The Role of the Ombudsman Program in Nursing Facility Closures

April 25, 2023
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- Use the chat feature to submit comments or respond to questions from speakers or other attendees.
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- Links to resources will be posted in the chat box and will be posted to the Consumer Voice and NORC websites – theconsumervoice.org and ltcombudsman.org
Speakers

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In the news…

Nationwide

- **135 nursing facilities closed in 2022**
- More than **1,000 nursing homes** have closed since 2015, including **776 closures before the pandemic** and **327 closures during the pandemic**.
- Since 2015, nearly **45,000 nursing home residents** have been displaced due to closures. Source: AHCA April 2022

**Articles**

- [https://www.publicnewsservice.org/2023-02-06/health/more-ne-long-term-care-facilities-risk-closure-without-funding/a82740-1](https://www.publicnewsservice.org/2023-02-06/health/more-ne-long-term-care-facilities-risk-closure-without-funding/a82740-1)
If Things Could Go Wrong, They Did!

Amanda Hamilton
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Notice of Closure Required

- **Written** notice of impending closure to:
  - State Survey Agency, State LTC Ombudsman, Residents and their Representatives
- At least **60 days** in advance
- Must include
  - Facility’s **State-approved closure plan** for transfer and adequate relocation of the residents
  - **Assurances** that residents will be transferred to the most appropriate facility or setting, in terms of quality, services, and location, and considering the needs, choice and best interests of each resident
  - **Assurance** that **no new residents will be admitted to the facility** on or after the dates that the written notice of impending closure was provided to the State Agency
Closure Plan

CMS expects that the closure plan include sufficient detail to clearly identify the **steps the facility would take**, and the **individual responsible** for ensuring the steps are successfully carried out.

- Provisions for ongoing operations and management, such as:
  - Continuation of appropriate staffing to meet all residents’ needs
  - Ongoing assessment of residents’ care needs and provision of necessary services and care
- Provision of resident care information to receiving facility
- Labeling, safekeeping, and appropriate transfer of residents’ personal belongings at the time of transfer or relocation
Sufficient preparation and orientation for a safe and orderly move

A facility must **provide and document** sufficient preparation and orientation to ensure a safe and orderly transfer or discharge in a form and manner the resident can understand.

This might include, for example:

- Interviewing residents and their representatives to determine each resident’s goals, preference, and needs in planning for the services, location, and setting to which they will be moved.

- Offering each resident:
  - The opportunity to obtain information regarding community options.
  - Information pertaining to the quality of the providers/services they are considering.
  - Psychological preparation or counseling.
New Resource!

Transfer Trauma

Relocation stress is defined as “the physiologic and psychosocial disturbances caused by change in health care environment” and is also known as transfer trauma when the relocation is involuntary and the outcomes are negative. Symptoms may be obvious or subtle and can include: loneliness, depression, anger, apprehension, anxiety, changes in eating and sleeping habits, dependency, insecurity, lack of trust and a need for excessive reassurance.

NORC Trauma-Informed issue page https://ltcombudsman.org/issues/trauma-informed-care

NORC Notes: Trauma-Informed Care Resources http://act.theconsumervoice.org/site/MessageViewer?dlv_id=5281&em_id=1506.0
Actions for State Ombudsman

Create policies and procedures for closure that highlights federal and state requirements and explains the role of the Ombudsman, Ombudsman representatives, and how the program will work with other state and local entities.

Advocate for the creation of, or coordinate, a relocation team

Identify and train a member of the State Ombudsman Office to act as a relocation specialist.

Develop in-service training, with examples of resident experiences, for nursing facility staff about how to prevent, identify, and minimize transfer trauma.
Develop consumer education materials regarding identifying, preventing, and minimizing transfer trauma.

Advocate for the facility to remain open, and Medicare and Medicaid payments to continue, until all residents have been relocated.

Urge the placement of a temporary manager or receiver if necessary to protect the health and well-being of the residents.

Contact the state employment agency and request that they provide employment resources to the staff.
Actions for Ombudsman Program Representatives

Be aware of potential warning signs of issues that may affect resident care during closures and ask residents about their experiences (e.g., significant loss of staff; major reduction in quality of services, such as activities, food, and housekeeping).

Meet one-on-one with individual residents and/or resident representatives (families) to discuss residents’ rights, the closure process, and their discharge planning process.

Create opportunities for regular updates for residents, families, and staff on the status of the facility and any necessary or helpful information regarding the closure and relocation processes.

Communicate frequently with partner agencies and organizations involved in the closure process or that advocate for residents (e.g., State Survey Agency, Department of Aging, Medicaid Agency, Department of Mental Health, Money Follows the Person Program, Protection and Advocacy, Adult Protective Services, etc.).
Share information about how to prevent or minimize transfer trauma with residents and families.

Provide in-service training for staff of the closing and receiving facilities about how to prevent, identify, and minimize transfer trauma.

Organize and facilitate a group meeting with residents, families, and representatives of state agencies to discuss the closure process, residents’ rights, facility responsibilities, and address questions.

Encourage the closing facility administration to assist their staff with future employment options (e.g., closing facility leadership could refer staff to their sister facilities, provide staff with a list of employment resources).

Follow up with transitioned residents after the closure and relocation to check in on their well-being and provide continuity. Ask questions about their experience and provide support and advocacy as needed (e.g., if they are experiencing transfer trauma advocate for support, ensure their belongings arrived at the new location).
Role of the LTCOP

Ombudsman program advocacy during the closure and relocation process is critical to ensuring residents’ rights are protected and supported.

Your work during closures remains consistent with the role and responsibilities of the Ombudsman program in that you are to ensure others do their job before, during, and after nursing facility closures, not to do their job (e.g., pack belongings, transport residents to their new location, coordinate transitions, etc.).

If you have questions about your role, review your state program policies and procedures and consult with your supervisor and/or State Ombudsman.
Resources

- Nursing Home Closures - https://ltcombudsman.org/issues/nursing-home-closures
- LTCOP examples - https://ltcombudsman.org/omb_support/program-examples#facility-closures
National Study

Using online surveys and one-on-one interviews:

OBJECTIVES:

- Identify obstacles
- Identify strategies for overcoming the obstacles
- Identify best practices
- Make recommendations
Ombudsman Experiences

- “…resident belongings being trashed-bagged up with no labels as to whom it belongs to.”

- “Possessions, chart and meds not going with the resident.”

- “Residents sent without proper discharge paperwork.”

- “There was no planning.”

- “Residents were not told they had choices and were transferred to facilities which would take them. Several residents were transferred to a ‘sister’ facility in another county…”
Primary Obstacles to “Successful” Closings

Using online surveys and one-on-one interviews:

- Lack of appropriate and nearby placements
- Poor discharge planning
- Lack of Communication
- Poor notice/Note enough time
- Staffing issues
- Transfer trauma
Best Practices

Using online surveys and one-on-one interviews:

- Relocation Team – all agencies work together
- Meeting one-on-one with residents and families
- Follow up with residents after transition
- Prevent/minimize transfer trauma
- Support staff as well as residents
- Communicating with receiving facility as well as closing facility
- Permitting state action, i.e. to deny voluntary closure
- Facilitating residents’ choice
Recommendations developed

- Centers for Medicare and Medicaid Services
- State Agencies
- Long-Term Care Ombudsman Programs

To improve policies/procedures, guidance, training, actions; and to address the primary obstacles to successful transitions for residents
Nursing Home Closures Toolkit

- Federal and Sample State Guidelines regarding Closures
- Sample letters, information shared with residents and families
- Sample forms, checklist

See also Consumer Voice's website, www.theconsumervoice.org, for more information, including webinar recordings and additional state specific resource examples.
Addressing Obstacles Example: Create a Relocation Team

Improves the closure process for residents and has been beneficial in promoting effective and efficient response to closures for state agencies.

- Involve all relevant agencies – Medicaid, Mental Health, Disability Rights, Licensure, Ombudsman Program, Adult Protective Services, Money Follows the Person, Legal Services, etc.

- Clarify and understand each agency/program’s role during a closure

- Develop process for communication, share information, making referrals

- Facilitates coordination of services, minimize effects of transfer trauma

- Monitors closure process, implementation of closure plan
Addressing Obstacles Example: Proactive State Action

By taking initiative, States can help residents transition to an appropriate and desired location.

- Establish real time list of open beds and make it accessible to the relocation team
- Require nursing homes with vacancies to explain why they cannot care for the resident
- Assist residents who are interested in transitioning to a community-based setting
- Solve potential reasons why a facility will not admit a transitioning resident. For example:
  - Lacks necessary equipment – encourage equipment from closing facility go with the resident to the receiving facility
  - Ensure medical records of residents are up to date
  - Urge facilities to interview a resident in person before deciding they cannot care them her/him
Nursing Home Closures

Nursing home closings can have serious negative effects on residents. Many residents experience transfer trauma (also referred to as relocation stress syndrome). The response to the stress caused by a transfer or relocation may include depression, manifesting as agitation, increase in withdrawn behavior, self-care deficits, falls, and weight loss. Closures, and these responses to the stress of moving are occurring nationwide, and may be due to the fact that the closure of nursing homes seems to be inadequately addressed in state and federal laws and regulations and/or poor oversight and monitoring by states and the federal government. When closures are inevitable, better policies and practices can be implemented to minimize the negative impact, including transfer trauma, on residents.

Nursing Home Closures Toolkit for Ombudsmen and Advocates

This toolkit (2017) includes materials that will be helpful to you if you are involved in a nursing home closing. The toolkit is intended for use by Ombudsmen and advocates. Web version, PDF version

For more information

www.theconsumervoice.org
The Local Ombudsman’s role in facility closures
Iowa Closure Stats

- 37 closures
- Many due to financial issues or lack of staff
- Developed closure manual
- “Receivership”
  - Management company steps in (emergency exists)
Role of the Ombudsman during a closure:

► Advocate for and support residents, tenants, and families.
► Assist with relocation efforts and monitor the daily business of the facility or program.
► Collaborate with core team agencies and participants.
What does the LLTCO do after receiving a closure notice?

Connect with:
- SLTCO
- Volunteer Ombudsman
- Regulatory agency
- Facility administrator

Encourage the facility to:
- Set up resident/family closure meeting
- Contact facilities within 100 miles to determine bed availability
- Prepare a list of facilities in the surrounding area to disperse during the closure meeting
Resident/Family Closure Meetings:

- Introduce yourself
- Bring business cards/brochures
- Circulate after the meeting
Initial Visit

- Information gathering

- Meet with residents and/or tenants

- Offer support: it can be emotional
To-do’s throughout the closure:

- Participate in closure calls
- Escalate to crisis calls as needed
- Meet with residents/tenants
- Routine monitoring
Ensure the facility has plans for:

► Packing

► Transportation

► Resident Trust Funds/Refunds
After the closure:

► Follow up visits to the relocated residents/tenants

► Reach out to the responsible parties
Parting Thoughts

► Have a plan

► Ensure each agency understands their role

► Use our resources and make them your own
Thank you!

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Questions?