

# Annual Report 2016



Office of the  
State Long-term Care  
Ombudsman

17D0181

Ombudsmen in Assisted Living Facilities:  
**Protecting  
Residents' Rights**



The Office of the State Long-term Care Ombudsman is independent within the Texas Health and Human Services system.



# Overview



Long-term care ombudsmen regularly visit assisted living facilities and advocate for residents. This report describes ombudsman services in ALFs and recommendations to ensure the highest quality of life and care for residents.

# Ombudsmen in Assisted Living Facilities Annual Report 2016

**Patty Ducayet, State Long-term Care Ombudsman**

**Julie Porter, Assisted Living Facility Ombudsman**



# A Resident's Story

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Christopher Carter, 53, has a history of diabetes and depression. After his mother died in 2010, Carter experienced severe depression and struggled with taking his medications. He decided to move into an assisted living facility for extra support.

Carter had an oral agreement with the ALF to pay his rent in the middle of the month when he received his disability check. After an out-of-town visit with family, Carter returned to the facility to find a notice on his door. The facility was evicting Carter for non-payment because his rent was a day late. When he tried to pay rent, the facility refused to accept payment.

Carter contacted the ombudsman for help. He met with the ombudsman and facility director to discuss the discharge. The director said Carter was discharged for non-payment and breaking STAR+PLUS rules that allow a resident only 14 days out of the facility.

Carter's only option was to request a formal eviction hearing in county court.

Carter did not have time to arrange for an attorney so he represented himself. The judge ruled against Carter and required him to move out of the facility within three days – despite a state requirement that mandates a 30-day discharge notice for non-emergencies such as non-payment.

A complaint was filed, and the Texas Department of Aging and Disability Services, Regulatory Services division, cited the ALF for not providing proper notice of discharge and not following standard discharge procedures.



*“Ombudsmen continue to advocate for a state fair hearing process for residents being discharged from ALFs.”*

The ombudsman, Carter and his STAR+PLUS service coordinator worked together and found Carter a new home. The ombudsman continues to visit Carter, and Carter is pleased with his new ALF.

Ombudsmen continue to advocate for a statewide fair-hearing process to avoid the challenges county court eviction hearings pose to residents who face unwarranted discharges.

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# Assisted Living Facilities in Texas

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1,862

assisted living facilities regulated and licensed by the state<sup>1</sup>  
for a total capacity of

67,476

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Rates vary from **\$700** to more than **\$9,000** a month

Insurance companies may cover the cost of assisted living, including a limited number of contracted beds for STAR+PLUS (Medicaid) and some long-term care insurance plans.

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The largest facility in Texas is licensed for **275** residents.<sup>2</sup>

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★  
★  
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**4,021** ALF residents are on STAR+PLUS Medicaid.

Based on the number of beds and residents' abilities, the state licenses facilities as Type A, B or C, classified as small or large, and Alzheimer's certified, if applicable. These facilities may be multi-story, apartment complexes or resemble a hotel structure. People living in an assisted living facility may need assistance with movement, bathing, dressing or medications; have hearing or speech impairments or incontinence; use self-help devices; or exhibit symptoms of mental or emotional disturbances.

- **Type A:** Care for residents who can evacuate the facility unassisted, do not require routine attendance during sleeping hours and can follow directions during an emergency.
- **Type B:** Care for residents who may need assistance to evacuate, cannot follow directions during an emergency, require staff attendance during sleeping hours and need assistance transferring to and from a wheelchair.
- **Type C:** Four-bed facilities that provide adult foster care; one percent of ALFs.
- **Small:** Licensed to care for 16 or fewer residents.
- **Large:** Licensed to care for 17 or more residents.
- **Alzheimer's facility:** Type B facility certified to provide specialized services to residents with Alzheimer's or a related condition.<sup>3</sup>

<sup>1</sup> Source: DADS Regulatory Services, September 2016

<sup>2</sup> Source: Long-term Care Quality Reporting Systems, <http://facilityquality.dads.state.tx.us/qrs/public/qrs.do>

<sup>3</sup> Other facilities may serve a group of residents with similar conditions, such as intellectual and development disabilities, traumatic brain injuries, or people with mental illness. However, a separate license is not required.

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# The Long-term Care Ombudsman Program

The mission of the Texas Long-term Care Ombudsman Program is to improve the quality of life and care for residents of nursing homes and ALFs by providing prompt, informal complaint resolution and promoting systemic change on behalf of residents' interests. The 84th Texas Legislature approved additional funding for the long-term care ombudsman program, making it possible for local ombudsman to hire ombudsmen to regularly visit ALF residents in the state's 1,862 facilities.

## A long-term care ombudsman:

- **Advocates** for increased consumer protections in state and federal laws and regulations.
- **Educates** residents about their rights.
- **Empowers** and supports residents and families to discuss concerns with facility staff.
- **Identifies** and seeks to remedy gaps in facility, government or community services.
- **Protects** the health, safety, welfare and rights of residents of nursing homes and assisted living facilities.
- **Provides** information and assistance about long-term services and supports.
- **Receives** and investigates complaints.
- **Helps** residents resolve problems.
- **Represents** residents' interests before governmental agencies.
- **Respects** the privacy and confidentiality of residents and complainants.



Staff and volunteers must complete 36 hours of comprehensive training to be certified as ombudsmen. Certified ombudsmen must complete 12 hours of continuing education each year, either in person or via webinar. Training topics include ALF regulations; investigating and resolving complaints; mental health; sexual intimacy in long-term care facilities; managed care; resident rights; supported decision making; and consent and confidentiality.

# The Work of an Ombudsman

## Regular Facility Visits

The ombudsman program receives funding from the state legislature to ensure all ALF residents have equal and consistent access to an ombudsman. Ombudsmen are expected to make frequent, unannounced visits to facilities. Based on the type and size of the facility, ombudsmen are required to visit between four and 10 times each year (see chart). Ombudsmen make additional visits to investigate, resolve and follow up on concerns.

## Schedule of ALF Ombudsman Visits by Facility Type

FACILITY TYPE	SIZE	REQUIRED VISITS
Type A	All sizes	4
Type B	1-49 beds	4
	50-99 beds	6
	100+ beds	10
Type C	All sizes	4

During a visit, ombudsmen examine the outside and inside of the facility for any unsafe conditions. Ombudsmen greet and notify staff of their presence. Ombudsmen wear a badge so residents and staff can easily recognize them. The majority of a visit is spent talking with residents, asking about their experience at the ALF and exploring any complaints. If a resident asks them to, an ombudsman may talk with facility staff about a complaint and begin working toward a solution during a visit. Ombudsmen strive to resolve concerns and build relationships with residents and facility staff. An expected outcome of ongoing contact by an ombudsman is that residents and facility staff will view the ombudsman as a resource when questions and concerns arise.

*“Ombudsmen strive to resolve concerns and build relationships with residents and facility staff.”*

Ombudsman made a total of 13,703 visits to assisted living facilities in 2016 — 1,847 more than 2015. Because some ALFs use day activity and health services to provide weekday services to residents, ombudsmen also made 630 visits to residents in these settings in 2016.



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## An Ombudsman's Story:

*A staff ombudsman visited a Type A facility located in a single-story home. As the ombudsman approached the facility, she noticed the grass was recently cut and a car in the driveway. The ombudsman made her way inside, greeted staff and visited residents. The ombudsman went from room to room, knocked, introduced herself and asked residents if she could speak with them. Several residents were out for doctor's appointments and day activity health services.*



*When the ombudsman approached one resident's room, she knocked, introduced herself and was invited to enter. The ombudsman explained her role: to be an advocate and visit frequently to help residents with complaints. The resident explained that he moved into the facility two months ago because of a visual impairment that limited his independence.*

*While the ombudsman and the resident talked, the ombudsman noticed something crawl across the resident's hand, which the resident quickly brushed away. The ombudsman, wanting to observe the bed, asked the resident to stand. The ombudsman then saw insect bites on the resident's arms and noticed several bugs crawling on the resident's mattress. The resident said he felt like he was being bitten, but wasn't sure by what. The ombudsman recognized the insects as bed bugs. Bed bugs are usually nocturnal, yet these were active in the afternoon.*

*At the resident's request, the ombudsman spoke with the facility manager about the problem. In response, pest control treatments were started in the home. The resident received a new mattress, and his room and Type A facility are now free of bed bugs.*

## Advocating for Residents

Ombudsmen open a case when a complaint is made. Ombudsmen closed 2,714 cases in 2016. On average, cases are closed in 35 days. Each case may include one or more complaints. Ombudsmen gather complaints in person, by phone and email. Complaints can come from any source, such as residents, facility staff, resident's family members or friends, or ombudsmen. In 2016, ombudsmen received 3,598 complaints, 1,683 (53 percent) more than 2015. Thirty-two percent of complaints were reported by ombudsmen, and 52 percent by residents. Last year, more complaints were reported by ombudsmen than residents, 42 percent and 39 percent, respectively.

In the past three years, complaints in ALFs have steadily increased and more frequently come from residents. This correlates with the increase of visits and demonstrates how ombudsmen have built trusting relationships with residents, facility staff, residents' family members and friends.

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### Cases and Complaints by Year

	2013	2014	2015	2016
<b>CASES</b>	711	1,238	1,675	2,714
<b>COMPLAINTS</b>	881	1,450	1,915	3,598

### A Closer Look at Complaints

In order of frequency, the most common complaints in 2016 involve cleanliness, environmental and safety concerns, dietary issues, access to information and medication issues. The 20 most frequent complaints account for 66 percent of all complaints received.

### Assisted Living Facilities in Texas:<sup>4</sup>

**1,862**

assisted living facilities  
regulated and licensed by the  
state for a total capacity of

**67,476**

**30%**

of ALFs are  
**Type A**

**73%**

of **Type A** facilities  
have 16 or fewer  
residents.

**69%**

of ALFs are  
**Type B**

**51%**

of **Type B**  
facilities have 16  
or fewer residents.

**1%**

of ALFs are **Type C**

**27%**

of ALFs are  
Alzheimer's certified,  
which is a subset of  
**Type B** facilities

ALF residents occupy

**63%**

of state licensed  
capacity

<sup>4</sup> Source: DADS Regulatory Services, September 2016



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## Frequent Complaints

When evaluated separately, the most frequent complaints in Type A and B ALFs differ.

Of the 20 most common complaints in Type A, unique complaints include:

- Access to facility surveys, staffing reports and license
- Mismanaged personal funds
- Privacy with telephone calls, visitors and mail
- Verbal or psychological abuse



The most common unique complaints in Type B facilities include:

- Symptoms unattended
- Unresponsive or unavailable staff
- Lost, stolen or destroyed personal property
- Shortage of staff
- Toileting or incontinent care
- Supplies or linens

## The Work of an Ombudsman

### 20 Most Frequent Assisted Living Complaints: 2016

Total Complaints: 3,598

COMPLAINT	TYPE A	TYPE B	TYPE C	TOTAL
1. Building cleanliness, pests, housekeeping	95	204	1	300
2. Equipment or building: disrepair, hazard, fire safety	84	185	2	271
3. Food service: quantity, quality, variation, choice	56	200		256
4. Information regarding rights, benefits, services, the resident's right to complain	99	113	4	216
5. Medications: administration or organization	30	110		140
6. Environment, air temperature, water temperature, noise	34	105		139
7. Dignity, respect, poor staff attitudes	25	103		128
8. Failure to respond to requests for help, including call light	12	104		116
8. Odors	28	88		116
9. Activities: availability, choice, appropriateness	23	86		109
10. Personal hygiene: bathing, nail and oral care, dressing, grooming	14	67		81
11. Symptoms unattended or unnoticed	7	60		67
12. Resident unable to exercise choice, rights, preferences	14	48		62
13. Staff unresponsive, unavailable	9	47		56
13. Personal property: lost, stolen, used by others, destroyed	8	48		56
14. Involuntary discharge: planning, notification, procedure	14	41	1	55
14. Shortage of staff	10	45		55
15. Resident conflict, including roommate conflict	13	40		53
16. Temperature of food	14	36		50
17. Supplies and linens	7	37		44
17. Community interaction, transportation	14	30		44
<b>Total (of 20 most frequent complaints)</b>				<b>2,414</b>

## Difference Between Types of ALFs

### Type A:

Care for residents who can evacuate the facility unassisted, do not require routine attendance during sleeping hours and can follow directions during an emergency.

### Type B:

Care for residents who may need assistance to evacuate, cannot follow directions during an emergency, require staff attendance during sleeping hours and need assistance transferring to and from a wheelchair.

### Type C:

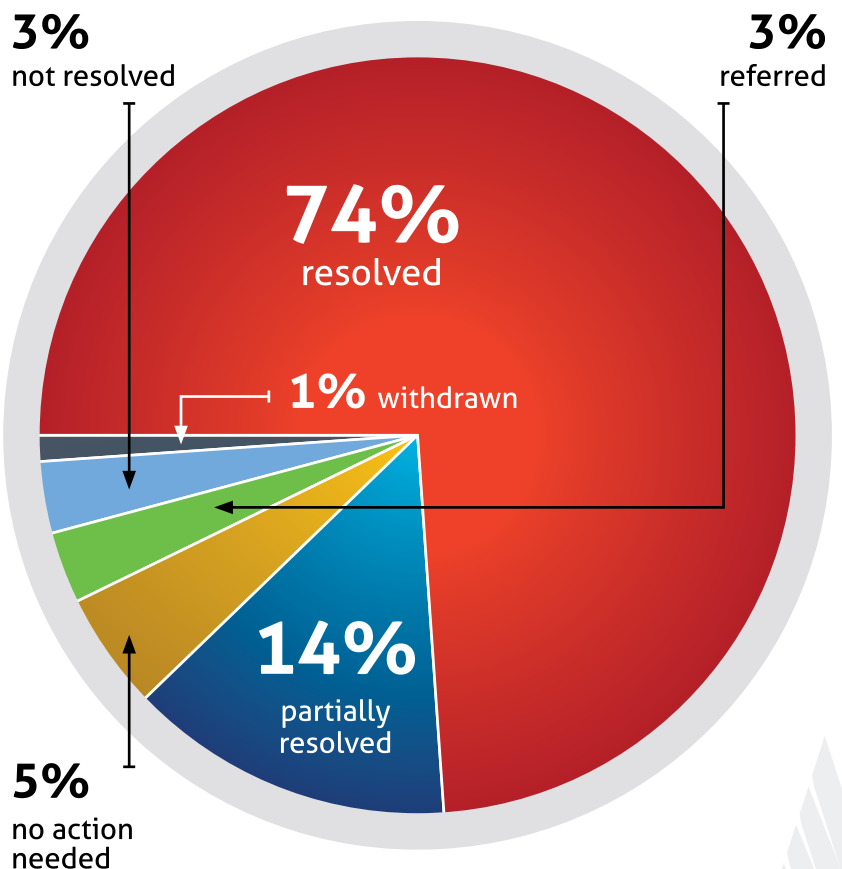
Four-bed facilities that provide adult foster care.

## Resolution of Complaints

Once a complaint is received, ombudsmen ask the resident's permission to take steps to resolve the issue. With the resident's permission, ombudsmen advocate for the resident's rights and reach a solution. Before a case is closed, complaints may be resolved, partially resolved, not resolved, withdrawn, referred to another agency or may require no action.

Out of the most common complaints, failure to respond to requests for help in Type A facilities has the lowest resolution rate, with 43 percent of complaints resolved. Stolen, lost or destroyed personal property has the lowest resolution rate in Type B facilities, with 55 percent of complaints resolved.

## Complaint Outcomes





### 20 Most Frequent Complaints: 2016

Percent of Complaints Resolved

COMPLAINT	TYPE A	TYPE B
	Percent of complaints resolved	Percent of complaints resolved
1. Building cleanliness, pests, housekeeping	96%	90%
2. Equipment or building: disrepair, hazard, fire safety	63%	87%
3. Food service: quantity, quality, variation, choice	63%	62%
4. Information regarding rights, benefits, services, the resident's right to complain	98%	97%
5. Medications: administration or organization	73%	81%
6. Environment, air temperature, water temperature, noise	65%	86%
7. Dignity, respect, poor staff attitudes	68%	70%
8. Failure to respond to requests for help, including call light	42%	85%
8. Odors	82%	89%
9. Activities: availability, choice, appropriateness	63%	66%
10. Personal hygiene: bathing, nail and oral care, dressing, grooming	43%	85%
11. Symptoms unattended or unnoticed	86%	85%
12. Residents unable to exercise choice, rights, preferences	64%	65%
13. Staff unresponsive, unavailable	89%	79%
13. Personal property lost, stolen, used by others, destroyed	63%	55%
14. Involuntary discharge: planning, notification, procedure	43%	68%
14. Shortage of staff	60%	60%
15. Resident conflict, including roommate conflict	69%	75%
16. Temperature of food	93%	69%
17. Supplies and linens	57%	86%
17. Community interaction, transportation	64%	83%

## Educating on Resident Rights

### Provide Information

Ombudsmen are resources for residents, family members and facility staff. Resident requests are related to resident care, residents' rights, finding and interpreting regulations, and decision-making authority. Family members and friends consult with ombudsmen about the role of the ombudsman, how to select an ALF, paying for care and residents' rights. Consultation subjects from staff may include residents' rights, discharge procedures and planning, the ombudsman role and interpretation of regulations. In 2016, ombudsmen provided 7,481 consultations to residents and families and 1,191 to facility staff.



### Consultations Year by Year

SFY	2013	2014	2015	2016
Consultations	664	1,679	2,497	8,672

Ombudsmen also provide support and consultation by attending service plan meetings with residents that include members of the interdisciplinary team and sometimes family members. During meetings, the team reviews service plans, discusses problems and possible solutions, and makes changes to the plan to ensure residents' needs are met. Ombudsmen attend only at the request of residents and, in 2016, attended 54 meetings.

*“Ombudsmen are resources for residents, family members and facility staff.”*

Resident council meetings allow residents to discuss topics and issues related to their homes. Residents can request ombudsmen to share information at their council meetings about the role of the ombudsman, residents' rights and other topics. Ombudsmen attend only at the invitation of the council and, in 2016, attended 146 resident council meetings and 14 family council meetings.

## The Work of an Ombudsman

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## Representing Residents' Interests with the Legislature

The Texas Senate Committee on Health and Human Services, a committee of nine senators, examined quality and oversight of long-term care facility settings. During a hearing on Feb. 18, 2016, staff ombudsman Karen Magruder gave the following testimony to the committee, highlighting the vulnerability of some residents and calling for better oversight of assisted living facilities.



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*My name is Karen Magruder, and I work as an Assisted Living Ombudsman at a Dallas nonprofit called The Senior Source. The Long-term Care Ombudsman Program is an independent [program] that aims to provide resident-centered advocacy to improve the quality of life and care for residents of nursing homes and assisted living facilities, also known as ALFs. As an ombudsman, I make regular visits to facilities to investigate and resolve complaints on behalf of residents. We are pleased that you have made a commitment to improve quality and oversight in long-term care. Thank you for providing much needed additional funding for ombudsman services in ALFs.*

*[Approximately] 10,000 Americans turn 65 every day, and it is estimated that 70 percent of older Americans will need some form of long-term care. Unfortunately, many facilities are not meeting the needs of their residents. In 2015, Texas ombudsmen worked nearly 17,000 complaints. Vulnerable residents need your help. To illustrate, I would like to share a story about why residents need better protections through law and regulation.*

## Representing Residents' Interests

The Office of the State Long-term Care Ombudsman represents the interests of approximately 67,000 assisted living facility residents. Long-term care ombudsmen are independent within DADS and do not represent DADS or Texas Health and Human Services. Ombudsmen are part of long-term care services and work with facility owners, facility staff, legislators, regulatory services and other governmental agencies to serve residents of assisted living facilities.

## Stakeholder Coordination

As resident representatives, ombudsmen connect with stakeholders to advocate for residents and to provide information and assistance about long-term services and supports. In 2015, the Office of the State Long-term Care Ombudsman began a collaboration of AFL stakeholders to improve the

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*One afternoon, I got a call and heard the hushed whisper of a resident asking me to listen live as a caregiver screamed at residents. This brave woman hid her phone as she secretly allowed me to listen on speaker as the staff hurled insults at the residents, like “You are so useless you can’t even wipe your own butt - no wonder your family abandoned you here.” I immediately made a visit to the facility and held a meeting with all the residents. They reported 34 separate complaints, including drug diversion, restraints and financial exploitation. The residents gave me consent to report these complaints to Regulatory [Services]. Within hours of leaving the facility, I received a text from another resident. It was a photo of her with a black eye. The staff had retaliated against the residents for calling me. Thanks to the quick response of regulatory, we were able to execute an emergency evacuation and move all the residents to other facilities where they would be safe. Of 34 residents’ rights complaints, only four violations were cited. The owner, who was one of the perpetrators of the abuse, was permitted to continue operating the facility, provided that she submit a plan of correction and pay a small fine. Many ALF residents are truly vulnerable, and they deserve to have quality of life and care where they live. Assisted living regulations are often vague, and administrative penalties for those few violations that are cited are small, creating little in the way of a deterrent.*

*On behalf of Texas assisted living residents, I urge you to create better protections for residents through law and regulation.*

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After researching the issue and hearing testimony, the committee released a report that included recommendations to strengthen enforcement of assisted living facilities by creating progressive sanctions based on the scope and severity of violations, removing the facility’s ability to correct violations that cause actual harm to residents — in lieu of paying an administrative penalty — and increasing the penalty cap from \$1,000 to \$5,000. The Texas Long-term Care Ombudsman Program will continue to advocate for strengthening protections of residents with the 85th Texas Legislature. Ombudsman program recommendations for ALFs can be found at the end of this report.

quality of care for residents in ALFs and encourage stakeholders to discuss policy questions or concerns, share best practices and consider policy initiatives. The collaboration began meeting in September 2016.

In addition, the 84th Texas Legislature passed a bill that created the Long-term Care Survey and Informal Dispute Resolution Council. The purpose of the council, formed in 2016, was to study and make recommendations to improve the regulatory survey and informal dispute resolution processes. Lisa Hayes, managing local ombudsman of the Houston-Galveston Area Council, was chosen to represent a residents’ perspective and was also appointed chair of the council. Other council members included state agency representatives from DADS Regulatory Services and the HHS Informal Dispute Resolution unit and various long-term care providers. The council developed a report with recommendations for release in 2017.

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### Working with State Agencies

Ombudsmen also represent residents' interests to governmental agencies. This requires monitoring state and federal legislation, implementing state and federal regulation, and tracking Medicare and Medicaid policies that may affect ALF residents.

*“Ombudsmen monitor state and federal legislation that may affect ALF residents.”*

After the 84th Texas legislative session, the Office of the State Long-term Care Ombudsman advocated on behalf of residents to implement new state laws by working with DADS Regulatory Services and external stakeholders. A definition of Alzheimer's disease and related disorders was added to ALF rules in addition to a requirement for facilities, whether Alzheimer's certified or not, to disclose their certification to all prospective and current residents. In addition, ALFs must attempt to obtain guardianship documents for residents with guardians, and DADS Regulatory Services must review guardianship documents during investigations alleging abuse, neglect or exploitation.

Rules were also created and implemented for ALFs that met compliance and business operations standards to apply for an initial license without a health inspection. The Office of the State Long-term Care Ombudsman advocated for thorough disclosure requirements to the public if a facility received this type of license. These rules took effect in 2016. Rules were also developed for Alzheimer's certification without a health inspection for Alzheimer's certified ALFs in good standing. This office also successfully advocated for detailed disclosure requirements and for excluding facilities with three or more resident rights violations from licensure without a health inspection. Rules for Alzheimer's certification without a health inspection will be implemented in 2017.

In the 2015 ALF Ombudsman report, the Office of the State Long-term Care Ombudsman recommended creating rules that clearly address and deter interference with ombudsmen performing official duties. New rules that describe ombudsmen's access and define interference are being proposed in ALF rules and are expected to be implemented in 2017. Prohibiting interference with ombudsmen will help ensure residents have privacy in ombudsmen interactions and unimpeded access to an ombudsman.

During the 85th interim session, the Senate Committee on Health and Human Services examined quality and oversight in long-term care facility settings, including ALFs. Staff ombudsman Karen Magruder testified during the public hearing, urging legislators to create better protections for residents in ALFs. The committee's interim report included recommendations to increase administrative penalties, adopt progressive sanctions, limit the right to correct and adopt standard quality improvement measures. In the past two annual ALF ombudsman reports, the Office of the State Long-term Care Ombudsman recommended increasing the administrative penalty for violations related to unnecessary discharge. This office supports the committee's recommendations related to enhancing regulatory tools and appreciates the commitment to quality care in ALFs.

# Recommendations\*

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Ombudsmen are directed by the Older Americans Act to recommend improvements to the long-term care system to better the lives of residents. The following recommendations are based on the collective program experience of state and local ombudsmen.

## Develop ALF specialization standards

ALFs serve residents with complex needs such as dementia, traumatic brain injuries (TBI), intellectual and developmental disabilities (IDD), and mental illness. Some ALFs specialize in providing care to residents with dementia and can obtain an Alzheimer's certification from the state to do so. However, some facilities are home to large concentrations of residents with other special needs, such as TBI, IDD, or mental illness. There are no certifications specific to the needs of these residents. Licensing rules that are specific to these populations would better serve residents, inform the public on the services provided and help residents choose the appropriate level of care. Defining facilities with specializations would provide DADS and other state agencies with more information about the residents of and services provided by a facility. Three ALF specializations should be created in Chapter 247 of the Health and Safety Code for facilities that primarily serve people with TBI, IDD and mental illness.



## Study ALF employees who administer or supervise medications

The medical needs of ALF residents are increasingly complex. However, state regulations allow unlicensed and uncertified employees, by delegation of a registered nurse (RN), to administer medications and supervise residents taking their medications.

Ensuring proper training for all employees who administer or supervise medications will help ensure the safety and well-being of residents. The Office of the State Long-term Care Ombudsman recommends a study of the scope of RN delegation in ALFs, a review of ALF violations involving medications and an evaluation of the number of ALFs using licensed or certified professionals to administer or supervise medications.

*\*For nursing home recommendations from the Office of the State Long-term Care Ombudsman, refer to the annual report for state fiscal years 2015-2016.*

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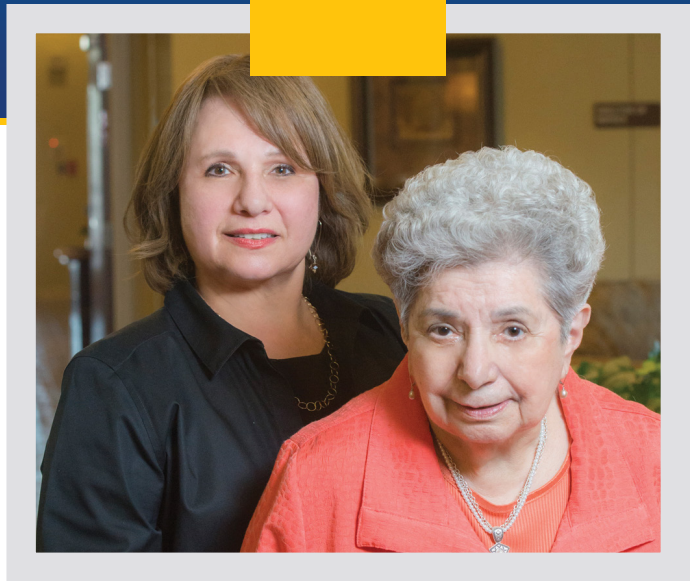


## Recommendations

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### Create a state fair hearing process for ALF residents facing discharge

Unlike nursing home residents, ALF residents have no right to appeal their discharge to a state agency to ensure the reason is valid and to determine that the ALF is taking appropriate action. This leaves approximately 4,000 residents in the STAR+PLUS program without access to due process in situations in which they were retaliated or discriminated against. This issue would be addressed by adding language in Health and Safety Code §247.064(b) providing residents the right to a state fair hearing.



### Prevent unnecessary discharge from an ALF

While ALFs can be fined for discharging residents without proper reason or notice, the penalty for doing so is not a strong deterrent. It is a nominal fine, and providers are often willing to pay the small penalty. Additionally, providers can appeal penalties and potentially avoid paying anything. To create a stronger deterrent, the administrative penalty for violations of discharge procedures should be increased to no less than \$1,000, and the Right to Correct in Health and Safety Code §247.0452 should be removed.

### Provide personalized food options to residents in ALFs

For the past three years, food services in ALFs have been the primary complaint heard by ombudsmen. These include complaints about the quantity, quality, variation, choice and menu of the foods provided in ALFs. Residents have a right to be treated with respect, consideration and recognition of their dignity and individuality. Personalized food options that meet dietary needs and specific food preferences respect this right. Food is not only a basic necessity but also a vital part of a person's quality of life. The Office of the State Long-term Care Ombudsman recommends adding language to ALF rules that would require facilities to include food preferences in the resident assessment and provide person-centered meal options based on the residents' assessments.

### Create more affordable ALF options

ALFs offer a residential option that many find preferable to nursing homes. Additionally, the state's Medicaid managed care program, STAR+PLUS, is a less expensive option that can save the state money. The Office of the State Long-term Care Ombudsman recommends a study to collect information about the cost of ALF services, analyze the location and availability of ALF STAR+PLUS beds and make recommendations to increase ALF participation in the STAR+PLUS program.

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## **Require ALF owners to report a facility closure to DADS Regulatory Services and the Office of the State Long-term Care Ombudsman 60 days prior to closing.**

ALFs are required to notify residents 30 days before ceasing to operate. However, facilities are not required to notify DADS Regulatory Services and the Office of the State Long-term Care Ombudsman. Surveyors are often unaware of closures until they visit the facility, which may be months after closure. Ombudsman and regulatory visits to closed facilities waste resources and render inaccurate DADS data used to inform residents and the public of ALF options. Additionally, moving to a new facility can be traumatic and challenging for residents. When the Office of State Long-term Care Ombudsman is included in the process, residents are ensured an advocate to protect their rights and help them choose a new facility. The Office of the State Long-term Care Ombudsman recommends adding language to ALF rules in Texas Administrative Code §92.125 requiring facility owners to report closures to DADS Regulatory Services and the Office of the State Long-term Care Ombudsman 60 days before ceasing to operate.

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### **Office of the Texas Long-term Care Ombudsman**

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