notifies L&C or CCDL and publishes legal notice during involuntary closures (Ref. 42 CFR 488.456).
- b. Facility Administration coordinates the scheduling of a Resident and Family Council meeting with Strike Team.
- c. Ombudsman Coordinators can encourage Administration to share notification with licensing agency and OSLTCO prior to distribution to ensure it meets regulatory requirements and is culturally sensitive and linguistically accessible.
- d. Notice sent to residents, family/representatives/guardians notifying them of closure including date and time of meeting.
- e. Notice should include physicians, therapists, vendors, and ancillary services.

V. Initial facility closure coordination meeting is called. This is to be arranged as soon as possible after the Ombudsman Coordinator and Strike Team members become aware of the closure.

- a. Meeting is convened by the relevant oversight agency (CDPH or CDSS). (The Ombudsman may request a meeting if responsible agency has not taken the lead in convening.)
- b. Participants invited include Strike Team members as well as relevant additional members (e.g. CADHR).
- c. The authority of all participants to hear and receive confidential information is ensured.

VI. Initial Strike Team meeting is held.

- a. Agenda
 - i. Provide status update.
 - ii. Discuss reason(s) for closure.
 - iii. Ascertain target date for closure.
 - iv. Share agency roles and assess resources available within the facility.
- b. Strike Team members determine need for additional meeting

VII. Ombudsman expands on-site monitoring activities. Ombudsmen meet one-on-one with each resident or family members to discuss the closure process and their rights.

VIII. Determination is made when the facility is likely to move from pending to imminent closure considering:

- Severity of compliance issues

- Financial (in)stability
- Business decision
- Fraud
- Life Safety

IX. Solicit important information from facility Administration or Transition Team

- a. Ask facility to send resident roster and identify potentially harder-to-place individuals
 - i. Facesheets (SNFs/ICFs) or Resident Information forms (RCFE/ARFs) can be very helpful to Ombudsman. Consider requesting resident/responsible party consent to obtain these forms from the facility.
- b. Request facility to send regular (weekly/daily) census reports.
- c. Identify open beds within the county and surrounding areas. If needed, contact Ombudsman programs in other areas for available bed information.

X. Additional Strike Team meeting(s) is/are conducted to discuss operational aspects of closure
(These meetings may include the facility Administration or Transition Team.)

- a. Suggested Agenda
 - i. Discuss any updates received from facility and through on-site monitoring activities.
 - ii. Discuss resident placements and current census.
 - iii. Assess relocation difficulties.
 - iv. Discuss the status of facility operations and staffing.
 - v. Determine/Confirm/Reevaluate date of closure or resolution of pending issues.
 - vi. Inform Administration or Transition Team of Strike Team roles and other resources that may be available to support the facility on behalf of the residents.
 - vii. Determine the need for and schedule additional meeting(s) if needed/requested.

XI. Strike Team encourages Administration or Transition Team to schedule a residents/representatives meeting as soon as possible. This meeting should include the Administration, Strike Team agencies, and other appropriate entities. This meeting should be in-person and information shared must not be confidential in nature. The meeting should be held within 24 – 48 hours after the facility notifies residents and responsible parties of the closure.

XII. Administration or Transition Team holds a meeting with resident/representatives where Strike Team members are present.

- a. Administration or Transition Team provides updates on closure and process. They should:
 - i. Discuss reason for closure/emergency
 - ii. Discuss placement options
 - iii. Discuss the proposed timeline for closure or resolution of emergency
- b. Administration or Transition Team informs residents/representatives of the various roles of supporting Strike Team agencies and resources that may be available to residents and representatives.
- c. Determination is made for the need for additional meeting(s) and schedule additional meetings if needed/requested.

XIII. If determined necessary, on-site monitoring is conducted by the Ombudsman to:

- a. Offer assistance and support to the residents
 - i. Ensure needs are met, rights are protected, complaints are documented and addressed, and individuals are not pressured into signing documents or agreeing to relocate against their volition.
 - ii. Distribute resident rights information
 - iii. Answer questions and serve as a resource

XIV. Ombudsman Coordinator and Strike Team convene Resident and Family Council meetings

- a. These meeting may be in-person or conducted over virtual platforms.
- b. The information shared shall not be confidential.

XV. Weekly Strike Team and additional team member calls conducted to:

- a. Discuss resident placements/census
- b. Discuss relocation difficulties
- c. Discuss operational considerations

XVI. Facility Administration/Transition Team works with residents to find appropriate placements

- a. Facility ensures clinical assessments are conducted for all residents to determine care needs.
- b. Facility takes the lead in finding appropriate placement options for all residents.
- c. Discharge plans are developed by facility *in consultation with residents or responsible parties*.

XVII. Ombudsman Coordinator and Strike Team members mobilize support for resident moves

- a. Can check records of those residents who may be refused admittance to a facility to make sure they are up-to-date. May suggest facilities interview and assess the resident themselves to see if they might reconsider.
- b. May support the preadmission screening process to determine and clear resident eligibility requirements (e.g., TB and COVID testing).
- c. Can assist with linking to home and community-based supportive services and assess Assisted Living Medicare Waiver availability in the region.
- d. May mobilize community, civic groups, and philanthropic efforts in support of resident's move.

XVIII. Facility begins discharge preparations for individual Residents

- a. Facility ensures an inventory has been taken of residents' personal possessions
- b. Facility ensures personal possessions have been packed and secured in a secure manner

XIX. Facility Closes

- a. Last remaining residents are transferred to new facilities

XX. Facility surrenders License or Certificate

XXI. Ombudsman Coordinator conducts follow-up to resident in new facility

- a. An Ombudsman visits residents who have transferred to a new licensed nursing home, residential care facility or assisted living facility to check to see if the resident has concerns about the move or the care and services at the new home.

- b. If the resident transfers to a new facility located outside of their coverage area, the Ombudsman can contact the Ombudsman's office responsible for the facility where the resident now resides, so they can provide the follow-up visit.