Office of the State Long-Term Care Ombudsman Annual Report 2005

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OVERVIEW

As established in 321 IAC 8.5(2) e, the Office of the State Long-Term Care Ombudsman is required to submit a report to the General Assembly by January 15th of each year.

In August 2004 the Office of the State Long-Term Care Ombudsman was reorganized to include both the State Legal Services Developer and the State Elder Abuse Prevention Coordinator. In an attempt to make the name of the unit reflect the work of all employees, the name of the unit was changed to the Office of Elder Rights.

Five regional ombudsmen find they do not have adequate resources to meet the mandates of the Older Americans Act as we continue to receive a record number of complaints. The ratio remains at approximately one ombudsman to each 10,500 people living in long-term care facilities.

As calls into this office and requests for education continue to increase, the Department will need to consider ways to meet the needs of frail and vulnerable adults living in long-term care. Without additional resources being appropriated for FY07, it is likely the needs of many older Iowans will remain unmet.

NURSING HOME AND RESIDENTIAL CARE FACILITY (Iowa Code 135c) CLOSINGS

A facility closing requires a substantial time investment for the ombudsman. When this office is notified that a facility will close, or potentially close, it is the responsibility of the regional long-term care ombudsman to advocate for the residents who will be forced to move. This involves gathering facts, understanding the process, and educating residents and families.

The regional long-term care ombudsman spends a majority of their time in a facility preceding the closing to monitor the events. The ombudsman monitors not only the facility that is closing, but also monitors facilities receiving the transferring residents.

Nine facilities closed or were decertified during 2005. The Office of the State Long-Term Care Ombudsman plays a significant role by working with residents and families prior to and during the move and completing multiple follow up visits to residents in their new home. The facilities are listed below.

Riverbend Nursing and Rehab Center in Muscatine was decertified in January. Forty five residents were assisted with finding alternative placement. An ombudsman was in the building most days prior to the termination date, and has continued to follow up with residents. The ombudsman was able to monitor Riverbend and give hands-on assistance to residents as they moved. A few private pay residents continue to live at Riverbend.

Wilton Nursing Home (New Jordan Cares) closed and moved everyone to another facility chosen by the resident and/or the family.

Clarke County Hospital chose to close their long-term care unit. Residents were relocated quickly, with some moving out of state.

Heritage House in Malvern, a Residential Care Facility, also closed. Most of these residents had case managers who handled the details of the move and follow up.

Cedar Lane Estates in Jefferson closed voluntarily in September. Since this was a Residential Care Facility, most residents had case managers who helped them through the move. An Ombudsman continues to follow up by visiting the group homes where the residents now live.

Siouxland Nursing and Rehab in Sioux City closed voluntarily. An ombudsman spent many hours in the facility prior to the final day and continues to follow up with residents since the move. The facility planned to move eight residents in one day to another facility, but the ombudsman intervened was able to stop that process and allow the receiving facility to accept only two new residents each day. The regional ombudsman monitored not only Siouxland, but another facility that accepted a significant portion of the residents.

Chariton Residential (formerly Auburn Manor) closed voluntarily. Many residents chose to move to Knoxville where the owners have another home. The ombudsman was on-site during the transition to make certain residents had a choice of places to move.

Pleasant Park Estates in Oskaloosa was in the midst of the decertification process when a lesser appeared on the scene and took possession of the business. Approximately 40 residents chose to move prior to management changes. The ombudsmen spent over 130 hours assisting residents and families through the transition.

Andrew Jackson Care closed voluntarily and many residents moved to group homes. The ombudsman helped to educate residents about choices for a new home, and continues to follow up as they settle in their new homes.

Adair Community Health Center closed in December. This voluntary closure went very smoothly as residents made the decision about where to move and were assisted by facility staff and the ombudsman.

LONG-TERM CARE OMBUDSMAN COMPLAINT AND PROGRAM ACTIVITY SUMMARY

COMPLAINT CATEGORY	FFY 05	FFY 04	FFY 03	PROGRAM ACTIVITY CATEGORY	FFY 05	FFY 04	FFY 03
Abuse, Gross Neglect, Exploitation	26	23	10	Training for Ombudsmen/volunteers	37	40	33
Access to Information	16	15	18	Technical assistance for Ombudsmen/volunteers	76	58	15
Admission, Transfer, Discharge, Eviction	178	157	149	Training for facility staff	32	9	12
Autonomy, Choice, exercise of Rights, Privacy	230	170	145	Consultations to facilities/providers	957	751	668
Financial, Property	73	50	45	Consultations to individuals	1837	1487	1144
Care	245	233	254	Resident visitation-non complaint related	258	50	9
Rehabilitation of Maintenance of Function	28	13	14	Resident visitation-complaint related	512	373	
Restraints-Chemical or Physical	3	8	6	Participation in facility surveys	91	50	32
Activities and Social Services	38	30	27	Work with resident councils	1	0	5
Dietary	100	62	67	Work with family councils	1	0	3
Environment	103	50	72	Community education	17	28	11
Policies, Procedures, Attitudes, Resources	45	54	53	Media Interviews	6	35	
Staffing	91	67	54	Monitoring laws	4%	6%	
Certification/Licensing Agency	11	11	5				
State Medicaid Agency	6	5	7				
System/others	47	40	40				
Other than ICF/RCF	4	10	11				
# of new cases opened (47% INCREASE)	**787**	**415**	**458**				
# of complaints (20% INCREASE)	**1244**	**998**	**977**				

Challenges with care are still the number one complaint, with autonomy, choice and resident rights a close second. While it appears that staffing ranks lower with only ninety-one complaints, we must look at the complaints through the eyes of an ombudsman.

When a caller states "there is not enough staff," the regional long-term care ombudsman knows immediately there is very little we can do to encourage the facility to increase staffing levels. If there is not enough staff, residents do not get the time, attention and care they need. If there is not enough staff, attention to detail is absent. If there is not enough staff, individualized care is impossible. When accepting a complaint, we ask the next question "What does your family member need that is not being done (because there isn't enough staff)?" Answers range from not getting showers, not enough assistance to eat, food served at meals is too warm or too cold before assistance arrives, or call light requests are not responded to in a timely manner. The ombudsman can then work directly on these problems.

This office has identified several key factors regarding nursing home staff.

1. Initial C.N.A. education is minimal and many facilities do not have extended orientation programs. Newly certified C.N.A.s are sent to work alone after an abbreviated orientation and may develop poor work habits that result in poor care for the people they serve. (The newly formed Direct Care Worker Education Task Force will be addressing this issue.)

2. The long-term care facility staff turnover rate continues to be high. This means residents are continually faced with a new caregiver who does not know the details of the care needed or desired. (The Iowa CareGivers Association continues to work to improve retention.)

3. When encountering complaints from residents such as not getting showers, not enough assistance to eat, food served at meals is too warm or too cold before assistance arrives, or call light requests not fulfilled, the ombudsmen frequently find the problem appears to be lack of supervision. No current regulations exist in Iowa for staffing ratios. On multiple occasions it has appeared that enough staff is present, care plans are appropriate and that resident requests are reasonable. The staff simply does not respond appropriately.

4. Due to the short training time for a person to become certified as a C.N.A. it appears there is a lack of training in how to cope with challenging residents and family members. When a resident becomes anxious, agitated or belligerent and a C.N.A. does not have the necessary skills, the risk for abuse (usually unintentional) increases.

In addition to the daily work of the ombudsmen, they have also been trained to answer questions regarding Medicare Part D Prescription Drug Benefit. Tonya Amos became the Part D specialist by attending meetings and training, and then educating the rest of the unit staff. When visiting a facility, the ombudsmen check to ensure that residents get the needed assistance in choosing a plan, and the regional long-term care ombudsmen stand ready to correct problems as the new year begins.

As the sign-up time for this process continues, questions relating to the program and long-term care can be answered by this office.

ASSISTED LIVING (Iowa Code 231C)

These programs fall under Iowa's landlord-tenant law and we find ourselves frequently faced with situations that are unknown from a public policy perspective.

The ombudsmen find several challenges with assisted living complaints.

1. Involuntary Discharges. When a tenant is asked to leave an assisted living facility against his/her will the tenant-landlord laws prevail. This means that the tenant has the right to appeal, however the appeal is heard by the facility director, the person who issued the notice originally. This leaves the tenant little choice but to move. While the appeal process can continue, the process does not move fast enough to accommodate the tenant.

2. Education. There are no minimum standards for assisted living program directors. In one case, the C.N.A. with the most seniority was appointed director when the position was open. Many times, the person in this position is making decisions such as admission and level of care, with little or no education or training.

3. Level of Care. Ombudsmen frequently visit tenants who appear to be beyond the level of care that an assisted living program is certified to handle. This may be people with dementia who appear to be towards the later stages of the disease, people who need frequent medical monitoring or care, or people who need assistance ambulating or transferring. With limited staffing present in many assisted living programs and the increased level of care, this office believes tenants will be in danger in the case of fire or other disaster.

RESIDENT ADVOCATE COMMITTEE VOLUNTEER PROGRAM

This program has been contracted out to the Heritage Agency on Aging for the past two years. Heritage (Diane Beierle) has done an outstanding job of updating the database and checking it for accuracy and streamlining the paperwork process so that more time can be spent on education and technical assistance for the volunteers.

All new applicants are now required to participate in a screening interview and orientation. By adding these two features, new volunteers are aware of the responsibilities of the volunteer positions and receive the necessary training prior to beginning any work in the assigned facility. This process has been very successful. Retention of volunteers has been increased by over 50%.

Annual training was provided throughout the state by Jeanne Yordi, assisted by the regional long-term care ombudsman assigned to area. "Facility Rules, Resident Rights and State and Federal Regulations: Putting it all Together" turned out to be a very popular topic. Because of budget constraints, this training was limited, however, in 2005 thirty-seven programs were held with about one third of the volunteers attending. Ninety-six percent of the volunteers scored this program 4.8 on a 5.0 scale, and appreciated the hands-on information provided. Forty sessions are scheduled for 2006 and will build on the 2005 training by examining various types of complaints and methods of investigation.

Complaints regarding care continue to be at an all time high. Many times, the volunteers advocate for residents who can no longer speak for themselves. Volunteers are quick to point out to staff the needs of residents that are not being met.

As in the past, the Resident Advocate Committee complaints tend to be surface complaints. The volunteers can easily address dietary and environmental complaints and most are very competent at successfully resolving these complaints.

Meeting minutes are mailed to the Office of the State Long-Term Care Ombudsman following Resident Advocate Committee meetings. This report includes data that has been reported through January 5, 2006. We anticipate several more December reports will be received.

RESIDENT ADVOCATE COMMITTEE COMPLAINT DATA

COMPLAINT CATEGORY	FFY 05	FFY 04
Abuse, Gross Neglect, Exploitation	8	1
Access to Information	48	6
Admission, Transfer, Discharge, Eviction	23	7
Autonomy, Choice, exercise of Rights, Privacy	87	161
Financial, Property	97	67
Care	461	362
Rehabilitation of Maintenance of Function	37	42
Restraints-Chemical or Physical	3	2
Activities and Social Services	148	212
Dietary	305	291
Environment	410	409
Policies, Procedures, Attitudes, Resources	12	5
Staffing	106	61
Certification/Licensing Agency	7	1
State Medicaid Agency	0	0
System/others	0	11
Other than ICF/RCF		0
# of complaints	**1752**	**1638**

Goals for the Resident Advocate Program in 2006 include:

1. Recruiting for vacancies
2. Technical assistance for committees struggling to resolve complaints
3. Producing a new training manual and tools to make the job of resident advocate volunteer easier
4. Continuing the quarterly newsletter

COMMITTEES AND CONFERENCES

Nursing Home Quality Initiative. This committee is an important part of the Centers for Medicare and Medicaid comprehensive strategy to improve the quality of care in nursing homes. The 8th Scope of Work is Person Centered Care.

Iowa Person Directed Care Task Force. This task force grew from the St. Louis Accord to promote Person Directed Care in Iowa.

Better Jobs/Better Care. Responsible for providing direction and resources to implement a grant through the Iowa CareGivers Association to improve the dynamics surrounding employment of direct care workers in Iowa.

DIA Quality Awards. Chooses facilities that exceed in promoting quality of life for residents.

Direct Care Worker Education Task Force. Responsible for defining statewide direct care worker classifications, including education and training standards.

Safe Communities. This committee looks at protecting vulnerable populations, increasing preparedness, reducing crime, and reducing the loss of personal injures and property loss.

Des Moines Area Community College Aging Services Management Advisory Board. Jeanne Yordi represents the Office on this Board.

National Citizen's Coalition for Nursing Home Reform Annual Conference (NCCNHR). Several ombudsmen traveled to Washington DC to attend this wonderful conference. We visited Senator Harkin to alert him of the challenges faced by the Iowa Office of the State Long-Term Care Ombudsman.

St. Louis Accord. Jeanne Yordi and Corey Stull attended this first-of-its-kind event which brought together providers, regulators and ombudsman/advocates to address Person Centered Care. This resulted in the Iowa Person Directed Care Coalition listed above.

Elder Rights Conference and the Governor's Conference on Aging. All staff was able to attend both conferences. Jeanne Yordi was a keynote presenter at the

Elder Rights Conference and also presented a program at the Governor's Conference on Aging.

Iowa CareGivers Association Conference. Connie Hadden was a key note presenter at this conference.

Long-Term Care Conference in Iowa City. An ombudsman was able to attend this conference.

Eden Alternative. All staff attended this presentation by Dr. Thomas.

National Association of State Long-Term Care Ombudsman Programs (NASOP) Conference. Jeanne Yordi attended this conference.

Region VII State Long-Term Care Ombudsman Program. Iowa was represented at this meeting in Kansas City.

SUMMARY

The Office of the State Long-Term Care Ombudsman continues to struggle with the demand for services.

- ✓ 5 regional ombudsmen
  - o handled 787 cases with 1246 complaints
  - o Provided over 900 hours of assistance to people who were relocated when facilities closed

- ✓ Over 3,000 Resident Advocate Committee volunteers responded to over 1,752 complaints, worked approximately 158,000 hours, which equals $2,747,630 in volunteer time contributions

- ✓ Iowa continues to rank last in the number of paid full time ombudsman per long-term care bed*
  - o 2004 Report shows one ombudsman per 10,351 beds
    - Administration on Aging recommends 1 ombudsman per 2,000 beds
    - Iowa would need 25 ombudsmen to meet that mandate
    - National average is 1 ombudsman to 2,376 beds

- ✓ Iowa ranks 49/52 in the number of paid full time ombudsmen *
    - National average is 23 full time employees
    - Iowa has 5 regional ombudsmen plus one State Long-Term Care Ombudsman

- ✓ Iowa ranks 47/52 in number of new cases opened*

- ✓ Iowa ranks 42/52 in number of new complaints*

- ✓ Iowa is one of only 9 states that do not use certified volunteer ombudsmen*

The Office of the State Long-Term Care Ombudsman is the ONLY state office with a federal mandate to act as an advocate for the elders in Iowa. Without continued and increased support, it will be challenging to continue to provide timely, quality services to people residing in long-term care facilities and vulnerable elders living in the community.

*Source: 2004 Preliminary Data, National Ombudsman Reporting System (NORS), Administration on Aging