Message from the Board President

I continue to be amazed at the scope of duties and involvement that is put forth on a daily basis by the 13 employees and the volunteers under the umbrella of the Alliance for Better Long Term Care (the Alliance). This is an organization that “flies under the radar” in the State of Rhode Island, but makes significant contributions to the daily plight of the most fragile population in the State.

The Alliance has to function like any business or organization, but also has to work tirelessly to obtain grants and donations to support the work they perform. So much time and effort are required in this endeavor that it sometimes becomes a distraction from our mission. Fortunately, we have dedicated individuals who spend more than their “paid” hours in chasing the funds that we need to continue our efforts to provide for the care of the elderly and others requiring quality medical and social services.

What many don’t realize is that the Alliance requires all the support services of a larger organization — from human resources to public relations. We produce excellent collateral materials, seminars and stay on top of legislation that affects our constituents. All of this is accomplished with a staff that is accustomed to wearing many hats and jumping in when necessary.

In closing, I feel privileged to be involved with this organization and the members of the Board of Directors who give of their time and advice. I hope that you will all continue to support the Alliance, and I thank you for that support.

Brian Pontolilo, Board President

Ethics and equity and the principles of justice do not change with the calendar.

~ D. H. Lawrence
Alliance Mission Statement

Founded in 1979, the Alliance helps protect the rights of elderly and disabled persons who live in long term care settings and those who receive licensed health care or hospice services in the home.

“Our mission is to improve the quality of life and health care of residents of long term care facilities, assisted living facilities, and those who receive licensed health care or hospice in the home.”
Dear Colleagues, Advocates, Consumers,

It’s hard to believe a year has gone by since our last annual report. What’s even more incredulous is we will soon be welcoming the newly-elected officials. I would be remiss if I did not say a personal farewell to Lt. Governor Elizabeth Roberts. Elizabeth has been a consistent and staunch advocate for the elderly population of Rhode Island. My staff and I wish her the best in any future endeavors she may undertake.

There have been many exciting things happening in the Long Term Care State Ombudsman’s office during the past year. In addition to the many committees this office has always participated in, we are now involved in three new projects. The first is the Rhode Island LGBT initiative. Today’s SAGE is a group of dedicated people committed to promoting, empowering and contributing to positive lifestyles for lesbian, gay, bisexual, and transgender elders through service, education and advocacy. Two of our staff members attend the Steering Committee meetings.

Secondly, we have been working with the Executive Office of Health & Human Services (EOHHS) and the long term care providers on the new publicly-funded transportation services for non-emergency medical transportation only. The new vendor LogistiCare coordinates transportation services for Medicaid beneficiaries and individuals over the age of 60 who do not have access to transportation. I conducted a 3-hours training session in collaboration with the Alzheimer’s Association for taxi cab drivers and their managers in relationship to the aging process. Companies that request training for their taxi drivers will be scheduled according to the drivers’ schedules, and all classes will be held at the Alliance. Monthly meetings are hosted at the Alliance to discuss any ongoing and/or new issues; the Clinical Director and Volunteer Ombudsman Coordinator participate in the committee meetings.

Thirdly, I am on the Advisory Committee for the Integrated Care Initiative which consists of two new health care options for seniors and adults with disabilities that will improve the health and quality of care members receive. The EOHHS launched the Integrated Care Initiative primarily to manage the Medicaid long-term services and supports (LTSS), and improve the coordination of care between primary care, behavioral health services and home and community-based services. I attended residents and family meetings, counseled those who don’t understand the program, and reminded them of their right to choose.

I am deeply appreciative and very grateful for my dedicated and loyal staff. I am confident that with their assistance the mission of the Long Care Ombudsman Program will continue to be preserved.

Sincerely,

Kathleen Heren

“Individual commitment to a group effort, that is what makes a team work, a company work, a society work, a civilization work.”
The Office of the
R.I. State Long Term Care Ombudsman

Ombudsmen Committee

Kathleen Heren  R.I. State Long Term Care Ombudsman
Donna Lonschein  Clinical Director, LTCO
Deborah Burton  Ombudsman Training Coordinator
Valentine Cerbo  Long Term Care Ombudsman
Diane Gallagher  Nurse Investigator, LTCO
Catherine Gergora  Long Term Care Ombudsman
Vicki McKinney  Information Specialist, LTCO
Renee Miller  Long Term Care Ombudsman
Lorrena Nardi  Long Term Care Ombudsman
Judith Shaw  Long Term Care Ombudsman

Policy Consultant

Maureen Maigret

Volunteer Ombudsman

Donna Berard  Michael Pelosky
William DiPippo  Kathy Quattrini
Carol Faufaw  Barbara Sienkowski
Elaine Hale  Ronald Stravinski
Pauline McCartney  Donald Stubbs
Kathy Monast  Ann Yidiaris
Suzanne Parenteau

We Watch.
We Listen.
We Act.
We Care.

As the Rhode Island State Ombudsman for Long Term Care, our staff and volunteers advocate for those whose rights have been violated, victims of abuse, neglect, abandonment, or financial exploitation.
**Office of the RI State Long Term Care Ombudsman**

**Affiliations, Organizations, Agencies and Collaborative Relationships**

**Federal Affiliations**
Administration on Aging (AoA)

**National Organizations**
- National Association of State Long Term Care Ombudsman Programs
- National Citizens’ Coalition for Nursing Home Reform
- National Elder Justice Coalition
- National Guardianship Association
- The National Consumer Voice for Quality Long Term Care

**State Agencies**
- R.I. Division of Elderly Affairs (DEA)
- R.I. Department of Human Services (DHS)
- Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- R.I. Department of Health, Division of Facilities Regulation (DOH)
- Office of the R.I. Attorney General

**Specific Focus State Organizations**
- Long Term Care Coordinating Council
- Health Care Quality Performance Program FE
- RI Statewide Alzheimer’s Initiative

**Commissions, Organizations and Task Forces**
- 211 Advisory Board
- AARP
- American Medical Directors Assoc. (AMDA)
- Cornerstone Volunteer Guardianship Program
- Day One
- Elderly Affairs Home and Community Advisory Committee
- Emergency Preparedness DOH FEMA
- Governor’s Disability Commission
- Improving End of Life Coalition, (a project of R.I. State Nurses Assoc.)
- Integrated Care Improvement (Dual Eligible's) Leading Age of R.I.
- LTCCC LGBT Elder Care Subcommittee
- Money Follows the Person Advisory Board
- Mortality Committee (BHDDH)
- Nursing Home Palliative Care Commission-Healthcentric Advisors
- Oral Health Commission
- Partnership for Home Care
- R.I. Assisted Living Association
- R.I C-TAC Coalition-Senator Whitehouse
- R.I. Falls Injury Prevention
- R.I. Forum on Aging
- R.I. Health Care Association
- RI Probate Commission
- R.I. Senior Police Advocates
- Senior Agenda Coalition of Rhode Island
- Senior Digest Contributor
- Silver Haired Legislature
- The Senior Resiliency Program (DOH)
I had had a long and fulfilling nursing career: I had delivered babies, set up and run dialysis centers in the Washington DC area; I had set up organ donation programs throughout hospitals in New England, as well as flown in Lear jets to deliver organs to waiting recipients; I was a psych nurse for 9 years; I had been a Medicaid fraud investigator for the Commonwealth of Massachusetts. As a peer review specialist for BCBSMA I had investigated complaints against hospitals, nursing homes and practitioners for quality of care issues; I had gone back to school to get a degree in Health Care administration, as well as to later become a Legal Nurse Consultant. I specialized in healthcare risk management and quality assurance; after 40+ years of all this, I was darn well ready to retire. So I did, in the spring of 2014.

I then joined a social organization and went on hikes, took up photography, went tubing down rapids... but it wasn't enough. I was restless and wanted to do more with my life, something productive. Aha! I'll volunteer. I browsed online for volunteer jobs in RI and there were several options. But there was one job that seemed familiar: I had been approached a few years ago, when I still worked in MA, by a woman who had gotten my name from AARP, and she had asked me if I was interested in becoming a volunteer ombudsman for long term care facilities. I would have to do a week's training, and although I told her I was interested, I couldn't find the time to take off from work to attend the training. Despite several attempts, it just didn't work out. (When I retired, I even called RI AARP to ask about the program, but no one I spoke to was aware of it). But look: there was the position being posted again when I went online. So I made the call to the Alliance, spoke to Lorrena, and eagerly began my training with her in May. Wow, there was a lot to learn and I was fascinated by the role; when my mother was in a nursing home in CT, I had successfully advocated for her to move to another facility as I was dissatisfied with the lackadaisical care she was receiving, and she was soon able to go back to her senior living apartment. I now had experience with both sides of advocacy: as a family member, and now for other nursing home residents.

Once I finished the training, I even helped out with the phones in the office, learning more as time went on. The culture and atmosphere in any organization are just as important as the job. In this office they were of hard work and dedication, but also of fun, camaraderie and a lot of “colorful verbiage”. I looked forward to going there each week. But then one day in July Joann looked at me oddly, called me into her office, and asked me: do you like your job? Uh, oh, I thought. Now what have I done? She went on to say that an ombudsman was leaving, and would I like her position? I couldn't believe my good luck, and immediately said yes. I didn't have to think twice about it. I started the following week, jumping in with both feet. And quickly I was on my own. I scrambled, trying to learn all that I could, asking everyone questions, going to nursing homes and pretending I knew what I was doing and after three weeks, becoming totally overwhelmed and thinking: what have I gotten myself into? The phones rang non-stop. It seemed everything needed immediate attention or was a crisis. The fax machine started smoking from all the referrals coming in. I felt inept about so many things, and had the look of a deer in the headlights. Kathy Heren saw this look and with reassurance from her and my colleagues, I was able to take a step back and breathe. And take yet another breath. And began to triage my cases, realizing there were things I actually did know, and opened my ears and learned during lunch when others talked about their cases, or just plain released stress by laughing at the jokes flying around the table. Joann in her wisdom knew that eating lunch together, and not alone at one's desk, was important for team building (and keeping the keyboard clean), and it was a way to get to know one another, as well as being a catharsis. The work continued to be fascinating (you can't make some of this stuff up). I loved being productive and satisfied, knowing the work I was doing on behalf of the residents was helping and protecting them; I turned my anger at some of the situations that took advantage of the elder into action to prevent it from happening; I learned not to be discouraged when some of the outcomes were less than optimal; and I realized there was nowhere else in the world I would rather be working.

Judith Shaw, RN
Long Term Care Ombudsman
Throughout the year, ombudsmen provided information, guidance and support to a wide range of individuals and organizations. Individuals and family members came to us with concerns about care at facilities, questions about financial matters, or confusion regarding choices and options in long term care. Facilities sought our assistance with residents who had no one to advocate for them, or who had difficult family relationships, behavioral issues, financial problems, or a host of other challenges. Although most of our consultations were to individuals, and the staff at nursing home and assisted living facilities, hundreds more involved state and local agencies, hospitals, or home health agencies.
The following charts present a snapshot of our core work, identifying and resolving complaints in FY 2014. Although not every complaint is amenable to a straightforward resolution, we make every effort to orchestrate a solution that works for everyone involved. The ombudsman’s office collects statistics on numbers and types of complaints and their outcomes. That data is sent to the federal Administration on Aging each year, where it aids in planning for the nation’s aging population.

Complaints By Type:

Nursing Homes:
- Abuse, Gross Neglect, Exploitation
- Care
- Financial Property (except for exploitation)
- Systems/Other
- Autonomy, Choice, Exercise of Rights, Privacy
- Admission Transfer, Discharge, Eviction

Assisted Living
- Abuse, Gross Neglect, Exploitation
- Care
- Financial Property (except for exploitation)
- Systems/Other
- Autonomy, Choice, Exercise of Rights, Privacy
- Environment
RI Ombudsmen and volunteer ombudsmen spent thousands of hours traveling the state and visiting with residents of nursing homes and assisted living facilities. That’s roughly 1400 visits covering every facility in the state!

Ombudsman staff like to keep up with trends in elder care, and to that end we logged more than 3000 hours in training. Understanding the context in which elders must navigate choosing, understanding, paying for, and learning to live with long term care is fundamental to our ability to advocate on behalf of long term care consumers.

Volunteer Ombudsmen donated more than 500 hours this year, extending the reach of the state long term care ombudsman’s office to cover many more individuals and facilities than would be possible without them. We are currently developing some promising new strategies to encourage more people to volunteer.

Because prevention is just as important to us as solving existing problems, we provide educational opportunities for nursing home staff, going into facilities and holding on sight training sessions. Last year we in-serviced more than 600 members of facility staff in topics such as resident rights, communication skills, and identifying and reporting abuse, neglect, or exploitation. Additionally, we occasionally provide educational opportunities for the community. For example, our office hosted a training event for taxi cab drivers and managers who might be called upon to transport an elder.

The RI State Long Term Care Ombudsman spent hundreds of hours last year monitoring laws, regulations, and programs that might affect elders in need of long term care services. A tireless advocate, she attended countless meetings and hearings to ensure that elders were not forgotten.

Last year, the Ombudsman program partnered with the Department of Elderly Affairs on nearly 500 cases involving adult protective services through the spectrum of community and institutional services.

Financial matters can be one of the most stressful and contentious issues for elders, who fear that they won’t be able to pay for their housing, food, care, and medicines. They often need help understanding and navigating the effects of a move from independent to assisted living or a nursing home. Every year we get hundreds of calls regarding Medicare, medical assistance, insurances, financial exploitation, and a host of other questions. This year we fielded 315 such calls, and nearly a hundred more regarding decision making for residents who might need a proxy.

Ombudsman staff opened 1031 cases in FY 2014. Of those, we investigation 183 complaints involving substantial abuse, neglect, or exploitation. Quality of care and security of personal belongings were also common complaints.
Volunteer Ombudsmen
Listening to Elders, Offering Them Hope

Volunteer Ombudsmen freely give hundreds of hours every year on behalf of elders who need their assistance. Like all of us, they have busy lives, filled with work, family obligations, travel, chores, appointments, and the myriad other things that make up our lives. And still they make time for elders in need, traveling around the state to bring hope to nursing home residents who perhaps have begun to lose hope and/or to feel that no one is listening. Volunteer ombudsman work goes far beyond simple hand holding and chatting, although some of our volunteers do become close to the residents they serve. Beyond the simple human connection, the sense that someone is paying attention, elders gain an advocate when a Volunteer Ombudsman visits. These wonderful women and men go to bat for residents who may not have been able to speak up for themselves, or who felt that no one heard when they tried to express their concerns. Volunteers listen carefully, ask questions, and take action to resolve problems. Whether it is something as simple as obtaining a dietary preference, or as complex as financial concerns, the volunteer knows what to do or who to call for help. For every resident who is today more comfortable, more content, or less anxious than they were prior to a volunteer’s advocacy, we say THANK YOU, volunteers, for a job well done.

To learn more about the Volunteer Ombudsman Program, visit our web site www.alliancebltc.com or contact Deborah Burton at 401-785-3340 or dburton@alliancebltc.org.

“Your work is to discover your world and then with all your heart give yourself to it”
– Buddha
My Dear Friends,

No one can accomplish goals without the support of others. Your continued encouragement and commitment has meant so much to the staff at the Alliance for Better Long Term Care and has reinforced a lifeline to the residents residing in long term care.

Your generosity during these economic times has been extraordinarily helpful and will allow us to continue on with our "Mission." Please accept this note as an indication of our sincere appreciation for everything you have done to help us achieve our goals.

To all my friends, I read somewhere, “encouragement from any source is like a drop of rain upon a parched desert”. Thanks to all my friends who rained on me when I needed it, even when I unwisely thought I didn't.

Warmly,
Joann

“Only a life lived for others is a life worthwhile”
~ Albert Einstein and I agree

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SECA
United Way

We thank you for your generosity throughout the year.
Since 1985, Rhode Island school children have participated in our intergenerational visitation program that unites school aged children and teens with nursing home residents in planned, supervised visits and special social events held throughout the regular school year.

Our program has successfully reduced the isolation of nursing home residents and helped hundreds of young people become more aware of the existence and the needs of older citizens. They also learn about the rewards of volunteering and often develop supportive long-term relationships with an elder.

We match the nursing home with the participating school and provide orientation/training to staff and to students. We also coordinate the program, and host special events for all participating students and residents.

The nursing home selects residents to participate in each visitation which range from weekly, bi-weekly or monthly. Under the direction of the facility’s activities director, the students and residents participate in various fun activities such as basketball, balloon volleyball or arts and crafts. Materials for activities are provided. Qualified staff from the home are there to supervise the activities with the residents. Each visit is concluded by enjoying cookies and juice.

The school selects students (ages 5 to 18) for interaction with residents: a teacher for program planning and evaluation, a teacher/aide and parents to supervise students during visits and also provides transportation to and from the nursing home. Due to rising cost of transportation and budget cuts many schools have been forced to eliminate field trips.

In celebration of Older Americans Month and the closing of the school year, the annual "Picnic in the Park" is held at Goddard Park.

Building Bridges Affiliations
Rhode Island Nursing Homes
National Assoc. for the Education of Young Children
Rhode Island Early Childhood Association For the Education of Young Children
Ocean Tides Schools Narragansett Campus
Ocean Tides School, Providence Campus
Ace Program, Cranston, R.I.
Ace Program, Pawtucket, R.I.
St. Pius X School

For more information please contact:
Joann Leonard or Keri Salinger
office 785.3340 fax 401.785.3391
email jfl@alliancebltc.org or keri@alliancebltc.org

Annual Picnic
A special thank you to Ocean Tides School for hosting our annual picnic! It was a perfect sunny day and at great time was had by all!