

Welcome!

Welcome to the Certified Volunteer Long-Term Care Ombudsman Program (VOP)! Your services as a volunteer are vital in preserving the rights of Iowa's long-term care residents.

Volunteers play a critical role in advocacy for long-term care residents, and we are excited to introduce you to the Volunteer Ombudsman role. Volunteer Ombudsmen are an extension of the Long-Term Care Ombudsman program, administered by the Iowa Department on Aging. Currently, there are more than 8,700 certified volunteer long-term care ombudsmen serving residents throughout the United States. These volunteers make a difference in residents' lives through regular visits to facilities, where relationships are built which promote trust and communication, and residents are encouraged to share issues and concerns regarding their care.

There are multiple reasons why long-term care residents need an advocate. Many residents are unaware rights or the facility's responsibility in preserving resident's rights. Institutional factors, such as isolation, imbalance of power, and resistance to change, make it difficult for residents to resolve problems without assistance. Additionally, physical and/or cognitive limitations can interfere with residents' ability to work through the complexities of problem-solving, making the process overwhelming. Your support of the Volunteer Ombudsman Program aids long-term care residents in resolving many of the aforementioned issues.

This program would not be possible without the hard work and compassion of dedicated volunteers. We value your commitment to improving the quality of life of the Iowans we serve and look forward to our partnership!

The contents of this manual may be updated over time. To access electronic copies of the VOP Manual, program forms, monthly newsletters, and other important information, visit this link periodically:

<https://www.iowaaging.gov/vop-communicues>

Volunteer Ombudsman Task Checklists

Important Contact Information		
Contact	Name	Phone
My Volunteer Coordinator		
My Local Ombudsman		
My assigned facility		
My facility point-of-contact		

Task Checklist for Certification	Date Complete
I attended Volunteer Ombudsman training.	
I completed "The Aging Process" Training Module and reviewed my other VOP manual materials.	
I had my follow up phone call with a VOP Coordinator.	
I received my facility assignment and certification packet.	
My Local Ombudsman contacted me to schedule facility orientation.	
I attended my facility orientation and received my Volunteer Ombudsman materials. If I needed it, I received a tour of the facility and got to shadow the Local Ombudsman.	

Task Checklist for Reporting	Date Complete
<p>I completed at least three visiting hours for the month and sent in my monthly report.</p> <p>If I did not visit the facility or send in my monthly report, I notified the VOP Coordinator.</p> <p><i>Note: Reports should be mailed or submitted online by the last day of each month.</i></p>	Month 1:
	Month 2:
	Month 3:
	Month 4:
	Month 5:
	Month 6:
	Month 7:
	Month 8:
	Month 9:
	Month 10:
	Month 11:
	Month 12:

Volunteer Ombudsman Task Checklists Continued

Task Checklist for Continuing Education	Opportunity Information	Date Complete	# of Hours
<p>I completed a continuing education opportunity.</p> <p>I submitted a Continuing Education Reflection Form to the VOP Coordinator after each education opportunity.</p> <p><i>Note: Volunteers are initially certified for one year. First year volunteers need to complete 10 hours of continuing education before recertification. Recertification lasts for two years. Upon recertification, volunteers need to complete six hours of continuing education each year.</i></p>			

Task Checklist for Recertification	Date Complete
<i>Volunteers will receive a reminder about renewing their certification two months and one month prior to the expiration of their certification with details about completion requirements.</i>	
I completed and sent my application for recertification, program evaluation, and any other requested forms.	
I received my performance evaluation.	
I received my recertification packet in the mail.	
If switching facilities or adding a new facility, I attended orientation at the new facility with my Local Ombudsman.	

About the Long-Term Care Ombudsman's Office

Mission

The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare, and rights of individuals residing in long-term care facilities by investigating complaints, seeking resolution to problems, and providing advocacy with the goal of enhancing quality of life and care.

History

In 1965, congress passed the Older Americans Act (OAA) in response to policymakers' concern regarding the lack of community social services available to older persons. The OAA required each state to develop a unit on aging, thus the Iowa Department on Aging was eventually born. By 1972, the Federal Administration on Aging recognized resident complaints were continuing to remain unresolved, and developed the Long -Term Care Ombudsman Program. Today, the Long-Term Care Ombudsman Program exists in all states, the District of Columbia, Puerto Rico and Guam, under the authorization of the OAA.

Original plans for the Long-Term Care Ombudsman Program focused exclusively on advocating for nursing home residents, sending trained Ombudsmen into facilities across the country. Services have since expanded to include residents of Nursing Facilities (NF), Residential Care Facilities (RCF), Elder Group Homes (EGH), Assisted Living Programs (ALP), and other types of facilities in some states.

Today each state has an Office of the State Long-Term Care Ombudsman, which operates as an autonomous entity headed by a full-time State Ombudsman. Thousands of local ombudsman staff and volunteers work throughout the country as part of the ombudsman programs, assisting residents and families, providing a voice for those unable to speak for themselves.

Federal requirements for long term care are prescribed in the U.S. Code and the U.S. Code of Federal Regulations: (42 CFR Part 483) as well as Iowa Code § 135C (<https://www.legis.iowa.gov/docs/code/135c.pdf>).

Responsibilities of Local Long-Term Care Ombudsmen (Permanent Staff)

A Local Long-Term Care Ombudsman is an advocate for residents of nursing homes, residential care facilities, assisted living programs and elder group homes. A Local Long-Term Care Ombudsman can investigate and resolve complaints that may affect the health, safety, welfare, or rights of residents. Whether through individual contact with residents or systemic advocacy, long-term care ombudsmen make a difference in the lives of residents in long-term care facilities every day.

A Local Long-Term Care Ombudsman:

- Resolves complaints made by or on behalf of residents of long-term care facilities
- Provides information to the public on nursing homes and other long-term care facilities and services, residents' rights, and legislative and policy issues
- Advocates for residents' rights and quality care in nursing homes, residential care facilities and assisted living programs
- Educates consumers and long-term care providers about residents' rights and good care practices
- Promotes community involvement through volunteer opportunities
- Promotes the development of citizen organizations, family councils and resident councils

Who can use a Long-Term Care Ombudsman's Services?

- Residents or tenants of a nursing home, residential care facility, elder group home or assisted living program
- Family members or friends of a long-term care resident or tenant
- Any individual or citizen's group interested in the welfare of the residents
- Individuals and families who are considering long-term care placement
- Nursing home administrators or employees with a concern about a resident at their facility

When might a person contact the Office of the State Long-Term Care Ombudsman?

Inquiries of all types related to long-term care are welcomed. Callers can choose to remain anonymous. There are several common types of inquiries that our office receives:

- To report concerns about a nursing facility, assisted living program, elder group home, or residential care facility. At the request of the resident or family, long-term care ombudsmen may visit/call the facility, review records, meet with staff, and assist in putting a plan in place.
- To obtain assistance in situations where a resident is facing involuntary discharge.
- To check on standard practices in long-term care.
- To clarify state and federal guidelines on particular practices.
- For general information about long-term care.
- For educational materials or programs.
- For legislative matters regarding long-term care.
- For information regarding the Volunteer Ombudsman Program.
- To obtain information about choosing a care facility.

**Office of the State Long-Term Care Ombudsman
1-866-236-1430**

510 E. 12th St., Suite 2
Des Moines, IA 50319-9025
Fax: 515-725-3313

Deanna Clingan-Fischer, State Long-Term Care Ombudsman
515-725-3333

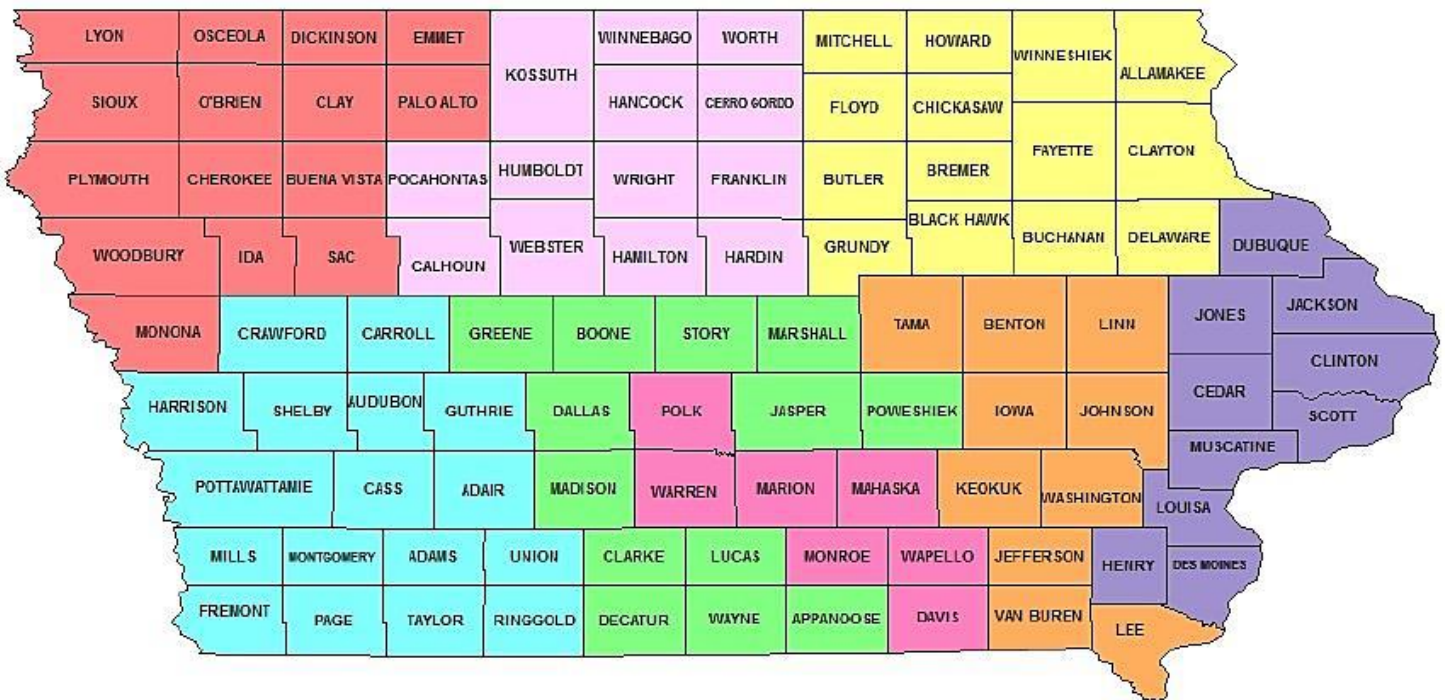
Volunteer Ombudsman Program (VOP) Coordinators – VolunteerVOP@iowa.gov

Sarah Hinzman
515-657-1479

Cairn Reisch
515-725-3340

Meredith Funke
515-725-3320

Local Long-Term Care Ombudsman Districts



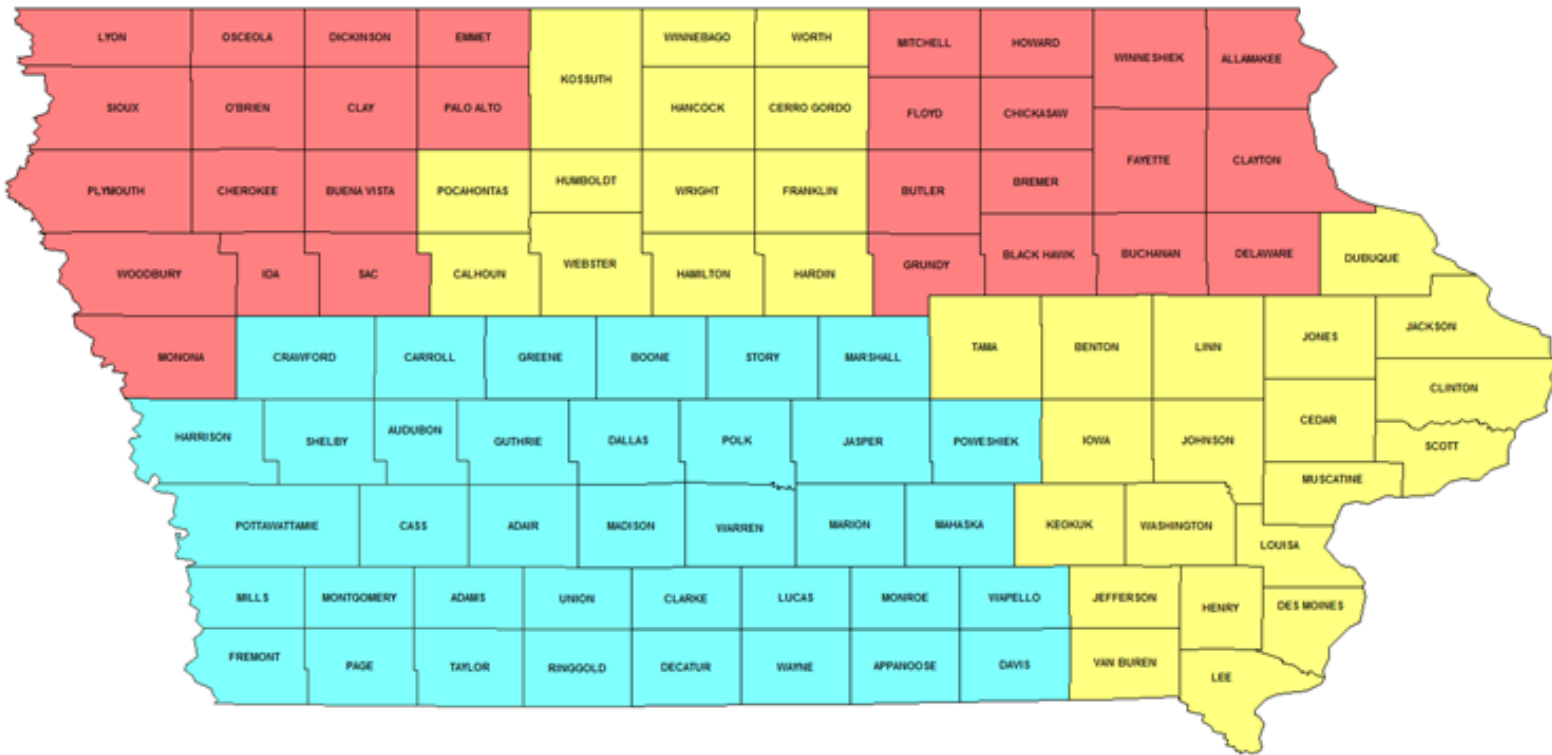
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|---|--|---|--|
| ■ Kim Weaver
712-541-2641 | ■ Melanie Kempf
515-657-1912 | ■ Stacia Timmer
712-363-2845 | ■ Jennifer Golle
641-420-9850 |
| ■ Julie Pollock
712-249-7424 | ■ Tonya Amos
515-250-7596 | ■ Pam Railsback
319-541-0318 | ■ Kim Cooper
563-210-7439 |

Paige Thorson, Policy Coordinator and Legislative Liaison: 515-512-3880
Cynthia Pederson, Discharge Specialist: 515-393-1710
Merea Bentrott, VOP & Research/Evaluation: 515-344-0052

Katie Mulford, Administrative Assistant
515-725-3344

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Volunteer Ombudsman Program Coordinator Districts



■ Sarah Hinzman
515-657-1479

■ Cairn Reisch
515-725-3340

■ Meredith Funke
515-725-3320

Accurate up to November 2015

Backup to Sarah:

1. Cairn (NW IA)
2. Meredith (NE IA)

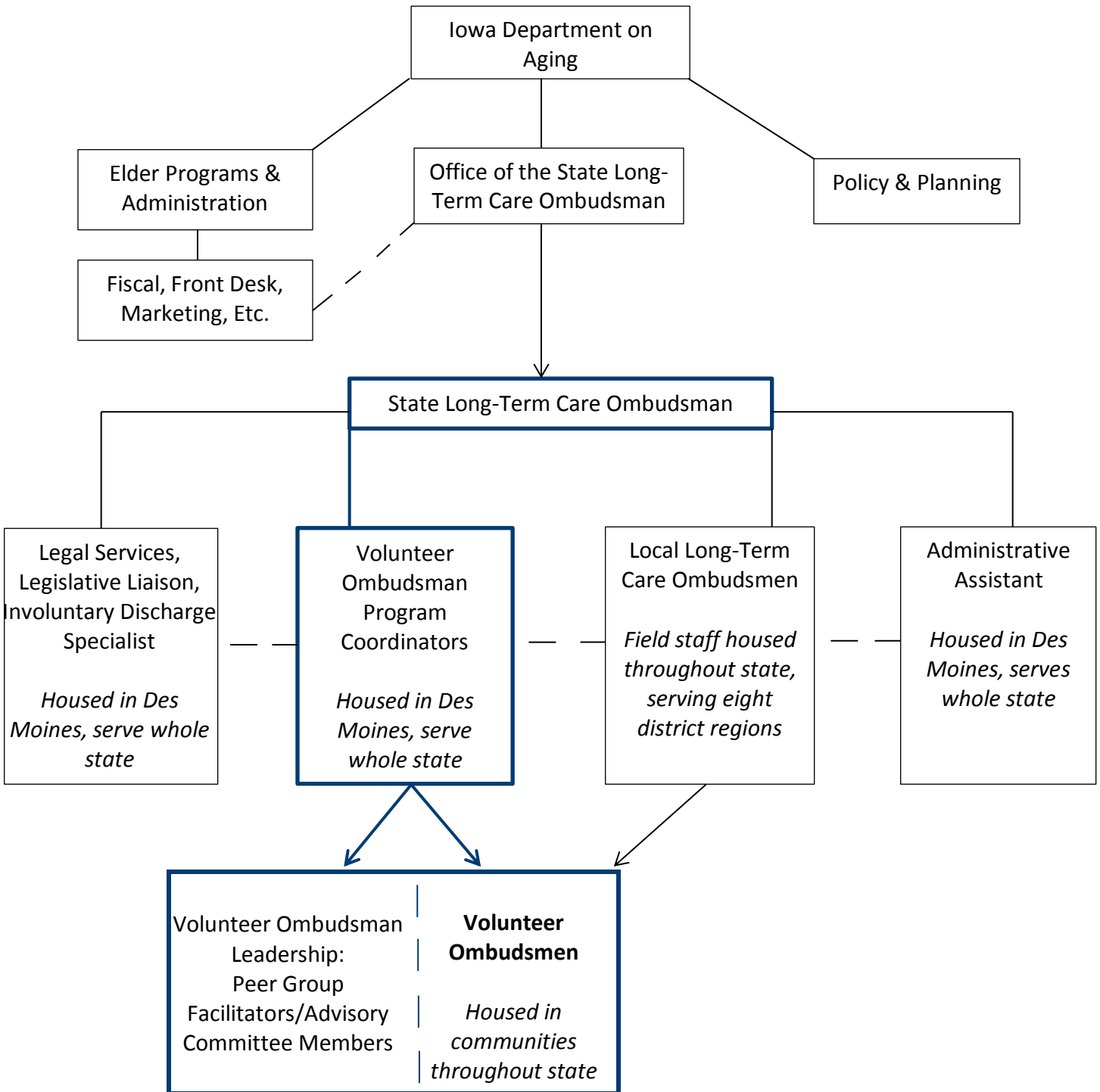
Backup to Cairn:

1. Sarah
2. Meredith

Backup to Meredith:

1. Sarah
2. Cairn

**Iowa Department on Aging & Office of the State Long-Term Care Ombudsman:
Basic Organizational Chart**



The Certified Volunteer Ombudsman Program (VOP)

“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” - Margaret Mead

The VOP is a new program designed to place certified, trained volunteers in long-term care (LTC) facilities to assist Local LTC Ombudsmen in carrying out the duties described in the Older Americans Act. The majority of U.S. States already have volunteer ombudsman programs. Senate File 2336 approved the addition of a staff person to administer the Certified Volunteer LTC Ombudsman Program and Iowa Code § 231.45 lays the groundwork for the VOP.

Volunteer LTC Ombudsmen are family, friends, and community members who volunteer their time to help protect the rights of long-term care residents and preserve their quality of life. To become a Volunteer Ombudsman you must be a caring, objective, and conscientious adult willing to take the time to learn advocacy skills and residents' rights.

A Volunteer Ombudsman must be over the age of 18 and must not have any of the following conflicts of interest*:

- Currently employed by or receive payment from a long-term care facility.
- Fiduciary relationship with a resident of the facility at which they hope to volunteer (guardian, conservator, attorney-in-fact, etc.).
- Financial interest in long-term care facilities (owner, operator, Board member, etc.)
- Involvement in licensing or certification of facilities.
- Service provider to residents in facility (insurance, ministry, etc.)
- Former employee of a facility or a competing facility within the past year.
- Resident of a long-term care facility.
- Current facility volunteers (unless they plan to drop those duties in favor of the VOP).

* Conflicts of interest generally extend to immediate family.

Goal of the Volunteer Ombudsman

To identify and seek to resolve concerns from and on behalf of residents in their assigned long-term care facility.

Volunteer's Supervisor

The volunteer's official supervisor is the Volunteer Ombudsman Coordinator assigned to the area of the state in which the volunteer serves. The volunteer also communicates with their point-of-contact at the facility and their Local Long-Term Care Ombudsman.

Volunteer's Time Commitment

- Twelve hours of certification training which includes a telephone interview, face-to-face training session, individual review of the volunteer manual and training modules, a post-training follow-up consultation with the VOP Coordinator via phone, and an in-person facility orientation.
- A minimum of three hours per month spent in unannounced and varied visits to residents in assigned facility (one year minimum commitment requirement).
- Monthly report submission.
- 10 hours of continuing education during first year of service (to maintain certification) and six hours of continuing education each year thereafter.

Attributes of Volunteer Ombudsmen

- A strong appreciation and compassion for older Iowans and Iowans with disabilities.
- Friendly disposition, positive attitude, and an open mind.
- Active listening skills.
- Ability to be observant and insightful.
- Capacity to understand and abide by the confidentiality policy.
- Capacity to solve problems collaboratively with other parties.
- Ability to work cooperatively with staff, residents, families, and administration.
- Ability to read, write, remember key concepts, and follow directions.
- Patience and self-control.
- Ability to communicate effectively.
- Available time to make a consistent contribution.
- Respect for the dignity and rights of all long-term care residents.
- Non-judgmental attitude towards the lifestyle choices of others.
- Able to transport self to assigned facility.
- Ability to physically navigate their assigned facility without assistance.
- Computer skills and access to internet preferred but not required.

Volunteer Ombudsman Position Description

The Volunteer Long-Term Care Ombudsman (LTCO) will assist the Office of the State Long-Term Care Ombudsman in carrying out the duties described in the Older Americans Act. Volunteers must be at least 18 years of age and will be required to pass criminal history and abuse registry checks conducted by the State prior to acceptance into the VOP. Volunteers will be assigned to facilities and monitored by the VOP Coordinator.

The Volunteer LTCO:

- Spends a minimum of three hours per month in unannounced and varied visits to residents on any day of the week.
- Observes, listens, and interacts with persons living in the facility and identifies concerns.
- Aids and empowers residents in resolving concerns and complaints.
- Observes general conditions of the facility and keeps a log of observations.
- Refers all concerns, questions, or unresolved complaints to the VOP Program Coordinator.
- Seeks to establish a positive working relationship with facility staff.
- Conducts initial inquiries regarding complaints made to the Office.
- Provides follow-up visits on cases investigated by Local LTCO and monitors facility progress.
- Attends Resident and Family Council meetings at the request of council members.
- Provides general information to residents and families.

The Volunteer LTCO DOES NOT:

- Volunteer for the facility or participate in the facility's social activities with residents.
- Establish personal friendships with residents that will affect their advocacy role. While all volunteer LTCO will be *friendly*, their relationship with residents is through advocacy. The relationship is deliberately planned, objective, purposeful, and controlled.
- Act as a Local LTCO.
- Receive a paycheck or accept gifts from families, residents, or facility staff. This includes free meals on a routine basis.
- Discuss issues of confidentiality.
- Disclose issues or resident concerns to administrators or facility staff, unless resident permission has been given.
- Interpret medical, health, or financial information for residents.
- Become involved with or make medical, legal, or financial recommendations.
- Perform any type of hands-on personal care, activity, or treatment for residents, including: offering a resident a drink/snack, transferring them from one location to another (e.g., from bed to chair).
- Have regulatory authority, but will be encouraged to interact with DIA surveyors.
- Volunteer in any capacity other than a Volunteer Ombudsman at assigned facility, or as an Ombudsman for any facility other than that assigned by the VOP.

Training provided by the Volunteer Ombudsman Program is required for certification, including a combination of the following:

- Six hours of classroom training.
- Pre and post phone interviews.
- Self-study.
- Facility orientation.

A Volunteer Ombudsman's Primary Responsibilities

- Conduct initial inquiries regarding complaints registered with VOP Program Coordinator.
- Observe, listen, and interact with persons living in the facility and identify concerns.
- Involve residents in conversation and listen to their concerns and opinions.
- Observe general conditions of the facility and keep a log of observations.
- Provide follow-up visits on cases investigated by the Local Long-Term Care Ombudsman and monitor facility progress per the Local Long-Term Care Ombudsman's request.
- Seek to establish a positive working relationship with facility staff.
- Aid and empower residents to speak up for themselves.
- Protect the confidentiality of resident information.
- Attend Resident or Family Council meetings per residents' invitation.
- Provide general information and resources on available services to residents and families.
- Refer all concerns, questions, or unresolved complaints to the VOP Coordinator.
- Complete monthly reports and submit them to the VOP Coordinator.
- Notify the VOP Coordinator immediately of any potential conflict of interest that may interfere with carrying out the responsibilities of the VOP Program.
- Visit with new admissions to a facility.

Examples of some common resident concerns

- Residents not receiving showers/baths as scheduled.
- Residents not receiving fresh water consistently.
- Untimely repair and return of wheelchairs and other important equipment.
- Call lights are not functional or within residents' reach.
- Call lights are not answered in a timely and comforting manner.
- Resident concerns downplayed or dismissed by staff.
- Staff needing improvement in the level of respect and/or dignity shown to residents.
- Staff needing improvement in treating residents as if they were in their own home.
- Environmental uncleanliness (residents' rooms, bathrooms, equipment, etc.).
- Mealtime concerns such as temperature, taste, and timely service.
- Misplaced, missing, or stolen resident property.
- Ongoing consequences of understaffing.

Volunteer Ombudsman Tips for Effectiveness: Visiting the Facility

Remember that there are no restrictions to your visits—you may visit at any time.

Avoid informing staff when you plan to visit the facility—your visits should be unannounced so that you can observe the reality of day-to-day operations in the facility. Also, avoid developing a pattern to your visits or always visiting at the same time and/or same day of the week. It will be helpful to develop an understanding of facility operations during different days of the week and different times of day. Resident schedules may vary, so it's important to adjust your visiting times in order to reach more residents.

We encourage you to talk with new admissions during your visits—even if they are there for a temporary stay. Your point of contact should be able to provide the names and room numbers of any new admissions since your last visit.

There is no expectation for how many residents you talk to during one visit or over any given period of time. On your first visit you might talk with a few residents. On your second visit you might follow up with any residents who had concerns on your first visit, and talk with a few new residents. Eventually, you may get to know all the residents, but we do not expect that this be done in any particular time frame.

When you enter the facility:

- Check in with your point of contact (POC). If your POC is not present, check in with the receptionist or nurse's station.

While visiting the facility:

- You may take notes throughout your visit if you prefer. It is good practice to explain to the resident that you would like to take some notes.
- Observe the environmental conditions.
- Observe meals and activities if they are occurring while you are there. You may visit with residents during these times.
- Greet residents and staff who are out and about. Treat adults as adults and professionals as professionals.
- Move through the hall(s) and see which residents are up and alert. Initiate a conversation as per the "Tips for Effectiveness: Visiting with Residents" items.
- Do not take photographs or video/audio recordings.

When you exit the facility:

- Check out with your POC and verbally share whatever concerns you have permission to share. You may not share your notes, but the POC may take their own notes based on your verbal remarks.
- If your POC is not present, leave a note asking them to call you if you have concerns. If this is not possible, call your POC as soon as possible to discuss concerns. **Do not provide your concerns in writing.** Check out with the receptionist or nurse's station.

Tips for Effectiveness: Visiting with Residents – Greeting and Introductions

At their room door, knock and wait for a response. Remember, this is their home.

Announce yourself: "Hello, Mr. Gardner. My name is Sarah. May I come in and visit with you for a few minutes?"

Ask to be invited in before entering. If the resident does not accept your invitation, excuse yourself courteously: "Maybe I'll stop by another time. I hope you have a good day."

Introduce your role: "I'm a visitor from the community and I serve as a Volunteer Ombudsman. That means I am an advocate for you and all the residents that live here. I'll be visiting a few times a month to get to know you and try to help with any questions or concerns you might have about living here."

Smile and be friendly. Be aware of your body language signals. Remember that you are there to listen.

Try to converse with residents at their eye level if possible—ask the resident if it's ok for you to sit on their bed or furniture.

If you are unsure how to communicate with a resident, ask staff how to best communicate.

If the resident requests hands-on assistance, ask them to push their call button or you may seek help from a staff person.

Conversation Starters

Building a Relationship	Building Trust
<ul style="list-style-type: none"> • It's so nice to see you. • Tell me about yourself. • Where are you from? • How long have you lived here? • You have a nice room/nice view. • It's a lovely, rainy, cold, windy (etc.) spring/summer/fall/winter day. • Do you have children/grandchildren? • You look nice today (if genuine). • That color looks good on you. • What do you like to do for fun? • Are you a sports fan? • Have you read any good books lately? • What's on TV? • Were you in the military? <p><i>Observing their photographs, decorations, and furniture may help give you clues to start a conversation as well.</i></p>	<ul style="list-style-type: none"> • You can talk to me about life here and how you like it. I don't work for the facility. I try to improve things for residents if they would like my help. • I keep your concerns confidential unless you give me permission to talk to someone else about it. • How are things going for you? • How are you feeling today? • What are you planning on doing today? • What can you tell me about: <ul style="list-style-type: none"> - The food here - The activities they have/Do you have enough to do in your room? - Your routine - Using your call button

Tips for Effectiveness: Taking a Resident Complaint

Collect as much detail and factual information as possible.

Try not to overreact or feed into any resident emotions. Be empathetic, understanding, and professional.

Ask the following questions, and try to keep your questions open ended:

- Who/what/where/when/why/how; What can you tell me about...
- Would you be comfortable speaking up to a staff person about this?
- Have you told anyone about this before? What happened?
- Would you like my help to resolve this concern?
- What do you see as a solution to this issue?
- May I bring your concern to the attention of my point of contact (name)? They may be able to help resolve your concern.

Provide a reasonable expectation for when you will follow up.

Tips for Effectiveness: Investigating a Complaint

Ask yourself: *Did the resident give permission to discuss their concern?*

If no, STOP. At this point your options include:

- Empowering the resident to speak up for themselves.
- Providing education to resident about your limitations to resolving their specific concern without their permission.
- Note the concern in your monthly report without identifying the resident.
- Ask other residents if they have a similar concern (if so, you may be able to bring the concern to your point of contact in a general sense without having to identify specific residents).
- Share any serious or immediate concerns only with the VOP Coordinator and/or your Local Long-Term Care Ombudsman (LLTCO) right away.

If yes, follow this protocol:

- Bring the concern to the attention of your point of contact verbally, either in person or on the phone (do not share copies of your report or notes).
- Note the concern in your monthly report. Any serious or immediate concerns can be shared immediately with VOP Coordinator and/or LLTCO.
- Follow up with resident and/or point of contact during future visits to see if the concern is improved or resolved.

Sometimes, a concern may require more assistance than the volunteer can provide:

- If the investigation or resolution would require a review of personal/medical records or may require medical, legal, health, or financial advice, it should be handed off to the LLTCO.
 - If the concern continues to be unresolved or escalates, contact the VOP Coordinator and/or LLTCO for guidance.
 - The LLTCO may conduct further investigation and provide follow up to volunteer. The volunteer should continue to visit with the resident to listen and provide reassurance.
 - Depending on the individual concern, other entities may need to be called upon for assistance. This will be done at the LLTCO's discretion.
-

Tips for Effectiveness: Interacting with Staff

You have the right to be treated in a professional manner by all facility staff.

Be friendly and approachable. Always be a positive presence in the facility. Also be respectful, professional, and cooperative. Becoming an adversary of your point of contact (POC) or other facility staff is not an effective strategy to promoting and preserving residents' rights.

All resident concerns matter, no matter how often they voice concerns, what their cognitive status might be, or any other variable. It is not your role to screen concerns as legitimate or not legitimate.

Likewise, be vigilant if the facility downplays or disregards a resident concern. Something has triggered the concern, and something can likely be done to help alleviate the concern and/or the trigger for the concern.

Prioritize the resident's concerns over your personal concerns. Residents' concerns are your priority.

- You should spend most of your time in the facility interacting with residents. Observations can be made while interacting with residents and moving throughout the facility. Standing in halls for extended periods of time watching staff and taking notes is not an effective strategy to promote and preserve resident's rights.
- Observations may be helpful to pass along to your POC when they directly affect residents.
 - An appropriate observation to deliver to your POC would be an exit blocked by an empty bed, a disrespectful staff/resident interaction, or something you notice about a resident who cannot speak for themselves.
 - An inappropriate and unhelpful observation to deliver to your POC would be an old stain on the carpet, or the color choice of the paint.

Under no circumstances should you have planned social, casual, or business interaction solely between yourself and any facility staff member(s)—especially if such a relationship did not exist prior to your facility placement.

If you have any questions or concerns about interacting with facility staff, please contact your VOP Coordinator.

Tips for Effectiveness: Resolving Concerns with Your Point of Contact (POC)

Keep in mind that every time you speak up for a resident (or residents), there is value in your efforts. Residents are counting on you to do the best that you can.

Don't let concerns accumulate. Address them early and in a timely fashion, and always *with the resident's permission*. Resident concerns may only be shared with the POC unless there is an emergency.

Speak with your POC in private when you are discussing concerns. If your POC is not available in the facility, follow up as soon as possible with the phone call. Concerns should only be passed along in a verbal conversation—never in writing. This is to protect the resident's privacy. When you speak to your POC, keep the following in mind:

- It may be helpful to pass along any genuine compliments if you have them.
- **When sharing concerns, speak calmly and directly, relying on specific, factual statements.** State the concerns you have clearly and concisely without laying blame. Do not allow your emotions or personal opinions to influence the clarity of your communication. Respect their time by being to-the-point (i.e. brief) with your remarks.
- Avoid speaking in sweeping generalities such as, "the food is terrible". Statements like this make it difficult to determine how to fix the concern. Stick to the facts and do not exaggerate.
- Avoid re-hashing old issues. Unless a pattern is developing that you need to discuss, avoid bringing up the past.
- **Remember the resolution to the concern must be what the resident wants and to their satisfaction.** Our role is not to negotiate a solution with the facility, but to achieve the outcome the resident wants with the facility's help. Listen to what the POC has to say, but always try to see the concern through the eyes of the resident.
- Responses such as "we'll look into it," or "we will take care of that" may be too vague. You may ask your POC to specify what steps will be taken to resolve the concern. Clear expectations should be set before ending the discussion so that each party understands the issues and the timeline for resolution. Let the POC know you will be following up with them and the resident. You may wish to document these action steps and expectations.

Trust that your POC will take appropriate action and give them the benefit of the doubt that they also want to promote and preserve residents' rights. Remember that we are not the nursing home police. **Treat professionals as professionals.**

Follow up with the resident when enough time has elapsed for the resolution to be implemented. Determine if the resolution is working and to the resident's satisfaction. Touch base with your POC to provide appropriate feedback (i.e. if things are going well, let them know).

Be persistent. If the problem re-occurs, or the agreed upon resolution was not put into effect, speak with the POC again and try to determine what happened. Take a firm stand if you must, but always be professional.

- When concerns are not resolved the first time, try to restate the facts, improve communication, and provide education.
- When concerns are not resolved the second time, perhaps a new strategy needs to be developed to resolve the resident's concern.
- The third time, seek assistance from your Volunteer Coordinator.

Under no circumstances should you make threats of recourse to your POC or other facility staff. Your role is not to seek recourse, but to seek guidance from your VOP Coordinator and Local Long-Term Care Ombudsman (LLTCO) if necessary changes are not made.

Tips for Effectiveness: Communicating with other Facility Staff

You may briefly introduce yourself to other facility staff so that they may become comfortable with your presence and role in the facility.

Circumstances where it may be appropriate to involve other facility staff in a resident's concern:

- To understand how to best communicate with a particular resident
- If the resident is requesting that you provide hands-on care
- If the resident needs immediate/emergency assistance

Remember that we are there for the benefit of the residents, not for the staff. If staff confides concerns to you regarding their position, you should refer them to their supervisor and/or Human Resources contact.

Do not reprimand facility staff. If you have concerns about their conduct, bring that to the attention of your POC.

Tips for Effectiveness: Reporting

Remember to submit your monthly reports by the final day of the month. If you are unable to submit a report, please let your VOP Coordinator know. The reports are critical to understanding resident's needs, our office's data collection (submitted to national stakeholders), and future justification of the volunteer program. If a volunteer habitually fails to submit reports without notifying their VOP Coordinator, it could result in the volunteer's termination from the program.

For volunteers who submit paper copies of reports via U.S. mail:

Use residents first and last initials only in the monthly reports. For example, John Smith should only be referred to as J.S. in the report. Do not include room numbers or other identifying information such as nicknames.

You do not have to provide a response to each item in the report. To save time, provide notes just about the concerns. We will assume that anything not noted in the report is satisfactory. You may also include exceptionally positive things you noticed.

You may wish to note any progress you have made to resolve noted concerns.

Ignore the superscript codes in the section lists (i.e. ^(X11) under item 1.A.)—they are for office purposes.

Do not make copies of your completed monthly report. You may use the last page to write reminders to yourself about what you included in the report and keep that page.

For volunteers who submit electronic reports via the Online Data System:

See Section V of this manual for step-by-step instructions.

Tips for Effectiveness: Interacting with Surveyors From the Department of Inspections and Appeals

If surveyors from the Iowa Department of Inspections and Appeals (DIA) are visiting your facility, you will be notified as soon as possible by your Local Long-Term Care Ombudsman *after* the surveyors have entered the facility. You will be provided with the surveyor's name and phone number, and an approximation of the length of their visit at the facility.

You are not required to visit with DIA surveyors, but if you do, follow this protocol:

- Please ask your point of contact to introduce you to the surveyor. You may also call the surveyor directly to determine when he or she will be available at the facility.
- Identify yourself as a Volunteer Ombudsman to the surveyor.
- The surveyor may ask you some questions—which you may answer to the best of your knowledge while maintaining whatever parameters of confidentiality have been requested by residents (if the resident did not want you to tell anyone then you cannot tell the surveyor either).
- You may share general concerns (i.e. issues impacting several residents).
- Like your point of contact, the surveyor may not make copies of your reports or notes, but they can take their own notes based on what you tell them verbally.
- The surveyor will conduct an exit meeting with facility staff prior to their departure. If you wish to attend the exit meeting, ask the surveyor to invite you, although these are sometimes held on the spur of the moment. It is not a requirement that you attend.

If the facility receives citations, the program will send you a copy for your reference when it is public (usually a few weeks after their visit).

You can review past reports at: https://dia-hfd.iowa.gov/DIA_HFD/Home.do. On the left hand side, click “entity search”. On the next page, a search box should appear where you can enter in the facility details and search. Click “view” on the right side of the search results to explore their records.

If you do not have internet access, reports should be posted for public viewing in your facility. Your point of contact should be able to tell you where their survey results are posted.

If the facility or surveyors have any questions about your involvement, please ask them to direct those questions to a VOP Coordinator at 1-866-236-1430.

The Do's and Do Not's of being a Volunteer Ombudsman

Volunteer Ombudsmen DO	Volunteer Ombudsmen DO NOT
Make unannounced visits to a facility, always wearing their name badge and identifying oneself as a Volunteer Ombudsman.	Discuss issues of confidentiality inside or outside the facility. Remember that most information is confidential and cannot be shared.
Observe the environmental quality and interpersonal culture of the facility, suggesting realistic improvements to their point of contact.	Have any regulatory authority or the ability to provide sanctions. Volunteers are not "nursing home police" and do not confront facility staff about their job performance.
Look after the quality of life and quality of care for residents, addressing concerns with their point of contact when the resident has given permission.	Bring resident concerns (other than in an emergency) to any staff person's attention other than the assigned facility point of contact.
Advocate on behalf of the residents who cannot advocate for themselves. Provide support and empower residents to address their own issues when they are able/willing.	Establish personal friendships with residents or facility staff that would compromise their ability to be an objective advocate for all the residents in their facility.
Remain objective while visiting residents and identifying problems. If a concern is important enough for a resident to tell an Ombudsman about it, it is important enough for the Ombudsman to offer to try to resolve it. No concern is too trivial to be addressed.	Volunteer in any other capacity at their assigned facility—they are only the Volunteer Ombudsman. This includes actively participating in any kind of personal or facility-sponsored activity with residents (i.e. music, pet therapy, Bible study, bingo, reading, etc.).
Listen with their ears, eyes, and heart. Empathize. Acknowledge they understand the resident. Repeat the information back, using the same words.	Request or review residents' charts or interpret medical, health, or financial information for residents. This excludes volunteers from attending care conferences.
Clarify what the resident wants and asks for clarification if he/she does not understand.	Become involved or give advice regarding medical, legal, or financial concerns.
Respect the resident's right to refuse. If a resident asks you not to pursue an issue, you must honor that request.	Receive payment or accept gifts from families, residents, or facility staff. This includes free meals on a routine basis as well as selling anything to residents/staff.
Investigate relevant information and keep detailed notes that document persons, dates, and locations, and status of resolution. Store notes in a secure location.	Perform any kind of hands-on personal care, activity, or treatment for residents, including: offering a resident a drink/snack, transferring them from one location to another (i.e., from bed to chair), push wheelchairs, etc.
Visit their facility for a minimum of three hours per month and submit monthly reports on time.	Interact with the media about their role or status as a Volunteer Ombudsman without prior consent from the State Ombudsman.
Arrange his/her transportation to the facility.	Act as a Local Long-Term Care Ombudsman.

Friend vs. Advocate

As an advocate for the resident you serve as a volunteer for the State of Iowa, Office of the State Long-Term Care Ombudsman. You are not to be considered a spokesperson or volunteer for the facility.

Oftentimes, it is easy and natural to slip into ways of communicating that we frequently use. It is important as a Volunteer Ombudsman to recognize the differences between the ways in which we will visit a resident and the ways we might visit with our friends or family members. In the Volunteer Ombudsman role, you are there to listen and respond, not to share an abundance of personal stories or information.

Building trust and establishing relationships can take time. Don't assume that if a resident does not complain, all is well. Being an active listener will alert you to clues that the resident is giving. Remember the resident is the focus of your attention.

Below are some differences between a friend and a Volunteer Ombudsman:

Friend	Volunteer Ombudsman
<i>"A person attached to another by feelings of affection or personal regard."</i>	<i>"A person who speaks or writes in support or defense of a person or cause."</i>
The relationship is established through normal life experiences in the process of social or business contacts.	The relationship is deliberately planned and promoted through the Volunteer Ombudsman Program for a specific purpose.
The relationship is highly subjective and based on mutual needs and attractions.	The relationship is very defined, objective, purposeful and controlled.
The relationship does not have any goal or purpose beyond mutual satisfaction.	The relationship has a goal: to advocate for residents living in long-term care.
The communication is equal. It is a give and take relationship.	Communication is not equal. An advocate is encouraged to listen as the resident talks. The advocate shares as appropriate.

SAMPLE: Volunteer Ombudsman Introduction

Many facilities publish a resident and/or family newsletter. It may be helpful to suggest to your point of contact that an article be included that announces your appointment at the facility, a little about who you are, and what a Volunteer Ombudsman does. Below is a sample of some approved content you can provide for the article.

"Introducing: [YOUR NAME] – Your Volunteer Ombudsman

You might have seen a new face in your facility recently.

This is [YOUR NAME], your new Volunteer Ombudsman representing the Office of the State Long Term Ombudsman within the Iowa Department on Aging. [NAME] has been trained, screened, and certified as a Volunteer Ombudsman by the State of Iowa. [NAME] is an advocate for residents.

[NAME] will visit your facility periodically and may ask to visit with you. You are welcome to share your thoughts about your life in the facility with [NAME]. S/he will keep all your thoughts confidential unless you give him/her permission to discuss them with facility staff. [NAME] can also attend Resident Council and/or Family Council meetings if an invitation is extended by council participants.

To reach [NAME] when s/he's not in the facility, please call this toll free number: 1-866-236-1430."

You may also include a few sentences about yourself as a person (family, hobbies, work, etc.) and a picture.

Please contact your Volunteer Ombudsman Program Coordinator for additional assistance or information.

Volunteer Ombudsman Word Find

G F S Z H W R S Q K M K S F I M V V C P
 U H A T U D A H S B P V R P X H J O L O
 W N R T W D J L B B X T I U S W N I F I
 R E S I D E N T S R I G H T S F C A A N
 P R E S O L U T I O N H A R I N C O G T
 I U Z O Q J W P H M U X K D U I Q F I O
 H G W F F U R G I N Y J E O L H E W N F
 S J F X J I F Y A A E N C I R P Y W G C
 N L I X V S Y M C M T T T F N Z Z T K O
 E X O A H I S W P I N Y Y R S H J P P N
 Z S C U J D E O A E S A E Y I P H Y J T
 I Y Q Z U P W L D H G F E H P T F I A A
 T S N B Z E I I S D D W D U R Y D L Y C
 I O M D R T S L O N G T E R M C A R E T
 C O E M Y E U C O B C S M A C I U Y E X
 C E E I R E Y T I N G I D Z J C P K Q Y
 E N J X D C T Q H K Y E R S C T C Y W E
 T D B D H D M A W T J E T F V S Q K A L
 E L N D N S B P C X F U Y N V E R I R D
 U N Q N M D C K B O L I S T E N I N G E
 V O L U N T E E R R V U Q X Y X S K N R
 F X V L F W J V B K P D Z N T V P Y Y D
 I Z I J M F S K E Z E W A K T T V T L X
 Y Y N O I T A V R E S B O G L V D M S N
 S E R V I C E X V X K Y U V G U L R O T

ADVOCATE

AGING

CITIZENSHIP

CONFIDENTIALITY

DIGNITY

ELDER

EMPOWERMENT

FACILITY

LISTENING

LONG TERM CARE

OBSERVATION

OMBUDSMAN

POINT OF CONTACT

PRIVACY

RESIDENT COUNCIL

RESIDENTS RIGHTS

RESOLUTION

SERVICE

VOLUNTEER

VOP Pre-Approved Continuing Education Materials

Last updated February 2015

A few notes about continuing education:

- Volunteers are initially certified for one year. First year volunteers need to complete 10 hours of continuing education (after training and orientation) in order to be considered for recertification. Recertification lasts for two years. Upon recertification, volunteers need to complete six hours of continuing education each year.
 - If you exceed the amount of continuing education required for the year, up to three hours of education can be credited for the requirements of the upcoming year.
- Retroactive credit will not be granted. All continuing education activities must be completed during your period of Volunteer Ombudsman certification.
- "Double-dipping" is okay. For example, if you are required to complete a course or activity for another program or purpose; you may be able to also count that activity towards your VOP continuing education.
- You may find a resource or education opportunity that is not on the pre-approved list that could be very relevant to your volunteer role. Please let a VOP Coordinator know about the education opportunity in advance to verify that it qualifies for continuing education credit.
- Upon completion of a continuing education activity, please complete a Continuing Education Reflection Form (see page 31 of this section) and return to your VOP Coordinator.
- A VOP Coordinator will keep a record of the continuing education hours you have reported. You may find it helpful to keep your own record by using the "Volunteer Ombudsman Task Checklist" located in the front of your binder.
- If other continuing education opportunities become available, announcements will be made in the monthly VOP Newsletters.
- If you're having trouble locating any of the listed resources, check with your local library to see if they can borrow the title for you through interlibrary loan.
- The materials included in this list are intended to be educational, thought-provoking, and relevant to aging and long-term care issues. These materials are not necessarily endorsed by the Office of the State Long-Term Care Ombudsman, the Iowa Department on Aging, or the State of Iowa.

Annual Regional VOP Gathering

Starting in 2015, the Volunteer Ombudsman Program Coordinators plan to host an annual gathering for Volunteer Ombudsmen in each of the eight Local Long-Term Care Ombudsman Districts. This gathering will consist of a day of learning and recognition activities. Official plans will be announced in the VOP Monthly Newsletter.

Peer Group Meetings

Starting in 2015, the Volunteer Ombudsman Program will offer an opportunity for local Volunteer Ombudsmen to gather for self-directed meetings in their general area of the state during each quarter.

The meetings will be organized and facilitated by an experienced Volunteer Ombudsman who has been appointed by the Volunteer Ombudsman Program. These meetings will be about 1-2 hours in length, and will consist of a learning topic, discussion of peer experiences and problem solving strategies, and support through networking.

If your area of the state has an activated Peer Group, you will be contacted by your Peer Group Facilitator with information about upcoming meetings.

Films

These films may be available for purchase or rent in digital or hard copy on Netflix, iTunes, Amazon, etc. Remaining video stores such as Family Video may have limited copies for rent.

A Separation (2011, PG-13, 123 minutes)

A married couple is faced with a difficult decision - to improve the life of their child by moving to another country or to stay in Iran and look after a deteriorating parent who has Alzheimer's Disease. This film won an Academy Award for Best Foreign Film. It is an Iranian film with English subtitles.

Age of Champions (2011, Not rated, 72 minutes)

Age of Champions is the award-winning PBS documentary following five competitors who sprint, leap, and swim for gold at the National Senior Olympics. You'll meet a 100-year-old tennis champion, 86-year-old pole vaulter, and rough-and-tumble basketball grandmothers as they triumph over the limitations of age.

Alive Inside (2014, Not Rated, 78 minutes)

Dan Cohen, founder of the nonprofit organization Music & Memory, fights against a broken healthcare system to demonstrate music's ability to combat memory loss and restore a deep sense of self to those suffering from it.

Amour (2012, PG-13, 127 minutes)

Georges and Anne are an octogenarian couple. They are cultivated, retired music teachers. Their daughter, also a musician, lives in Britain with her family. One day, Anne has a stroke, and the couple's bond of love is severely tested. This film was nominated for a Best Picture Academy Award, and won an Academy Award for Best Foreign Film. It is a French film with English subtitles.

Away From Her (2006, PG-13, 110 minutes)

A man coping with the institutionalization of his wife because of Alzheimer's Disease faces an epiphany when his wife transfers her affections to another man, Aubrey, a wheelchair-bound mute who also is a patient at the nursing home. Starring Julie Christie, who was nominated for an Academy Award for this performance.

Beginners (2010, R, 105 minutes)

A young man is rocked by two announcements from his elderly father: that he has terminal cancer, and that he has come out of the closet. Starring Christopher Plummer and Ewan McGregor. Christopher Plummer won an Academy Award for this role.

Driving Miss Daisy (1989, PG, 99 minutes)

An old Jewish woman and her African-American chauffeur in the American South have a relationship that grows and improves over the years. Starring Jessica Tandy and Morgan Freeman. Won the Academy Award for Best Picture and Best Actress.

Glen Campbell: I'll Be Me (2014, PG, 116 minutes)

As he struggles with Alzheimer's disease, country-music legend Glen Campbell embarks on his farewell tour in the U.S., Australia, and Europe.

Harold and Maude (1971, GP, 91 minutes)

Young, rich, and obsessed with death, Harold finds himself changed forever when he meets lively septuagenarian Maude at a funeral.

Iris (2001, R, 91 minutes)

The true story of the lifelong romance between novelist Iris Murdoch and her husband John Bayley from their student days through her battle with Alzheimer's disease. Starring Judi Dench.

King's Point (2012, Not rated, 40 minutes)

A documentary short film about five seniors living in a retirement resort in Florida - men and women who came decades ago with their spouses by their sides, and now find themselves

grappling with love, loss and the universal desire for human connection. Nominated for a Best Documentary Short Film Academy Award.

Nebraska (2013, Rated R, 115 minutes)

An aging, booze-addled father makes the trip from Montana to Nebraska with his estranged son in order to claim a million-dollar Mega Sweepstakes Marketing prize. Starring Bruce Dern and Will Forte. Nominated for six Academy Awards.

The Notebook (2004, Rated PG-13, 123 minutes)

In a modern-day nursing home, an elderly man named Duke begins to read a love story from his notebook to a female fellow patient. Starring James Garner, Ryan Gosling, and Rachel McAdams.

Prison Terminal: The Last Days of Private Jack Hall (2013, Not rated, 40 minutes)

A documentary short film that breaks through the walls of one of Americas oldest maximum security prisons (in Ft. Madison, IA) to tell the story of the final months in the life of a terminally ill prisoner and the hospice volunteers, they themselves prisoners, who care for him. Nominated for a Best Documentary Short Film Academy Award.

On Golden Pond (1981, PG, 101 minutes)

Aging couple Ethel and Norman Thayer spend each summer at their home on a lake called Golden Pond. During the year the story takes place, they are visited by their daughter, her fiancée, and his son. The story explores the often turbulent relationship the young woman shared with her father growing up, and the difficulties faced by a couple in the twilight years of a long marriage. Starring Katharine Hepburn, Henry Fonda, and Jane Fonda.

The Savages (2007, R, 113 minutes)

A sister and brother face the realities of familial responsibility as they begin to care for their ailing father. Starring Laura Linney and Philip Seymour Hoffman. Nominated for two Academy Awards.

Still Alice (2014, PG-13, 101 minutes)

Alice Howland, happily married with three grown children, is a renowned linguistics professor who starts to forget words. When she receives a devastating diagnosis, Alice and her family find their bonds tested. Starring Julianne Moore.

Up (2009, PG, 96 minutes)

By tying thousands of balloons to his home, 78-year-old Carl sets out to fulfill his lifelong dream to see the wilds of South America. Russell, a wilderness explorer 70 years younger, inadvertently becomes a stowaway.

Books/Scripts

Being Mortal by Atul Gawande

Getting to Yes by Roger Fischer and William Ury

Still Alice by Lisa Genova

The Story of Forgetting by Stefan Merrill Block

The Trip to Bountiful by Horton Foote (also the made-for-TV movies)

To Dance with the White Dog by Terry Kay (also the made-for-TV movie)

Tuesdays with Morrie by Mitch Albom (also the made-for-TV movie)

We Are Not Ourselves by Matthew Thomas

Online Resources

Centers for Medicare & Medicaid Services: <http://www.cms.gov/>

The Eden Alternative: <http://www.edenalt.org/>

Elder Justice Now:

<http://www.ncoa.org/public-policy-action/elder-justice/elder-justice-now-campaign.html>

The Hebrew Home at Riverdale's Guidelines and Policies for Older Adult Sexuality:

<http://www.hebrewhome.org/sexualexpressionpolicy.asp>

HBO Alzheimer's Project: <http://www.hbo.com/alzheimers/>

Iowa Department on Aging's AgingWatch Newsletters:

<https://www.iowaaging.gov/agingwatch-newsletters>

Minimum Data Set Section Q Information and Webinar: <https://www.iowaaging.gov/minimum-data-set-mds-section-q-education-helping-people-return-community>

The National Consumer Voice for Quality Long-Term Care: <http://www.theconsumervoices.org/>

The National Council on Aging: <http://www.ncoa.org/>

The National Long-Term Care Ombudsman Resource Center: <http://www.ltombudsman.org/>

National Resource Center on LGBT Aging: <http://www.lgbtagingcenter.org/>

Office of the State Long-Term Care Ombudsman Annual Reports:

<https://www.iowaaging.gov/annual-report>

Office of the State Long-Term Care Ombudsman Communiques:
<https://www.iowaaging.gov/state-long-term-care-ombudsman-communicues>

The Pioneer Network: <http://www.pioneernetwork.net/>

Stop Medicare Fraud: <http://www.stopmedicarefraud.gov/index.html>

Oral Health American, Health Resources for Older Adults: <http://www.toothwisdom.org/>

The United States Department of Justice, Elder Justice Initiative:
<http://www.justice.gov/elderjustice/>

University of Iowa School of Social Work Webinars for Nursing Home Social Workers:
<http://clas.uiowa.edu/socialwork/nursing-home/webinars>

Community Education

Education sessions sponsored by one of the following organizations:

- AARP
- Area Agencies on Aging
- Alzheimer's Association
- Guardianship Association of Iowa
- Iowa Caregivers Association
- Iowa Department of Inspections and Appeals (Health Facilities Division)
- Iowa Department on Aging
- Iowa Legal Aid
- Iowa Office of the State Long Term Care Ombudsman
- Iowa Office of the Substitute Decision Maker
- Lifelong Links
- Senior Centers

Iowa Fraud Fighters Forums: <http://www.iowafraudfighters.gov/>

Accredited college or university courses or community forums in gerontology, social work, nursing, long-term care, or elder law

Reflection: Continuing Education

This reflection is to be used when completing continuing education activities such as conferences, webinars, college classes, community education session, self-study etc. Submit to your VOP Coordinator by mail, e-mail or fax (515.725.3313).

Volunteer Name: _____

Continuing Education Activity: _____

Type of Event/Activity: Education session College credit Self-study
 Online Webinar Other _____

Length of Event/Activity: _____ Location of Event/Activity: _____

Reflection Questions:

1. What are the most important takeaways for you?

2. What information provided was new or surprised you?

3. How will you apply what you learned to your role as a Volunteer Ombudsman?

4. What would you like to learn more about, related to this topic or issue?

5. Comments:

Resources for Volunteer Ombudsmen

Deaf Services Commission of Iowa: 1-888-221-3724

Provides advocacy, community development, and information/referrals for Deaf and Hard of Hearing Iowans. <http://www.deafservices.iowa.gov/>

Disability Rights Iowa: 1-800-779-2502

Disability Rights Iowa (DRI) aims to defend and promote the human and legal rights of Iowans who have disabilities and mental illness. DRI promotes safety, opportunity, access, and self-determination for all Iowans through a program of: self-advocacy education, information, and referral; non-legal advocacy; and legal and systems advocacy. <http://disabilityrightsiaowa.org/>

The Hotline for Older Iowans (Iowa Legal Aid): 1-800-992-8161 or 515-282-8161

The Legal Hotline provides free and confidential service for Iowans 60 years and older who have questions about non-criminal legal matters. The Hotline can help people with their legal problems by:

- Giving legal advice and written materials about legal questions and problems.
- Letting people know when they need more than advice, and referring them to the right place for help.
- Advice can also be provided to people seeking help on behalf of older Iowans who are unable to call.

If your problem will require ongoing legal representation, you will be referred to an appropriate source of legal assistance in your area.

Iowa Department for the Blind: 1-800-362-2587

The Iowa Department for the Blind offers vocational training, independent living consultation, and a library of Braille and large print materials for Iowans meeting certain conditions. <http://www.idbonline.org/>

Iowa Department on Aging: 1-800-532-3213 or 515-725-3333

A variety of resources that may be helpful to older Iowans are available from the Department on Aging: www.iowaaging.gov

Iowa Department of Human Services (DHS), Adult Protective Services: 1-800-362-2178

The Dependent Adult Abuse program provides evaluations and assessments of alleged abused dependent adults. The program attempts to provide services and makes referrals to assist abused dependent adults acquire safe living arrangements. Protective Service Units are available in all DHS County offices. You can call to make a referral using the 800 number above, which is answered 24 hours a day, 7 days a week.

The Iowa Department of Inspections and Appeals' Nursing Home Report Cards

If you do not have internet access, reports should be posted for public viewing in your facility. Your point of contact should be able to tell you where their survey results are posted. Otherwise, view reports at: https://dia-hfd.iowa.gov/DIA_HFD/Home.do. On the left hand side, click “entity search”. On the next page, a search box should appear where you can enter in the facility details and search. Click “view” on the right side of the search results to explore their records.

Iowa Office of the Substitute Decision Maker: 1-800-532-3213

Many adults in Iowa are unable to maintain their physical health or manage essential aspects of their financial resources and are in need of substitute decision-making services. The Office of Substitute Decision Maker (OSDM) was established to create a statewide network of substitute decision makers who provide substitute decision-making services as a last resort; only where no other substitute decision maker is available.

LifeLong Links: 1-866-468-7887 (toll free)

LifeLong Links is a resource for Iowans of any age, disability or income level that helps consumers identify and access long term supports and services. Options counselors are available statewide to help prioritize current needs as well as future planning.
www.lifelonglinks.org

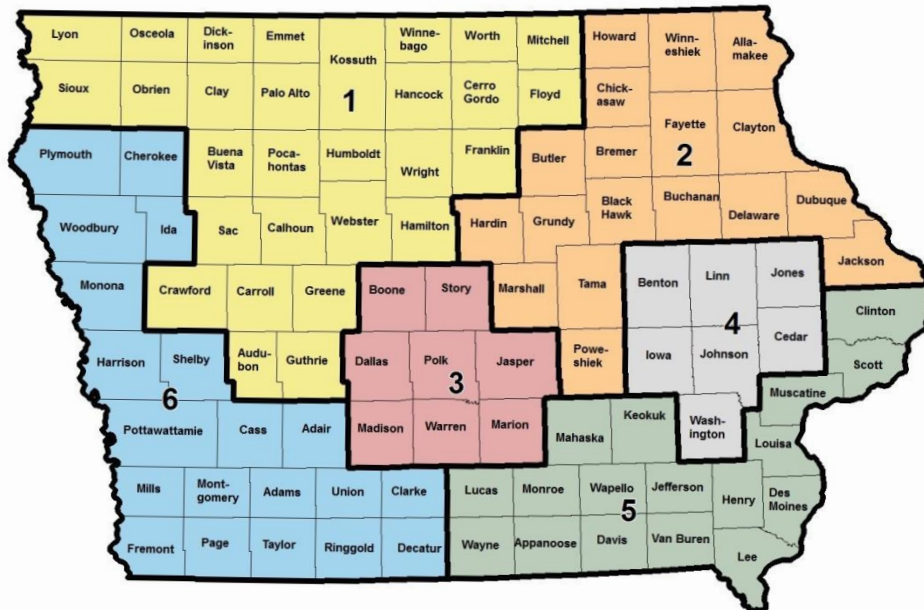
Medicare Nursing Home Compare

Nursing Home Compare has detailed information about every Medicare and Medicaid-certified nursing home in the country: <http://www.medicare.gov/nursinghomecompare/search.html>

SHIIP – Senior Health Insurance Information Program: 1-800-351-4664

A free, confidential service of the State of Iowa that helps Iowans make informed decisions about Medicare and other health coverage. www.shiip.state.ia.us

Resources for Volunteer Ombudsmen: Area Agencies on Aging



Planning & Service Area 1

Elderbridge Agency on Aging

Interim Co-Directors Donell Doering and Shelly Sindt

Email Address: dndoering@elderbridge.org

Web site: www.elderbridge.org

Mason City Office (business office) – *Serving Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winneshiek, and Worth counties.*

22 North Georgia, Suite 216, Mason City, IA 50401

(641) 424-0678 or (800) 243-0678

Fax: (641) 424-2927

Carroll Office – *Serving Audubon, Carroll, Crawford, Greene, Guthrie, and Sac counties.*

603 N West St, Carroll, IA 51401

(712) 792-3512 or (800) 243-0678

Fax: (712) 792-3534

Fort Dodge Office – *Serving Calhoun, Hamilton, Humboldt, Pocahontas, Webster, and Wright counties.*

308 Central Ave, Fort Dodge, IA 50501

(515) 955-5244 or (800) 243-0678

Fax (515) 955-5245

Spencer Office – *Serving Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux counties.*

714 10th Avenue East, P. O. Box 213

Spencer, IA 51301

(712) 262-1775 or (800) 243-0678

Fax: (712) 262-7520

Planning & Service Area 2

Northeast Iowa Area Agency on Aging (NEI3A)

Director Mike Isaacson

Email Address: NEI3A@NEI3A.org

Web site: www.NEI3A.org

Waterloo Office (business office) – *Serving Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Grundy, Hardin, Marshall, Poweshiek, and Tama counties.*

2101 Kimball Avenue, Suite 320

Waterloo, IA 50702

Phone: (319) 874-6840 or (800) 779-8707

Fax (319) 272-2455

Decorah Office – *Serving Allamakee, Clayton, Fayette, Howard, and Winneshiek counties.*

808 River Street, Decorah, IA 52101

(563) 382-2941 or (800) 233-4603

Fax (563) 382-6248

Dubuque Office – *Serving Delaware, Dubuque, and Jackson counties.*

Fountain Park Springs, Bldg 2728 Asbury Rd Dubuque, IA 52001

(563) 588-3970 or (888) 238-0831

Fax (563) 588-1952

Planning & Service Area 3

Aging Resources of Central Iowa

Serving Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren counties.

Director Joel Olah

Email Address: info@agingresources.com

Web site: www.agingresources.com

5835 Grand Avenue, Suite 106

Des Moines, IA 50312-1444

(515) 255-1310 or (800) 747-5352

Fax: (515) 255-9442

Planning & Service Area 4

The Heritage Area Agency on Aging

Serving Benton, Cedar, Iowa, Johnson, Jones, Linn, and Washington counties.

Interim Director Jill Gleason

Email Address: Jill.Gleason@kirkwood.edu

Web site: www.heritageaaa.org

6301 Kirkwood Blvd., SW

PO Box 2068 Cedar Rapids, IA 52406

(319) 398-5559 or (800) 332-5934

Fax: (319) 398-5533

Planning & Service Area 5

Milestones Area Agency on Aging

Director Christa Merritt

Email Address: info@milestonesaaa.org

Web site: www.milestonesaaa.org

Ottumwa Office (business office) - *Serving Appanoose, Davis, Jefferson, Keokuk, Lucas, Mahaska, Monroe, Van Buren, Wapello, and Wayne counties.*

623 Pennsylvania Ave.

Ottumwa, IA 52501

(641) 682-2270 or (800) 642-6522

Fax: (641) 682-2445

Burlington Office – *Serving Des Moines, Henry, Lee, and Louisa counties.*

509 Jefferson Street

Burlington, IA 52601-5427

(319) 752-5433 or (800) 292-1268

Fax: (319) 754-7030

Davenport Office – *Serving Clinton, Scott, and Muscatine counties.*

935 E 53rd St, Davenport, IA 52807-2664

(563) 324-9085 or (800) 892-9085

Fax: (563) 324-9384

Planning & Service Area 6

Connections Area Agency on Aging

Director Barb Morrison

Email Address: info@connectionsaaa.org

Web site: www.southwest8.org

Council Bluffs Office (business office) – *Serving Cass, Fremont, Harrison, Mills, Montgomery, Page, Pottawattamie, Shelby counties.*

300 West Broadway, Suite 240

Council Bluffs, IA 51503

(712) 328-2540 or (800) 432-9209

Fax: (712) 328-6899

Creston Office – *Serving Adair, Adams, Clarke, Decatur, Ringgold, Taylor, and Union counties.*

215 E Montgomery, Creston, IA 50801

(641) 782-4040 or (800) 432-9209

Fax: (641) 782-4519

Sioux City Office – *Serving Cherokee, Ida, Monona, Plymouth, and Woodbury counties.*

2301 Pierce Street, Sioux City, IA 51104

(712) 279-6900 or (800) 432-9209

Fax: (712) 233-3415

Long-Term Care Brochures from the Office of the State Long-Term Care Ombudsman

The Office of the State Long-Term Care Ombudsman has provided many nursing facilities in the state with a brochure holder (kiosk) and set of brochures which outline information on topics often requested by residents and their family members, including:

- Considering a Living Will
- Financial Exploitation
- Financial Power of Attorney
- Health Care Power of Attorney
- Involuntary Discharge from a Long-Term Care Facility
- Long-Term Care Choices
- Long-Term Care Payment Options
- Medicaid HCBS Elderly Waiver Programs
- Office of the State Long-Term Care Ombudsman
- Resident and Family Councils in Nursing Homes
- Resident Rights
- Volunteer Ombudsman Program

The kiosks should be placed in an area that is easily visible and accessible to residents and their family members. You may encourage residents and visitors to take any of the information they would find helpful.

If you notice that brochure supplies are depleting in the kiosk, facilities may request more brochures by calling 1-866-236-1430.

If your facility does not have a kiosk, and would like one, please have them call 1-866-236-1430.

The Office created a brochure entitled “Returning to the Community”. Residents have the right to have conversations and be given the information regarding various service options to return to the community. This brochure is not included in the kiosk carousel, but copies are available to handout to residents.

Photocopies of each brochure provided for the kiosk are included in the remainder of this section.