

Advocacy, Education, and Empowerment for Californians Residing in Long-Term Care Facilities



Annual Report Federal Fiscal Year 2012



**California Long-Term Care
Ombudsman Program**

Published May 2014

MISSION

The mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of ensuring their dignity, quality of life, and quality of care.

Message from the State Long-Term Care Ombudsman

This Annual Report describes the performance and goals achieved by the California Long-Term Care Ombudsman Program (LTCOP) in Federal Fiscal Year (FFY) 2012. The report provides a “snapshot” of the work of approximately 145 program staff and 850, certified Long-Term Care Ombudsman representatives.

Thirty-five local Ombudsman programs enter information about their cases and activities into a statewide database. The Office of the State Long-Term Care Ombudsman (OSLTCO) then compiles the data into an annual State report using the National Ombudsman Reporting System (NORS). NORS analyzes State results using standards set by the U.S. Administration on Aging.

Through 2020, California is projected to be one of the fastest growing states in the nation. During this same period, we expect California’s older (age 60-90+) population to grow more than twice as fast as the general population, an increase of 112% between 1990 and 2020, according to data from the California Department of Finance.

As of State Fiscal Year (SFY) 2011-2012, local assistance funding for the 35 local LTCOPs has been reduced by 26.4% compared to SFY 2007-2008 funding levels. Simply preserving reasonable resident access to local Ombudsman advocacy services has been a struggle during this time.

Planning for this population shift, including sensible objectives to address the increase in the number of people living in long-term care (LTC) facilities, requires adequate and consistent funding and resources if the legal mandates of the LTCOP are to be met.

I welcome your interest and feedback about the results of FFY 2012 Ombudsman advocacy services provided by the exceptionally dedicated certified Ombudsman representatives working in more than 8,900 licensed LTC facilities throughout California.



Joseph Rodrigues, State Long-Term Care Ombudsman
May 2014

The California LTCOP provides free, individualized advocacy services to any resident of a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or Residential Care Facility for the Elderly (RCFE).

Combined, these LTC settings have the capacity to accommodate more than 290,000 elder and disabled adults who require significant help with activities of daily living or more specialized nursing care.

In California, the State Ombudsman designates and provides oversight and guidance to 35 local LTCOPs. Local program staff provide extensive certification training, supervision, and continuing education activities for approximately 850 certified volunteers.

Ombudsman representatives maintain a meaningful presence in facilities by conducting regular visits and building trust with residents, or with their representatives, who may have concerns about their care and treatment. Resident privacy, personal rights, and individual empowerment are key principles of the program. The Ombudsman representative is required to represent the wishes of the resident and works to resolve concerns to the satisfaction of that individual.

The federal Older Americans Act (OAA) of 1965 (amended and reauthorized in 2006) and the Older Californians Act of 1980 (reauthorized and enacted as the Mello-Granlund Older Californians Act of 1996) mandates the services of the LTC Ombudsman. The Governor appoints the California State Ombudsman. By federal and State law, the State Ombudsman is an independent voice for residents. The OSLTCO is an independent advocacy program, located within CDA, which provides administrative, fiscal and technical resources in support of the program.

The LTCOP is an important safety net for some of the most vulnerable individuals in our communities.

Services include:

- Confidential, individual resident advocacy, and complaint investigation (including reports of elder and dependent adult abuse and neglect).
- Residents' rights education and support for resident and family councils in facilities.
- Witnessing advance health care directives (AHCD) and property transfers for residents of SNFs.
- A 24-hour toll-free telephone CRISISline.
- Community education, training, and consultations on quality care and overall quality of life for people living in LTC settings.

In 2012, Joseph Rodrigues, California State Long-Term Care Ombudsman and President of the National Association of State Long-Term Care Ombudsman Programs (NASOP), led the Association's development of suggested amendments to the Older Americans Act (OAA). Mr. Rodrigues worked closely with U.S. Senate staff to ensure that NASOP's suggested amendments were included in Senator Bernie Sanders' (I-VT) reauthorization bill. During FFY 2012-2013, he also testified several times in Washington, D.C. on the role and mission of the LTCOP and why these amendments would strengthen the Program.



Senator Bernie Sanders (L) and Joseph Rodrigues, State Ombudsman (below) speaking in support of Senator Sanders' bill to reauthorize the OAA.



*Burlington, Vermont
Spring 2013*

FFY 2012 California LTCOP National Advocacy Activities

In 2012, the California State Ombudsman worked with key program staff of the federal **Centers for Medicare and Medicaid Services (CMS)** on the provision of Medicaid reimbursement for specific Ombudsman activities. Significant progress was made in establishing the premise that certain Ombudsman activities are eligible for reimbursement. These activities include LTCOP functions, such as assistance to individuals in applying for Medicaid, benefits review, and service planning for Medicaid beneficiaries.

The following are examples of LTCOP activities that may be eligible for Medicaid administrative funding:

- Providing Ombudsman services to assist beneficiaries in transitioning from Medicare Part A coverage into the Medicaid nursing facility benefit or from private pay status into Medicaid funded nursing facility, home and community based services, or other Medicaid service categories.
- Providing information to potential enrollees regarding Medicaid eligibility and facilitation of the enrollment process.
- Identifying and referring individuals who may be eligible for and in need of Medicaid services.
- Tracking and reporting to the Medicaid agency consumer requests for assistance in obtaining medical, dental, mental health, or long-term care (including home and community based) services that are covered by Medicaid.
- Consultation and direct case advocacy to assist individuals participating in home and community based waiver programs.
- Identifying Medicaid-eligible residents who want to transition out of nursing facilities and connecting them with the appropriate local contact agency or other services to assist them in returning to the community.
- Identifying and reporting suspected instances of Medicaid fraud to federal and State agencies for investigation and action.
- Other LTCOP activities which are determined by the Secretary of the Department of Health and Human Services to be necessary for proper and efficient administration of the Medicaid State plan.

The State Ombudsman is working with the State Medicaid Agency to identify the most appropriate mechanism for the LTCOPs to seek reimbursement.

FFY 2012 CALIFORNIA LTCOP

State Advocacy Activities

Systemic advocacy is a vital LTCOP function. During the 2011-2012 California Legislative Session, there were multiple bills introduced with direct or potential impact on the LTC service system and residents who live in LTC facilities.

At fiscal year's end, approximately 22% of OSLTCO staff time was used to analyze, comment on, and recommend changes to laws, regulations, and government policies and actions related to LTC issues and the prevention of elder abuse.

During 2012, local LTCOP coordinators and designated staff attended two conferences in Sacramento, sponsored by the OSLTCO. The conferences provide legislative, policy, and operation updates; technical assistance; and presentations by speakers on key issues and trends.

The 2012 LTCOP Spring Training Conference included an Advocacy Day for local program conference participants. This was a first experience for some attendees and an opportunity for local Ombudsman representatives to meet with their legislators at the State Capitol. Participants were prepared to provide insights on local elder and dependent adult constituents' LTC concerns and offered their subject matter expertise related to services for elder and dependent adults. The effort was well-received by legislators.

During the 2011-2012 Legislative Session the State Ombudsman supported two bills, Assembly Bill (AB) 40 and Senate Bill (SB) 345. The OSLTCO worked closely with legislative staff on clarifying bill amendments.

Governor Brown signed both of the bills into law:

AB 40 (Yamada, Chapter 659, Statutes of 2012) provides greater protection for LTC residents. State law previously gave mandated reporters of elder and dependent adult abuse the option to report suspected physical abuse occurring in LTC to local law enforcement or the local LTCOP. Disclosure and confidentiality provisions in federal and State law prevent the LTCOP from disclosing the identities of reported resident victims without their consent. This condition has presented a significant barrier to timely investigation by appropriate law enforcement entities. The bill requires mandated reporters to report physical abuse in LTC facilities to three investigative authorities: local law enforcement, the local LTCOP, and the appropriate State licensing agency.

SB 345 (Wolk, Chapter 649, Statutes of 2012) enacts the *LTC Ombudsman Independence and Improvement Act of 2012*, which aligns California Welfare and Institutions Code with federal requirements for the LTCOP. Among other provisions, the bill 1) requires the LTCOP to submit an annual report to the legislature, 2) incorporates language from the OAA to support the mandate of the LTCOP to analyze and comment on laws, regulations, policies, and actions without interference from any State agency or other entity, and 3) clarifies the requirements for Ombudsman access to facilities, resident records, and resident rosters.

Program Perspectives

By Nona Tolentino, Program Coordinator
Kern County LTCOP

When we first met, Mrs. J lived in a local RCFE. She liked the place and her caregivers, especially because she was able to keep Precious, her dog. But she was deeply depressed about the turn her life had taken.

Before moving to Kern County, she had sold her home near the coast and used the proceeds to construct a new home on her friends' property in Kern County. The offer to move to Kern County was such a relief to her. Her husband had passed away and she had no one else to depend on. And, her friends promised to take care of her for the rest of her life.

Unfortunately, shortly after her move, she had to be admitted to the hospital. Instead of returning to her new home, arrangements were made for her to be admitted to an assisted living facility. The facility was to be her permanent residence.

During her stay at the facility, Mrs. J talked to the visiting Ombudsman making regular rounds at the facility. She was relieved to know that she had a personal advocate if she requested help. After the Ombudsman informed her of her rights, Mrs. J rallied and decided to file a complaint against the couple who had bought the house for refusing to release her belongings. They also refused to compensate her for the new home she paid to construct, which they now claimed. By then, the friends she had designated to oversee her assets and health decisions had disposed of her furnishings and her car.

Mrs. J wanted to revoke the Power of Attorney (POA) documents that assigned them power over her personal finances and health care. The LTCOP referred her to the Kern County Seniors Law Center (KCSLC). The KCSLC attorney represented her in discussions with the attorney hired by the POA agents. In the end, the POA documents were revoked, and the couple was required to share a portion of the income generated by renting her former home.

With some of her assets restored, Mrs. J was able to move to congregate senior housing where Precious could live as her canine companion. Mrs. J kept in touch with the LTCOP, reporting on her challenges and triumphs. In one instance, the facility initiated action to evict her dog due to complaints that Precious accompanied her to the common dining room. She researched options and Precious was officially designated as an animal companion therapy pet. The housing operation made reasonable accommodations so that her dog could continue to live in her apartment.

A year ago, Mrs. J told us that she felt confident that she could return to living independently. We talked about her strengths and the potential for certain problems, and outlined safety measures she could take to be successful living on her own. She navigated another move to a rental home, and stayed in touch with the LTCOP.

When she last checked in, Mrs. J told us that she had sent her former friends a letter expressing her opinion about how they had treated her. She very kindly told us that the Ombudsman Program had helped her reclaim her confidence, sanity, and freedom. It's fair to say that we contributed to her personal success by informing her about her rights in law, supporting her decisions, and connecting her with community resources. This support helped her to restore her assets and independence. But she found the strength to build her new life.



Program Perspectives

By Suzi Fregeau, Program Coordinator
Del Norte and Humboldt Counties LTCOP

In 2011, a corporation operating a large network of SNFs in California settled a class action lawsuit. Five SNFs in Del Norte and Humboldt Counties were included in the lawsuit and several local residents were awarded settlements averaging \$40,000 each. The residents and family members were concerned about these people losing their Medi-Cal benefits, since Medi-Cal eligibility requires individuals to have personal assets of no more than \$2,000. Residents who are no longer qualified for Medi-Cal would be billed for all facility costs related to their care. In some cases, fees exceeded \$6,000 per month.

Several people contacted the Del Norte and Humboldt Counties LTCOP prior to receiving their settlement checks. We directed them to information about establishing a Special Needs Trust Account. In this legal category of trust account, the settlement recipient is prohibited from direct access to the funds but designates at least one trustee. The trustee may spend account funds on behalf of the recipient, with the account beneficiary's permission. As an example, a trustee may purchase medical supplies or equipment not covered by Medi-Cal, for the personal use of that trust beneficiary.

Within six months of establishing his Special Needs Trust Account, a younger dependent adult living at a SNF called the LTCOP to ask for help. He had appointed a friend as trustee to oversee his account. Now, the trustee was billing excessive fees for his time and miscellaneous personal services and making purchases without consulting the resident. The resident was anxious to stop the drain on the trust account.

In six months, the trustee had reduced the original balance from \$40,000 to \$19,000, and the resident had nothing to show for it. The trustee told him that he had purchased a high-end computer and special software which he said was sure to improve his friend's quality of life. However, after months, the equipment had not been delivered to the resident. The trustee assured the resident that he was storing the computer at his home, which he claimed was

necessary to allow him to make special adjustments to the hardware and software.

The Ombudsman investigated the resident's complaint and worked to resolve the situation with the trustee and resident. It took numerous contacts and negotiations to retrieve the computer equipment from the trustee's home. The software had not been installed. Due to the actions taken by the Ombudsman on behalf of the resident, a portion of the trust account was salvaged. The case was closed by the LTCOP. The resident declined to pursue law enforcement action against his former friend.



In 2012, volunteers donated over 91,000 hours to the LTCOP throughout the State. The average dollar value of an hour of volunteer time in 2012 was estimated at \$22.14 by the Independent Sector, a U.S. non-profit research coalition. Using this estimate, volunteers contributed over \$2 million worth of service hours to the program.

In 2012, the California LTCOP:

Investigated 37,542 complaints made by or on behalf of residents in LTC facilities.

Resolved or partially resolved 67% of all complaints received to the satisfaction of the resident or complainant.

Responded to more than 23,300 calls made to the statewide toll-free telephone CRISISline. Callers reported complaints, obtained urgent assistance, and received information about issues such as resident rights and resident care.

Completed 78,420 non-complaint-related unannounced and routine visits to facilities to observe facility conditions and be available to residents for assistance.

Provided information and consultation on topics such as the LTC system, AHCDs, resident discharge and transfer rights. Completed 51,201 individual consultations.

Completed 6,123 consultations to facility staff on topics including Ombudsman roles and responsibilities and residents' rights.

Conducted 353 training sessions for facility staff on topics such as elder abuse prevention, mandated abuse reporting, residents' rights, and the role of the Ombudsman in SNFs and RCFEs.

Delivered 621 sessions of community education including elder care events, health fairs, and other presentations to the public.

Supported resident self-advocacy by attending 2,617 resident council meetings and 287 family council meetings, as requested by council members.

Participated in 510 facility surveys conducted by State licensing agencies by providing information to surveyors and advocating for residents.

Categories of ALL Complaints Received

Residents' Rights35.58%

Abuse, Access to Information, Admission, Transfer, Discharge, Eviction, Autonomy, Choice, Exercise of Rights, Privacy

Quality of Life25.64%

Activities and Social Services, Dietary, Environment

Resident Care.....24.18%

Care, Rehabilitation or Maintenance of Function, Restraints-Chemical and/or Physical

Complaints, Not Against Facility.....6.81%

Certification/Licensing Agency, State Medicaid Agency, System/Others

Facility Administration.....4.42%

Policies, Procedures, Attitudes, Resources, Staffing

Complaints about Services in Settings other than LTC Facilities, or Services of Outside Providers Working in LTC Facilities.....3.37%

Homecare, Hospital or Hospice, Public or other congregate housing not providing personal care, and/or services from outside provider

Categories of ALL ABUSE Complaints Received

Type of Abuse	SNFs	RCFEs	Total	Overall %
Physical Abuse	1,114	378	1,492	25.8
Sexual Abuse	398	132	530	8.91
Verbal/Psychological	658	261	919	15.45
Financial	287	251	538	9.05
Gross Neglect	569	308	877	14.74
Resident to Resident (Physical or Sexual Abuse)	1,312	280	1,592	26.77

Complaints in California LTC Facilities

Five Most Frequent Complaints in SNFs:

1. Resident conflict (including with roommate)
2. Accidental or injury of unknown origin, falls, improper handling of resident by care staff
3. Abuse, physical (including corporal punishment)
4. Failure to respond to requests for assistance
5. Discharge/Eviction: planning, notice, procedure and implementation (including abandonment)



Five Most Frequent Complaints In RCFEs:

1. Medications: administration, organization
2. Resident conflict (including with roommate)
3. Equipment/Building: disrepair, hazard, poor lighting, fire safety, not secure
4. Accidental or injury of unknown origin, falls, improper handling of resident by care staff
5. Abuse, physical (including corporal punishment)

FY 2012 From All Funding Sources

Federal: \$4,128,324
State: \$3,212,122
Local: \$1,093,994
TOTAL: \$8,434,440



California LTC Facilities and Licensed Capacities in July 2012

7,640 RCFEs with **172,191** beds

1,282 SNFs with **121,195** beds (includes ICFs)

8,922 Total facilities with **293,386** beds

LTCOP Statistics - Funding and Facility Count

Ending the Inappropriate Use of Antipsychotic Medications

California Ombudsman representatives are first-line witnesses to the dangers of excessive and inappropriate use of antipsychotic drugs in LTC settings. In 2012, LTCOP representatives joined with stakeholder groups and other advocates, including California Advocates for Nursing Home Reform (CANHR), to form the *California Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Medication Drug Use in Nursing Homes*.

The OSLTCO continues to provide significant support to the Partnership. During the year, OSLTCO staff developed an Antipsychotic Medication Information and Training Resources section on the OSLTCO [webpage](#), and identified best-available training and education materials to inform residents, their families and friends, the public, and LTC providers about the misuse of antipsychotic medication. The OSLTCO is working to identify potential funding sources to support increased education and training initiatives. The State Ombudsman is also exploring the possibility of an allocation from escrowed fines paid by pharmaceutical companies in large judgments obtained by State Attorneys General.

LTCOP representatives are uniquely positioned to affect change in the LTC service sector. Certified Ombudsman representatives have a mandate to advocate for individual resident rights and quality of care and to work for systemic change that improves the quality of life of residents. Moving forward, the OSLTCO will ensure that local LTCOP observations are shared with the California Department of Public Health Licensing and Certification Division staff on a timely and routine basis. The OSLTCO objectives are to: 1) identify facilities that have high rates of antipsychotic medication use, 2) note facility practices regarding interventions for resident behavior related to dementia, and 3) positively influence the use of alternatives to antipsychotic medications for residents with dementia, whenever possible.

Recommendations:

- Provider associations, licensing entities, and SNF continuing education providers should focus on promoting responsible care and treatment alternatives to drug regimens for residents with dementia-related challenging behavior.
- Non-pharmacological options should be thoroughly explored for each resident in initial care planning at admission, and integrated into individual resident care plans throughout the time they reside at the facility.
- LTC facility staff who work with residents with dementia, including physicians, nursing staff, and direct care personnel, should be required to attend periodic training to be updated on developments in the field of dementia research and effective person-centered care planning, treatment, and services for those residents.

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- SNF admissions staff should confirm in writing that they have reviewed printed materials about the meaning of informed consent for treatment and facility policy covering the use of antipsychotic drugs, with the resident and/or his or her legal representative. This should be documented in the resident's facility record.
- On admission, a resident and/or his or her legal representative should receive printed instructions about how to confirm a meeting with the facility's attending physician or medical director to discuss medications or treatment concerns at any point during the resident's stay.

California Department of Corrections and Rehabilitation Medical Parole Initiative: Contracted Placement of Parolees into SNFs

SB 1399 (Leno, Chapter 405, Statutes of 2010) established a special category of supervised parole for medically incapacitated inmates as part of the State's initiative to reduce both spending on prison health care and the number of people serving time in the California prison system. According to the law, the Board of Parole Hearings is authorized to parole inmates who are "permanently medically incapacitated with a medical condition" and "unable to perform activities of basic daily living."

The eligibility screening for individuals who may qualify for this parole is rigorous and monitored by the California Department of Corrections and Rehabilitation (CDCR). After reviewing the CDCR evaluation, the Board of Parole Hearings may approve medical parole for a medically incapacitated inmate if all criteria are met, including evidence that the person will not to be a threat to public safety. If the parolee's medical condition improves, or he or she violates any terms of the supervised parole, the individual is remanded back to CDCR for incarceration.

SNFs have a strong incentive to contract with CDCR to provide care and treatment. CDCR may offer providers as much as 30% above current Medicare rates to contract with the State to admit and provide skilled nursing care to medical parolees. As of mid 2013, the Board of Parole Hearings has approved the release of approximately 50 inmates to California SNFs that have placement contracts with CDCR. There are legitimate concerns about quality of care and safety, screening of visitors to residents who are medical parolees, and the responsibility of facilities to protect other residents and staff. Facilities are not obliged to inform residents or families about the admission of a medical parolee. Until recently, the CDCR did not notify local LTCOPs about medical parolee admissions to local SNFs.

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To address this information gap, the State Ombudsman convened a Medical Parole Workgroup with State and local Ombudsman staff and CDCR representatives. The Workgroup developed a protocol to ensure that the OSLTCO is notified of the names and locations of medical parolees.

The Workgroup is developing a memorandum of understanding between CDCR and the OSLTCO to document the notification agreement. Workgroup participants are framing best-practice guidelines and protocols for local LTCOPs that receive notification of a medical parole admission. This guidance will include an explanation of the role and authority of parole agencies and agents, discussion of the intersection of individual resident rights and medical parole conditions, and guidelines for providing appropriate LTCOP services for medical parolees.

Recommendations:

- The CDCR long-range plan includes a significant increase in the number of inmates vetted for medical parole hearings and community-based placement. The State Ombudsman recommends that CDCR and the Legislature be prudent in negotiating and enacting rules that broaden inmate eligibility standards for medical parole.
- Medical parole was first granted in 2011, and CDCR has applied metrics for various aspects of the program from the beginning, including costs, savings, and placement statistics. CDCR's planned expansion for increasing medical parolee placements should integrate an analysis of the impact that these placements have already had on local law enforcement, parolee monitoring, and social service agencies. As placements increase around the state, CDCR should substantiate that the local related services and supports for medical parolees are able to keep pace with contracted placements in a region.

Implementation of the Physician Orders for Life Sustaining Treatment (POLST)

AB 3000 (Wolk, Chapter 266, Statutes of 2008) established the POLST form in California law. The purpose of the POLST is to clearly define the medical treatment and intervention preferences for individuals who are nearing the end of their lives.

POLST became effective in California on January 1, 2009. Shortly after POLST forms and instructions were distributed around the State, Ombudsman representatives started to identify problems with implementation of the POLST in the LTC system. The standardized POLST, becomes a physician's order when the individual (or the individual's legally recognized surrogate decision-maker) and his or her doctor sign the POLST form. By law, completion of a POLST is strictly voluntary on the part of any seriously ill person living in California. However, since being introduced, misuse of the POLST has been documented by LTCOP representatives across California:

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In some locations, the SNF admissions office or other facility staff required that residents complete a POLST as part of a large facility admission packet, prior to any discussion with the attending physician or Medical Director. POLSTs have been completed by individuals or their responsible parties, and filed without a physician signature. These documents have no standing in law.

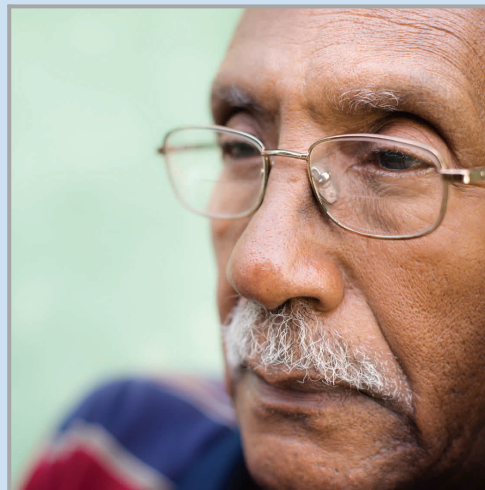
Conversely, Ombudsman representatives have found otherwise blank POLST forms in resident charts, signed by the facility physician, yet the doctor had not discussed end-of-life treatment options with the individual or their legal representative.

There have been confirmed instances where a family member of a resident has completed the POLST, even though the resident still has capacity to make his or her own decisions. Family members have also acted to change the POLST against the known wishes of residents, when the residents are still able to make their own decisions, but may be temporarily incapacitated.

Some facilities have filed individual POLST orders without checking to see if there is an existing AHCD. When both documents exist, there may be a conflict between the POLST and the AHCD, resulting in serious confusion in an emergency. In this circumstance, the most recently dated complete document supersedes a previously executed legal form, but people on the scene may spend important time deciding which version of the resident's wishes are to be followed.

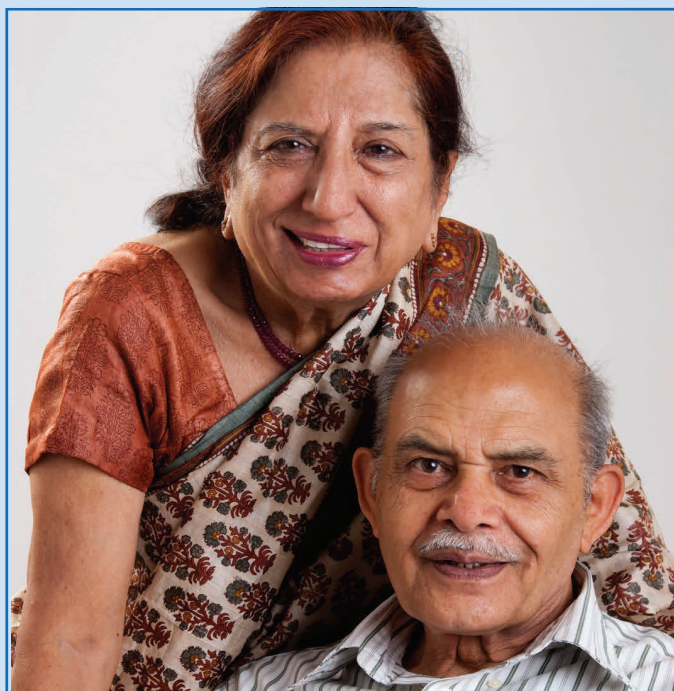
Ombudsman representatives are trained to follow simple steps when witnessing AHCDs for residents. If the resident has a current POLST on file, the Ombudsman offers to review the form with the resident. This can help to ensure that the content of the new AHCD does not conflict with the POLST.

The State Ombudsman is a member of the statewide POLST Task Force that oversees field use of the POLST. He has presented these concerns to the Task Force to make stakeholders aware of systemic concerns with the current POLST procedure. The OSLTCO staff and the State Ombudsman have organized and participated in webinars sponsored by the California Coalition for Compassionate Care to educate facility staff about proper procedures and protocols that SNF administrators and staff must use when implementing the POLST option for residents.



Recommendations:

- The State Ombudsman recommends that stakeholders, including California LTC provider associations and SNFs, develop appropriate action plans to deliver POLST education and guidance sessions to current facility staff, and to integrate the training into new employee orientation.
- The State Ombudsman recommends that facilities review residents' POLSTs and AHCD documents while performing routine quality assurance activities such as surveys by medical records clerks or other facility staff.
- The State Ombudsman recommends that POLST guidelines be included in all facility Policy and Procedure reference resources and posted in nursing stations. Staff must be aware that the POLST is not a mandatory form that the facility completes for every resident at admission. The POLST option may be chosen by the resident or his or her legal representative, however the document is complete only *after* the physician and resident or his or her legal representative discuss the POLST, ensuring both are informed before the document is signed.



Statewide Ombudsman Toll-Free

24-Hour CRISISline

1-800-231-4024

TDD/TYY 1-800-735-2929/1-800-735-2092 or 711

The OSLTCO operates the statewide 24-hour toll-free **CRISISline** to receive complaints or to request a visit from the local LTCOP. Every SNF and RCFE in California is required to display one or more current LTCOP posters advertising the CRISISline phone number. Each poster includes the name, address, and telephone number of the local LTCOP. Posters are produced by the OSLTCO and distributed at no cost to providers.

Individuals may also access LTC Ombudsman services using the statewide toll-free **Senior Information Line** at 1-800-510-2020 or the CDA website:

www.aging.ca.gov

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