WELCOME AND INTRODUCTION

Section 1
Welcome

• Your name
• Where you are from
• One thing you learned from Module 6
• What you hope to learn since the last module
Any Questions?
Today’s Agenda

Section 1: Welcome and Introduction (15 minutes)
Section 2: Introduction to Long-Term Care Complaint Processing (30 minutes)
Section 3: Complaint Intake and Initial Plan Development (30 minutes)

----------BREAK---------- (15 minutes)

Section 4: Complaint Investigation (45 minutes)
Section 5: Verification (5 minutes)
Section 6: Common Complaints (20 minutes)
Section 7: Conclusion (20 minutes)
Module 7 Learning Objectives

• Long-Term Care Ombudsman program complaint processing
• How to gather information during intake and investigation
• Effective interviewing techniques
INTRODUCTION TO LONG-TERM CARE OMBUDSMAN PROGRAM COMPLAINT PROCESSING

Section 2
The Stages of the Ombudsman Program Problem-Solving Process

Stage 1
- Intake
- Initial plan development
- Investigation
- Verification

Stage 2
- Analysis
- Planning

Stage 3
- Implementation
- Resolution
How you handle the problem-solving process directly impacts:

- Your relationship with residents and staff
- Your ability to achieve the desired outcome
- Future relationships with residents, families, and staff
- The reputation of the Ombudsman program
Long-Term Care Ombudsman Program Approach

Respectful
Persistent
Assertive
Professional
COMPLAINT INTAKE AND INITIAL PLAN DEVELOPMENT

Section 3
Recognizing and Receiving Complaints

- Resident Consent
- Health, Safety, Welfare, or Rights
- LTCOP Action
Concern or Complaint?

Lunch tastes terrible!

Is there anyone I can talk with about your concerns?

Is there anything I can help you with today?

Is this something you would like my help with?

Is there anything I can do to help your situation?
Complaint

- Will you help me get more therapy?
- The facility is going to kick me out, can you do something about it?
- I want to be able to use the phone in private, is there anyone you can talk to about it for me?

Not a Complaint

- One aide is rude to me, but I don’t want you to say anything.
- I don’t want to get up so early in the morning, but it takes me so long to get ready. I’ve learned to accept it.
- My kids put me in this home, and I wish I didn’t have to live here.
Where do Complaints come from?

- Facility visits
- Phone calls
- Emails
- Resident council meetings
- Family council meetings

Who are the Complainants?

- Residents
- Family members/friends of residents
- Facility staff
- Hospital staff
- Community members
- Clergy
- Legislators
- Representatives of the Office
- Anonymous
- Anyone
Unvoiced Concerns
Complaint Intake Process
• **What** is occurring or has occurred?

• **When** the problem occurred and whether it is ongoing.

• **Where** the problem occurs or occurred.

• **Who** was or is involved?

• **How** resident(s) are affected.
- **Why** the problem is occurring or has occurred.

- **What** steps have been taken to resolve the problem?

- **Who** has been contacted about the concern?

- **What** the facility has done in response to the problem.

- **What** is the resident’s perspective of the problem?

- **What** the resident’s wishes are regarding complaint resolution.
1. What does the narrator mean when he says to “set the resident up for success”?

2. What does the narrator say about obtaining consent from residents who experience dementia?

3. What is the LTCOP’s objective?
Resident Consent

What if the resident refuses to consent?

• Determine why.

• Explain the resident’s options for addressing the complaint.

• Do not proceed with opening a complaint investigation.

• Provide your contact information.

• Determine if the concern is systemic.

What if the resident withdraws consent?

• Determine why.

• If the problem is recurring, provide other options for the resident to consider.

• Stop all advocacy efforts.

• Provide your contact information.

• Determine if the concern is systemic.
Initial Plan Development

1. Advise of residents’ rights
2. Discuss resident’s desired outcome & possible solutions
3. Obtain consent to act and/or consent to identify resident
Complaint Intake Dilemmas

A family member complains about a resident’s care, but the resident says everything is fine and asks you not to proceed.

The resident complains and wants your help, but a family member urges you “not to rock the boat.”

Relatives want you to investigate their complaint, but do not want the resident to know what you are doing.

A resident is unable to communicate informed consent and asks the LTCOP to help with a concern.

A resident will not give you permission to reveal her identity but wants your assistance.

A complainant, other than a resident, insists on remaining anonymous and will not give you any identifying information.
Video: Anne Walker – Intake and Initial Plan
QUESTIONS?
COMPLAINT INVESTIGATION

Section 4
1. Separate the problems
2. Categorize the complaint and identify laws or regulations
3. Consider potential cause(s)
4. Identify all participants
5. Identify all steps already taken
6. Clarify the outcome the resident is seeking
7. Identify all relevant agencies
Case Study: Mr. Richards

Mr. Richards has been in a nursing facility for several months when his wife starts to notice a change in his health.

During a visit, Mrs. Richards tells you, “He became chronically sleepy, started losing weight, and the facility has done nothing about it.” She believes that her husband was placed on an improper diet. “How could he be given an appropriate diet when the doctor never sees him? He loves milk, but it’s always warm. I am still trying to get them to replace the hearing aid they lost two months ago! Can you help me?”

Every time you attempt to visit Mr. Richards, you observe that he is sleeping. Mrs. Richards is his agent under a power of attorney. You ask additional questions to determine the facts of the complaint.
Mr. Richards became chronically sleepy about one week ago.
Mr. Richards lost 10 pounds in three weeks.
The facility did not address the sleepiness or the weight loss in the care plan.
The last time Mr. Richards was seen by a doctor was three months ago.
Mr. Richards’ hearing aid is missing.
Mr. Richards’ milk is always warm at all meals.
Care Planning. The facility is required to assess Mr. Richards and modify his care plan based on his current symptoms.
The facility is not aware of the new medical conditions.

Some staff are aware of the concerns but have not communicated the concerns.

The facility does not regularly weigh Mr. Richards.

The facility does not have consistent staff assignments.

Mr. and Mrs. Richards are not aware of his right to request a care plan and do not understand the purpose of a care plan.

The facility views Mrs. Richards as a frequent complainer and ignores her concerns.

An assessment was completed, and a care plan conference was held but the Richards were not informed.
Identify all participants

- Mr. Richards
- Mrs. Richards
- Care Plan Coordinator
- Director of Nursing
- Charge Nurse
- Certified Nursing Assistants (CNAs) who cared for Mr. Richards two months ago
- CNAs who currently care for Mr. Richards
- Mr. Richards’ physician
Identify steps already taken

5. Who did she talk to at the facility? - What was their response?

Has Mrs. Richards spoken with Mr. Richards’ physician? - What was their response?

When was the last care plan conference held?

Is the facility following the current care plan?

What changes does she believe need to be made to the care plan?
Clarify the outcome the resident is seeking

6.

- A comprehensive assessment
- A care plan meeting that includes Mr. Richard’s physician
- Consistent staffing for Mr. Richards
- To be listened to when expressing concerns
• The regulatory agency may be called to investigate the facility’s compliance with state and federal regulations.
Interviewing

Conversational

Purposeful

Listening, Questioning, Notetaking
Guidelines for Investigative Interviews

1. Be yourself
2. Maintain objectivity
3. Establish rapport
4. Explain the purpose
5. Use open-ended questions
6. Use closed-ended questions
7. Use language that is easily understood
8. Guide the interview
9. Notify when the conversation is nearing the end
10. Summarize
11. Explain how information will be used
Activity: Are You a Good Listener?
Guidelines for Effective Listening During Interviews

1. Be an active listener
2. Be alert to more than the spoken word
3. Determine if someone is glossing over facts
4. Be comfortable with silence
5. Stick to your agenda
6. Be alert to other problems revealed
7. You are the interviewer
8. Don’t completely believe or disbelieve
9. Stay focused on current issue
10. Know your authority
11. You are the interviewer
12. Don’t completely believe or disbelieve
13. Stay focused on current issue
14. Know your authority
15. Be an active listener
Questioning

Help me understand why...

What would happen if...

How do you feel about...

What do you think about...

What can you tell me about...

Why do you think...

Are you saying...
Effective Note Taking

Maintain rapport

If in person, explain why you are taking notes

Significant information

Avoid judgmental statements

Short, factual, to the point

Keep in mind others may see your notes

Describe behaviors, do not label
Observation During an Investigation

- Approach with an open mind
- Be impartial
- Document as soon as possible
State Policies and Procedures on Accessing Records
Accessing Resident Records

• A resident wants to know information in their records.
• You receive conflicting or vague information from staff.
• You need to verify the information you have received regarding the resident’s complaint.
• You need facts from the record.
Preparing to Access Resident Records

- A firm knowledge of the legal basis for your request
- The appropriate, completed consent to release records form
- What you will say if there is resistance to your request
Accessing Records

Resident is **Able** to Communicate Informed Consent

- Exercise good judgement on resident’s ability to provide informed consent
- Obtain and document consent from the resident
  - Written, verbal or through another means
- Document consent according to policies and procedures.

Resident is **Unable** to Communicate Informed Consent and has a resident representative

- Confirm resident representative has authority to grant access
- Obtain and document consent from the resident representative
  - Written, verbal or through another means
- Document consent according to policies and procedures
Resident is unable to communicate informed consent, and the resident representative refuses to consent to the access and the resident representative is not acting in the best interests of the resident or the resident representative cannot be located despite a reasonable effort.

Notify your supervisor.

Document why you believe the resident cannot communicate informed consent.

Follow program policies and procedures regarding consent from the State Ombudsman to access records and document the permission.
Resident is not able to communicate informed consent and does not have a resident representative

Notify your supervisor

Document why you believe the resident cannot communicate informed consent.

Follow program policies and procedures regarding consent from the State Ombudsman to access records and document the permission.
Case Study: Anne Walker – Investigation
VERIFICATION

Section 5
<table>
<thead>
<tr>
<th>Verified</th>
<th>Not Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmation that most or all facts alleged by the complainant are likely to be true.</td>
<td>The circumstances of the complaint are found to be untrue.</td>
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What if the complaint cannot be verified but the resident’s perception of the problem still exists?

What if a family member complains that the resident is not getting good care, but the resident is satisfied with the care received?
COMMON COMPLAINTS

Section 6
National Statistics

Nursing Facilities
- 16,263 facilities
- 1,685,839 beds
- 104 average beds per facility

RCCs
- 58,837 RCCs
- 1,466,831 beds
- 25 average beds per RCC
Top National Ombudsman Program Complaint Categories

- Environment: 6,329
- Resident Care: 37,533
  - Autonomy, Choice, Preference, Exercise of Rights, Privacy: 6,018
  - Abuse, Gross Neglect, Exploitation: 4,911
  - Admission, Transfer, Discharge, Eviction: 3,883
- Activities & Social Services: 7,266

Residential CareCommunities  Nursing Facilities
National Top Ombudsman Program Complaints

- **Food Service**: 2,438 Complaints
- **(CARE) Medication Administration, Organization**: 2,788 Complaints (Residential Care Communities: 5,683)
- **Dignity, Respect, Staff Attitudes**: 2,158 Complaints (Nursing Facilities: 6,786)
- **(CARE) Failure to Respond to Requests for Assistance**: 3,110 Complaints (Residential Care Communities: 7,717)
- **Discharge/Eviction**: 10,508 Complaints (Nursing Facilities: 13,750)

**Legend**:
- Residential Care Communities
- Nursing Facilities
→ State Data
→ Discharges
<table>
<thead>
<tr>
<th>Facility Initiated Discharge</th>
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<tbody>
<tr>
<td>Receives a discharge notice and does not want to leave</td>
</tr>
<tr>
<td>Is discharged without notice or due process</td>
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<tr>
<td>Is transferred to the hospital and not advised of the facility’s bed hold policy</td>
</tr>
<tr>
<td>Is not readmitted post hospitalization</td>
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<tr>
<td>Is discharged to an unsuitable setting</td>
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Other Challenges

• The facility fails to provide a written notice of discharge

• The notice is incomplete or incorrect

• The reason for the discharge is not in compliance with federal and/or state regulations
CONCLUSION
Section 7
Case Study: Mrs. Bronner’s Purse
QUESTIONS?
ADDITIONAL RESOURCES

Refer to your trainee manual for other sources of information related to topics discussed in this module.
Contact Information

- INSERT PRESENTER CONTACT INFORMATION
Connect with us:

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

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