



# 2023 ANNUAL REPORT

## ND LONG-TERM CARE OMBUDSMAN PROGRAM

This annual report is compiled and distributed  
in compliance with federal and state law.



The Office of the State Long-Term Care Ombudsman is a programmatically independent, resident-directed advocacy service located within the North Dakota Department of Health and Human Services, Adult and Aging Services Section. Points of view, opinions or positions of the office are that of the Office and do not necessarily represent the views, positions or policies of the North Dakota Department of Health and Human Services [See 45 CFR part 1324.11(e)(8)].

**Please direct comments or discussion about the contents of this report, or issues impacting residents of long-term care homes to the State Long-Term Care Ombudsman at [kbackman@nd.gov](mailto:kbackman@nd.gov).**

**Prepared by:**

Karla Backman, State Long-Term Care Ombudsman  
(701) 328-4617, [kbackman@nd.gov](mailto:kbackman@nd.gov)

Data used is from the Federal Fiscal Year (FFY) 2022 National Ombudsman Reporting System report (*October 1, 2021 – September 30, 2022*)


## CONTENTS

COMMENTS OF STATE LONG-TERM CARE OMBUDSMAN.....	4
VISITS WITH RESIDENTS.....	5
SYSTEMS ADVOCACY.....	6
DATA REPORT .....	7
TOP THREE MAJOR COMPLAINT CATEGORIES.....	8
INFORMATION & ASSISTANCE DATA.....	10
TRAINING SESSIONS FOR FACILITY STAFF .....	10
PARTICIPATION IN FACILITY SURVEYS .....	10
OMBUDSMEN: RESIDENT DIRECTED ADVOCATES.....	11
CONTACT THE OMBUDSMEN .....	13

## COMMENTS TO RESIDENTS AND STAKEHOLDERS

A part of this report is the data on the number of complaints handled by the long-term care ombudsmen. However, this data is not the complete picture. Those numbers reflect only a portion of the individuals who have less than optimal experiences. Many individuals residing in long-term care facilities share with the ombudsmen their fears that if they speak up, they will be labeled a complainer or suffer from retaliation. A foundational principle of the long-term care ombudsman program is that the individuals direct our involvement as advocates and our reporting forward of their complaints. Thus, if the resident has fears that “it will get worse” etc., they generally will not provide consent to allow the ombudsman to address their concerns. To build and preserve trust we respect that individual choice to build and preserve trust. Thus, these situations are not counted in the individual cases and complaint numbers.

The vision and goal of our small team of long-term care ombudsmen is that all individuals residing in a long-term care facility shall direct their care and life decisions with the facility staff supporting this and doing their part, so each individual’s experience is that of the highest quality of life and quality of care. The ombudsmen are on the frontlines and are vigilant in working to resolve concerns and employ creativity in problem solving and advocacy. There is always a new and different situation arising.

A handwritten signature in black ink that reads "Karla Backman". The script is cursive and fluid.

Karla Backman, LBSW  
State Long-Term Care Ombudsman



## VISITS WITH RESIDENTS

Below is a chart showing the number of visits to residents in facilities during Federal Fiscal Year 2022. The long-term care ombudsman federal data report defines two levels of care.

- **Nursing Facilities** - Includes nursing homes and swing bed facilities in N.D.
- **Residential Care Communities** - Includes basic care and assisted living in N.D.

### VISITS TO RESIDENTS IN FACILITIES - FFY 2022

	Nursing Facilities	Residential Care Community
Number of facilities that received one or more visits	110	140
Number of visits for all facilities	459	545
Number of facilities that received routine access* visits	89	114

\*Routine access means the facility has been visited at least once per quarter.

#### North Dakota Long-Term Care Facilities (Homes):

- 78 Nursing facilities
- 34 Swing bed facilities
- 65 Basic care facilities, and
- 75 Assisted living facilities



## SYSTEMS ADVOCACY

This past year, systems advocacy continued with individual facilities to address health, safety, welfare and rights issues.

For the immediate future systems advocacy will focus on investment of resources towards the goal of accountability.

In preparing for the 2023 Legislative System, a budget request was made for additional resources to do *regular compliance surveys and complaint surveys for basic care facilities*. However, the request in the Department of Health and Human Services budget was not carried through into the Governor's budget.

Prior to March 2020, the protocol was that each basic care facility was surveyed once every three years for compliance with licensing standards and quality of care, with complaint surveys taking place as needed. That time frame of once every three years was not ideal. The current reality of only complaint surveys being conducted and only for egregious complaints is even less ideal. Resources need to be allocated for staff in Health Facilities, so there can be regular and timely survey responses for the basic care facilities. Oversight and accountability are needed to track trends in basic care and to identify where changes need to be made to ensure that residents receive services to provide quality of care and quality of life. The response to complaints needs to be timely because often those issues impact health and safety.

As the program administrator, I also have a vision to add ombudsman staff. The federal Long-Term Care Ombudsman Program final rule charges the program to:

*"Ensure that residents have regular and timely access to the services provided through the Ombudsman program, and that residents and complainants receive timely responses from representatives of the Office to requests for information and complaints;"*

Current North Dakota policy directs ombudsmen to visit the residents in every long-term care facility *at least once per quarter and to respond to complaints in-person as necessary*.

One of the local ombudsmen shared her experience at one of her facilities. She had been receiving multiple complaint calls from the individuals in that facility. She responded as often as needed and possible. Her practice was to address the complaint but also talk and work to connect with other residents and families. She then noticed

that due to the more frequent visits, she became more known at the facility. Now when she walks in, she is greeted by the residents and many of them ask for time to visit privately with her. The more frequent visits required to handle the concerns led to the ombudsman becoming more visible and trusted by the residents. This would be the best practice for all ombudsmen so that facility residents have that trusted resource to share with and help them in resolving their concerns.

However, there are only five full-time local ombudsmen, one local ombudsman at .75 full-time equivalent (FTE) and one .75 temporary, grant- funded local ombudsman traveling to visit 252 facilities across the state. The visits can't be long enough or frequent enough to establish a trusting relationship with residents, which is critical to the residents sharing their concerns and issues with the ombudsmen.

## DATA REPORT

### DATA FROM THE FFY 2022 FEDERAL NORS REPORT

#### FFY 2022 COMPLAINT DATA

- **276 total cases investigated and closed** in FFY 2022
- **371 separate complaints investigated within these cases.**

#### Complaint Investigation Process

Long-term care ombudsmen investigate complaints received by or on behalf of a resident in long-term care. Regardless of who reports the complaint, the resident is the individual guiding the level of investigation, follow up and resolution. The ombudsman works to first educate and empower the resident by explaining residents' rights and options. If the resident provides permission for the ombudsman to investigate the concern, a plan of action is developed with the resident. During the investigation, the resident is consulted if further direction is needed. After the investigation, the resident determines if the resolution is acceptable and if the issue is resolved.

**Definition of Complaint** as per Administration for Community Living/Administration on Aging – Office of Long-Term Care Ombudsman Programs

"An expression of dissatisfaction or concern brought to, or initiated by, the Ombudsman program which requires Ombudsman program investigation and resolution on behalf of one or more residents of a long-term care facility."

The following table shows the **top three** major complaint categories received for cases closed in FFY 2022. *(Categories are established by the Administration for Community Living/Administration on Aging – Office of Long-Term Care Ombudsman Programs.)*



### Top Three Complaint Categories

Major Complaint Category	Number of Complaints	
	FFY 2021	FFY 2022
Care	76	93
Autonomy, Choice, Rights	97	79
Admission, Transfer, Discharge, Eviction	33	38



## FFY 2022 COMPLAINT DATA (cont)

- **49%** of the *complainants* (individuals reporting a complaint) were residents, and **25%** were resident representatives, friends or family.
- **68%** of the 371 complaints were *verified*. The verification is a confirmation that most or all facts alleged by the complainant are likely to be true.
- Also **61%** of the complaints were *partially or fully resolved to the satisfaction of the resident, resident representative or complainant* as shown on the chart below.

Disposition Status	Nursing Facilities	Residential Care Community	TOTAL
Partially or fully resolved to the satisfaction of the resident, resident representative, or complainant	133	91	226
Withdrawn or no action needed by the resident, resident representative, or complainant	35	18	53
Not resolved to the satisfaction of the resident, resident representative, or complainant	58	34	92

## INFORMATION & ASSISTANCE CONSULTATIONS TO FACILITY STAFF (in person, by phone, or by e-mail)

A total of **607 consultations were documented**. An increase from 494 consultations last year.

### Most Frequent Topics out of 50 Topic Choices

1. Transfer/Discharge
2. Resident Rights
3. Behavioral Issues

## INFORMATION & ASSISTANCE CONSULTATIONS TO INDIVIDUALS (defined as residents, family members, community persons, etc.)

There were **857 information and assistance contacts with individuals**, which is an increase from 755 last year.

### Most Frequently Discussed Topics

1. Resident Rights
2. Transfer/Discharge
3. Quality of Care Issues
4. Abuse/Neglect/Exploitation

## TRAINING SESSIONS FOR FACILITY STAFF

- The ombudsmen completed *30 training sessions* for facility staff at the invitation of facility administration.

## PARTICIPATION IN FACILITY SURVEYS

- As per federal regulation, HHS Health Facilities staff, the CMS appointed Survey agency, contact the long-term care ombudsmen prior to doing surveys in certified nursing homes for input on concerns, reports of observations, etc. The ombudsmen are also invited to attend the exit surveys when the facility is informed of the likely deficiencies and overall findings of the survey team. In FFY 2022, the ombudsmen were able to participate in *60 nursing home surveys*.



## OMBUDSMEN: RESIDENT DIRECTED ADVOCATES

**(AKA representatives of the Office)**

These are the staff of the Long-Term Care Ombudsman Program in North Dakota.

- Sandra Brandvold – local ombudsman assigned to the counties of Towner, Cavalier, Pembina, Walsh, Ramsey, Benson, Pierce, Wells, Eddy, Foster, Nelson and northern Grand Forks.
- Laura Fischer – local ombudsman assigned to the counties of Grand Forks County, Griggs, Steele, Traill and Cass.
- Mark Jessor – local ombudsman assigned to the counties of Cass, Barnes, Stutsman, LaMoure, Ransom, Dickey, Sargent and Richland
- Shannon Nieuwsma – local ombudsman assigned to the counties of Emmons, Logan, McIntosh, western LaMoure, western Dickey, Kidder and Burleigh
- Chris Garver - local ombudsman assigned to Morton, Burleigh, Sheridan and southern McLean counties (.75 FTE)
- Peggy Kelly – local ombudsman assigned the counties of McKenzie, Golden Valley, Dunn, Mercer, Stark, Bowman, Hettinger, Adams and Grant **(.75 FTE)**
- Debbie Kraft – local ombudsman assigned to the counties of Divide, Burke, Renville, Bottineau, Rolette, Williams, Mountrail, Ward, McHenry and northern McLean
- Karla Backman - State Long-Term Care Ombudsman (statewide program administrator)

As per the “workplace directive of HHS” each of these staff work from an office area in their home.

At the end of November 2022, we were able to hire an additional ombudsman, Chris Garver. His hiring was possible through a federal grant - the American Rescue Plan (ARP) for LTCO. The complaints and calls in the Bismarck/Mandan area had escalated to at least two times the number in other areas. The assigned ombudsman had a challenging time meeting the needs for that area while also covering the rest of her zone. Thus, the decision was made to use the grant funding to hire a .75 local ombudsman. Currently the position is not sustainable past the expenditure of the grant’s funds. A request was made to include another long-term care ombudsman position included in the FTE and budget request this past legislative session, but it wasn’t included in the Governor’s budget.

*Currently there are five (5) volunteer ombudsmen.* The volunteer ombudsmen commit to making at least monthly visits (typically weekly) for a few hours per visit to one assigned nursing home. There are also three more potential volunteer ombudsmen in the training process. It is exciting and hopeful to have the number of volunteers increase from one. American Rescue Plan (ARP) monies granted to the Ombudsman Program were also used for a marketing campaign for volunteer ombudsmen, which led to the interest and increase of volunteers.



To become a volunteer ombudsman an individual must go through a screening process, which includes a background check, a conflict-of-interest screening, and a reference check. Once these are completed, the individual must participate in a minimum of 36 hours of initial certification

training. (This is per Administration of Community Living’s training standards.) This includes:

- up to 7 hours of independent study;
- at least 10 hours in the field (job shadowing etc.);
- a range of 16-20 hours of classroom style training.

The National Ombudsman Resource Center has put together 10 training modules, which are being used in North Dakota to meet the training hours.

## CONTACT THE OMBUDSMEN

- **Phone:** (701) 328-4617 or toll-free (855) 462-5465, option 3, or 711 (TTY)
- **Email:** [dhsagingombud@nd.gov](mailto:dhsagingombud@nd.gov)
- **Fax:** (701) 328-0389
- **Submit:** Online complaint form [SFN 1829 Complaint Form](#)

Please direct individuals with questions or concerns impacting the health, welfare, safety or rights of residents of long-term care homes to the Long-Term Care Ombudsman Program. The ombudsmen can provide information, problem solving, and/or advocacy on those issues.

Karla Backman, State Long-Term Care Ombudsman  
(701) 328-4617, 711 (TTY) or [kbackman@nd.gov](mailto:kbackman@nd.gov)