

NATIONAL OMBUDSMAN REPORTING SYSTEM (NORS) TRAINING PART III

Verification, Disposition, Referral, and Closing Cases Quiz Answer Sheet

REMINDER: Throughout these training materials “Ombudsman” is used as a generic term that may mean the state Ombudsman, a representative of the Office, or the Ombudsman program. Use the NORS tables developed by the Administration for Community Living/Administration on Aging with these training materials when indicated (Table 1: NORS Case and complaint codes, values and definitions; Table 2: NORS Complaint codes and definitions; and Table 3 State Program Information, OMB Control Number 0985-0005, updated 10/1/21, expiration date 10/31/24). The NORS codes and definitions used in these materials are taken from the ACL tables 1-3 and are not to be modified.

TIPS

Each person taking the quiz needs to have the NORS complaint codes and definitions available. Use NORS, Table 1: Case and complaint codes, values and definitions for the definitions of the referral agencies, verification, and disposition and NORS, Table 2: Complaint codes and definitions as you answer the quiz questions. Refer to these tables for additional information if questions arise regarding the Part III Quiz answers.

DIRECTIONS

For each scenario, indicate the following:

- a. The complainant in the case, for example, “resident.”
- b. The complaint code(s).
- c. Whether the complaint(s) is verified.
- d. The disposition.
- e. If a referral is made, to whom?

For purposes of this training, assume that the resident gives consent to investigate if not otherwise indicated.

1. A nursing facility resident complains the facility is keeping her money. “They’re ripping me off,” she states emphatically. You talk with the business office manager who tells you that the resident asked to have her own phone. She agreed to pay for the phone out of her Personal Needs Allowance (PNA). She uses the balance of her PNA to have her hair done and purchase a few personal items. You report back to the resident. She forgot that she was paying for the phone out of her PNA. She’s glad you straightened things out. She really likes having the phone because she can keep in touch with her children and her friends.

- a. Complainant? Resident
- b. Complaint code(s)? E-02 (Personal property)
- c. Is the complaint(s) verified? Yes _____ No X
- d. Disposition? Partially/Fully resolved
- e. If a referral is made, to whom? None, no referral made

The facts alleged in the complaint are not accurate; therefore, the complaint is not verified. Even though the complaint is not verified, it still required action on the part of the Ombudsman. After investigating the complaint, the Ombudsman discovered that the facility is not keeping the resident's money. They are paying for the phone that the resident requested. No referral to another agency was necessary. The case can be closed because there is nothing more for the Ombudsman to do.

2. Ms. Douglas's son complains that the nursing facility is refusing to take his mother to the dining room for the lunch. He tells you that he has talked to the facility several times, but when he calls at noon his mother is always in her room eating her meal. You visit Ms. Douglas and explain the call received from her son. She tells you that she likes to eat lunch in her room because it is quiet. It is the only time she gets to be alone. The aides always try to take her to the dining room at noon, but she tells them, "No." She shares that she eats dinner in the dining room.

- a. Complainant? Family
- b. Complaint code(s)? H-02 (Dining and hydration)
- c. Is the complaint(s) verified? Yes _____ No X
- d. Disposition? No action needed/Withdrawn
- e. If a referral is made, to whom? None, no referral made

The facility is not refusing to take Ms. Douglas to the dining room. She wants to eat in her room; therefore, the circumstances described by the son are not accurate and the complaint is not verified. There is nothing more for the Ombudsman to do because the resident does not think there is a problem.

3. A resident's daughter complains that her dad is not allowed to have his cat in his room at his residential care community. You visit the resident at the facility and he says that his cat means everything to him, he wants to keep his cat with him in his room. You review the admission agreement and policies and find nothing in writing that limits pets living at the facility. He brought his cat with him when he was admitted months ago and now the administrator is saying that no pets are allowed. You speak to the administrator and try to work out a solution for the resident to have the cat in his room. The administrator states that other residents and staff are allergic to the cat. No pets are allowed in the building. You obtain consent from the resident to make a complaint to the licensing agency and the report comes back unsubstantiated. The resident and his daughter appreciate your advocacy. They begin searching for a pet friendly home.

- a. Complainant? Family
- b. Complaint code(s)? D- 09 (Other rights and preferences)
- c. Is the complaint(s) verified? Yes X No _____
- d. Disposition? Not resolved
- e. If a referral was made, to whom? Licensing, regulatory or certification agency

4. A resident tells you that an aide stole his family Bible. You speak to the aide and she explains that she put it in his top dresser drawer. It has a leather and gold cover and she put it away for safe keeping. You tell the resident the Bible is in the dresser drawer. He explains that he still cannot get it because he is unable walk across the room and he would like to read it every morning. You address the matter of the location of the Bible with the staff and the resident now has easy access to his Bible.

- a. Complainant? Resident
- b. Complaint code(s)? E-02 (Personal property) and D-09 (Other rights and preferences)
- c. Is the complaint(s) verified? E-02: No D-09: Yes
- d. Disposition? Partially/Fully resolved (Both E-02 & D-09)
- e. If a referral was made, to whom? None, no referral made

The aide did not steal the Bible. The circumstances that the resident describes (that his Bible was stolen) are not accurate, so the complaint E02 is not verified. However, the staff is not considering the resident's preferences and functional limitations with regards to having his Bible close by so the Ombudsman addressed that concern as well.

5. A person calls complaining that her friend, a nursing facility resident, needs to be moved to a room closer to the nurse's station because she feels isolated at the end of the hall. The friend has a health care durable power of attorney (DPOA) for the resident. The resident agrees that she would feel safer in one of the two rooms near the nurses. You investigate and find that there are no empty beds in either of those rooms. The friend/DPOA insists that they move one of the other residents to make room for her. You visit the resident twice and she tells you she wants to forget the whole thing. Her current room is fine and all the commotion about moving is upsetting her.

- a. Complainant? Resident Representative
- b. Complaint code(s)? C-04 (Room issues)
- c. Is the complaint(s) verified? Yes X No
- d. Disposition? No action needed/Withdrawn
- e. If a referral was made, to whom? None, no referral made

The complaint is verified, both the resident and complainant agree that the resident prefers a room closer to the nurse's station. However, the resident directs the Ombudsman to stop action on the DPOA's complaint. Even though the friend is the resident's legal representative, the Ombudsman has received clear direction from the resident.

6. During a visit at a nursing facility, several residents tell you the food is often cold. You observe meal service and visit a few other residents who are also report the food is cold, so you open a case on behalf of the group of residents. You speak with dietary staff about the problem. Initially, the mealtime is adjusted to accommodate residents who are engaged in activities, but a few other residents still complain the food is cold. You continue to work on the case. The Director of Food Services agrees to purchase new heating lamps and to increase staffing during peak dining times. The management follows through on ordering the equipment, but the staffing has not been increased. You check in with residents a few weeks later and all but one is satisfied with the improvements made.

- a. Complainant? Residents
- b. Complaint code(s)? H-01 (Food services)
- c. Is the complaint(s) verified? Yes X No ___
- d. Disposition? Partially/Fully resolved
- e. If a referral was made, to whom? None, no referral made

The Ombudsman can verify this complaint since several residents confirm that the food is cold. The Ombudsman is able to confirm that all but one resident is pleased with the food temperature. The facility did not follow through on additional staffing but it appears that the heat lamps are helping to keep the food at an adequate temperature.

7. The Resident Council President tells you that she thinks the Personal Needs Allowance (PNA) for residents receiving Medicaid is too low. At their invitation, you meet with the resident council and explain that the PNA is determined by the state legislature. The council asks for Ombudsman program assistance in advocating for an increased PNA. You, the state Ombudsman and the Resident Council President meet by phone to discuss advocacy options. The resident council is satisfied that the Ombudsman program will seek legislative changes to increase the PNA.

- a. Complainant? Resident or family council
- b. Complaint code(s)? K-02 (Medicaid)
- c. Is the complaint(s) verified? Yes X No ___
- d. Disposition? Partially/Fully resolved
- e. If a referral was made, to whom? None, no referral made

A change in the PNA requires a change in the law. Legislative action will be needed to ultimately resolve this complaint to the satisfaction of the residents. The case can be closed because the Ombudsman has taken appropriate action to attempt to resolve the problem. The resident council is satisfied that the Ombudsman program has agreed to pursue legislative action.

8. A resident living in a residential care community complains that the home’s provider will not let her go to the activity center each day as she has in the past. You investigate the complaint and discover that the activity center has reduced the number of days it is open each week. The resident was not aware the schedule was changed and is now attending the center each day it is open. The provider said that she told the resident about the schedule change but she must have forgotten. You and the provider discuss techniques to remind the resident such as keeping a calendar in her room with her activity center schedule and discuss other services in the community that the resident may be able to utilize. The resident agrees to talk to the home’s provider and her caseworker about what she can do on the days the center is closed. You check back the next month and the resident reports that she is also attending a vocational program one day a week. She is happy with the new schedule.

- a. Complainant? Resident
- b. Complaint code(s)? G-01 (Activities)
- c. Is the complaint(s) verified? Yes ___ No X
- d. Disposition? Partially/Fully resolved
- e. If a referral was made, to whom? None, no referral made

This investigation revealed the complaint was not accurate. The provider was not restricting the resident's access to the center. The Ombudsman was able to work with the resident and the provider to establish improved communication and to facilitate increased community services and supports. The Ombudsman suggested that the resident speak with her caseworker but did not make a direct referral on behalf of the resident. The resident was happy with the outcome.

9. A nursing facility resident who is receiving hospice services complains that he is in a lot of pain. He says the facility refused to contact his doctor about changing his pain medication. You ask the Director of Nursing to consult with the doctor. She agrees and calls you the next day to report the doctor made a minor change in the medication dosage. You visit the resident, but he is asleep. The nurse on duty relates that the resident has been much more comfortable. Three days later you visit the facility to see the resident again. The Director of Nursing tells you the resident died the night before.

- a. Complainant? Resident
- b. Complaint code(s)? F-06 (Access to health-related services), F-07 (Symptoms unattended)
- c. Is the complaint(s) verified? Yes X (Both F-06 & F-07) No ___
- d. Disposition? Partially/Fully resolved (Both F-06 & F-07)
- e. If a referral was made, to whom? None, no referral made

In this example, the facility initially refused to contact the resident's physician. At the Ombudsman's request, they contacted the doctor and the nurse adjusted the resident's medication, resolving that complaint. The nurse on duty reports the resident appears more comfortable during the day and the Ombudsman observes him sleeping. If a resident dies before the investigation is final, the Ombudsman will need to make a determination regarding the disposition based on the circumstances of the complaint or information from a resident representative. In this example, there was some evidence of partial resolution as evidenced by the adjustment of medication and reports from the nurse on duty.

10. A daughter calls complaining that her mother is not bathed as often as she should be, she does not go to the senior center very often, and she has to share a room at the residential care community (RCC). You visit the resident and observe that her skin is very dry and she reports that she dislikes taking a bath more than a few times a month. She has little interest in going to the senior center. She likes gardening and is outside in the garden when the weather is nice. She enjoys having a roommate. She is happy at the RCC and is aware her daughter is not satisfied with her care.

- a. Complainant? Family
- b. Complaint code(s)? C-04 (Room issues) F-05 (Personal hygiene) G-01 (Activities)
- c. Is the complaint(s) verified? Yes ___ No X
- d. Disposition? No action needed/Withdrawn
- e. If a referral was made, to whom? None, no referral made

The daughter makes several complaints. After talking with the resident, the Ombudsman finds that there is no basis for the complaints. The resident can give direction and she does not share her daughter's concerns about bathing, the senior center, or her roommate. It is clear that no action is needed or appropriate.

11. Bill is unhappy with his father's dining experience at the nursing facility. On a visit you observe all residents eating at cafeteria style tables and using plastic utensils. No one helps Bill's father cut his food or open his milk carton and he cannot give you direction. You and Bill work with the facility to resolve the problem. The facility purchases round tables and different utensils. They schedule several in-services that focus on improving the dining experience for residents. Bill is happy with these changes. Unfortunately, his father dies before all changes are implemented.

- a. Complainant? Family
- b. Complaint code(s)? H-02 (Dining and hydration)
H-01 (Food services)
- c. Is the complaint(s) verified? Yes X (Both H-02 & H-01) No
- d. Disposition? Partially/Fully resolved (Both H-02 & H-01)
- e. If a referral was made, to whom? None, no referral made

Unlike example 9, this resident cannot give the Ombudsman direction; therefore, when closing the complaint, the Ombudsman takes direction from the complainant. Even though the resident died before all the changes were implemented, the son was satisfied with the outcome. Both complaints are resolved and the case is closed.

12. A resident complains that only one alternative meal is offered at dinner. He would like at least two options. He would also like a big screen TV in the lounge closest to his room. You accompany the resident to help him share his concerns with the facility Administrator. The facility refuses to purchase a TV with a larger screen. They maintain that the lounge near his room is too small a space and there is a big screen TV in another lounge area. The home agrees to have two alternative meals during the week, but it cannot offer two on weekends. The resident is satisfied with alternative meals during the week, but, he is not happy about the TV.

- a. Complainant? Resident
- b. Complaint code(s)? H-01 (Food services) and G-01 (Activities)
- c. Is the complaint(s) verified? Yes X (Both H-01 & G-01) No
- d. Disposition? H-01: Partially/Fully Resolved
G-01: Not resolved
- e. If a referral was made, to whom? None, no referral made

There are two complaints in this example. The facility addresses the meal complaint by adding a second alternative dinner during the week and the resident is satisfied. The facility will not purchase a larger TV and the resident is dissatisfied so that complaint was not resolved and the resident is dissatisfied.

13. You notice a bad smell when visiting a residential care community (RCC). The RCC had plumbing problems in the past and the owner was slow to resolve them. The owner is on the phone so you cannot talk to him. The residents are upset with the smell and believe the facility is at fault due to a

backed-up toilet. They blame the owner of the RCC as the facility has had issues with plumbing multiple times in recent months. The staff person you talk with does not know what is causing the odor. You open a complaint against the facility. Returning the next day, you learn that the city was repairing a gas line behind the home and ruptured a sewer pipe. You do not smell any odors. After speaking with residents and staff, none report a problem with the plumbing and are relieved that the smell is gone. You conclude the broken sewer line was the cause of the problem and close the complaint.

- a. Complainant? Ombudsman program
- b. Complaint code(s)? I-01 (Environment)
- c. Is the complaint verified? Yes No
- d. Disposition? No action needed/Withdrawn
- e. If a referral was made, to whom? None, no referral made

Residents complained about the smell and the Ombudsman noticed the smell upon entering the home. Although the Ombudsman confirmed there was an odor, the facts as presented by the residents were not verified since the facility was not at fault for the smell. The cause was from an outside source, not because of facility negligence, therefore the residents' assumption about the complaint was not verified. The problem resolved itself and required no further action.

14. A resident calls asking for your help in fighting a discharge notice. She says that if she is forced to move, it will be her third nursing facility in two years. She wants to stay where she is. You assist her in filing an appeal, review the discharge notice, and begin investigating the issues. The facility is not willing to review the resident assessment, care plan, or to discuss any other options. You know that the local legal services provider has represented other residents in the fair hearing process. The resident is eager to have you make a referral on her behalf when you tell her about the hearing process. You contact legal services and they agree to take the case. The hearing officer rules that the resident can remain in the nursing facility.

- a. Complainant? Resident
- b. Complaint code(s)? C-03 (Discharge or eviction)
- c. Is the complaint verified? Yes No
- d. Disposition? Partially/Fully resolved
- e. If a referral was made, to whom? Legal services

15. A resident calls to report that staff do not wash their hands prior to assisting her. With the resident's permission, you speak with the administrator and director of nursing (DON). They provide documentation of staff infection control training, posted reminders to staff about washing hands, and an adequate supply of hand washing supplies. In follow-up with the resident, she shares that it is primarily the staff on the night shift and that she has heard other residents share the same concern during Resident Council meetings. With the resident's permission you share this additional information with the administrator. A few days when you follow-up with the facility, the DON tells you that they did a spot check of night staff and observed staff not following infection control procedures. They retrained staff and have unannounced infection control checks for all staff regardless of shift. You report the information and action steps back to the resident. She reports on a follow-up call from the LTCOP that staff are wearing masks and washing their hands more often.

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| a. Complainant? | <u>Resident</u> |
| b. Complaint code(s)? | <u>F-13 (Infection Control)</u> |
| c. Is the complaint verified? | <u>Yes X</u> <u>No</u> |
| d. Disposition? | <u>Partially/Fully resolved</u> |
| e. If a referral was made, to whom? | <u>None, no referral made</u> |

The F-13 Infection Control code was added to the ACL NORS Table II, effective as of October 1, 2021. The definition for Infection Control is “insufficient measures to prevent or control infection.” The examples and reporting tips are “includes failure to follow infection control procedures; staff not wearing, or not properly wearing, necessary personal protective equipment (PPE); facility not providing necessary PPE; spread of infection; infection unreported or not treated appropriately; and similar problems.”

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