

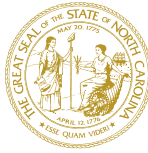
North Carolina

State Long-Term Care Ombudsman Program

2016 Annual Report



*Promoting quality of life
and quality of care
for long-term care residents.*



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNICATIONS

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

SUZANNE P. MERRILL
DIRECTOR, DIVISION OF AGING AND ADULT SERVICES

I am pleased to submit the 2016 Annual Report of the Office of the State Long-Term Care Ombudsman Program reflecting federal fiscal year October 1, 2015 - September 30, 2016.

Pursuant to North Carolina General Statute 143B-181.18 (8), this annual report provides an updated review of the accomplishments in advocacy and direct services provided by representatives of the long-term care ombudsman program at both the state and regional level. Also, included in the report are overviews of the statewide community advisory committees. The data within the report demonstrates our achievements toward protecting residents' rights, empowering families, educating consumers, and our commitment to quality, person-centered care for residents in long-term care facilities across North Carolina.

I welcome any questions or comments you may have about our Annual Report.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor Orija", with a stylized flourish at the end.

Victor Orija

State Long-Term Care Ombudsman



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Program Purpose

The North Carolina Long-Term Care Ombudsman Program exists to protect resident's rights and improve the quality of care and life for residents in long-term care facilities. To accomplish this mission, the Program:

- Receives and attempts to resolve complaints made by or on behalf of residents in long-term care facilities
 - Provides information to the public about issues facing long-term term care residents
 - Works with long-term care providers to resolve issues of common concern
 - Facilitates long-term care provider in-service trainings on topics relevant to rights and quality of life
 - Trains and provides technical assistance to community advisory committee volunteers
 - Collects and reports data regarding the number of complaints handled and other program activities
 - Facilitates community education sessions on elder abuse, neglect, and exploitation
 - Provides information to public agencies, legislators and others on problems impacting the rights of residents, and make recommendations for the resolution of issues identified
-



History and Legal Basis

The federal Older American's Act provided the authorization for the establishment of a national Long-Term Care Ombudsman Program beginning in 1978. In following years, amendments to the Older American's Act expanded the jurisdiction and the scope in each state to include both nursing homes and adult care homes. It also called for the formation of a network of volunteers to assist with complaint processing and systems advocacy for long-term care residents.

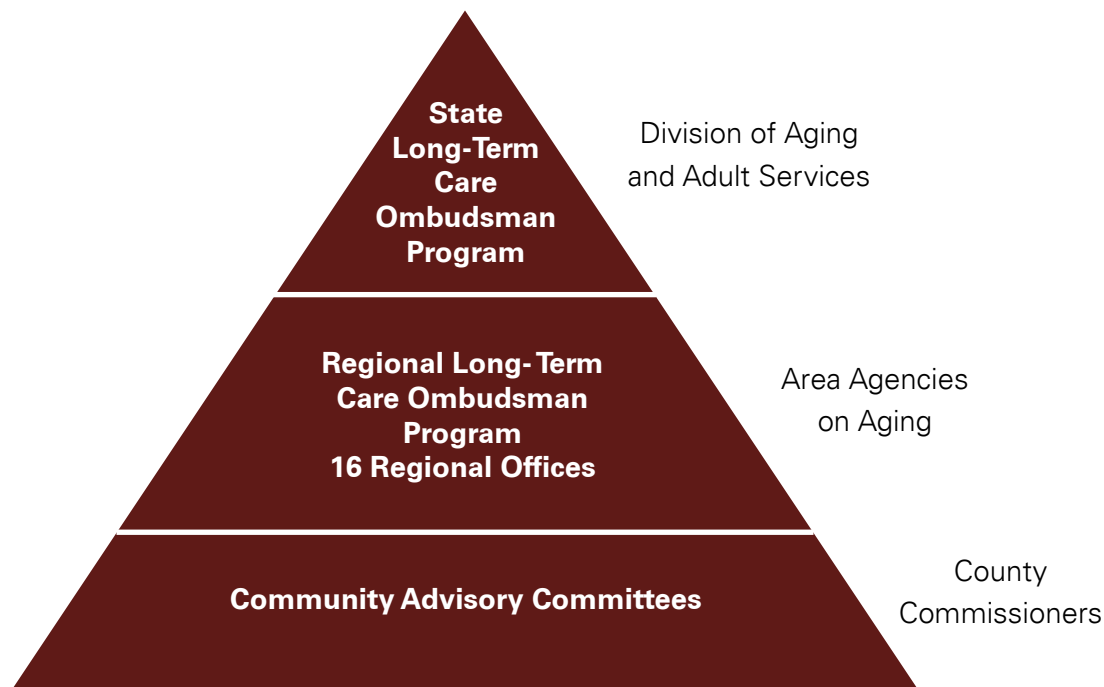
In 1989, the North Carolina State Long-Term Care Ombudsman Program was codified into state law through General Statute 143B-181.15-25, which mirrored the federal mandates provided in the Older American's Act. The legislation established guidelines for both state and regional programs. The Office of the State Long-Term Care Ombudsman is housed within the Department of Health and Human Services, Division of Aging and Adult Services. The 16 Regional Ombudsman Programs are housed within the Area Agencies on Aging across the state.

Final Rule for Ombudsmen

In February 2015, the Final Rule for Ombudsman Programs was published at the federal level by the Administration for Community Living. It sought to clarify specifications in the Older American's Act about the long-term care ombudsman programs across the country. It sought to provide more consistent implementation and quality delivery of programs. Thus, the North Carolina Long-Term Care Ombudsman Program created a workgroup to begin reviewing its policies, procedures, and relevant statutes.

Program Structure

The Office of the State Long-Term Care Ombudsman Program is housed within the Elder Rights and Special Initiatives Section of the Division of Aging and Adult Services. The Office is comprised of the State Long-Term Care Ombudsman, Ombudsman Program Specialist and

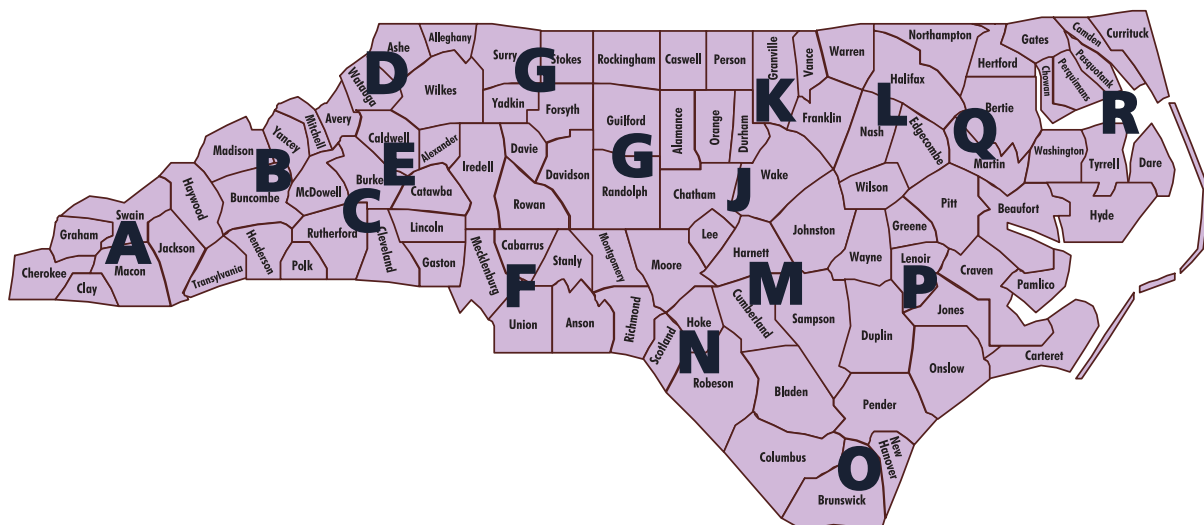


Ombudsman/Elder Rights Specialist. They help manage the day-to-day program administration that includes assuring all newly hired Regional Ombudsmen complete the required certification and designation requirements mandated in federal and state law. The Office of the State Long-Term Care Ombudsman also provides quarterly training session to Regional Ombudsmen on a variety of aging and long-term care issues.

The Regional Ombudsman Program is housed in the 16 local Area Agencies on Aging across the state. Regional Ombudsmen provide advocacy and direct services to long-term care residents within their specified counties.

The Community Advisory Committees provide additional support to long-term care residents within their specified counties. They are appointed by their local board of county commissioners and are trained by regional ombudsmen. For Federal Fiscal Year 2016, there were 1,020 trained community advisory committee members serving on adult care home, nursing home, or joint community advisory committees across all 100 counties in North Carolina.

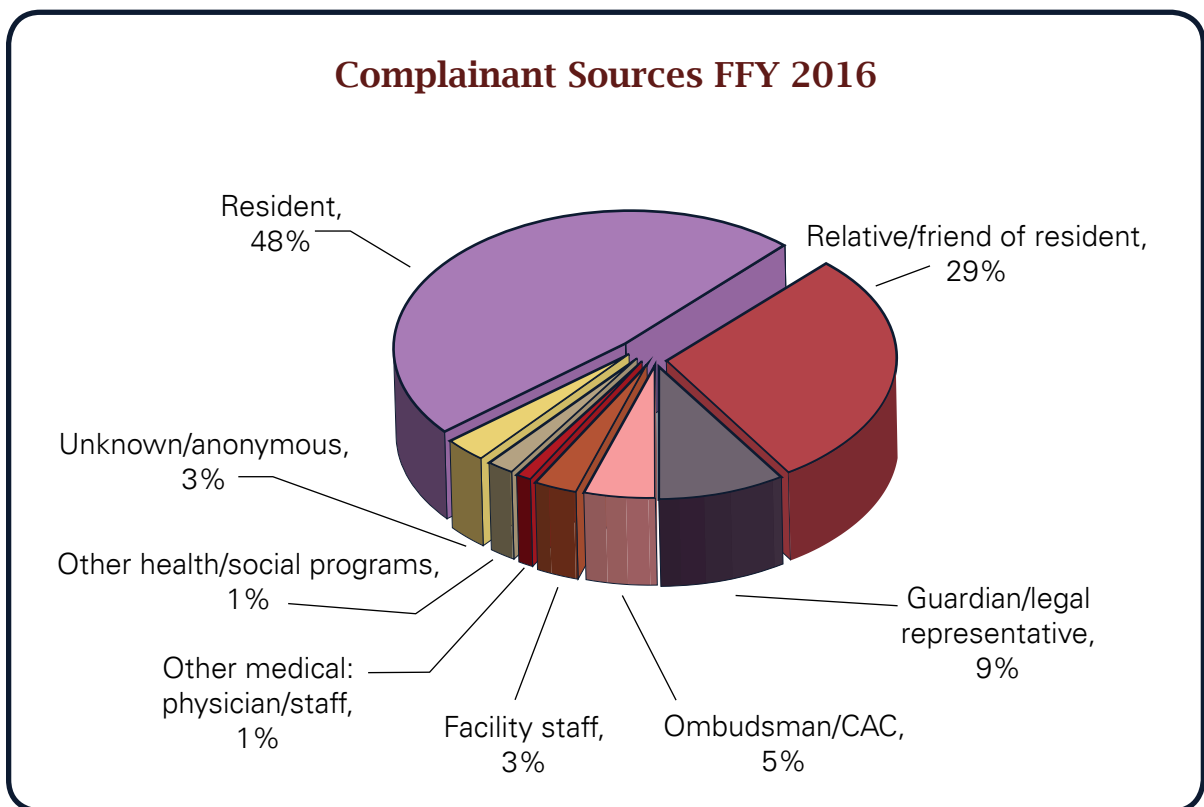
Area Agency on Aging



Federal Fiscal Year 2016: Overview

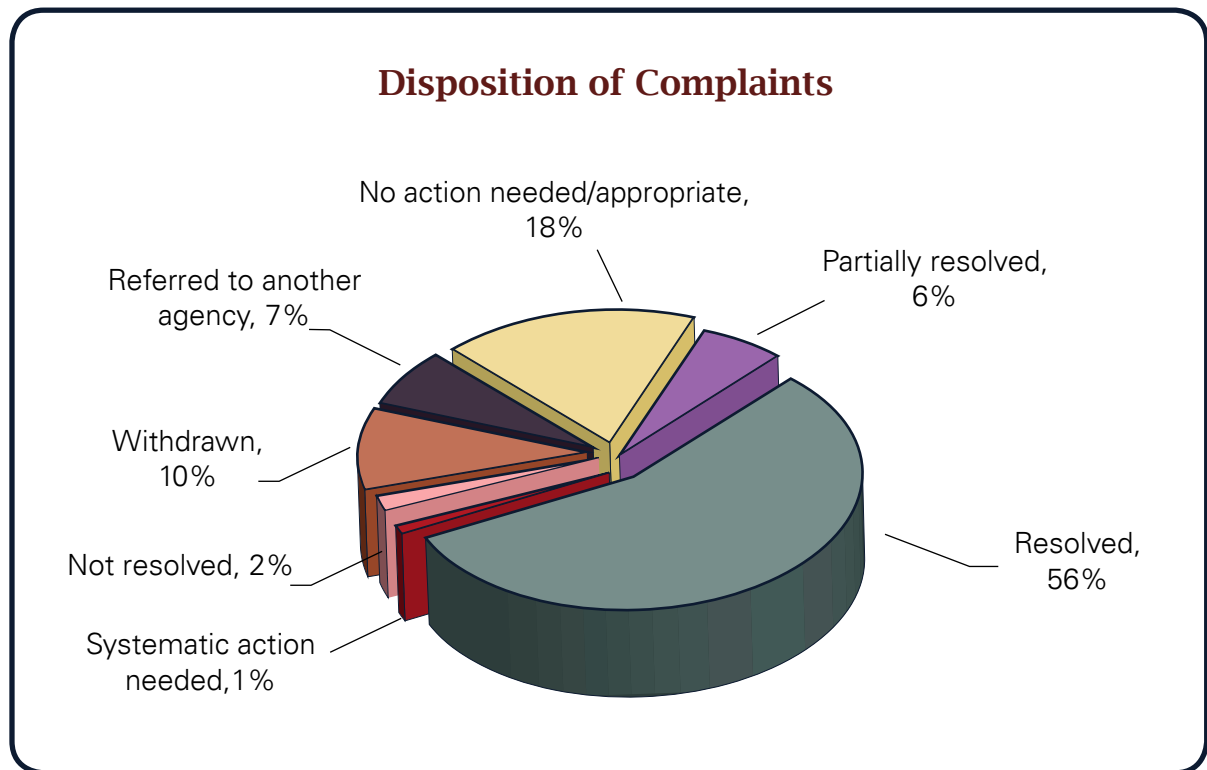
In Federal Fiscal Year 2016 the North Carolina Long-Term Care Ombudsman Program closed 1,970 cases containing 3,769 complaints. The most frequently addressed complaints were related to **transfer/discharge, dignity/respect, and medication administration**.

Ombudsmen receive complaints from a variety of complainants, or individuals that are initiating concerns on behalf of residents. The ombudsmen received complaints from 1,932 complainants in Federal Fiscal Year 2016. The breakdown of complainants is as follows:



Complainant Type	FFY 2016 Count	Percent of Total
Resident	922	48%
Relative/friend of resident	554	29%
Guardian/legal representative	179	9%
Ombudsman/CAC	96	5%
Facility staff	56	3%
Other medical-physician/staff	21	1%
Unknown/anonymous	31	2%
Other-bankers, clergy, elected officials, law enforcement	10	Less than 1%

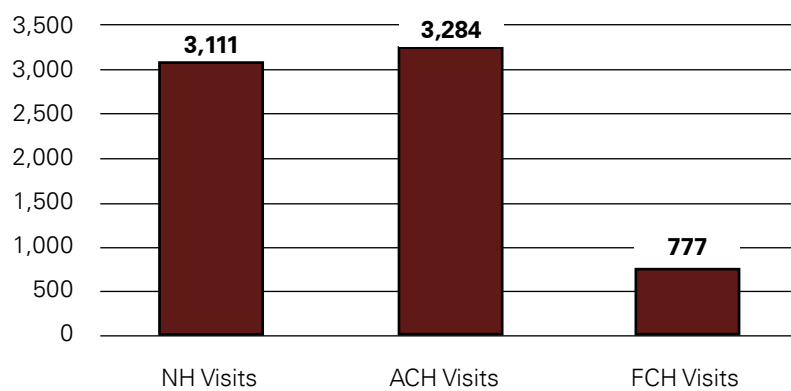
Of all 3,769 complaints that were received in 2016, ombudsmen were able to resolve or at least partially resolve 62% of complaints to the satisfaction of the resident or their representative.



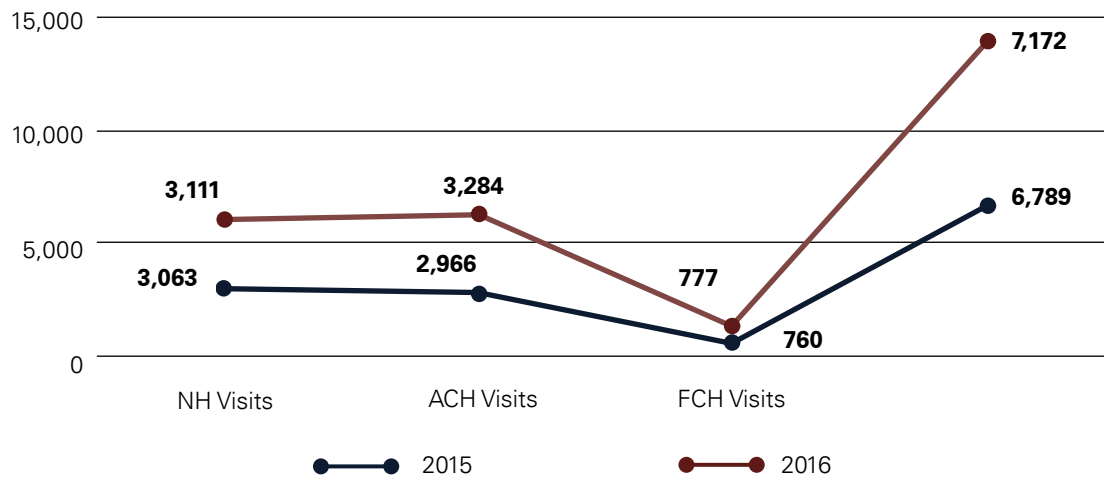
Ombudsmen verify complaints through a variety of investigative techniques including interviews, record reviews, observations, and other fact finding methods. When a complaint is verified by an ombudsman, it has been determined through investigative work that the conditions and circumstances described in the complaint are generally accurate. **In 2016, 75% of the complaints received by the program were verified.**

In addition to addressing complaints, ombudsmen make regular visits to facilities to establish rapport with residents and learn of the general conditions of the facility. Below is a summary of the **7,172** visits made to residents in federal fiscal year 2016.

Number of Visits to Facilities FFY 2016



Two Year Comparison Number of Visits to Facilities FFY 2015-FFY 2016



2016 Program Overview

October 1, 2015 – September 30, 2016

North Carolina State and Regional Long-Term Care (LTC)
Ombudsman Program

3,769	Complaints received by the LTC Ombudsman Program
1,932	Complainants assisted by State and Regional LTC Ombudsmen
5,873	Technical assistance provided to individuals regarding long-term care issues
7,172	Resident visits made in adult care homes and nursing homes
500	Facility licensure surveys observed
92	Resident Council meetings attended
40	Family Council meetings attended
506	Community education workshops conducted
2,274	Consultations to LTC providers
282	Training sessions provided for staff in LTC facilities
1,761	Hours spent training community advisory committee members and new ombudsmen



Ombudsmen in Adult Care Homes

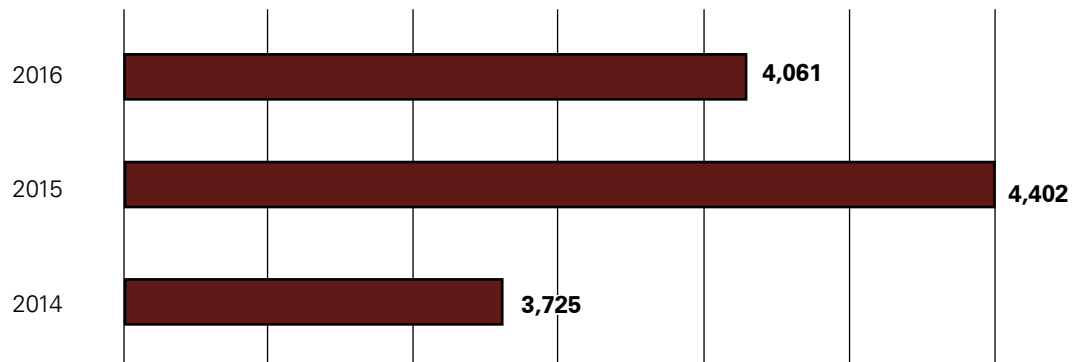
Adult Care Homes

Number of Licensed Facilities	Number of Licensed Beds
1,265	41,278

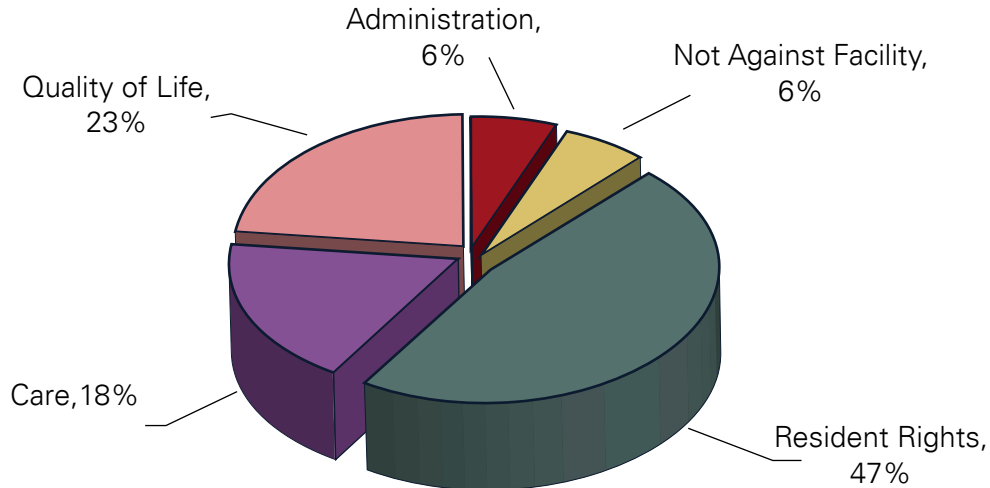
In North Carolina assisted living facilities and family care homes are classified generally as “adult care homes.” Ombudsmen are expected to visit adult care homes with seven or more residents at least quarterly and family care homes, which have between two and six residents, at least annually per General Statute. **In Federal Fiscal Year 2016, the ombudsman program made 4,061 visits to adult care homes.**

During federal fiscal year 2016, there were a **total of 1,590 complaints handled in adult care homes by ombudsmen.** The most frequent complaints investigated by ombudsmen on behalf of residents in adult care homes were related to **transfer/discharge, dignity/respect/staff attitudes, and medication administration.** The graphs shown further demonstrate the categories and types of complaints received by ombudsmen.

Number of Visits to Adult Care Homes Three Year Comparison



Categorical Breakdown of Complaints Received by Ombudsman Program in 2016



Category and type of complaint	Number of complaints
Resident Rights: Abuse, neglect, exploitation	47
Resident Rights: Access to information	58
Resident Rights: Admission, transfer, discharge	136
Resident Rights: Autonomy, choice, preference, privacy	315
Resident Rights: Financial, property	188
Total Resident Rights Complaints	744
Resident Care: Care	252
Resident Care: Rehabilitation, Maintenance of Function	39
Resident Care: Restraints	2
Total Resident Care Complaints	293
Quality of Life: Activities and Social Services	76
Quality of Life: Dietary	112
Quality of Life: Environment	180
Total Quality of Life Complaints	368
Administration: Policies, Procedures, Attitudes, Resources	19
Administration: Staffing	71
Total Administration Complaints	90
Not Against Facility: Certification/Licensure Agency	9
Not Against Facility: State Medicaid Agency	10
Not Against Facility: Systems/Others	76
Total Not Against Facility Complaints	95
Total Adult Care Home Complaints	1,590

Emerging Trend: Unplanned Facility Closures

One trend that was identified by the program in Federal Fiscal Year 2016 was related to unplanned facility closures. Unplanned facility closures remain a long-term care issue in North Carolina that are specific to adult care homes. It was an issue because of the adverse impact on residents and their families. The state also witnessed several “planned closures.” In the latter category, discharge notices were served and in most cases, residents and their families had the opportunity to participate in discharge planning and offer input into relocation preferences.

During any unplanned closure, the state convenes the HUB Team. This team is a cross-sectional team of human service providers, mental health and relocation specialists. During an unplanned closure the HUB Team Coordinator, located within the N.C. Division of Health Service Regulation-Adult Care Licensure Section (ACLS), issues an alert to the members. The team discusses action plans to ensure a seamless transition. The State Long-Term Care Ombudsman is a member of the HUB Team. In all cases, the regional ombudsmen are alerted to the pending closure by the state ombudsman. The regional ombudsmen advocate for relocating residents to ensure the protection of their rights and, to the extent possible, their participation in the process.

Reduction in the scope of unplanned closures will depend on several factors which include:

1. A stringent application process to ensure that entities that are licensed will be able to provide the highest quality of care to residents
2. Monitoring and better enforcement of penalties
3. Increasing the frequency of monitoring of susceptible adult care home providers based on scope of deficiencies
4. The provision of financial resources by the state for adequate staffing in the ACLS

Ombudsmen in Nursing Homes

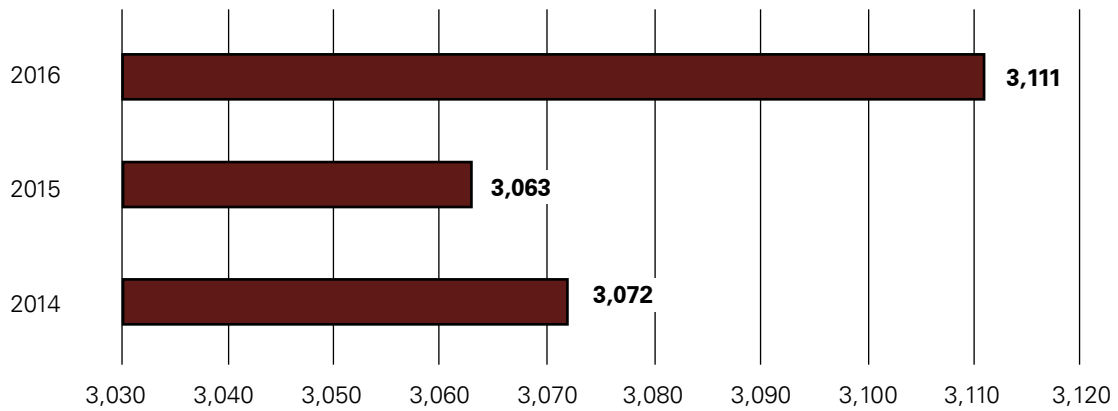
Nursing Homes

Number of Licensed Facilities	Number of Licensed Beds
417	45,960

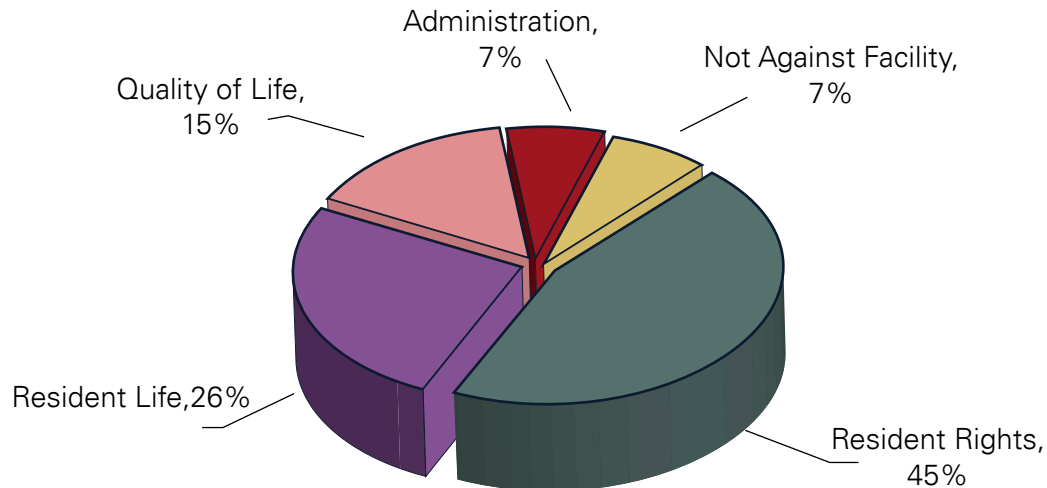
Ombudsmen are expected to visit nursing homes at least quarterly. **In Federal Fiscal Year 2016, ombudsmen made 3,111 visits to nursing homes.**

In Federal Fiscal Year 2016 there were a **total of 2,179 complaints handled in nursing homes** by ombudsmen. The most frequent complaints investigated by ombudsmen on behalf of residents in nursing homes were related to **transfer/discharge, dignity/respect, and medication administration**. The graphs shown further demonstrate the categories and types of complaints received by ombudsmen.

Number of Visits to Nursing Homes Three Year Comparison



Categorical Breakdown of Nursing Home Complaints Received by Ombudsman Program in 2016



Category and type of complaint	Number of complaints
Resident Rights: Abuse, neglect, exploitation	78
Resident Rights: Access to information	79
Resident Rights: Admission, transfer, discharge	336
Resident Rights: Autonomy, choice, preference, privacy	364
Resident Rights: Financial, property	133
Total Resident Rights Complaints	990
Resident Care: Care	459
Resident Care: Rehabilitation, Maintenance of Function	99
Resident Care: Restraints	5
Total Resident Care Complaints	563
Quality of Life: Activities and Social Services	70
Quality of Life: Dietary	125
Quality of Life: Environment	125
Total Quality of Life Complaints	320
Administration: Policies, Procedures, Attitudes, Resources	31
Administration: Staffing	133
Total Administration Complaints	164
Not Against Facility: Certification/Licensure Agency	27
Not Against Facility: State Medicaid Agency	12
Not Against Facility: Systems/Others	103
Total Not Against Facility Complaints	142
Total Nursing Home Complaints	2,179

Ombudsmen in Action: Individual and Facility Advocacy

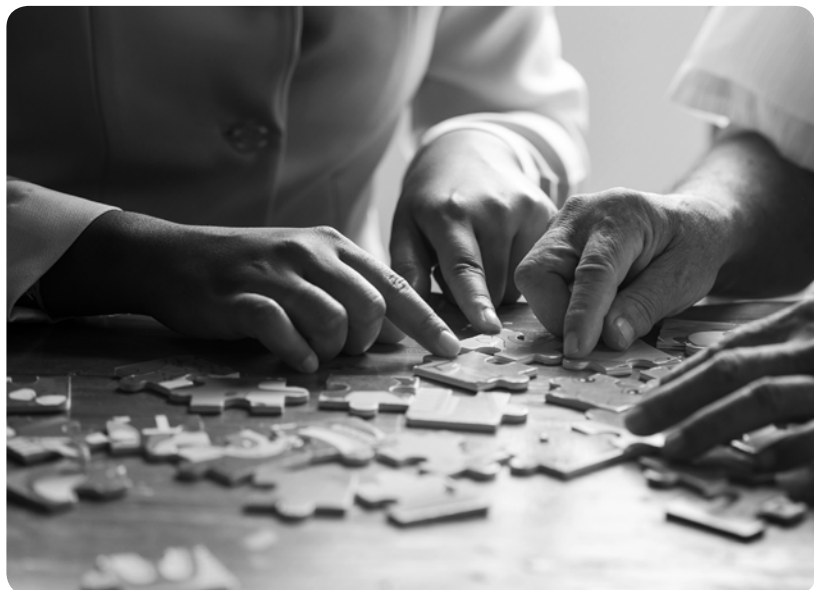
A regional ombudsman was contacted by the daughter of a nursing home resident, Mrs. S. The daughter was concerned about discharge planning for her mother, who was in a nursing home almost 30 miles away. She had been admitted approximately nine months prior for rehabilitation therapies, following a severe urinary tract infection. Prior to the hospitalization that led to her nursing home admission, Mrs. S had been residing independently in the community, with some grocery and transportation assistance from her daughter. Due to delirium and confusion following the urinary tract infection, there was a concern that Mrs. S would be a “flight risk,” and was placed in the locked memory care unit. After Mrs. S had been in the facility for five months, her daughter began asking about progress and the possibility of a transfer to a facility closer to the daughter for more support. The social worker had sent referral packets to two facilities, but never heard from either one.

Upon the first visit with Mrs. S, the regional ombudsman was amazed at her cognition, ability to recall details of her previous daily routine, and her articulating a clear desire to be closer to her daughter. Mrs. S was in a wheelchair, and the regional ombudsman asked her opinion on the therapy she was receiving. Mrs. S felt that the reason she was not walking was, “they waited too long to start it.”

With the resident and daughter’s consent, the regional ombudsman met with the social worker to further advocate for discharge planning for the resident to be revisited. The regional ombudsman spoke with the facility social worker to find out why the two facilities did not accept this resident months earlier, and asked if he would look at the FL-2 to see if he could determine the reason. Upon looking at it, he realized it should have been updated to reflect the resident’s current status. (The FL-2 is a form that includes necessary and pertinent information about the abilities of the resident, medications, level of care, and any behaviors the resident may have. Along with other paperwork, this gives a snapshot of the resident to a facility who may be considering offering a bed for a transfer.)

The FL-2 was updated, and the regional ombudsman worked with the resident and her daughter to identify a few other facilities that were closer to where the daughter lived. The list of facilities was provided to the social worker, and the regional ombudsman kept frequent contact with him about the status of bed offers for the resident. The regional ombudsman was able to be present when one of the facilities came to assess the resident for placement. Mrs. S received a bed offer at a facility that was at not only five minutes from her daughter, but within their general population (no longer needing memory care). Mrs. S and her daughter were delighted with the outcome the regional ombudsman was able to help advocate.

The regional ombudsman went a step further, and helped use this specific example as a part of a larger conversation with this facility on their discharge planning efforts and protocols. The ombudsman was concerned that the resident had seemingly “fallen through the cracks.” Her request to be transferred to a closer facility and out of the memory care unit since she no longer posed a “flight risk” due to delirium fell on deaf ears. The regional ombudsman is continuing to work with the facility to address questions around this issue—how frequently is discharge revisited if there are no initial bed offers? What happens to residents in similar situations that don’t have an engaged family member like Mrs. S? This is part of an ongoing conversation the regional ombudsman continues to have with the facility, ensuring that current and future residents’ rights are honored.

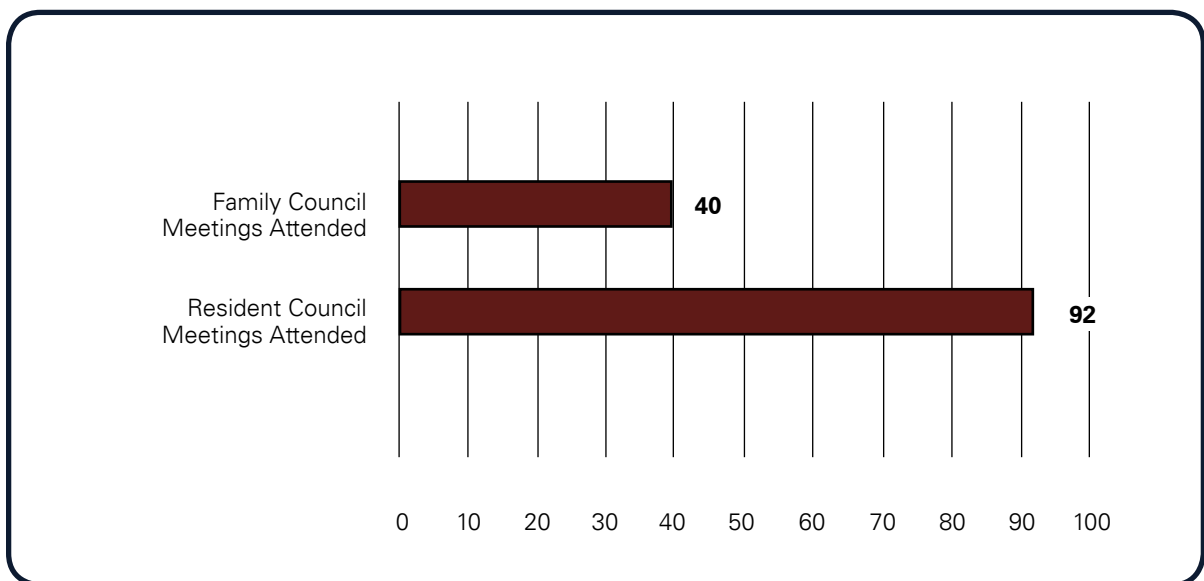


Other General Information, Technical Assistance and Training

Another meaningful service provided to residents, families, citizens, and facility providers is consultation and training. Ombudsmen have in-depth knowledge of how to navigate the system which includes long-term care, resident rights and advocating for person-centered strategies in problem solving.

Resident and family councils

In Federal Fiscal Year 2016, ombudsmen attended **92 resident council meetings** and **40 family council meetings**. Ombudsmen attend these meetings solely at the invitation of the group, and are often asked to share information about the ombudsman program and resident rights when they attend.



Consultation to residents and families

At both the state and local level, during Federal Fiscal Year 2016, the ombudsman program provided a total of **5,873 consultations to individuals about long-term care**. The most frequently requested topics were related to consumers **requesting lists of facilities, how to select**, and **resident rights**.

Provider In-Service Training and Consultations

Ombudsmen are often called on to provide technical assistance and training to facilities about matters of resident rights, quality of life, and other aging issues. In Federal Fiscal Year 2016, ombudsmen provided a total of **2,274 consults to providers** about a variety of issues. The three most common areas of consultation were related to **resident rights, transfer/discharge** and dealing with **difficult resident behaviors**.

Additionally, ombudsmen provided **282 provider in-service trainings**. The three most commonly requested topics were related to **resident rights, aging sensitivity**, and **elder abuse identification and prevention**. These trainings reached **6,743 facility staff members**.

Community Education

Ombudsmen are also called on by various civic organizations, faith groups, and other community organizations to educate citizens about issues facing older adults in long-term care settings. The most frequently requested topics of community education in Federal Fiscal Year 2016 were **aging sensitivity, elder abuse identification and prevention**, and **the Ombudsman Program**. Regional Ombudsmen spent **2,369 hours** conducting **506 sessions** of community education. The sessions reached a total of **17,364 individuals**.



Elder Abuse Awareness and Prevention Activities

The Long-Term Care Ombudsman Program across the state hosts a variety of community education and outreach sessions specifically designed to educate people about elder abuse. In 2016, ombudsmen conducted **133 sessions of community education** on elder abuse awareness, identification, and prevention. These sessions reached **5,368 community members**.

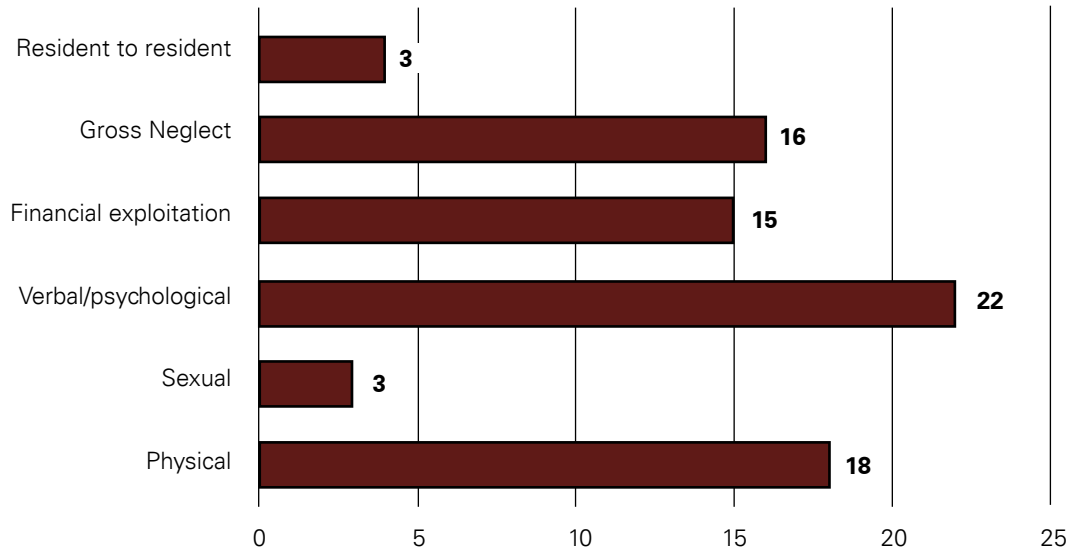
In addition to these education sessions, ombudsmen seek community collaborations with agencies like long-term care providers, senior centers, faith groups and other community entities to assist with outreach efforts. Often, the ombudsmen participate in multi-disciplinary teams that emphasize elder abuse awareness.

Additionally, ombudsmen conducted a total of **38 sessions of provider in-service training** on elder abuse awareness. These sessions reached **1,045 facility staff members**.

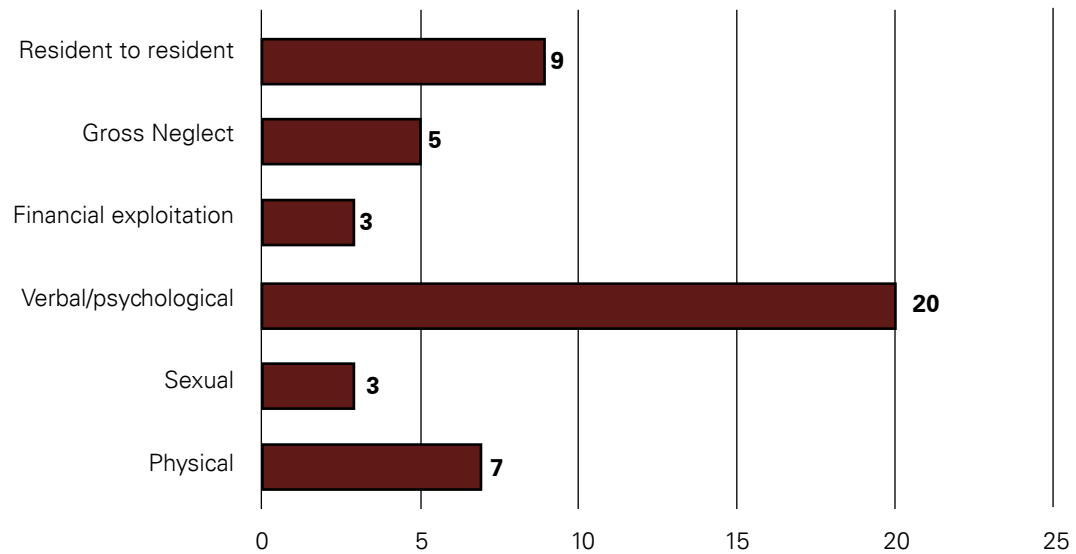
Ombudsmen also conducted **37 training sessions** to community advisory committees on elder abuse awareness. These sessions reached a total of **242 volunteers**.

Ombudsmen in North Carolina do not investigate allegations of abuse, neglect or exploitation. However, they are able to empower and support victims of abuse by encouraging them to self-report, and connecting them with agencies such as local departments of social services, law enforcement and regulatory agencies to have their concerns appropriately addressed.

FFY 2016 Nursing Home Abuse Complaints



FFY 2016 Adult Care Home Abuse Complaints



Community Advisory Committees

Total Number of CAC Volunteers	Number of hours donated by CAC	Number of miles driven by CAC
1, 020	30,521	136,333

More than 1,000 Community Advisory Committee members served the Ombudsman Program in Federal Fiscal Year 2016. Regional ombudsmen are mandated to train committee members appointed by local boards of county commissioners. For this fiscal year, **1,625** hours were spent on **583** training sessions to community advisory committees. A total of **3,343** individuals attended these sessions, which included education for new appointees, as well as required ongoing annual training.

The committees spent **30,521 hours** and drove **136,333 miles** conducting resident visits and performing other mandated duties.

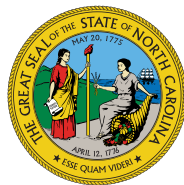


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State of North Carolina
Roy Cooper, Governor
Department of Health and Human Services
Dr. Mandy K. Cohen, Secretary
Suzanne Merrill, Director, Division of Aging and Adult Services
Victor Orija, State Long-Term Care Ombudsman
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