



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

Quarterly Technical Assistance

TA TALKS



INVESTIGATING COMPLAINTS INVOLVING ALLEGATIONS OF ABUSE



June 29, 2022 • 3:00 - 4:00 pm ET

Welcome!

Technical Assistance (TA) Talks

- Informal, quarterly calls on specific topics.
- Hosted on Zoom and livestreamed on Facebook
- Opportunities to learn from your peers and receive technical assistance
- Ideas for topics? Email ombudcenter@theconsumervoice.org



Certificates of Participation

- Assist representatives in achieving their annual in-service training/continuing education.
- Must participate in live Zoom training for at least 30 minutes.
- Certificate will include name, training details, and amount of time on webinar.
- FAQs - https://ltcombudsman.org/omb_support/training/certificates



Housekeeping...

- Please do not unmute your line unless you raise your hand, and we call on you.
- You can only ask questions via audio or chat on Zoom, not via the Facebook livestream.
- You can submit questions in the chat at anytime and we will try to address them during the discussion.
- Please complete the evaluation using the link provided in chat and the closing slide after the call.

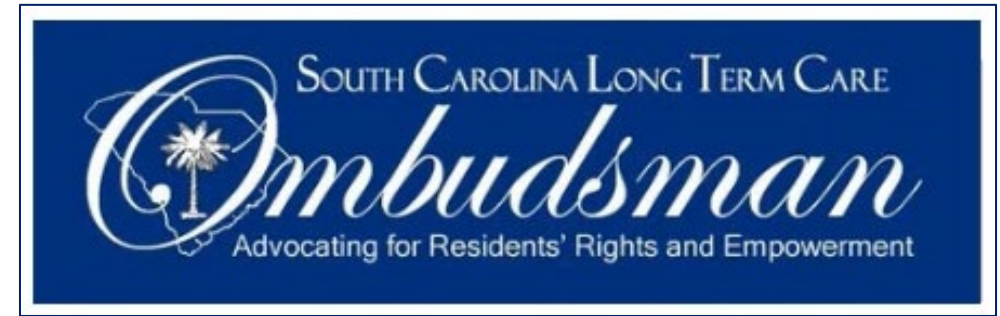


Speakers



Beverley Laubert

National Ombudsman Program Coordinator
Administration for Community Living (ACL)



Dale Watson

South Carolina State Long-Term Care Ombudsman

Jessica Winters

Regional Long-Term Care Ombudsman, South
Carolina



Investigating Complaints About Abuse, Neglect, & Exploitation

Beverley Laubert

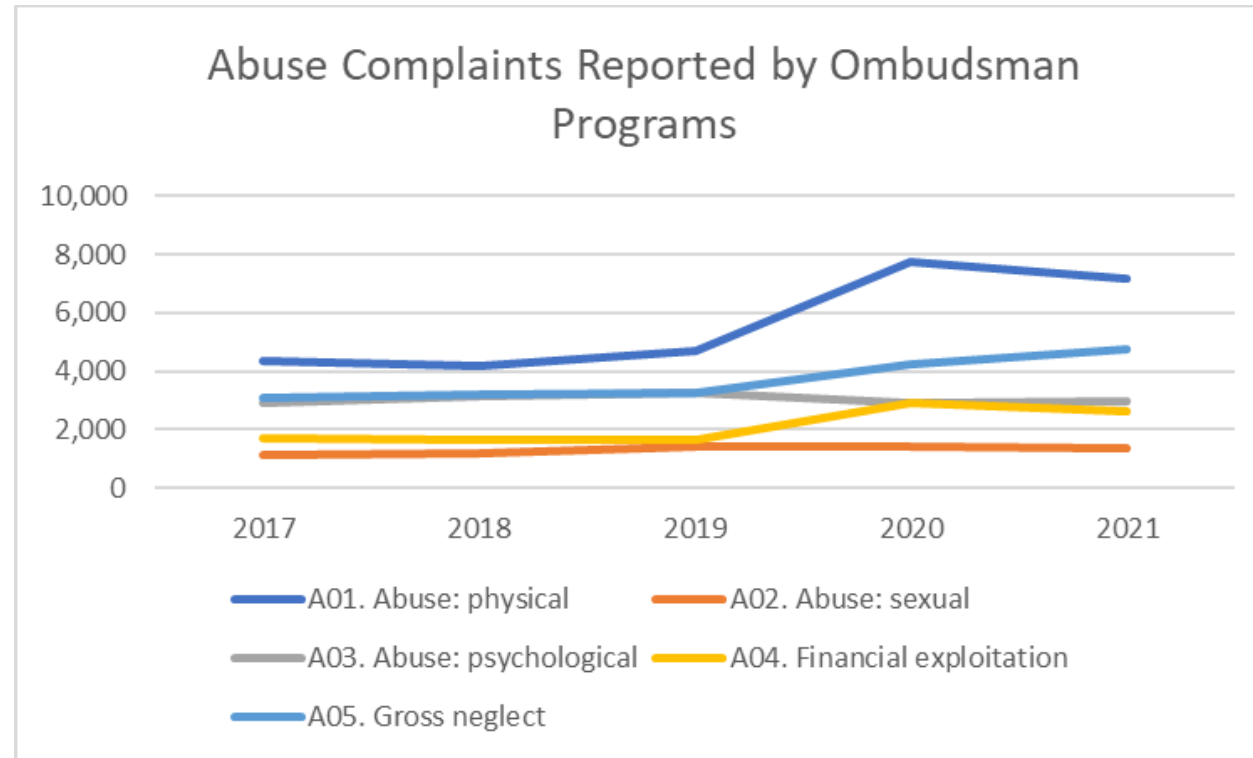
Office of Long-Term Care Ombudsman Programs

Administration for Community Living/AoA

June 29, 2022



Why It Matters



Keys to Effective Ombudsman Investigation

- Resident direction
- Trust
- Credibility
- Confidentiality
- Knowledge & Skill

OAA Support & Direction

The Ombudsman and/or representatives of the Office shall:

Identify, investigate, and resolve complaints that –

- Are made by, or on behalf of, residents; and
- Relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents, of
 - Providers of LTC services,
 - Public agencies, or
 - Health and social service agencies.

Ombudsman Rule

...shall investigate a complaint, including...a complaint related to **abuse, neglect or exploitation**, for the purposes of **resolving** the complaint to the resident's **satisfaction** and of **protecting** the health, welfare, and rights of the resident.

Rule: Maximize Resident Participation

- Offer privacy
- Determine resident's perspective
- Obtain informed consent
- Determine the wishes of the resident...with respect to resolution of the complaint, including **whether the allegations are to be reported** and, if so, whether to disclose identifying information

Rule: Maximize Resident Participation (2)

- Advise of resident's rights
- Work **with** the resident on plan of action for resolution
- Investigate to determine verification
- Determine whether the complaint is resolved to **satisfaction of the resident**

When Residents Can't Consent

- LTCO may work with **appropriate resident representative** if resident unable to communicate informed consent
 - Must ascertain the extent of resident representative's authority (e.g., guardian, power of attorney)
- If the resident has no resident representative
 - work to resolve the complaint in order to protect the resident's health, safety, welfare and rights
 - determine whether the complaint was resolved to the satisfaction of the complainant.

Disclosure

- May refer and disclose resident-identifying information when
 - Resident unable to communicate informed consent
 - No resident representative
 - LTCO has reasonable cause to believe that an action, inaction or decision may adversely affect...resident

Disclosure (2)

- Disclosure continued
 - LTCO has no evidence indicating resident would not wish a referral to be made
 - LTCO has reasonable cause to believe a referral is in the best interest of the resident

AND

- LTCO obtains approval of State Ombudsman or otherwise follows policies & procedures

Disclosure (3)

- May refer and disclose resident-identifying information when
 - Resident unable to communicate informed consent **and** LTCO has reasonable cause to believe that the **resident representative has taken an action, inaction or decision that may adversely affect the health, safety, welfare, or rights of the resident**
 - LTCO has no evidence indicating resident would not wish a referral to be made
 - LTCO has reasonable cause to believe a referral is in the best interest of the resident
 - **And LTCO obtains State Ombudsman approval**

Witnessing Abuse, Gross Neglect, or Exploitation

- Program policies & procedures
 - Seek communication of informed consent
 - Follow direction of resident
 - If unable to consent & no representative
 - Follow complaint resolution procedures
 - Refer to facility management and/or appropriate agency or agencies to determine whether the complaint is substantiated
- in the following circumstances....**

Circumstances for Referral

- LTCO has no evidence indicating resident would not wish a referral to be made
- LTCO has reasonable cause to believe a referral is in the best interest of the resident

AND

- LTCO obtains approval of State Ombudsman or otherwise follows policies & procedures

Guidance - FAQ

- <https://acl.gov/programs/long-term-care-ombudsman/long-term-care-ombudsman-faq>

FAQ #22 - Excerpt

Question: Does the Rule prohibit an Ombudsman or representatives of the Office from being mandated reporters under state abuse reporting laws?

Answer: Yes. Both the Older Americans Act and the Rule prohibit reporting of resident-identifying information **without the resident's consent**. By logical extension, this precludes mandated reporting of suspected abuse which discloses such information. Through the strict disclosure limitations within the Act, **Congress has indicated its intent for the Ombudsman program to be a safe, person-centered place for residents to bring their concerns.** (OAA Section 712(d)(2)(B)). Despite numerous Congressional reauthorizations of the Act, Congress has never provided an exception for abuse reporting in the Act.

FAQ #23 - Excerpt

Question: Does the Rule prohibit Ombudsman programs from investigating abuse complaints?

Answer: No. Both the Older Americans Act and the Rule require the Ombudsman program to “identify, investigate, and resolve complaints that ... relate to action, inaction or decisions that may adversely affect the health, safety, welfare, or rights of the residents.” Abuse, neglect and exploitation of residents are among the complaints that fall within this purview.

However, Ombudsman programs are not the official entity to substantiate (or, finder of fact) for abuse complaints on behalf of the state or other governmental entity. Ombudsman programs represent the interests of residents, rather than the interests of the state or other governmental entity. (See OAA Section 712(a)(3)(E), (a)(5)(B)(iv); 45 CFR 1324.13(a)(5), 1324.19(a)(4)).

More Keys to Effectiveness

- Be comfortable with grey area
- There is strength in asking questions and seeking support



ADDRESSING ABUSE IN LONG-TERM CARE FACILITIES



Listen on
Apple Podcasts



theconsumervoice.org/pursuingquality

A Conversation
with
**Dr. Laura Mosqueda
& Beverley Laubert**



<https://theconsumervoice.org/pursuingquality>

Technical Assistance (TA) Talk - Investigating Complaints Involving Allegations of Abuse

A Case Study

Presented by Dale Watson, SC State Ombudsman

Jessica Winters, Regional Long Term Care Ombudsman



How It Began

- ▶ Multiple referrals to state licensing agency (DHEC) regarding medications, bed bugs, misuse of stimulus money and personal needs money
- ▶ Referrals to SC Attorney General's Office Medicaid Fraud Unit regarding stimulus checks



- Made referral on 10/13/20
- Received notification that AG's office opened a case on November 13, 2020 based on our referral



How It Began

- ▶ Wednesday, February 9, 2022- SLTCO Office received notification that arrest warrants were signed for the facility administrator
- ▶ Monday, February 14, 2022- SLTCO Office received a call that the AG's office had arrested the facility administrator
- ▶ Staffing was a concern- Regional LTC Ombudsman's Office arrived at the facility to check on residents
- ▶ Tuesday, February 15, 2022- SC DHEC issues order for emergency suspension of facility's license
- ▶ Relocation Committee was formed





A Team Effort



- ▶ Relocation Committee was formed to relocate all 37 residents:
 - ▶ State Long Term Care Ombudsman Program
 - ▶ Regional Long Term Care Ombudsman Program
 - ▶ Department of Social Services-Adult Protective Services
 - ▶ Department of Health and Human Services-Community Long Term Care and SC Medicaid Office
 - ▶ Department of Health and Environmental Control-Healthcare Quality
 - ▶ Department of Disabilities and Special Needs
 - ▶ Department of Mental Health
 - ▶ Attorney General's Office

LTC Ombudsman Advocacy

- ▶ LTC Ombudsman's advocacy efforts:
 - ▶ Contacted local facilities to look for open beds
 - ▶ Interviewed/provided counseling to each individual resident
 - ▶ Contacted resident families/responsible parties
 - ▶ Collected clothing/shoe sizes from each resident



Outcome



- ▶ All 37 residents were relocated
 - ▶ 11 residents transferred to a nursing home
 - ▶ 22 residents transferred to a residential care facility
 - ▶ 1 resident was transferred to the hospital
 - ▶ 2 residents went home with families
 - ▶ 1 resident elected to go to a hotel

- ▶ Ombudsman advocacy after relocation:
 - ▶ Provided toiletry items and relocation bags from SLTCO Office
 - ▶ Collected and distributed donations
 - ▶ Kept open communication with resident families/responsible parties
 - ▶ Followed up with residents at new facilities



Questions???

Contact Information:

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RESOURCES

Key Resources

- **Abuse, Neglect, and Exploitation in Long-Term Care Facilities**
<https://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities>
- **Responding to Allegations of Abuse: Role and Responsibilities of the LTCOP**
https://ltcombudsman.org/uploads/files/issues/ane-no-consent-ref-guide-july_2018.pdf
- **LTCOP: What You Must Know**
<https://ltcombudsman.org/uploads/files/library/long-term-care-ombudsman-program-what-you-must-know.pdf>



LTCOP REFERENCE GUIDE

RESPONDING TO ALLEGATIONS OF ABUSE: ROLE AND RESPONSIBILITIES OF THE LONG-TERM CARE OMBUDSMAN PROGRAM

OVERVIEW

Provisions in the Older Americans Act (OAA) state that the Long-Term Care Ombudsman Program (LTCOP) shall "identify, investigate and resolve complaints" regarding "action, inaction, or decisions that may adversely affect the health, safety, welfare or rights of the residents" made by, or on behalf of, residents.¹ Complaints may include, but are not limited to, allegations of abuse, neglect, and exploitation. Long-Term Care Ombudsman programs provide resident-centered goals for complaint resolution. Due to strict federal requirements, the LTCOP is confidential unless shared with or gathered by the LTCOP (which is confidential unless federal requirements). Therefore, the Ombudsman program and differs from other entities such as, adult protective services.

In 2016, the Administration for Community Living (ACL) published the Long-Term Care Ombudsman Programs Final Rule which provides more specific guidance including how Ombudsman program representatives should respond to complaints.

The purpose of this guide is to discuss how Ombudsman programs should respond to allegations of abuse, neglect, and exploitation when pursuing the complaint, in the absence of resident consent, and adhere to disclosure requirements and work to ensure the harm. This guide reviews the federal requirements regarding statements from the Administration on Aging, and provides guidance on how to respond to complaints.

KEY POINTS

What is abuse?

Since states have different definitions for abuse, neglect, and exploitation, provided in the National Ombudsman Reporting System (NORS), otherwise stated, we use the term "abuse" to include any violation of the rights of residents throughout this resource.³

Administration on Aging Statements

In addition to the program requirements regarding disclosure of information, the Ombudsman Act and the Rule, the Administration on Aging responded to questions regarding the role of the Office of the Long-Term Care Ombudsman.

LTCOP Role in Investigating Allegations of Abuse, Neglect, and Exploitation

The primary responsibility of the LTCOP is to investigate and resolve complaints. The LTCOP program is unique in that its goal is to resolve the complaint.

¹ Older Americans Act of 1965, Section 712 (a)(3)(A)
² Published in the Federal Register, 02/11/2015, Vol. 80, No. 28, LTCOP Final Rule <https://www.federalregister.gov/documents/2015/02/11/2015-02465/final-rule-long-term-care-ombudsman-programs>, correcting document with technical and typos
³ Administration on Aging, Administration for Community Living, Long-Term Care Ombudsman Program, http://ltcombudsman.org/uploads/files/support/Complaint_Codes, Date: 01/31/2019, http://ltcombudsman.org/uploads/files/support/Complaint_Codes

LONG-TERM CARE OMBUDSMAN PROGRAM

What You Must Know

WHAT IS THE LONG-TERM CARE OMBUDSMAN PROGRAM (LTCOP)?

Under the federal Older Americans Act (OAA) every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system. Each state has an Office of the State Long-Term Care Ombudsman (Office), headed by a full-time State Long-Term Care Ombudsman (Ombudsman) who directs the program statewide. Across the nation, staff and thousands of volunteers are designated by State Ombudsmen as representatives to directly serve residents.

WHAT DOES THE OMBUDSMAN PROGRAM DO?

The Ombudsman program advocates for residents of nursing homes, board and care homes, assisted living facilities, and other similar adult care facilities. State Ombudsmen and their designated representatives work to resolve problems individual residents face and effect change at the local, state, and national levels to improve quality of care. In addition to identifying, investigating, and resolving complaints, **Ombudsman program responsibilities include:**

- Educating residents, their family and facility staff about residents' rights, good care practices, and similar long-term services and supports resources;
- Ensuring residents have regular and timely access to ombudsman services;
- Providing technical support for the development of resident and family councils;
- Advocating for changes to improve residents' quality of life and care;
- Providing information to the public regarding long-term care facilities and services, residents' rights, and legislative and policy issues;
- Representing resident interests before governmental agencies; and
- Seeking legal, administrative and other remedies to protect residents.

Ombudsman programs do not:

- Conduct licensing and regulatory inspections or investigations;
- Perform Adult Protective Services (APS) investigations; or
- Provide direct care for residents.

RESIDENTS' RIGHTS


Ombudsman programs help residents, family members, and others understand residents' rights and support residents in exercising their rights guaranteed by law. Most nursing homes participate in Medicare and Medicaid, and therefore must meet federal requirements, including facility responsibilities and residents' rights. For more information about residents' rights visit <http://ltcombudsman.org/issues/residents-rights> and <http://theconsumervoice.org/issues/recipients/nursing-home-residents/residents-rights>. Rights and care standards for assisted living/board and care facilities are regulated, licensed or certified at the state level.¹ For more information on assisted living visit <http://ltcombudsman.org/assisted-living> and <http://theconsumervoice.org/issues/recipients/assisted-living>. Regardless of the type of facility all residents have the right to be protected from abuse and mistreatment and facilities are required to ensure the safety of all residents and investigate reports of mistreatment.

¹ Some assisted living facilities provide services for residents receiving Medicaid benefits and must meet federal standards for that program.

Keck School of Medicine of USC

NCEA
National Center on Elder Abuse

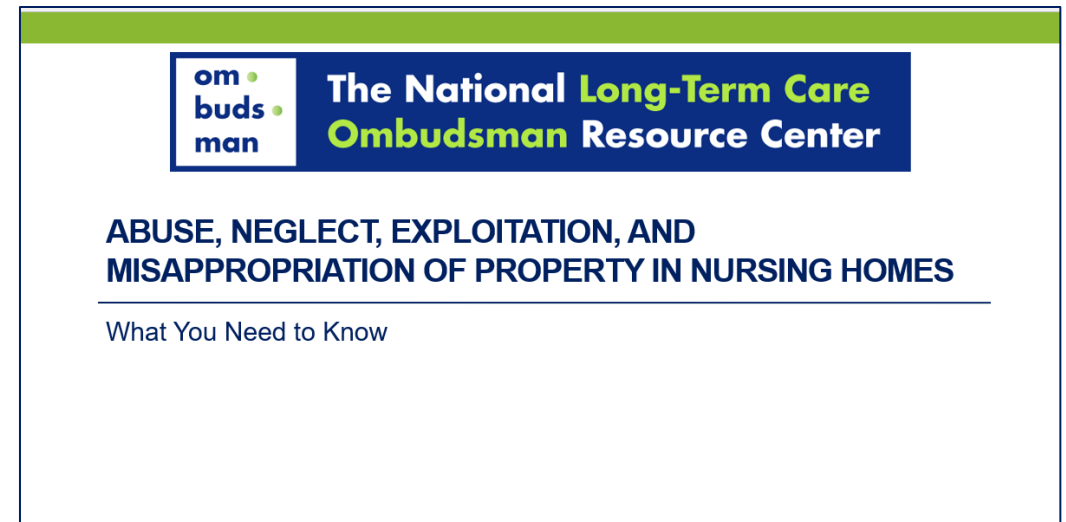
CONSUMER VOICE
for Healthy Long Term Care



Training Toolkit

<https://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities#info-for-consumers>

- *Abuse, Neglect, Exploitation, and Misappropriation of Property in Nursing Homes: What You Need to Know*
 - Prezi – video with voiceover
 - Prezi – clickable, without voiceover with script
 - PowerPoint
 - Fact Sheet



Resident-to-Resident Mistreatment


<https://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities#recognizing-abuse>

- In-service training guide
- PowerPoint
- LTCOP Reference Guide
- Consumer fact sheet



PREVENTING AND RESPONDING TO RESIDENT-TO-RESIDENT MISTREATMENT

Date
Speaker name and contact

**LTCOP REFERENCE GUIDE**

RESIDENT-TO-RESIDENT MISTREATMENT: LONG-TERM CARE OMBUDSMAN ADVOCACY

Terminology and definitions used to describe resident-to-resident aggression (RRA) vary, but for this reference guide RRA is defined as "negative and aggressive physical, sexual, or verbal interactions between long-term care residents that (as in a community setting) would likely be construed as unwelcome and have high potential to cause physical or psychological distress in the recipient."¹ Incidents of RRA include physical, verbal, and sexual abuse and are likely to cause emotional and/or physical harm. However, not all incidents of resident-to-resident aggression are considered "abuse," meaning that the resident involved did not willfully harm the other resident. Other examples of RRA include: roommate conflicts, invasion of privacy and personal space, verbal threats and harassment, unwanted sexual behavior, using personal property without permission, and destroying personal property.


The purpose of this reference guide is to provide an overview of resident-to-resident aggression to assist Long-Term Care Ombudsman (LTCO) programs in effectively responding to complaints involving resident-to-resident aggression, as well as help prevent RRA and reduce the prevalence of these incidents.

Learn about Resident-to-Resident Aggression (RRA)

Incidents of resident-to-resident aggression occur in all types of long-term care facilities, including nursing homes, assisted living and other residential facilities. Although LTCO advocacy approaches may differ depending on the incident, residents involved, type of facility, and size of the facility, the LTCO advocacy strategies and recommendations to prevent and reduce incidents of RRA provided in this resource are applicable to all long-term care communities.

Resident-to-resident aggression is a serious issue that has a significant negative impact on all residents involved, but incidents are often not reported and investigated. Research regarding the prevalence of RRA is limited, yet information from a variety of sources suggests RRA occurs frequently. Despite these limitations a variety of possible risk factors for RRA have been identified.² A primary risk factor is cognitive impairment, in fact, one study found that "cognitive impairment, and worsening cognitive impairment in particular, conferred a five-fold risk of mistreatment in victims."³

¹ Jeanne A. Teresi, Mildred Ramirez, Julie Ellis, Stephanie Silver, Gabriel Boratgis, Jian Kong, Joseph P. Elmick, Karl Pillemer, and Mark S. Lachs. A staff intervention targeting resident-to-resident elder mistreatment (R-REM) in long-term care increased staff knowledge, recognition and reporting: Results from a cluster randomized trial. *International Journal of Nursing Studies* (2013), 444-456.
² Information in charts from: Division of Geriatrics and Palliative Care, Weill Cornell Medical College, Cornell University and Research Division, Hebrew Home of Riverdale. *Documentation of Resident to Resident Elder Mistreatment in Residential Care Facilities*. Mark Lachs, Jeanne A. Teresi, Mildred Ramirez, Karl Pillemer, Jay Solomon, and Kimberly van Houten (March 26, 2014) and Ellen Cassi. *Deaths as a Result of Resident-to-Resident Altercations in Dementia in Long-term Care Homes: A Needs for Research, Policy, and Intervention*. *JAMDA* (2016).
³ Tony Rosen, Karl Pillemer, and Mark Lachs. Resident-to-resident aggression in long-term care facilities: An understudied problem. *Aggression and Violent Behavior* (2008), doi: [10.1016/j.avb.2007.12.001](https://doi.org/10.1016/j.avb.2007.12.001)



Resident-to-Resident Mistreatment In-Service Training Guide

This is a guide for the [Preventing and Responding to Resident-to-Resident Mistreatment in-service training](#). The [PowerPoint with presenter notes](#), is intended for use by Long-Term Care Ombudsman programs to provide in-service training for staff of nursing facilities and residential care communities on the topic of resident-to-resident mistreatment (RRM).

Learning Objectives

By the end of the training attendees will:

1. Be able to define resident-to-resident mistreatment.
2. Be able to provide practical solutions to prevent incidents of resident-to-resident mistreatment.
3. Understand the importance of individualized, resident-centered care, and
4. Know how to report incidents of RRM.

Training Notes

- The training is approximately 30 minutes long, incorporating time for questions and discussion. Depending on how much time you are given for your presentation and your audience, you may need to skip some of the slides to reduce the length and/or remove slides that are not specific to your audience (e.g., remove slides referring to nursing facility requirements if you are presenting to non-nursing facility staff).
- You will want to practice the presentation to see how long it takes. Some of the slides are designed for staff to respond to, so you may need to limit the responses to just one or two comments, if you have an engaged group.
- There are reminders or tips for trainers (marked as "Trainer Note") in the presenter notes of the slides.
- Consider asking the facility administration about providing a brief reminder (5 minutes or less) about the facility policies for reporting and investigating resident-to-resident mistreatment (see presenter notes of slide 18).
- Prior to conducting this presentation, you are encouraged to review the following resources to have a better understanding of this topic.

Additional Resources

- Consumer information
- Webinar recordings
- Federal requirements and guidance


NORC:

<https://ltcombudsman.org/issues/abuse-neglect-and-exploitation-in-long-term-care-facilities>

Consumer Voice:

<https://theconsumervoice.org/issues/other-issues-and-resources/elder-abuse>

ISSUE BRIEF

**CONSUMER VOICE**
for Quality Long-Term Care
Issue NCJ88

Sexual Abuse in Nursing Homes: What You Need to Know

Sexual abuse is non-consensual sexual contact by one person upon another. It may happen as the result of deceiving, manipulating, or forcing the resident into sexual contact. Sexual abuse is a form of elder abuse that frequently goes underreported, under-investigated, and unnoticed. In 2016, Ombudsman programs investigated 819 complaints regarding sexual abuse.¹

Sexual abuse can take on many forms and includes:

- Unwanted intimate touching of any kind, especially to breasts or genital area;
- Rape, oral or anal sex;
- Forced nudity;
- Forced observation of masturbation and/or pornography; and
- Taking sexually explicit photographs or audio/video recordings of a resident and distributing them online or in-person. This includes pictures or recordings of residents that are not fully clothed while they are being cared for (bathing, dressing, etc.).

Women and residents with dementia are more likely to be victims of sexual abuse. Women comprise nearly two-thirds (65.6%) of the nursing home population.² Residents with dementia are particularly susceptible to sexual abuse because of their impaired memory and communication skills. While women and residents with dementia are more likely to become victims of sexual abuse, all residents are vulnerable to abuse.

The abuser can be anyone who has contact with the resident. Residents may know their abuser, such as a family member, friend, or staff person, or they could be complete strangers. Abusers could include permanent and temporary staff, visitors to the facility, and even other residents. Some residents may have dementia or another mental health issue that impacts their choices and behavior and result in resident-to-resident sexual aggression (RRSA). Dementia-driven RRSA is the most common form of sexual abuse in nursing homes.³

It is important to note that residents have the right to engage in consensual sexual activity, but this is dependent on both residents having the capacity to consent. A resident's ability to consent to sexual activity needs to be carefully and adequately assessed through proper legal and ethical processes, as

¹ See National Ombudsman Reporting System, Nursing Facility Complaints by Category and Sub-Category (2016) at <http://ltcombudsman.org/uploads/files/support/2016-B-2-NF-Comp-Full.xlsx>.
² See Nursing Home Data Compendium 2015 Edition, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf.
³ See The Medico-Legal Aspects of Dementia-Driven Resident-to-Resident Sexual Abuse in Nursing Homes, Lisa Tripp, 2011 Consumer Voice Annual Conference at <http://theconsumervoice.org/uploads/files/events/2011-2012-Lisa-Tripp-dementia-driven-sexual-abuse-11.pdf>.

ombudsman

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

TIP SHEET

10 THINGS OMBUDSMAN PROGRAMS CAN DO TO PROTECT RESIDENTS: PREVENTING, DETECTING, AND REPORTING FINANCIAL EXPLOITATION

Long-Term Care Ombudsman programs (LTCOP) are often the first to notice the warning signs of possible financial exploitation or the first person a resident confides in regarding being a victim of financial abuse. Included below are tips, tools and action steps to help LTCOP protect long-term care consumers from financial exploitation.

- 1. Learn about Financial Exploitation**
Financial exploitation is the improper or illegal use of the resources of an older adult or an individual with a disability, such as misappropriation or misuse of income or assets, fraudulent use of power of attorney, and identity theft. Financial exploitation is the fastest growing form of elder abuse and is often not reported. Becoming familiar with how to prevent, detect and report financial exploitation is the first step in protecting residents. Visit the [National Center on Elder Abuse \(NCEA\)](#) website (link below in "Resources") for training materials, best practices and resources regarding financial exploitation. The [National Long-Term Care Ombudsman Resource Center \(NORC\)](#) website has information regarding financial exploitation in long-term care. Make sure all LTCOP representatives understand how and when to report allegations of financial exploitation.
- 2. Speak with Residents about Their Rights**
Provide residents with information regarding their rights, especially their right to be free from all types of abuse, including financial exploitation. Fact sheets regarding residents' rights, individualized care and more are available on the [National Consumer Voice for Quality Long-Term Care's \(Consumer Voice\)](#) website.¹
- 3. Share Information About Financial Exploitation with Residents, Family Members/Friends**
Share information about preventing, detecting, and reporting financial abuse (e.g. role of representative payee for Social Security benefits and receipt and use of personal needs allowance for Medicaid recipients). Download fact sheets on financial exploitation for residents and family members/friends of nursing homes and assisted living from the [NORC](#) website (link below in "Resources").
- 4. Discuss the Responsibilities of Long-Term Care Providers to Protect Residents from Financial Abuse**
Share information and resources regarding the responsibilities of long-term care providers in supporting residents' rights, protecting residents from financial exploitation and reporting allegations of abuse.² Inform providers about state and local resources regarding financial exploitation and encourage them to share the financial exploitation fact sheets from the [NORC](#) website with residents, family members and other visitors (link below in "Resources").

¹ <http://theconsumervoice.org/issues/residents>
² Find links to the federal nursing home requirements in the NORC Library http://ltcombudsman.org/library/leg_regs; see the CMS Survey & Certification letter titled "Reporting Reasonable Suspicion of a Crime in a Long-Term Care Facility" http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationDivisions/downloads/cscletter_101.pdf.

Q&A



Link for the evaluation for today's TA Talk:
<https://www.surveymonkey.com/r/PP92DXZ>



The National Long-Term Care Ombudsman Resource Center

Connect with us:

www.ltcombudsman.org

ombudcenter@theconsumervoice.org



The National LTC Ombudsman Resource Center



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