



**The National Long-Term Care
Ombudsman Resource Center**

RESUMING IN-PERSON VISITS DURING COVID-19:

Tips for Identifying Trauma and/or Potential Abuse and Supporting Residents


June 18, 2021

What is NORC?


- Funded by the Administration on Aging/Administration for Community Living grant.
- Operated by the National Consumer Voice for Quality Long-Term Care (Consumer Voice) in cooperation with ADvancing States (formerly NASUAD).
- Provides support, technical assistance, and training for Long-Term Care Ombudsman Programs (LTCOPs).



The National **Long-Term Care**
Ombudsman Resource Center



NORC Notes



LTCOP REFERENCE GUIDE

Role and Responsibilities of Ombudsman Programs Regarding Systems Advocacy

STATE LONG-TERM CARE OMBUDSMEN

"In addition to working on individual cases and complaints, ombudsmen must address and attempt to rectify the broader or underlying causes of problems for residents of LTC facilities. When working on the systems level, ombudsmen advocate for policy change by evaluating laws and regulations, providing education to the public and facility staff, and resident and family."


OVERVIEW

The Older Americans A responsibilities of the St Long-Term Care Ombu charged with serving a the concerns of residen systems advocacy, rev programs, define sever advocacy and provide


KEY POINTS



What is Systems Advocacy?
"Advocacy" means "th that means, "a combin methods or a scheme c changes to a system (e policies, regulations an should generally be sup regulatory and legislati

Older Americans Act P
Systems advocacy is a the Older Americans A



Ombudsman Outlook: News, Resources, and Tips

Brought to you by: 

SHARE:  

March 2021 | Volume 7, Issue 3

In this issue:

- [COVID-19: Visitation Updates and What it Means for Long-Term Care Ombudsman Programs](#)
- [New and Updated Resources](#)
- [TA Hot Topic: Working with Families During Challenging Situations](#)
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- [News from the Network](#)
- [Volunteer Management: National Volunteer Week April 18-24, 2021](#)
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COVID-19: Visitation Updates and What it Means for Long-Term Care Ombudsman Programs

Welcome!



- Use the Q&A feature for questions for the speakers.
- Use the chat feature to submit comments or respond to questions from speakers or other attendees.
- Please complete the evaluation questionnaire when the webinar is over.



Question & Answer

The Q&A window allows you to ask questions to the host and panelists. They can either reply back to you via text in the Q&A window or answer your question live.

1. Click Q&A to open the Q&A window.
2. Type your question into the Q&A box. Click **Send**.

A screenshot of the Zoom Q&A window. The title bar says 'Q&A'. The main area contains the text 'You have no question.' Below this is a text input field with the placeholder text 'What happens when I raise my hand?'. At the bottom left, there is a checkbox labeled 'Send Anonymously'. At the bottom right, there is a blue 'Send' button.

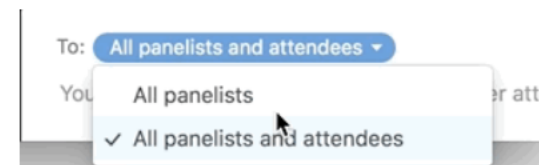
Chat

The in-meeting chat allows you to send chat messages to and send a message to the host, panelists, and attendees (if permitted).

1. Click **Chat** to open the in-meeting chat.



2. The chat will appear on the right side of your Zoom window if you are not in full screen. If you are in full screen, it will appear in a window that you can move around your screen as needed.
3. To change who you are chatting with, click the drop down beside **To:**.



4. Type your message and press **Enter**.

Speakers



Dr. Laura Mosqueda,
Dean, Keck School of Medicine of
University of Southern California
Professor of Family Medicine



Karen Jones,
Executive Director/Program Manager
Long Term Care Ombudsman
Services of San Luis Obispo County,
California LTCOP, Chair NALLTCO



Jane Brink,
Regional Ombudsman,
Minnesota Long-Term Care
Ombudsman Program

Poll Question

If you are an Ombudsman program representative, have you resumed indoor visits with residents?

- Yes
- No
- Not applicable

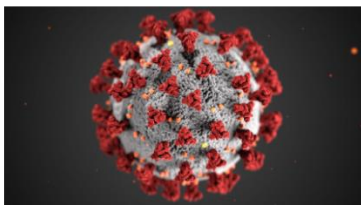
COVID-19 Resources – NORC

https://ltcombudsman.org/omb_support/COVID-19

- Information for Ombudsman programs

Coronavirus Prevention in LTC Facilities: Information for Long-Term Care Ombudsman Programs

Updated April 28, 2021



As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve, it is important for Ombudsman programs and other advocates to be informed and take precautions in order to prevent the spread.

The information on this page includes tips for preventing the spread of COVID-19, alternative ways to stay in touch with residents, and links to additional information. **Jump to:**

- [ACL Resources](#)
- [CMS Resources](#)
- [CDC Resources](#)
- [NORC Resources](#)
- [Consumer Voice Resources](#)
- [Additional Resources and Information](#)

- Tips for Facility Visits During an Infectious Disease Outbreak
- Visit Checklist During the COVID-19 Pandemic
- Tips for Communicating While Wearing a Mask

COVID-19

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Recovery and Reentry Resources

For Long-Term Care Ombudsman Programs



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Recovery and Reentry Resources

For Long-Term Care Ombudsman Programs

Visit Checklist During the COVID-19 Pandemic

Facility: _____ Name: _____ Location: _____

#	Task	Notes
1	Call facility in advance to learn of their visitation protocols.	
2	Confirm with public health, the state survey agency, or with the facility about status of positive COVID-19 cases.	
3	Guarantee that you are feeling well, have no temperature or other symptoms of illness, and have been following handwashing and physical distancing guidance. Complete COVID-19 Self-Screening and Verification form.	
4	Review training in the use of face coverings, other personal protective equipment (PPE), and basic infection control practices. Review current program policies and procedures regarding safety and visits.	
5	Ensure sanitizer kit is complete and includes adequate number of supplies.	
6	Review and follow Ombudsman Program guidance regarding COVID-19 testing.	
7	Protecting yourself and others. Everyone is encouraged to get fully vaccinated against COVID-19.	
8	Review NORC's Tips for Facility Visits Information.	
9	If possible, plan to speak with more than one resident, especially if in response to a complaint to help maintain confidentiality of those that you visit.	
10	Depending upon the response phase protocols, visit with residents throughout the facility, if allowed.	
11	Document a resident's verbal communication of informed consent to investigate the complaint and/or access records related to the complaint.	
12	Be prepared that residents may feel different emotions in reaction to the pandemic, isolation, and loss.	
13	If you develop COVID-19 symptoms and/or test positive, for contact tracing be prepared to provide public health with a list of facilities you visited and follow additional infection control protocol.	

COVID-19

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Recovery and Reentry Resources

Tips for Facility Visits During an Infectious Disease Outbreak

Preparing & Arriving for a Visit

- Bring only items necessary for the visit such as your ID badge, laptop, and required paperwork.
- Store personal items (e.g., phone, purse, backpack) securely in your vehicle, if possible.
- Sanitary kit in a sealable bag. Include:
 - Hand soap
 - Hand sanitizer (or wet not alcohol)
 - Paper towels (one-use only and not be necessary)
 - Disinfectant wipes (do not use spray into facility)
 - Bag for disposal of used items
- Masks: Wear a cloth mask with multiple layers of fabric, or a disposable mask under a cloth mask. Do not use two disposable masks. Do not combine a N95 mask with another mask. In addition, it may be necessary to have available face shields, gowns, and disposable gloves.

Cleaning and Sanitizing During & Between Visits

- Wash hands at a sink for at least 20 seconds at the time of arrival, between visits in a resident's room, at departure, and as needed.
- It is okay to use the supplies provided by the facility for washing hands. However, take your sanitary kit with you to use adequate supplies are not available.
- Use hand sanitizer in situations when hand washing not readily available.
- Avoid touching your eyes, nose, and mouth.
- Avoid eating and drinking while at facility.
- Clean and sanitize visits and/or as needed: Mobile phone, pen, clipboard outside of bag
- Properly dispose of disposable, wash, between visits.

When Wearing a Mask

- Make the resident feel safe, be friendly, set the scene.
- Imagine yourself as an actor. Use dramatic gestures and expressions.
- Show the resident what you are going to do before you start.
- Write things down for residents if it is helpful for the resident to better understand you (e.g., consider bringing a small dry erase board to show what you write).
- Follow up to make sure the resident understands you.
- Consider wearing a laminated large photo of yourself with your title and program information so that residents can better see your face or identify you.
- Be conscious of your body language.
- Practice kindness, patience, and empathy. Visits may take longer.

When Communicating While Wearing a Mask

When Wearing a Mask

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Show that You are Listening

- Nod to show you are listening and understanding.
- Maintain good eye contact.
- Let your eyebrows tell the story.
- Face the resident and try not to turn away when speaking.

Show How You are Feeling

- Happiness: smile, raise eyebrows
- Concern: eyebrows pinched together and eyes drooping
- Remember: eyebrows in a "V" can mean "angry"

Be Aware of How You are Speaking

- Be calm: speak clearly and use short, simple sentences.
- Try not to speak too loudly, too softly, or too fast or slow.
- Consider use of a portable voice amplifier.
- Say one thing at a time.
- Pause after asking questions.

Understanding Trauma and Ensuring Person-Centered Care During the COVID-19 Pandemic

- **Free Training Series**

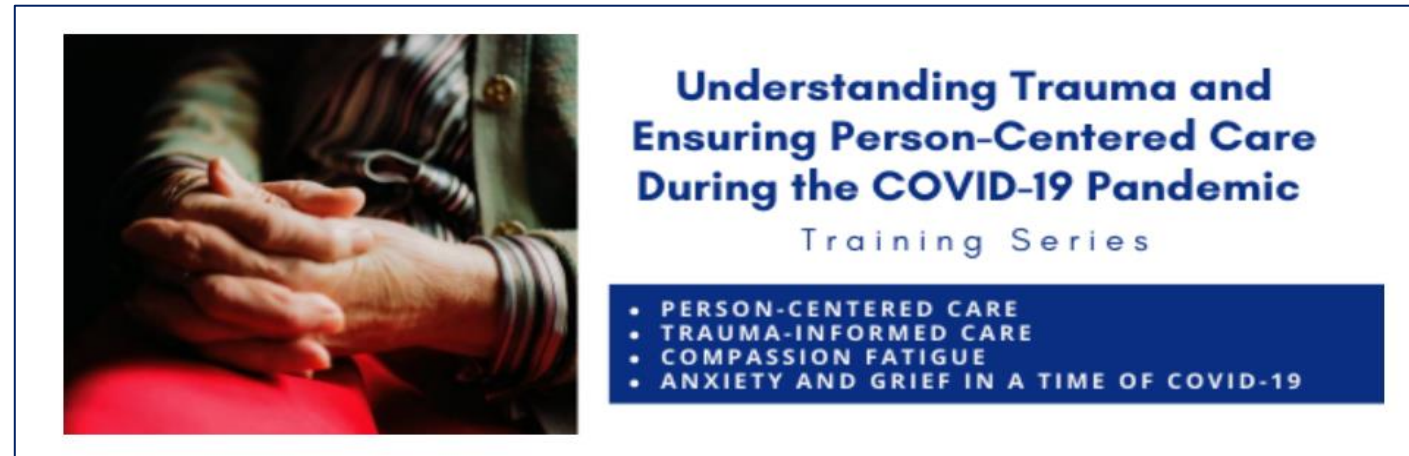
- Recording and Slides
- On-Demand Course - Quizzes for Staff

- **Topics**

- Person-Centered Care
- Trauma-Informed Care
- Compassion Fatigue
- Anxiety and Grief

- **Audience**

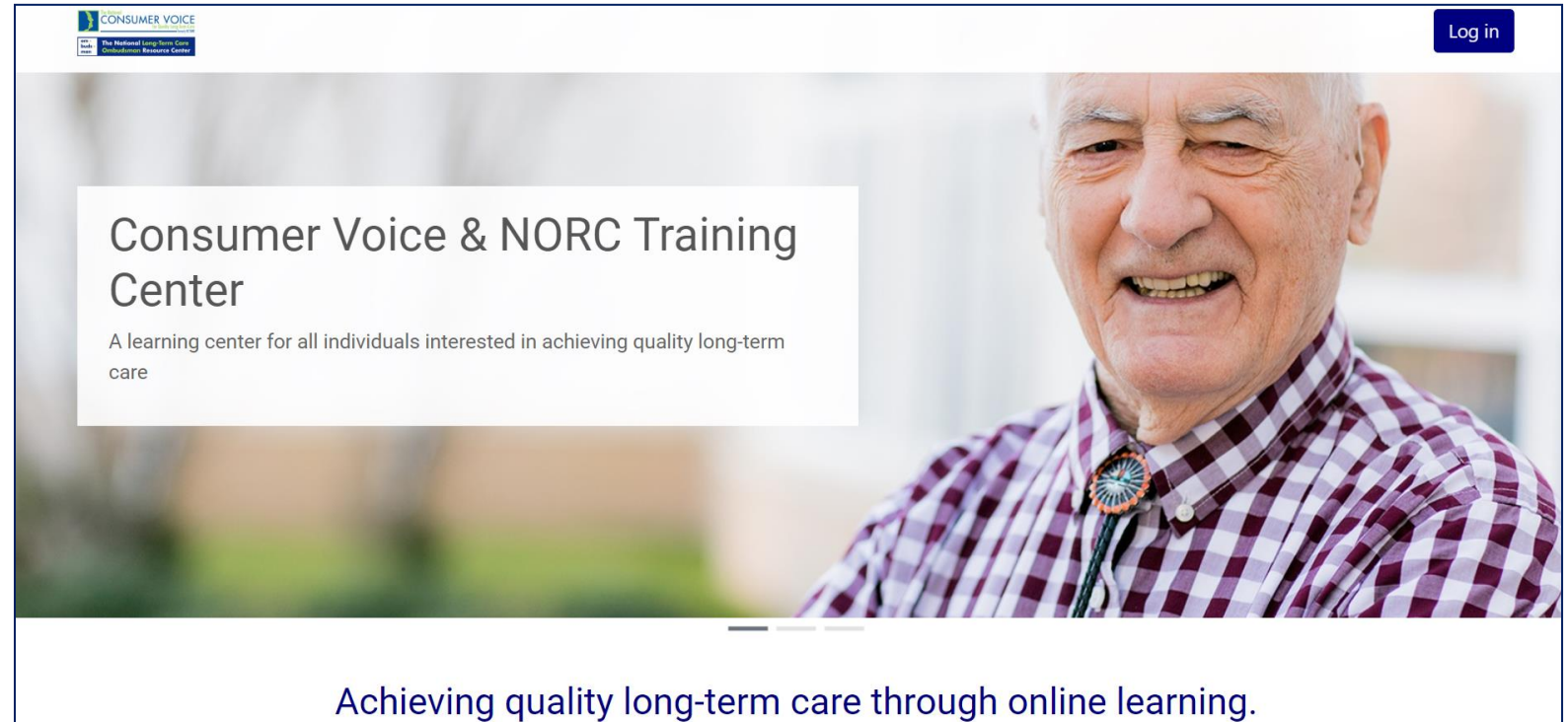
- Administrators
- Direct Care Staff
- Family Members



https://ltcombudsman.org/omb_support/COVID-19/training-series

Free On-Demand Training Center

- Free, on-demand training for Ombudsman programs, residents, and families.
 - Residents' Rights
 - Abuse
 - Nursing Facility Discharges
 - Understanding Trauma and Ensuring Person-Centered Care During the COVID-19 Pandemic (4-part series)
 - Facility Administrators
 - Direct Care Staff
 - Family Members
- https://ltombudsman.org/omb_support/COVID-19/training-series



<https://consumervoice.mrooms.net/>

Key Resources

Ombudsman Programs

- **The Long-Term Care Ombudsman Program What You Must Know**
<https://ltcombudsman.org/uploads/files/library/long-term-care-ombudsman-program-what-you-must-know.pdf>
- **Responding to Allegations of Abuse: Role and Responsibilities of the Ombudsman Program**
https://ltcombudsman.org/uploads/files/issues/ane-no-consent-ref-guide-july_2018.pdf
- **Ombudsman Program Examples**
https://ltcombudsman.org/omb_support/program-examples#abuse

For Residents, Family Members

- **Abuse, Neglect, Exploitation Consumer Education**
<https://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities#info-for-consumers>
- **Put a Stop to Poor Care** [pocket guide](#) and [brochure](#).



CMS Visitation Guidance Highlights

- Indoor visitation should occur for all residents, at all times, except for a few circumstances
- Visitation is person-centered
- Vaccinated residents can touch and hug
- Visitors are not required to be tested or vaccinated as a condition of visitation
- More information:
 - CMS Memo QSO-20-39-NH (updated April 27, 2021)
<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>
 - Consumer Voice webinar – Using CMS Guidance to Open Nursing Home Doors
<https://theconsumervoice.org/events/using-the-cms-guidance-to-open-nursing-home-doors/archived>

NEW FAQs – Nursing Facility Visitation and Quarantine

Nursing Home Visitation and Quarantine: Frequently Asked Questions (FAQs) & Advocacy Strategies for Families



In March 2021, the Centers for Medicare and Medicaid Services (CMS) revised their visitation guidance based on the high COVID-19 vaccination rates of nursing home residents. The new guidance should make it easier for residents to receive visits from family and friends. The Centers for Disease Control and Prevention (CDC) also updated their guidance in [March](#) and again in [April](#) regarding when long-term care facility residents are required to quarantine.

Despite these changes, many families still have questions and concerns relating to visitation and quarantine. Below are some of the most frequent questions we are asked by family members. Our responses are based on the CMS and CDC guidance and show how the guidance can be used to help families advocate for their loved ones. While we are addressing family members in this document, it is important to remember that the right to visitation lies with the resident, not the visitor.

We have also included general advocacy strategies and tips if the facility is not following the guidance or denying residents' rights.



Common Issues Under the Revised CMS and CDC Guidance

1. Can the facility refuse indoor visits?

The facility should be allowing indoor visitation "at all times for all residents," except for the following very specific situations:

- The resident is not vaccinated, the nursing home's COVID-19 county positivity rate is higher than 10%, and the resident vaccination rate in the facility is less than 70%;
- The resident has a confirmed case of COVID-19;
- The resident is in quarantine; or
- There is an outbreak in the facility. When this occurs, visitation is temporarily suspended while outbreak testing is conducted. Visitation should then be resumed depending on the testing results.

Other than these situations, a facility should always permit indoor visitation. The guidance does not provide for any other instances when indoor visitation can be denied.

2. Can the facility limit the length and frequency of visits to 15 minutes once a week?

The CMS [guidance](#) states that while facilities should allow indoor visitation at all times, they can "consider scheduling visits for a specific length of time to help ensure all residents are able to receive visitors," and they can consider how the total number of residents in a facility may affect their ability to maintain the [core principles](#) of infection prevention.

However, the facility should not be arbitrary in its scheduling. In addition, all visitation must be "person-centered." If a fifteen-minute visit is not sufficient for your loved one, ask facility staff for a longer visit. If they refuse, ask for the reasons. If the reasons relate to COVID-19 infection prevention, ask about alternatives to enable the person-centered visits the resident needs. If the reasons are not tied to infection prevention, the facility should allow the visit.

<https://theconsumervoice.org/uploads/files/issues/advocacy-faqs.pdf>

COVID-19 Resources – Consumer Voice

<https://theconsumervoice.org/issues/other-issues-and-resources/covid-19>

- Visitation
- Resources and Webinars
- State Policies
- CMS Guidance
- Stories from Residents and Families
- Tribute to those Impacted by COVID-19

COVID-19 in Long-Term Care Facilities

[COVID-19 Homepage](#)[Visitation](#)

[Webinars](#)[State Policies](#)[CMS Guidance](#)[Stories](#)

Recent News & Resources:

- * All nursing home and assisted living facility residents and staff can receive a COVID-19 vaccine from the long-term care facility where they live or work. [Read our information sheet to learn more.](#)
- * Consumer Voice, with partner organizations, [sent a letter](#) calling on CMS to restore nursing home residents' visitation rights.
- * New Fact Sheet: [Nursing Home Visitation and Quarantine: FAQs & Advocacy Strategies for Families](#)

Reuniting Residents and Families

What to Look for and Questions to Ask as You Resume Visits in a Long-Term Care Facility



The COVID-19 pandemic has significantly impacted residents of long-term care facilities and their families. In-person visitation restrictions imposed to reduce the spread of COVID-19 required residents and families to adapt quickly to other means of connection. As in-person visits resume, be sure to focus on your loved one and how happy you are to see each other. Take a moment to also look at your loved one and your surroundings. You'll want to note any changes in your loved one's appearance or demeanor to get a better sense of the impact on him or her. This resource provides suggestions of what to look for, questions to ask, and what you can do if you have concerns about their condition.

What to Look For

Observe your loved one's appearance and demeanor.

Things to look for include:

- Weight loss or gain
- Their hair is washed, nails have been cut, and teeth have been brushed
- They have their dentures, hearing aids, and glasses
- Healthy skin with no pressure sores, bruises, or cuts
- A change in energy level or alertness. Do they appear confused? Are they talking slowly? Do they have repetitive, involuntary movements? Are they unable to sit or stand straight? These could be the result of medication changes and you should ask about them.
- A change in their ability to walk or get in and out of bed
- Evidence of pain or discomfort

Look at what is happening in the building.

Does the facility have:

- Clean rooms, bedding, bathrooms, and common areas
- Personal protective equipment (PPE) such as face masks being worn in the facility
- Easy access to hand sanitizer and soap for both residents and staff
- Residents and staff that appear to have possible symptoms of COVID-19 such as fever, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, etc.
- Sufficient number of staff in the building. Is information about the number of nurses and certified nursing assistants working on that shift posted as required?



Resuming In-Person Visits

Tips for Identifying Trauma & Abuse
Supporting Residents

Laura Mosqueda, MD

Professor, Family Medicine and Geriatrics

Director, National Center on Elder Abuse

Volunteer Long Term Care Ombudsman

Trauma after COVID

- Residents
- Families
- Staff
- Us

Residents' trauma

- Trauma could be related to remote past, recent past, both
- What was the individual's history, experience, and interpretation?
- Observe, Ask, Listen
- Cultural awareness
- **You** may be the most trustworthy person in their life

Healing

- Eliciting goals
- Empowerment
- Recognizing and calling out strengths
- Finding choices
- Cultural awareness
- Counseling
- Don't underestimate the value of you, the LTCO.

High Risk Caregiving Situations

- Caregivers with inadequately treated mental health and/or substance abuse problems
- Caregivers who feel stressed/burdened
- Low staffing ratios
- Care recipient who is physically combative and/or verbally abusive (be careful: don't blame the victim!)

Setting the Stage

- Establish rapport
- Establish privacy
- Establish safe environment
- Normalize the questions
- Be empathetic
- Don't assume

Interviewing tips

- Calm, quiet, familiar environment
- Body language
- Private interview
- Compensate for sensory deficits
 - Vision (glasses, positioning)
 - Hearing (aids, positioning)
- Be aware of your tone, attitude, body language

ASK

- Are you afraid of anybody?
- Has anyone hurt you?
- Is anyone using your money without your permission?
- Is anyone taking things from you without your permission?

Pink Flags

- Implausible/vague explanations
- Delay in seeking care
- Unexplained injuries
- Inconsistent stories
- Sudden change in behavior

The Challenge in Diagnosis

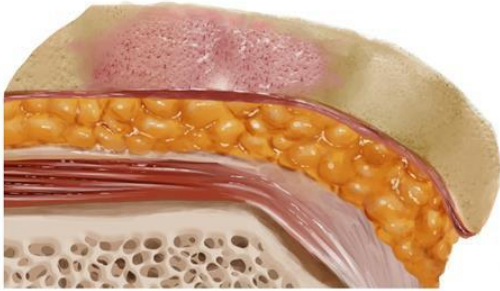
- Changes with aging
 - Multiple co-morbidities
- Medication effects
 - Cognitive impairment

It's often hard to distinguish between an injury due to abuse and one due to an innocent cause.

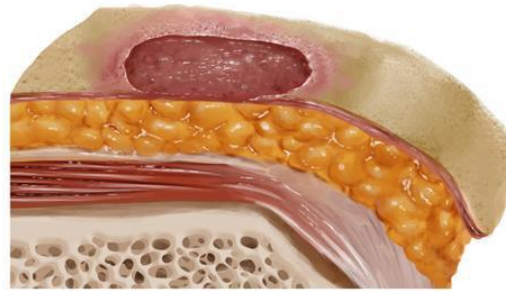
**“Of course they have a _____,
they're old!”**

- Pressure sore
- Fracture
- Bruise
- Contracture

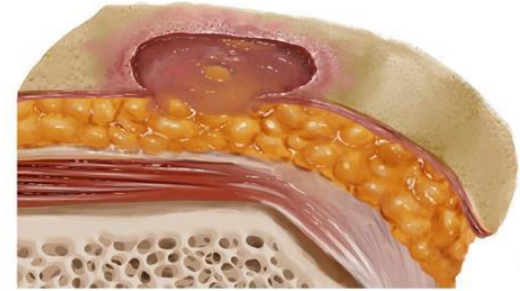
Pressure Ulcer



Stage 1



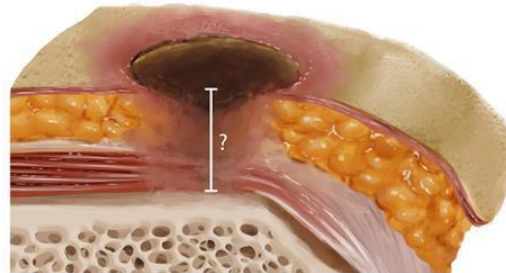
Stage 2



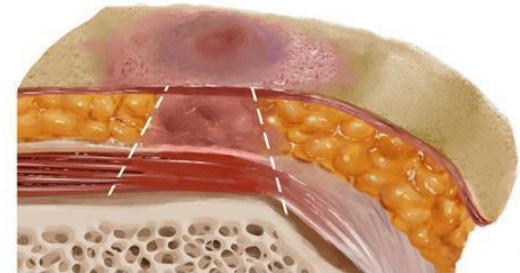
Stage 3



Stage 4

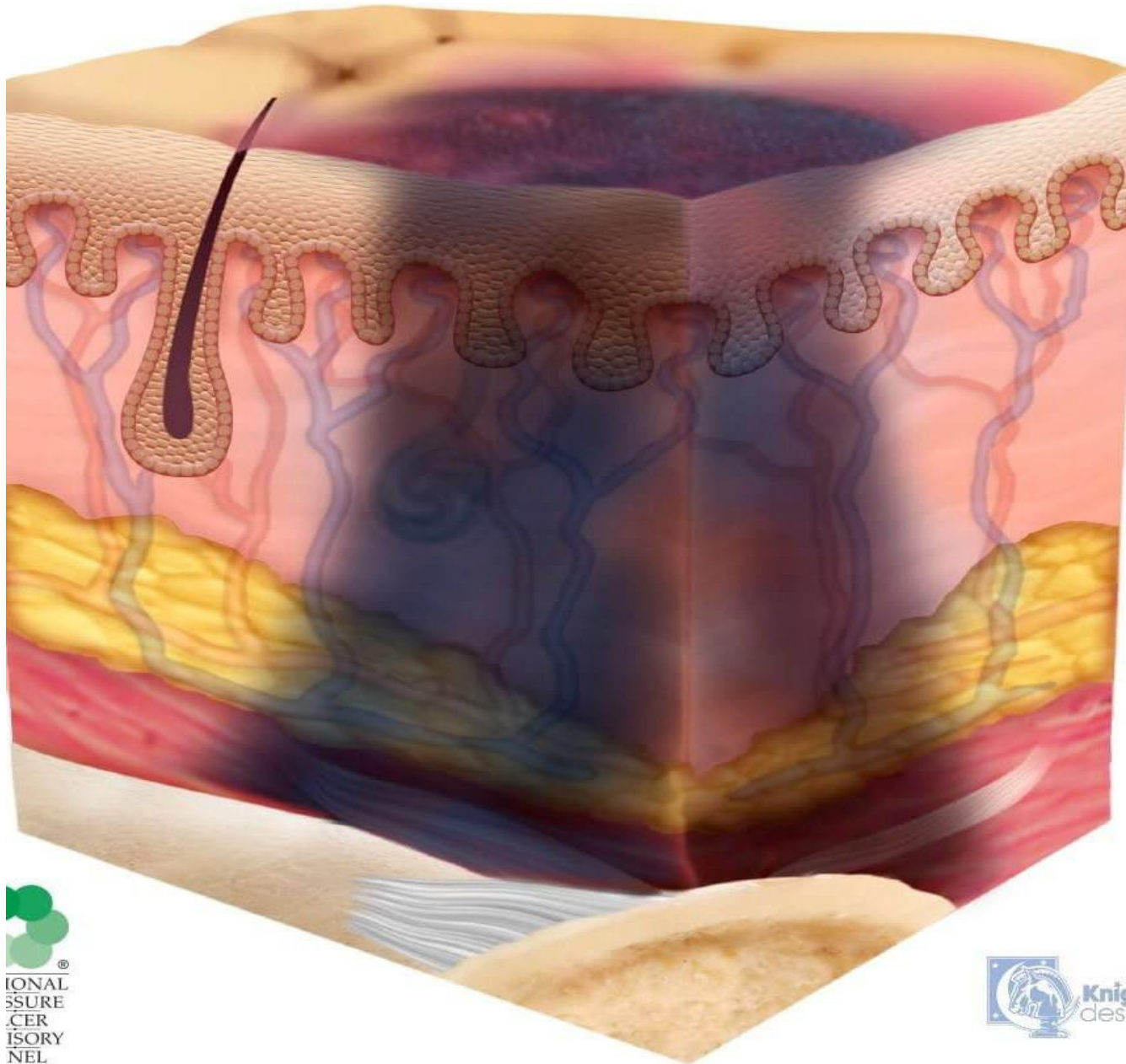


Unstageable
pressure injury



Deep tissue
pressure injury

Deep tissue pressure injury



Suspected deep tissue injury



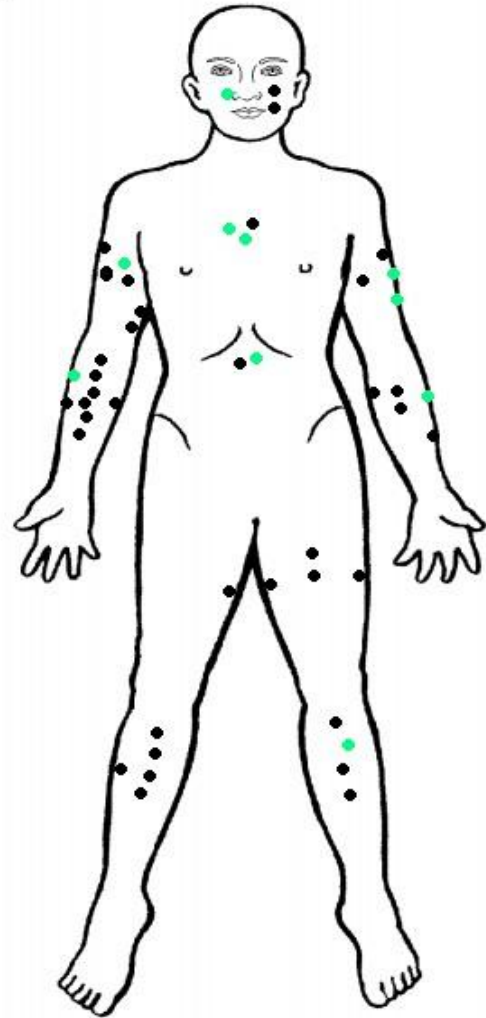
The importance of context: look in the chart

- Functional status
- Regular skin checks
- Awareness of risk (Braden index)
- Nutritional assessment
- Team-based approach
- Goals of care

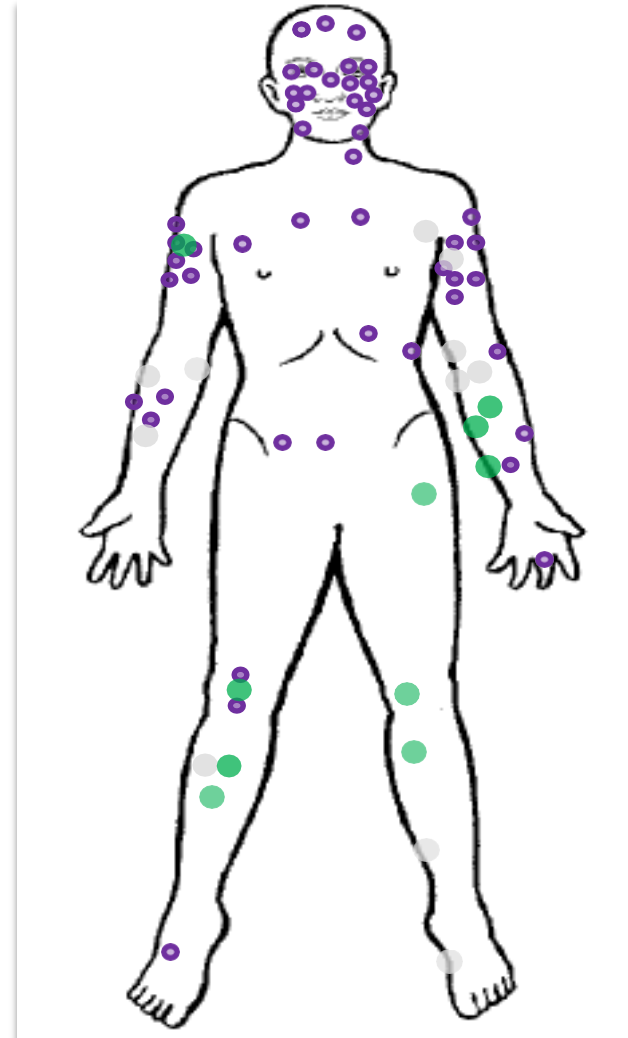
BRUISING

Anterior Comparison

Part I: Accidental

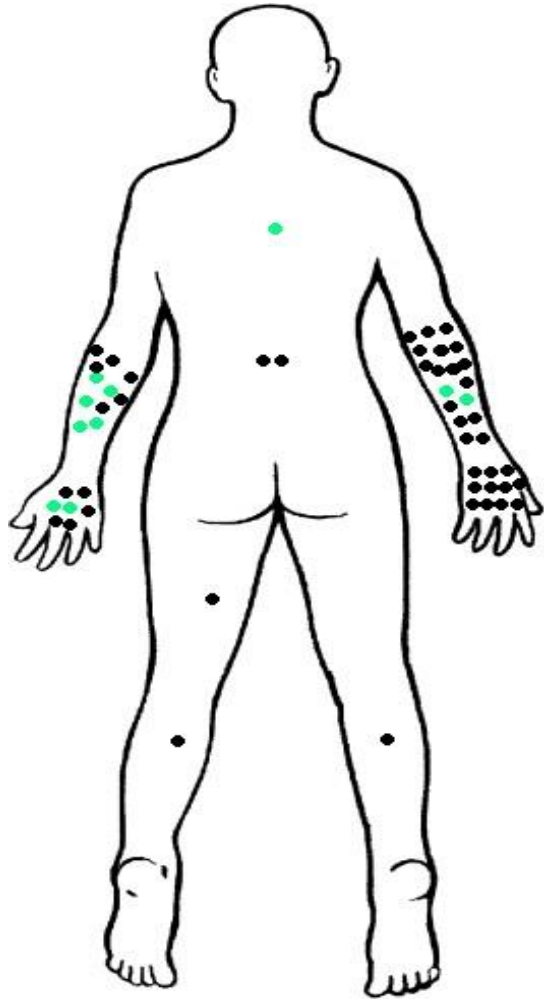


Part II: Physical Abuse

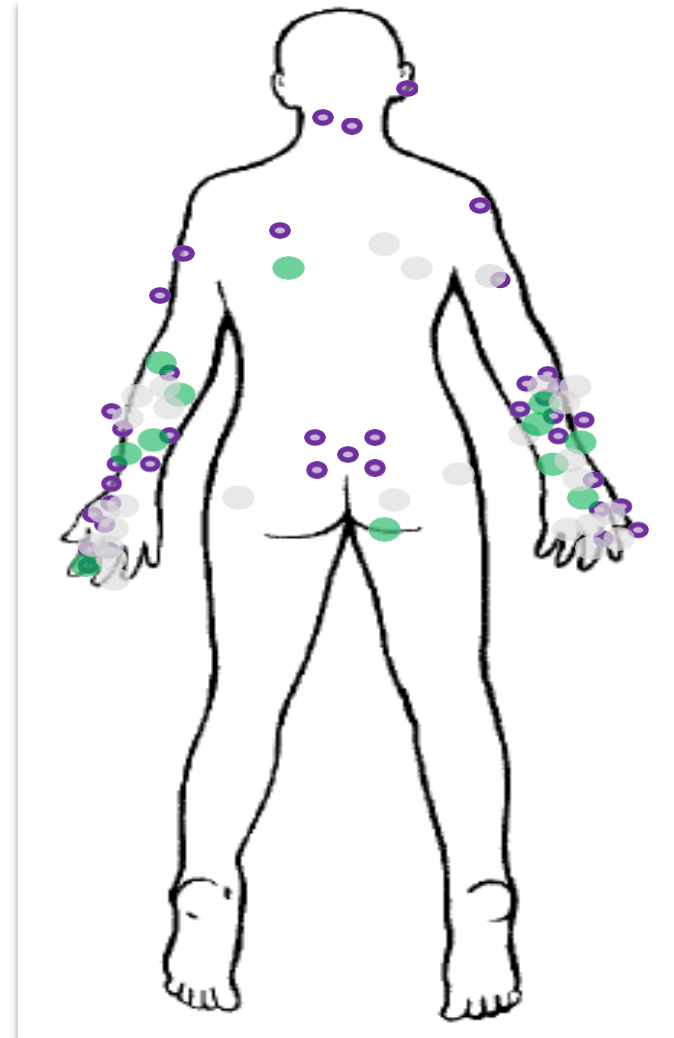


Posterior Comparison

Part I: Accidental



Part II: Physical Abuse



Accidental or Inflicted?



Accidental or Inflicted?



Accidental or Inflicted?



Other potential forensic markers

- Medication misuse
- Burns
- Contractures
- Lacerations + Abrasions
- Fractures
- Subdural hematomas
- Behavioral changes
- Dehydration, Malnutrition

Geri-IDT: Geriatric Injury Documentation Tool

To assist with documentation of physical findings in older adults with injury/ies

IDT does 2 things:

- Makes it easier to document physical findings
- Reminds you what to look for and document

- **Geri-IDT available at:**

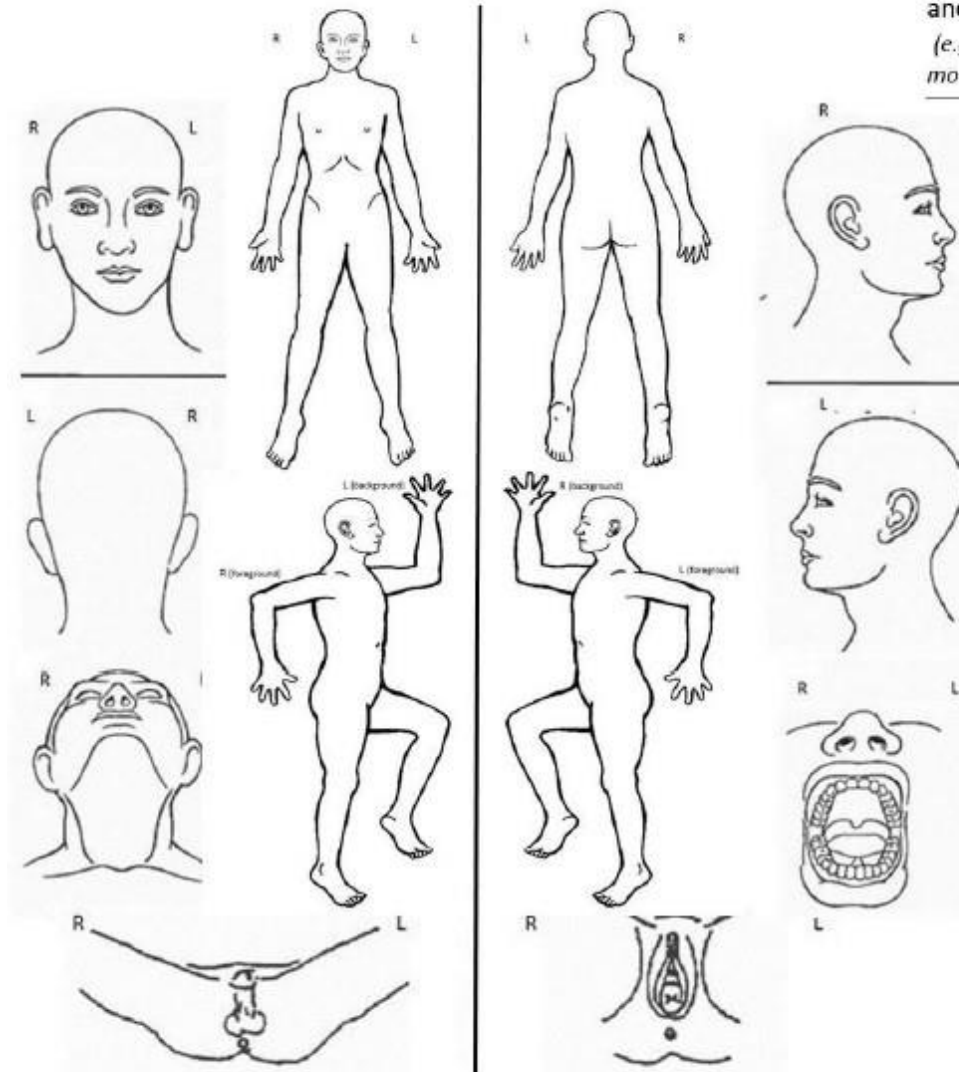
<https://eldermistreatment.usc.edu/current-projects/geri-idt/>

Kogan AC, Rosen T, Navarro A, Homeier D, Chennapan K, Mosqueda L. Developing the Geriatric Injury Documentation Tool (Geri-IDT) to Improve Documentation of Physical Findings in Injured Older Adults. J Gen Intern Med. 2019

Conduct a complete head-to-toe physical examination and describe in detail all physical findings on the patient, even those that you do not consider clinically significant or related to their presenting complaint. **Please note all areas where pain or tenderness is present, even if there is no visible evidence of injury.**

Please number each finding indicated on the body diagram and describe the physical characteristics:

(e.g. 1=5cm jagged laceration, with redness and swelling, soiled dressing, moderate odor)



Finding 1:

Finding 2:

Finding 3:

Finding 4:

Finding 5:

Finding 6:

Finding 7:

Finding 8:

Finding 9:

Finding 10:

Patient's Name: _____
MRN: _____ DOB: ____/____/____

Clinician's name (print): _____
Signature: _____ Date: ____/____/____

Indicators of Possible Neglect

- Malnourished
- Dehydrated
- Coated with fecal matter/ urine stained
- Inadequately clothed
- Untrimmed toenails, matted hair
- Bed sores (pressure sores)

What I Consider

- Victim's vulnerabilities
- Victim's functional status (ADLs and IADLs)
- Implausible explanations
- Injuries to head/neck are of particular concern
- Do the history, functional status, and injury make sense as a unit?

Resources



The National Center on Elder Abuse strives to improve the national response to elder abuse, neglect, and exploitation.

We provide education, share the latest in research and national policy, and promote best practices in the field and in our communities.



Reporting Abuse

Report suspected abuse in the community to the local **Adult Protective Services** agency, and report suspected abuse in a nursing home or long-term care facility to the local **Long-Term Care Ombudsman Program**. For serious and immediate emergencies, **call 9-1-1**.

Report suspicions of abuse as soon as possible.



Adult Protective Services

<https://www.napsa-now.org/>



Local Law Enforcement



Long-Term Care Ombudsman

https://theconsumervoice.org/get_help

To connect to a local or state reporting number, contact the **[Eldercare Locator](https://eldercare.acl.gov)** at **eldercare.acl.gov** or at 1-800-677-1116 M-F 9AM – 8PM ET.

Fact sheets and brochure

Preventing Elder Abuse in Our Community

Elder Abuse is **preventable** – and everyone has a role to play.

Here are 5 things EVERYONE can do to prevent elder abuse:


- 1) Listen** to older people and caregivers to understand their challenges and provide support
- 2) Educate** one another about the signs of abuse and how to get help
- 3) Report** suspected abuse or neglect as soon as possible
- 4) Build** a community that fosters social connections and supports
- 5) Reach out** to professional services for support where available

[Click here to insert logo]


[Area to Insert Agency Name]

[Area to Insert Contact Information]

This brochure was created in conjunction with:



National Association of Area Agencies on Aging
www.n4a.org



National Center on Elder Abuse
855-500-3537
ncea.acl.gov

This material was completed for the National Center on Elder Abuse situated at Keck School of Medicine at the University of Southern California, in partnership with the National Association of Area Agencies on Aging, and is supported in part by a grant (No. 90AAR000101-02) from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy.

Keck School of Medicine of USC

Building Community Supports to Prevent Elder Abuse

[Area to Insert Agency Name]

[Area to Insert Contact Information]

[Click here to insert logo]

Presentation template & evaluation form

STEAP Initiative Outreach Calendar 2019

Generate awareness and foster action to end elder abuse!

There are many opportunities throughout the year to bring your community together and build awareness on elder abuse. Below is an outreach calendar with commemorations related to elder abuse, neglect, and exploitation prevention and programming.

Tip: Sync this STEAP Initiative Outreach Calendar to your calendar! [Click here.](#)

Month	Observances
January	RECOGNITION DAYS ■ Wednesday, January 9: Law Enforcement Appreciation Day (LEAD)
February	MONTH-LONG OBSERVANCES ■ Black History Month RECOGNITION DAYS ■ Wednesday, February 20: World Day of Social Justice
March	MONTH-LONG OBSERVANCES ■ National Nutrition Month ■ Social Work Month ■ Women's History Month RECOGNITION DAYS ■ Friday, March 8: International Women's Day
April	MONTH-LONG OBSERVANCES ■ Community Service Month ■ Financial Literacy Month ■ Sexual Assault Awareness Month ■ Social Security Month WEEK-LONG OBSERVANCES ■ Monday, April 1 – Sunday, April 7: National Public Health Week ■ Sunday, April 7 – Saturday, April 13: National Crime Victims' Rights Week ■ Sunday, April 7 – Saturday, April 13: National Volunteer Week RECOGNITION DAYS ■ Tuesday, April 2: Sexual Assault Awareness Day of Action ■ Sunday, April 7: World Health Day

Reporting Abuse

Report suspected abuse in the community to the local **Adult Protective Services** agency, and report suspected abuse in a nursing home or long-term care facility to the local **Long-Term Care Ombudsman Program**. For serious and immediate emergencies, call 9-1-1.

Report suspicions of abuse as soon as possible.

Signs of Elder Abuse



Emotional & Behavioral Signs

- Unusual changes in behavior or sleep
- Fear or anxiety
- Isolation from friends or family
- Withdrawal from normal activities
- Sadness



Financial Signs

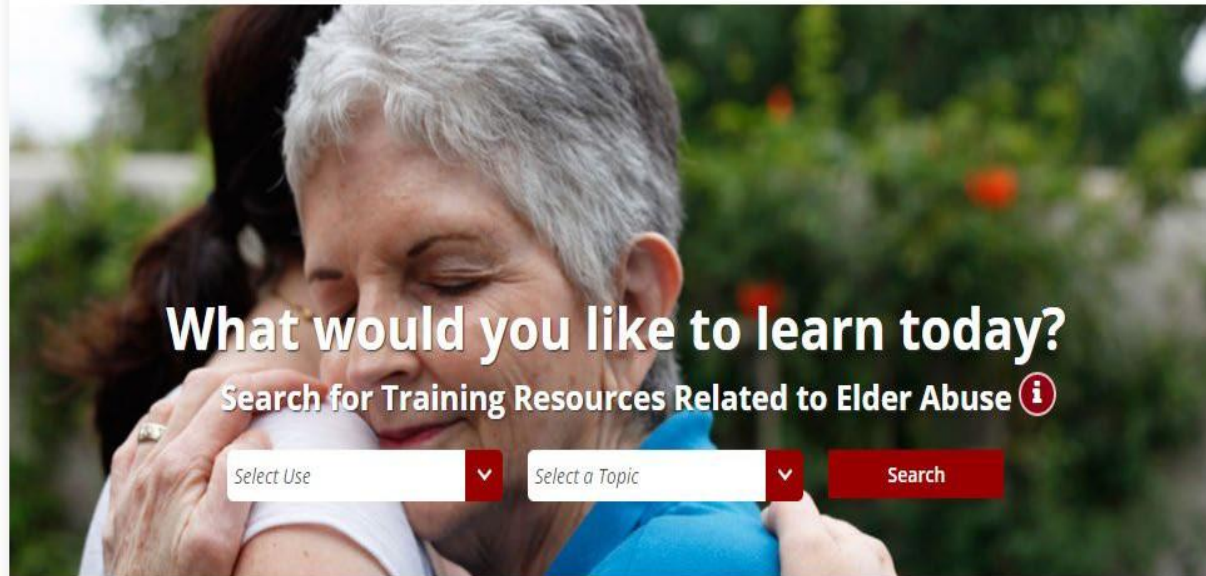
- Unusual changes in bank account or money management
- Unusual or sudden changes in a will or other financial documents
- Fraudulent signatures on financial documents
- Unpaid bills

Outreach calendar for year-round elder abuse prevention programming

TRAINING RESOURCES ON ELDER ABUSE (TREA)

Training Resources on Elder Abuse

[About Us](#) [Resources](#) [Support](#) [Submit Material](#) [Contact Us](#)



What would you like to learn today?

Search for Training Resources Related to Elder Abuse ⓘ

Select Use

Select a Topic

Search

Training Resources on Elder Abuse

NCEA Resources: Available in 8 Languages

NATIONAL CENTER ON ELDER ABUSE

Signs of Elder Abuse

Elder abuse can include neglect, physical, emotional, financial or sexual abuse. It is up to all of us to prevent and report suspected abuse. **Here are some signs of elder abuse that everyone should know.**

Emotional & Behavioral Signs

- > Unusual changes in behavior or sleep
- > Fear or anxiety
- > Isolated or not responsive
- > Sadness

Physical Signs

- > Broken bones, bruises, and welts
- > Cuts, sores or burns
- > Torn, stained or bloody underclothing
- > Sexually transmitted diseases without clear explanation
- > Dirtiness, poor nutrition or dehydration
- > Poor living conditions
- > Missing daily living aids (glasses, walker, and medications)

Financial Signs

- > Unusual changes in bank account or money management
- > Unusual or quick changes in a will or other financial documents
- > Fake signatures on financial documents
- > Unpaid bills

REPORTING ABUSE

Programs such as Adult Protective Services (APS) and the Long-Term Care Ombudsmen are here to help. For reporting numbers, contact Eldercare Locator at 1-800-677-1116 (www.eldercare.acl.gov).

*In cases of urgent danger, call **911** or the local police or sheriff.*



NCEA

National Center on Elder Abuse

This material was completed for the National Center on Elder Abuse situated at Keck School of Medicine at the University of Southern California and is supported in part by a grant (No. 90ABRC000101-02) from the Administration for Community Living, U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy. LAST DOCUMENT REVISION: DECEMBER 2018

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Red Flags of Abuse

Our communities are like structures that support people's safety and wellbeing. One of the most important ways we can all contribute to this ongoing construction project is by looking out for warning signs of maltreatment. Does someone you know display any of these signs of abuse? If so, **TAKE ACTION IMMEDIATELY**. Everyone, at every age, deserves justice. **Report suspected abuse as soon as possible.**

Emotional & Behavioral Signs

- > Unusual changes in behavior or sleep
- > Fear or anxiety
- > Isolated or not responsive
- > Depression

Physical Signs

- > Broken bones, bruises, and welts
- > Cuts, sores or burns
- > Untreated bed sores
- > Torn, stained or bloody underclothing
- > Unexplained sexually transmitted diseases
- > Dirtiness, poor nutrition or dehydration
- > Poor living conditions
- > Lack of medical aids (glasses, walker, teeth, hearing aid, medications)

Financial Signs

- > Unusual changes in bank account or money management
- > Unusual or sudden changes in a will or other financial documents
- > Fraudulent signatures on financial documents
- > Unpaid bills

WHAT IS ELDER ABUSE?

Elder abuse is the mistreatment or harming of an older person. It can include physical, emotional, or sexual abuse, along with neglect and financial exploitation. Many social factors—for example, a lack of support services and community resources—can make conditions ripe for elder abuse. Ageism (biases against or stereotypes about older people that keep them from being fully a part of their community) also play a role in enabling elder abuse. By changing these contributing factors, we can prevent elder abuse and make sure everyone



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<https://ncea.acl.gov/Resources/Publications.aspx>

Supports&Tools for EA Prevention

- <https://ncea.acl.gov/Resources/STEAP.aspx>
- Engage and educate your community
 - Fact sheets
 - Brochures
 - Outreach ideas/activities
 - Presentation materials
- Toolkit that is practical and customizable
- Make it your own
 - Logo
 - Contact info
 - Local reporting numbers



Elder Abuse Guide for Law Enforcement

User-Friendly Interface

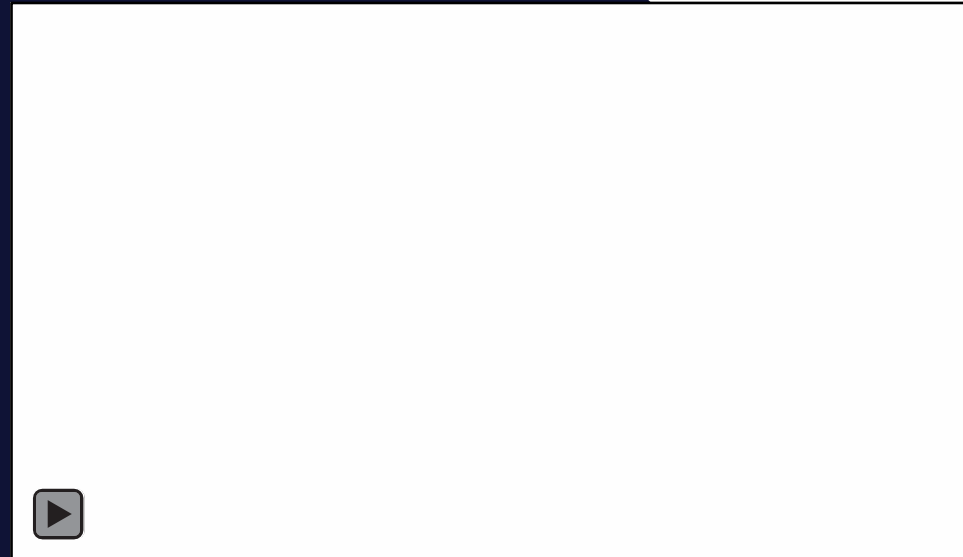
- Red Bar is accessible from anywhere on EAGLE

Resources for Law Enforcement

- Need immediate assistance with documenting a case of elder abuse? Resources are readily available on the homepage

Multiple Training Opportunities

- EAGLE's online training with NW3C is one of the first items users see
- More training options are available to explore



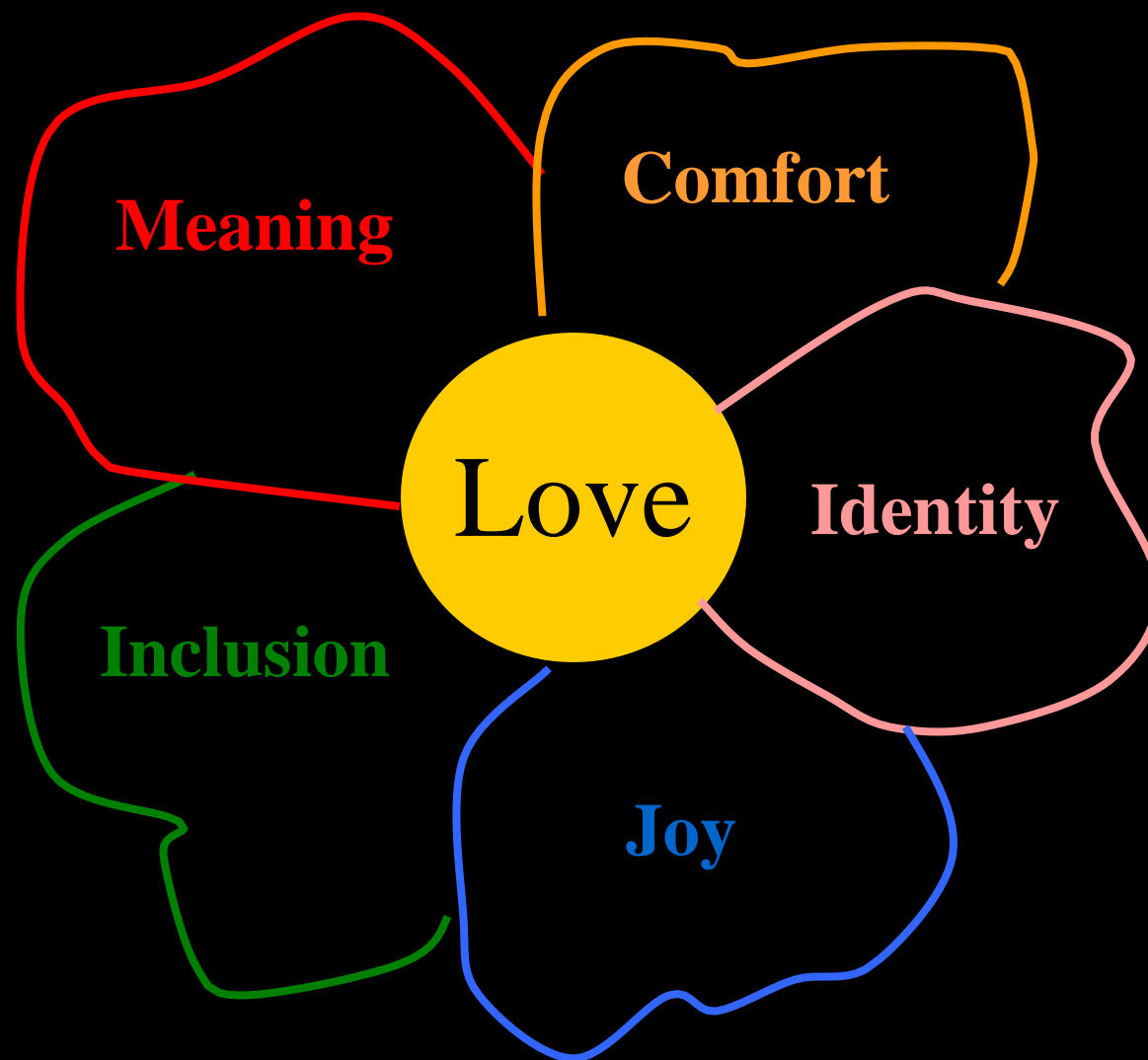
Eagle.USC.edu



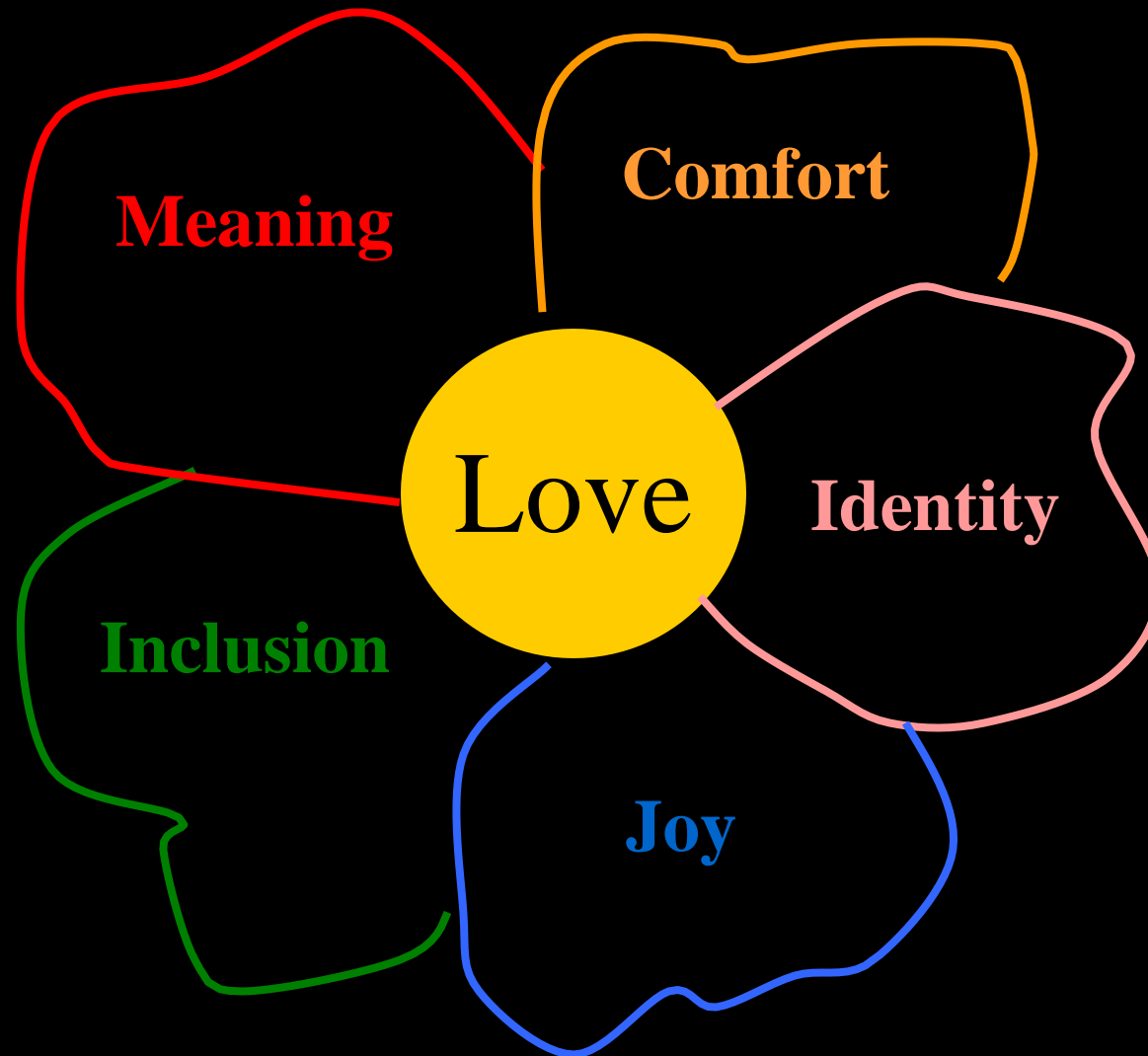
Resources specific to nursing homes

- https://ncea.acl.gov/Resources/Publications.aspx#nursing_ltc
- Variety of topics
 - For residents (Taking Care of You during COVID)
 - For families (Should I Take My Loved One Home During COVID?)
 - What is the Long Term Care Ombudsman Program?
 - FAQs
 - Resident Rights
 - Advocacy tips





You make a difference





De-centralized Local Ombudsman COVID Prospective

Karen Jones, Executive Director/Program Manager

Long Term Care Ombudsman Services of San Luis Obispo County (CA)



Program Information




- Single purpose non-profit, contracted with AAA
- 6 SNFs (all owned by one small corporation)
- 100 Residential Facilities (6-bed, 30+ bed and 100+ bed)
- 9 Volunteers (1 has returned to service)
- 5 Paid Staff (1 was a volunteer we hired temporarily/part time)
- Volunteer years with the program: 6 Years to 28 years
- Staff years with the program: 6 years to 23 years



Returning to Facilities

- Our Staff Ombudsman, Paula, made the first visit when we were able to return to facilities on July 23, 2020.
- CA Ombudsman test weekly or more often and wear adequate PPE while in facilities. PPE varies due to local Health orders.
- Residents with dementia do NOT like the Ombudsman to wear PPE – particularly face shields.
- PPE saved us:
 - COVID Outbreak found AFTER our visit, exposing the Ombudsman
 - Norovirus Outbreak found AFTER our visit, exposing the Ombudsman



July 23, 2020 – Notes from the First Visit (6-bed residential facility)

The residents were observed to be well groomed and the home clean.

One of the residents made a lot of playful noise about the mask and gown I was wearing. I told her that I had dressed up just for her.



For mental health, residents fared better than their families. However, there have been a lot of ups and downs.

Between March and September 2020, residents were willing to give up anything to be safe from the virus. Then they got discouraged and hopeless. After December 2020, residents turned the corner with the availability of the vaccine and the joy of seeing family once again.

“I am so worried I will die before I get to hug my son one last time.”

“I just want to see my wife on our 60th anniversary.”

“I want to pet my dog (who lives with family). It has been more than year since I saw him.”



Returning to Facilities – What We Found

- Food supplies are better AFTER COVID due to the shortages in Spring 2020
- Activities in small facilities improved during COVID which helped as a distraction
- Families who lived far away were able to “visit” more frequently due to virtual options.
- Resident grooming (hair, nails and teeth care) was poor
- Residential facilities tended to be more relaxed about COVID restrictions with residents having more freedoms (rights) than SNFs
- SNF hallways were empty and devoid of life as residents were encouraged to stay in their rooms



Communication Tips




- Families and residents who were angry about COVID restrictions seemed to do better when we:
 - Listened to their frustrations
 - Agreed that the loss of rights needed to be resolved
 - Gave usable advice on options to resolve problems
 - Helped get compassionate care visits established
 - Explained that all calls to LTCO are confidential and free of charge
- Residents who knew (and trusted) their Ombudsman before COVID have been more likely to talk with us about their experiences
 - Facility visits are an important tool for establishing a relationship with residents



Lessons Learned

- Ombudsman must be prepared to lose residents, even our favorites and when it is unexpected
- Always keep PPE supplies available and up-to-date
- Stay current with local, state and federal guidance during an emergency
- Relationships matter:
 - Local health agencies
 - State health agency
 - Media/reporters
 - Emergency Responders



Success – Partner with Your Local Health Agency

➤ Health agency can provide:

- Accurate facility COVID status updates
- PPE and testing consultation
- Emergency PPE for facilities
- Regular updates on the situation
- Infection control evaluation visits to facilities
- Health orders and restrictions

➤ Ombudsman can provide:

- Information about facility locations
- Statistics gathered from facilities
- Liaison between facilities and the local health agency*
- Information to facilities on behalf of the health agency*
(Ombudsman have the contact information)
- BE CAREFUL ABOUT OMBUDSMAN CONFIDENTIALITY REQUIREMENTS!



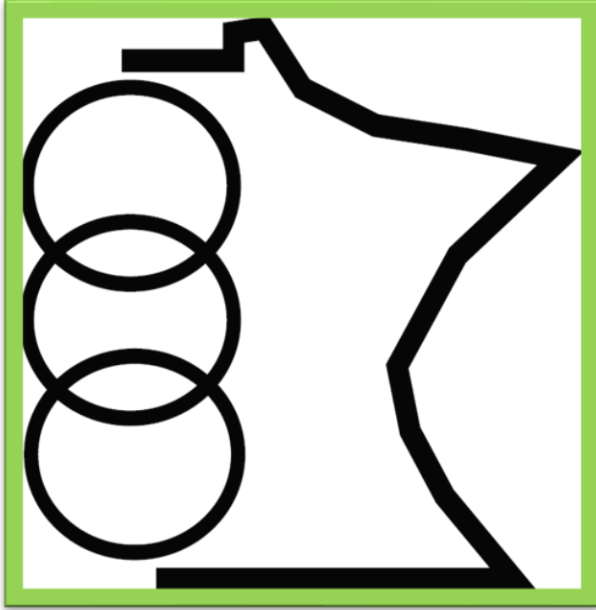
Favorite Quotes

Do what is right. Not what is easy.

It is not only for what we do that we are held responsible, but also for what we do not do. *Moliere*

To affect the quality of the day is no small achievement.

Dear Karma, I have a list of people you missed.



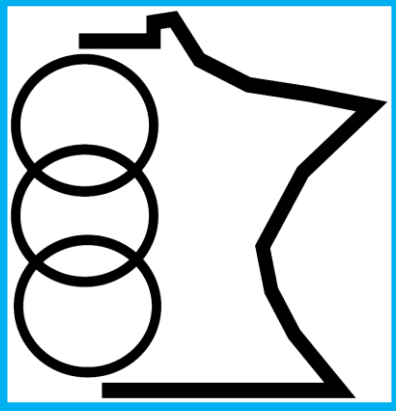
Centralized Local Ombudsman COVID Prospective Returning to Inside Visitation

Jane M. Brink, Regional Ombudsman
Minnesota Office of Ombudsman for
Long-Term Care

June 18, 2021

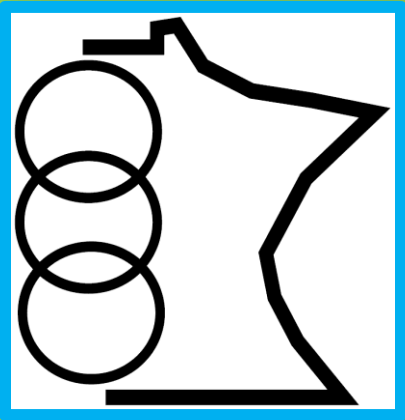
A program of the Minnesota Board on Aging





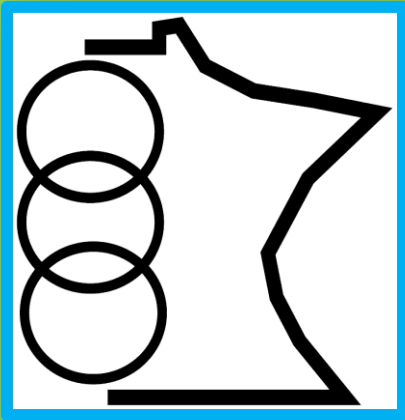
Regional Information

- There are 24 Regional Ombudsman in the State of Minnesota. Jane is in the North Central Region:
- North Central Region:
 - 3 Certified Ombudsman Volunteers
 - 1 Paid Regional Ombudsman 35 Years of experience
 - 5 Counties
 - 12 SNF's, 9 non-profit and 3 For-Profit
 - 77 Assisted Living Facilities



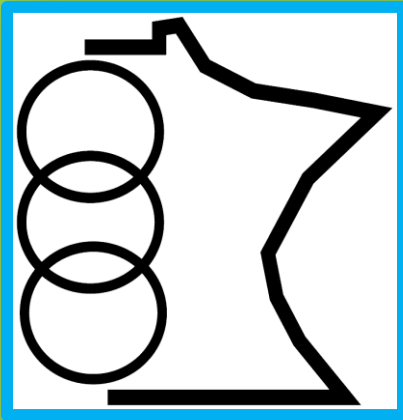
Minnesota Visitation TimeLine

- October 12, 2020 – Window or Outdoor visits
- January 11, 2021- Ombudsman Indoor Visits
- March 22, 2021 – Regional Ombudsman First Visit
 - Jane Brink



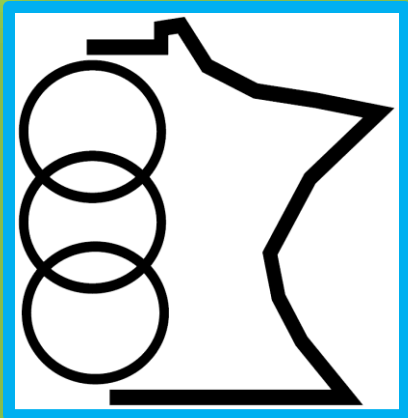
Regional Ombudsman Experience with First Visit

- Feelings and emotions:
 - I felt safe – vaccinated, tested, PPE
 - The Greeting from staff
 - What I saw: So quiet, nothing going on, dark and lonely
 - The Resident was happy to have a visitor (he giggled)
 - Glad I had the “Postcard” to help introduce my covered-up self
 - PPE was a challenge at first



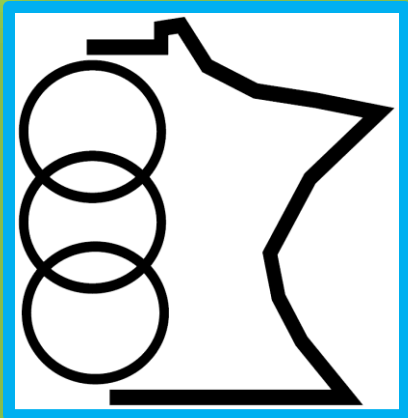
What we found First Visits and Visits now

- Loneliness, not a lot going on, even the facilities seemed dark
- Now – resilience, hope, things going on, and even singing and laughter
- Few visitors at first – Just staff and a few others
- Now – people outside and inside visiting. (However some have gotten used to being alone in their rooms and are hesitant to go out and about – they may need encouragement or just time)



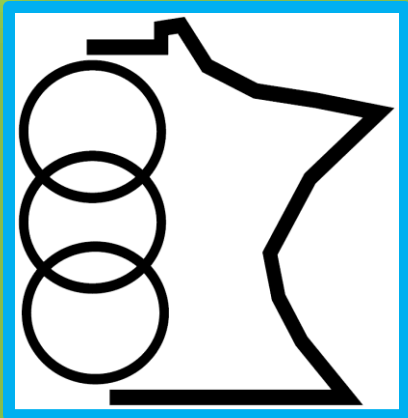
Insight for casework

- In person visits and meetings are so important:
 - Body language
 - Facial expressions
 - Seeing people where they live.
 - Watching the interactions
 - Even if you are only connecting with your eyes, it is still a connection.
 - Easier to establish trust in person
 - It is easier for everyone to communicate.



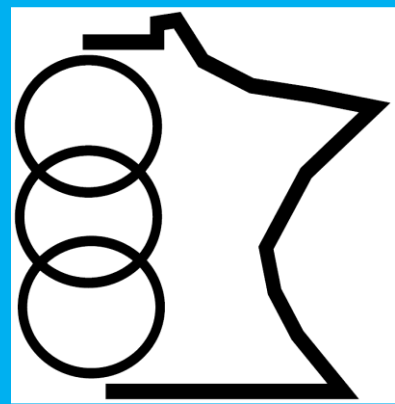
Lessons Learned

- Ombudsman need to be with the People we support.
- Some People we support want to talk about their experience during the pandemic. Give them the time to talk. If there is referral sources to help them (support groups, Counseling), assist in referral. The Social Worker or AAA may be able to help.
- Visit the Resident Council if you can. They miss us! Share the Resident Advocate News Letter with them.



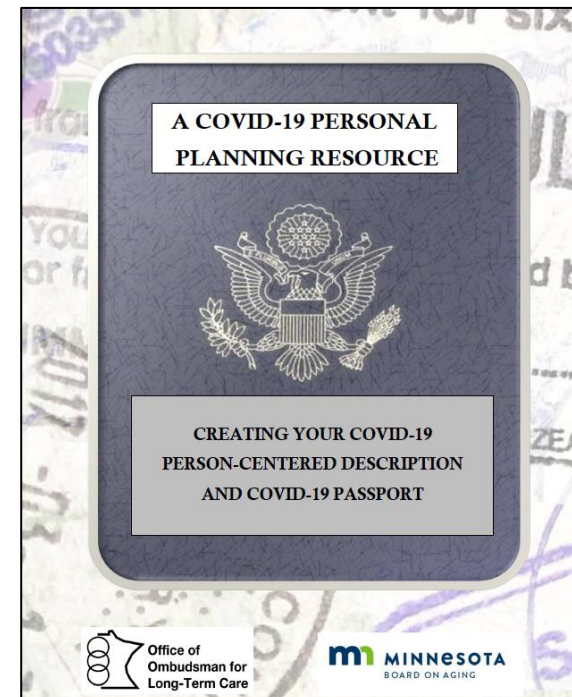
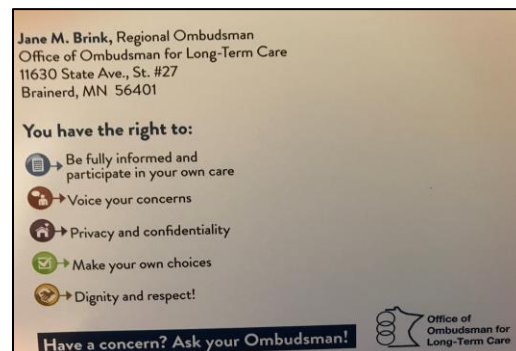
Lessons Learned

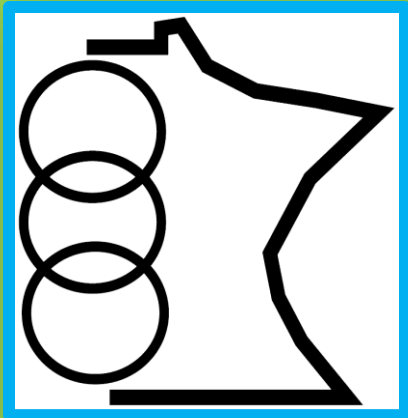
- You may have to re-educate the staff about your role. Have plenty of brochures and tip sheets available.
- Certified Ombudsman Volunteers may need us more as they return to inside visits.
- Grateful for the role that we played in helping People during the pandemic.



Minnesota Resources:

- Ombudsman Postcard
- A COVID-19 Personal Planning Resource





Contact information:

Jane M. Brink | Regional Ombudsman
651-341-9368 (Cell) Office: 218-855-8587
Jane.m.brink@state.mn.us

Main/Intake: 651-431-2555 | Toll Free: 1-800-657-3591

Office of Ombudsman for Long-Term Care
A Program of the Minnesota Board on Aging
Website: <https://mn.gov/board-on-aging>

QUESTIONS?

Upcoming Events

Residents' Rights Month October 2021

- Resident's Voice Challenge
- Deadline September 1, 2021



<https://theconsumervoice.org/events/2021-residents-rights-month>

2021 Consumer Voice Conference November 3 – 5

- Virtual Conference
- Registration is Open



<https://theconsumervoice.org/events/2021-conference>



The National Long-Term Care Ombudsman Resource Center

Connect with us:

www.ltcombudsman.org

ombudcenter@theconsumervoice.org



The National LTC Ombudsman Resource Center



@LTCombudcenter



Get our app! Search for "LTC Ombudsman Resource Center" in the Apple Store or Google Play

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