



We advocate for excellence in long-term services and supports wherever consumers live.

The Ombudsman Bulletin

Ohio's Quarterly Ombudsman Newsletter

January 6, 2023

Remembering Robert Vines



It is with great sadness that we must say goodbye to our dear friend and colleague Bob Vines, former ombudsman program director in region 1 (Cincinnati). Bob passed away unexpectedly on December 22nd, 2022 at the age of 60. Bob will be remembered as a kind, passionate, and empathetic leader and advocate. He was committed to championing his team, supporting their individual passion projects, developing their professional skills, and reminding them to take care of themselves. Bob brought a sense of humor and levity to the challenging world of ombudsman work, often joking about sports rivalries and playfully teasing his colleagues. His silly jokes, sage advice, positive and persevering spirit will be dearly missed. If you would like to read more about Bob and his life, you may read [his obituary](#) or [this piece by Pro Seniors](#). Let us take a few moments to remember Bob and the impact he had on the lives of his friends and colleagues:

“Bob was a treasured colleague. I’ll remember him as a compassionate and dedicated advocate for long-term care consumers. I could always count on him to answer the phone and get in his car when I called about someone in need. I’ll miss texting with him about football, especially the Buckeyes. He knew I’m a fan of Kent State and he went the extra mile to check in on their games too. My heart goes out to Bob’s family and his Pro Seniors Ombudsman team. We lost a truly good guy.” – Bev Laubert, former Ohio SLTCO and National Ombudsman Program Coordinator at ACL

“I worked with Bob as an Ombudsman. We were both former Centerville ‘Elks’ and ended every text or email with ‘Go Elks!’ As an Ombudsman, Bob was passionate about making sure every resident in nursing homes and assisted living facilities was treated with dignity and respect. He was a great friend and never stopped talking about his family. I will miss Bob’s laughter and his friendship. Bob was a great person and I know he lives on through his children, grandchildren and extended family.” – Chip Wilkins, Ombudsman Program Director, Region 2

“Over the past 4 years I have had the privilege to spend many hours with Bob learning from his dedication, drive and devotion. It was easy to see that his passion for ‘defending the widows and orphans’ eclipsed the calling of anyone else I’ve ever met. His life had purpose! He was a hero! He was a true friend. I already miss his smile, laughter, and goofiness which paired so well with his brilliance. I will reminisce of the countless hours he and I spent on the phone every night as he’d make his trek home. Both of us decompressing and processing the day, or just expounding on deeper thoughts and theories. They say it’s the - dash - between the dates that makes the difference! I say Bob’s dash is immeasurable and I am glad to have met such a unique person. I will forever cherish our friendship and I will honor Bob as I share stories of his wisdom, kindness, and life with others. Semper Fi, My Friend.” – Jimmy Gillespie, Ombudsman Specialist, Region 1

“Condolences to Bob’s family. I’m grateful to have known and worked with him the last few months. I found him to be smart, funny, caring, patient, and thoughtful. He was a model advocate and champion for others in need. He made the world a better place and those around

him better people. Thanks Bob, you will be missed.” – Mike Curme, Ombudsman Specialist and Volunteer, Region 1

“I worked with Bob as a fellow Ombudsman Program Director and what I always admired most about him was his passion for the advocacy that he worked so hard at and his compassion for those he advocated for. Bob was truly one of the good ones...a genuinely good person. He will be missed, but he will be remembered.” – Bev Tatro, Ombudsman Program Director, Region 5

“A great man who cared so deeply about people, his job, and the seniors in nursing homes. My heart is heavy. We had great plans to reform Nursing Homes in 2023. As a Board Member of Pro Seniors, my prayers go out to his family. A huge loss to the aging community. HUGE. Rest in Peace, Bob.” – Sandra Jones-Mitchell, Pro Seniors Board Member

“I had the privilege of working with Bob as an Ombudsman. He mentored me with kindness and always added a story so I could relate. Bobby will be missed. Bob left an impact on me as an advocate for elders. He reminded me that the battle for what is right will go on long after we are gone and how important it is to recruit others to the work and support them with everything that you have. From all of the Staff from the Toledo and Lima Ombudsman Program our hearts and prayers go to his family and his ombudsman team.” – Chris Steiben, Ombudsman Program Director, Regions 3 & 4

Bob’s legacy will live on through the many people he assisted during his 22 years of service and through the talented ombudsman team he cultivated and trained to advocate for Ohio’s long-term care consumers and residents. You can honor his memory by [making a gift to Pro Seniors in memory of Bob Vines.](#)

Meet the New State Office Staff



Adriana Pust has joined the Office as the new Quality Improvement Manager!

Adriana started her career as a social worker for the Cuyahoga County Department of Child and Family ~~Outer~~ Health Services in Cleveland, Ohio. After graduating with a Master’s of Science in Social Service Administration (social work) from Case Western Reserve University, she began work at the Ohio Department of Health (ODH), where she served in various public health programs before eventually being promoted to section chief in the Office of Health Preparedness. After 18 years at ODH, she began working for the Ohio Department of Medicaid, first in the Strategic Information office then in the Office of

Healthcare Innovation and Quality where she was the Health & Safety Incident Manager with Medicaid, ODA, and DODD Waiver programs and managed care plans. She was awarded the volunteer of the year award for her work with the OH, IN and WV Partnership for Excellence. She earned her Quality Improvement Associate Certificate through the American Society for Quality and Quality and a Quality Improvement Certificate from the James M. Anderson for Health Systems Excellence at Cincinnati Children’s Hospital. Adriana is a Green Belt (Six Sigma)

through LeanOhio and is a Certified Public Manager through The Ohio State University John Glenn College of Public Affairs. Meredith Finley, Laurinda Johnson, and LaTosha Williams will report to Adriana. Adriana will report to the State Ombudsman Jackie DeGenova. Please join us in welcoming Adriana to the state office: apust@age.ohio.gov or 614-246-1525.



Leilani Pelletier has joined the Office as the new Systems Liaison!

Leilani's career started in a nursing home, where she was an activities assistant and then social worker. She then went to the Western New York chapter of the Alzheimer's Association, where she worked as a Program Director for eight years before being promoted to Executive Director, which is a role she served in for an additional eight years. During her tenure at the Alzheimer's Association, she was part of the groundbreaking New York State (NYS) Alzheimer's Disease Caregiver Support Initiative that launched in 2015. She then served as the Program Director at SUNY Buffalo's Center of Excellence for Alzheimer's

Disease for a little over three years. Most recently, in June 2020, she served as a regional manager on a team that executed the New York State Contact Tracing Initiative. Leilani holds a bachelor's degree in sociology from Muskingum University and Master's degree in Executive Leadership and Change from Daemen College. Leilani will report to the State Ombudsman Jackie DeGenova. Please join us in welcoming Leilani to the state office: lpelletier@age.ohio.gov or 614-632-5122.



Amber Pryor has joined the Office as the new Transitions Advocate!

Amber's passion for helping long-term care residents was fostered by her mother who worked as an aid when Amber was a child. As an adult, Amber spent a brief time studying occupational therapy, before discovering the Gerontology and Health Promotion program at Bowling Green State University. After graduating with her Bachelor's in Gerontology, Amber began her aging network career as an ombudsman specialist in region 6 (Columbus). Amber has worked for the region 6 program for over three years, serving

as the MyCare Ohio Ombudsman specialist and as Program Director. Amber's experience as a complaint handling ombudsman will be valuable in informing statewide policies and goals. Amber will report to Deputy State Ombudsman Erin Pettegrew. Please join us in welcoming Amber to the state office: aknecht@age.ohio.gov or 614-230-9285.



Welcome to the Team!

Shannon Bryant, Region 1
Jacqueline DeGenova, State Office
Leilani Pelletier, State Office
Adriana Pust, State Office
Denise Thomas, Region 8

Happy Ombudsman Anniversary!

Megan Benner Senecal OPD, Region 4,
5 years
Courtney Bowman OS, Region 2, 5
years
Cynthia Harley OS, Region 10A, 5 years
Barbara McDaniel OS, Region 10A, 10
years
Jane Mathie OA, Region 4, 15 years
John Bombrys OA, Region 4, 15 years

People Need Volunteers Now More Than Ever

By Dan Suvak, Ombudsman Specialist, Region 10B



At recent training sessions, both in-person and online, fewer of my volunteer colleagues were present. I missed seeing them and hoped they were well and would join back soon. Then I was taken aback when I read about the big picture of volunteer ombudsman participation: Joani Latimer, Virginia State LTC Ombudsman, wrote that certified volunteer ombudsman (CVO) “resignations and retirements...alarmed and panicked” LTC program leaders during the Covid pandemic. These departures followed years of tumbling volunteer numbers, falling from 9,187 in 2005 to 5,974 in 2019 nationally. Ohio experienced a

dramatic drop in volunteer ombudsmen during an even shorter span, falling from 470 in 2009 to 271 in 2015.

One result of this absence of the seeing eyes and listening ears of volunteers in facilities nationwide was a tumble in ombudsman (paid and volunteer) identified complaints from 32,470 in 2005 to 9,618 in 2019. It's unlikely that an improved level of care accounted for this 70% drop in complaints, especially in view of the fact there was a 10.4% growth in LTC beds during the period.

The falloff in volunteer participation and complaints occurred before COVID locked ombudsmen out of facilities. Programs, including my own, worked creatively to produce systems and guidance to reach out without having to be present in a facility, but more volunteers resigned or retired, fearing for their own health, and sometimes finding it difficult to make virtual contact with residents and family members.

What does this mean to me, and all of us working to improve life in Ohio long term care facilities? I always felt I was making a small but useful contribution to the lives of the people I met. Even without encountering a verifiable complaint, our protective interactions provide a calming, reassuring presence, especially to the many residents who have no family or friends. The lack of others coming forward to help

provide this service motivates me to remain and improve my ability to reach residents. I value the training our region provides to enable me to learn and apply new techniques.

And do I worry about contracting one of the triple-demic diseases out there this year? Yes, infection is possible—but I also fear another contagion: Atrophy of spirit that can result from never reaching out, never caring beyond oneself or my immediate circle. While many accept the possible contagion of being with casino crowds and fans in arenas, I manage my own risk level by avoiding those places and continuing my facility visits, an alternative I find much more satisfying and rewarding.

Sources:

H. Wayne Nelson and F. Ellen Netting, 2021. "A COVID Reset: The Future of the Long-Term Care Ombudsman Program and Its Volunteer Advocates." *Journal of Gerontological Social Work*, 65(4), 465-471. LTC Ombudsman National and State Data, <https://acl.gov/programs/long-term-care-ombudsman/ltc-ombudsman-national-and-state-data>, accessed December 26, 2022.

A Reflection on Service

By Ann Polosky, Ombudsman Associate, Region 4



I have always believed that this is the season to take account of your accomplishments and consider what you want to do in the following year. For me, it's the perfect time to reflect on what have I done to affect the lives of others.

Opportunities are presented to us on a daily basis. The question is are we ready to accept each opportunity? My opportunity came when I was accepted as a certified volunteer. Sometimes we forget the power of a smile and small acts of kindness that may impact another person's day. Also, spending some time with someone and having a short conversation to listen to their story leaves a lasting impression on both of you.

There's not just one special person at my assigned location at Sunset In Toledo, Ohio. Every single resident is excited to see me as much as am excited to see them. I assure residents that we have their "back" and will always be there. They are in a new situation and away from their homes and family and can feel unwanted. It is up to us to let them know they are not alone. We all have heard others say "Wish this season would last forever." The reality is that on December 26th, the joy of the season leaves us. And for one magic moment, someone knows that we care and are there for them. For ombudsman, the magic of the season and the opportunity to make an impact, follows us every day of the year.



Meetings & Conferences

JANUARY

- January 19 – Ombudsman Continuing Education
- January 26 – Volunteer Coordinators Meeting
- January 31 – [SLTCO Volunteer Webinar](#)

FEBRUARY

- February 14 – Program Directors Meeting

MARCH

- March 22 – Ombudsman Continuing Education
- March 27-30 – [American Society on Aging Conference](#)



Holidays & Awareness

JANUARY

- January 2 – New Year's Day Observed (State Office Closed)
- January 16 – Martin Luther King Jr. Day (State Office Closed)

FEBRUARY

- February 1-28 – Black History Month
- February 20 – Presidents' Day (State Office Closed)

MARCH

- March 1-31 – Brain Injury Awareness Month, National Women's History Month, & National Social Work Month

Medicaid to VA Transition Program: How it Can Help Residents and Consumers

By Lynnette Witte-Bryant, Ombudsman Volunteer Coordinator, Region 10B



The main goal of the [Medicaid to V.A. transition program](#) is to offer eligible Veterans an opportunity to transition from Ohio Medicaid to the Veterans Affairs health care system. The target group for the program is Veterans living in nursing homes. A transition from Medicaid to VA system results in the Veteran being able to keep their financial compensation, or pension, earned through their service to this country.

Since the program began in 2013, we have had the opportunity to network with many knowledgeable people within the V.A. This experience has given us the knowledge to navigate

that complex system which, in turn, has helped us to handle other problems faced by many of our Veterans.

How this program can assist the residents you contact:

Many times, persons needing nursing home admission face the harsh reality of paying for their care. The first program many are offered is Medicaid, but the individual is seldom asked if they are a Veteran. If you ask that simple question and you find they are, this could start the process of qualifying them for V.A. benefits. Even if the Veteran does not qualify for transition, the V.A. often has additional no-cost benefits available. For example, financial assistance through Aid & Attendance can supplement their personal needs fund. Another V.A. program is qualifying for the V.A. Healthcare. This benefit will offer the Veteran medication as well as doctor care without having to use the Medicaid covered program.

But none of this can happen if we don't ask the simple question; "Are you a Veteran?" If the answer is yes and they need help, it is time to help them transition so they can begin receiving V.A. benefits. If you have questions related to the Medicaid to V.A. transition program, you can reach out to me at lwbyrant@dhad.org.

Knowledge Check

- 1. True or False:** More than 1 in 10 nursing home residents have suffered from a bedsore.
- 2. Improper incontinence care can lead to what negative health consequences?**
 - a. Skin issues like rashes, infections and sores from constantly wet skin
 - b. Urinary tract infections
 - c. Poor mental health
 - d. All of the above
- 3. True or False:** It is the responsibility of the resident to obtain all necessary assistive devices for themselves if they have a disability.

Answers

- 1. True:** according to [Johns Hopkins Medicine](#), pressure injuries are most likely to occur in older adults, particularly those who live in nursing homes. However, pressure sores are **not** a normal part of aging.
- 2. D.** All of the above
- 3. False:** according to the [Americans with Disabilities Act](#), as healthcare providers, nursing homes are required to ensure that

Case Corner

Case assigned to Eric Carpenter, Ombudsman Specialist, Region 1 (Cincinnati)

One of the top complaints for calendar year 2022 was Personal Hygiene. In a recent case, a resident who was paralyzed from the neck down and had a tracheostomy – a surgically made hole in the front of the neck and into the windpipe to keep it open for breathing – relied fully on staff to keep him clean, including the tubing that allowed him to breathe. After a pattern of improper hygiene and incontinence care, leaving the resident in a soiled brief for nearly two days and the resident developing a pressure sore, the resident's closest loved one and power of attorney called the ombudsman to investigate.

Upon visiting the resident, the ombudsman discovered that he had no way to alert staff when he needed assistance as he could not use his hands to press a call light button. Previously, the client had used a walkie talkie/speaker system that he could operate hands-free as a call light replacement, but it had broken and never been replaced by the facility. The ombudsman began his investigation by requesting wound care records to check for consistency. He reviewed the records with the resident to ensure that the resident was satisfied by the frequency and method of wound care. Next, he met with the facility social worker to seek a replacement for the resident's call light button. The social worker unnecessarily delayed the replacement, but at the persistent requests of the ombudsman, the replacement was

health services are fully accessible and equally provided to residents with disabilities.

implemented. The ombudsman then met with the facility administrator to discuss all of the resident's concerns and review the resident's care plan to ensure that his bathing schedule was adhered to and that he received consistent wound care. To verify that the resident was receiving timely care and that the replacement call light was working as intended, a call light audit was performed.

The ombudsman left the resident with tips for self-advocacy to encourage and empower him to affect changes in his care. The ombudsman reinforced that he was always a phone call away and that if the resident or his POA had any care concerns to call him for assistance.

Consumer Voice Conference 2022: Nursing Home Profits

By Laurinda Johnson, Ombudsman Volunteer Coordinator, State Office



It was an honor to present about volunteer demographics informing recruitment and retention strategies at the National Consumer Voice Conference this year. But instead of telling you what I presented, I want to tell you what I learned. My favorite presentation was delivered by Ernie Tosh, a lawyer from Dallas with his own practice named Bedsore.Law. He has tried over 150 cases to jury verdict, and has recovered millions of dollars from abusive nursing homes across the country. He presented on how nursing homes hide profits in cost reports through something called “related

parties.” According to the Centers for Medicare and Medicaid Services, a related party is “related to the provider and to a significant extent is associated with, or has control of, or is controlled by, the organization furnishing the service, facilities, or supplies.” So let me give you a hypothetical scenario so you can understand how these related parties help nursing homes hide profits in their cost reports:

Mr. Pruitt owns a real estate company that leases land to area businesses, a staffing agency that provides staffing to local nursing homes, and 10 area nursing homes. He leases the land to his own nursing homes and utilizes his own staffing agency to staff them. In his nursing homes' cost reports to the federal government, he cites costs related to leasing the land and contracting with a staffing agency. The homes' expenditures to the agency and the real estate company make it appear like the homes are losing money. But Mr. Pruitt owns all of the companies, which means he is using federal dollars to pay to himself through the businesses he owns or “related parties.”

One part of Ernie's presentation has stuck with me, “Don't let nursing homes hold up these cost reports to your legislature and trick them into giving them more funding. They need to show the audited consolidated cost reports that show all related parties.” When seeing that the [Ohio](#)

[legislature recently approved \\$615 million in state funding to Ohio's nursing homes](#), it makes me wonder what data was shared with the legislature that made it appear that Ohio's nursing homes needed these funds, when all receive substantial federal funding, and many corporate homes understaff homes to maximize profits and pay themselves through related parties.

If you want to better understand this topic, I encourage you to watch this Vice documentary featuring Ernie Tosh and a company that owns homes in Ohio, [How Nursing Homes Hide Profits While Residents Suffer](#).

Continuing Education Opportunities

Title	Organization	CEUs
<u>Braiding Resources to Collaboratively Develop & Strengthen Housing Services and Partnerships</u>	Advancing States	1
<u>Multi-Sector Plan for Aging: A Future Proof Live Event</u>	American Society on Aging	1

Dad and Alzheimer's Disease

By Betty Hickle, Ombudsman Associate, Region 10A (Cleveland)



My father suffered from what we now have identified as Alzheimer's Disease. This disease arrives silently and takes over years before recognizing that something is wrong. This disease is a silent killer. This disease robs the person of their dignity, of their self, and ultimately of their life.

He was 85 years old when he passed away. However, for me, the disease robbed me twice. First time was when my Dad began to "leave me" in his ability to remember things. His cognition was severely impaired before he passed away and every day he seemed to forget so many things. He would call my daughter, by my first name, Elizabeth. He could no longer remember

his oldest granddaughter.

My Dad was an expertly trained roofer and sheet metal worker. He was trained in Austria just after World War II. He came to America in 1952 and in 1970 established his own company, Heidelberg Sheet Metal. He purchased his work shop in 1971 and retained his business until 2002 when my mother sold his shop. My Dad could not remember when his shop was sold. In his mind, he was always getting ready to go to work. His customers would wait for months for him to do their roofing job. He truly

was a skilled craftsman. But soon, those skills left him. As my Dad became more and more engulfed in his memory loss, and his inability to recognize his own family, I knew I was losing him, too.

At the end of his life, he suffered a series of strokes and in February 2005, passed away in his sleep. This was the second time I lost my Dad. I am thankful for all my memories of him. This man, who came to this country in 1952 with only a suitcase of clothes, a passport and a few dollars, lived the American dream. He was a successful provider for his wife and family of four daughters.

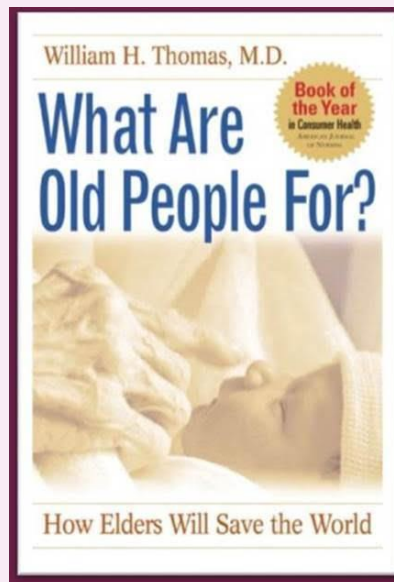
My mom is still with us and she has so many wonderful stories of my Dad. I am forever grateful that I had the opportunity to be raised by my parents. I pray that this disease, which takes your loved one away while they are right in front of you, will someday have a cure.

Book Review: *What are Old People For?* By William H. Thomas M.D.

Review by Jeanette Renaud,
Ombudsman Associate, Region 10B
(Akron/Canton)

Dr. Thomas has promoted the film documentary [Alive Inside](#) which depicts the joyful effects of music on bed-bound and ambulatory elders and reminds us that blood pressure and blood sugar are not the **heart and soul** of a person. He founded [“The Eden Alternative”](#) to de-institutionalize nursing homes and created the [“Green House Project”](#) to replace nursing homes with smaller, homier places to live. While teaching at The Erickson School of Aging, he designed plans for an emergency department to specifically treat older adults. He wrote several books, one with an outrageous, show-stopper title: [What Are Old People For? How Elders Will Save the World](#) (2004).

In this book, Thomas writes about the Baby Boomers, of which I am an original 1946 model. I have already fought for human rights for women, people of color, LGBTQ, abused children, abused women, the abusers, for people who have been incarcerated without proper due process, domestic and foreign, for the abolition of the death penalty, and for the ERA – not yet ratified after 50 years. I participated in the Wayne



see what he had to say and to search the credibility of his claim.

Throughout the book he excites us and challenges our perspectives and word usage through his eclectically endowed mind by drawing comparisons between age wrinkles and pachyderm skin, by noting the common root of “senate” and “senility”, and by the claim that “old age” is not a chaotic breakdown, but a symphony of movement.

As a teaser, in his final chapter, entitled, “Eldertopia”, Dr. Thomas gives us a definition and a four-dimensional diagram of what it is to be an elder in his world. He reminds us that, “The

County Peace Coalition in Wooster, spending hundreds of hours protesting the “M.A.D.” foreign policy and the proliferation of nuclear weapons. We performed guerilla theater, wrote letters, held a multi-county gathering, and were interviewed on the radio and in newspapers. Obviously, I have not saved the world yet and wondered if I might still have a part to play at 76. Retired, after gainfully working, “wife-ing and mothering”, volunteering, and protesting for the last 50 years, what else does he expect me to do?

What does Dr. Thomas mean when he claims the elders will save the world? Is it hyperbole? Is it ego-maniacal? Is it dream-board thinking? Is it Zen-like, “being” rather than “doing”? Based on what he has accomplished in his 63 years so far, I was keenly interested to

utopian ideal has long served to reveal the gap between what **is** and what **ought** to be.” He asks what ought to be and encourages us to answer personally.

I found myself asking: if I keep going with my same thought process of “aging”, what will my world look like in ten or twenty years? How might this affect this volunteer position? What are some expectations and possibilities yet to be dreamed? Can I get past the *idea* of aging to the *dream* where I am aged like a fine wine? Is **your** inspiration to be boldly loud, subtly quiet, or something in between? If you have ever felt the twinge of trepidation during any aging birthday celebration, I invite you to read this book.

For more information or to submit an article, please contact the state office at OhioOmbudsman@age.ohio.gov or 1-800-282-1206. Please submit your feedback by completing this [short survey](#).

