

July 15, 1999

Letter to State Long-Term Care Ombudsmen

Dear State Ombudsmen:

As you are aware from your own information and from recent news articles which have been circulated on the ombudsman e-mail network and are copied below, some nursing home chains are publicly reporting difficulties which could have an adverse impact on resident care. Other facilities, whether a chain provider or not, could also experience a sudden downturn that would directly affect resident care.

On June 18, 1999 Sally K. Richardson, Director of the Center for Medicaid and State Operations, Health Care Financing Administration, sent the attached letter to the State Survey Agency Directors outlining items which should be included in state contingency plans in the event of a large-scale disruption or failure of health care operations. Most state ombudsmen are already involved in state contingency planning, but if you are not yet involved, I strongly urge you to ascertain your state's plans and do whatever you can to ensure that the needs and rights of residents are adequately addressed.

Local ombudsmen who are in facilities on a regular basis are well situated to detect signs such as those listed below that a facility may be having difficulties which could affect resident care:

Failure to meet or late meeting employee payroll.

High levels of staff walkouts or rumors or walkouts, resignations, "no-call no-shows."

Failure to make needed repairs or urgent capital improvements, including roof repairs, furnace/boiler repairs, backup generator repairs, fire/smoke detection system repairs.

Dramatic increase in number or seriousness of resident/family staff complaints, including neglect, staffing or withholding of care and services.

Major reductions in services or programs provided to residents, such as elimination of most activities programs.

Elimination or reduction of snacks and substitution of less costly and appealing food products with concurrent elimination or reduced availability of more expensive food items, such as: no longer offering residents nutritional drink supplements (e.g., ensure, sustacal, etc.), which are rather expensive.

Increased emergency room admissions (APS referrals or deaths) due to negligent care such as malnutrition, dehydration, etc. or use of ER as the primary MD provider in order to save on MD costs.

Reports in the community or directly to ombudsmen that a facility is not paying its bills (laundry, supplies and other purchases/services).

I am calling these indicators to your special attention and asking that you ask your local programs to be particularly aware of homes in their areas whose owners might be experiencing difficulties. Please ask them to notify you and the state survey agency if they detect the above signs or other indicators that a facility's difficulties may be impacting on resident care. If you receive such information from your local programs or others in your state, please notify the state survey agency immediately. The Health Care Financing Administration (HCFA) is asking its Regional Offices to inform the state survey agencies that ombudsmen may be contacting them with such reports and to work with ombudsmen and others to ensure that residents are protected from adverse circumstances which facilities may experience.

Your vigilance and responsiveness on this will be of utmost importance.

Sincerely,

Sue Wheaton
Ombudsman Program Specialist
Administration on Aging

cc: State Directors on Aging

Attachments