

State: \_\_\_\_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20\_\_

State Annual Ombudsman Report to the Administration on Aging

Agency or organization which sponsors the State Ombudsman Program:

Part I — **Cases, Complainants and Complaints**

A. Provide the total number of *cases opened* during reporting period.

**Case:** *Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.*

B. Provide the *number of cases closed*, by type of facility/setting, which were received from the types of complainants listed below.

**Closed Case:** *A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.*

Complainants:	Nursing Facility	B&C, ALF, RCE, etc.*	Other Settings
1. Resident	_____	_____	_____
2. Relative/friend of resident	_____	_____	_____
3. Non-relative guardian, legal representative	_____	_____	_____
4. Ombudsman/ombudsman volunteer	_____	_____	_____
5. Facility administrator/staff or former staff	_____	_____	_____
6. Other medical: physician/staff	_____	_____	_____
7. Representative of other health or social service agency or program	_____	_____	_____
8. Unknown/anonymous	_____	_____	_____
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	_____	_____	_____

Total number of *cases closed* during the reporting period: \_\_\_\_\_

C. For *cases which were closed* during the reporting period (those counted in B above), provide the *total number of complaints received*: \_\_\_\_\_

**Complaint:** *A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. **One or more complaints constitute a case.***

State: \_\_\_\_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20\_\_

\* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

State: \_\_\_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20\_\_

**D. Types of Complaints, by Type of Facility**

Below and on the following pages provide the total number of *complaints* for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

**Ombudsman Complaint Categories**

<b>Residents' Rights</b>	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF. similar</b>
<b>A. Abuse, Gross Neglect, Exploitation</b>		
1. Abuse, physical (including corporal punishment)	_____	_____
2. Abuse, sexual	_____	_____
3. Abuse, verbal/psychological (including punishment, seclusion)	_____	_____
4. Financial exploitation (use categories in section E for less severe financial complaints)	_____	_____
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	_____	_____
6. Resident-to-resident physical or sexual abuse	_____	_____
7. Not Used		
<b>B. Access to Information by Resident or Resident's Representative</b>		
8. Access to own records	_____	_____
9. Access by or to ombudsman/visitors	_____	_____
10. Access to facility survey/staffing reports/license	_____	_____
11. Information regarding advance directive	_____	_____
12. Information regarding medical condition, treatment and any changes	_____	_____
13. Information regarding rights, benefits, services, the resident's right to complain	_____	_____
14. Information communicated in understandable language	_____	_____
15. Not Used		

State: \_\_\_ Federal Fiscal Year: October 1, 20\_ to September 30, 20\_

Part I, Types of Complaints, cont.

**Nursing  
Facility**

**B&C, ALF,  
RCF. similar**

**C. Admission, Transfer, Discharge, Eviction**

- 16. Admission contract and/or procedure \_\_\_\_\_
- 17. Appeal process - absent, not followed \_\_\_\_\_
- 18. Bed hold - written notice, refusal to readmit \_\_\_\_\_
- 19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment \_\_\_\_\_
- 20. Discrimination in admission due to condition, disability \_\_\_\_\_
- 21. Discrimination in admission due to Medicaid status \_\_\_\_\_
- 22. Room assignment/room change/intrafacility transfer \_\_\_\_\_
- 23. Not Used \_\_\_\_\_

**D. Autonomy, Choice, Preference, Exercise of Rights, Privacy**

- 24. Choose personal physician, pharmacy/hospice/other health care provider \_\_\_\_\_
- 25. Confinement in facility against will (illegally) \_\_\_\_\_
- 26. Dignity, respect - staff attitudes \_\_\_\_\_
- 27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke \_\_\_\_\_
- 28. Exercise right to refuse care/treatment \_\_\_\_\_
- 29. Language barrier in daily routine \_\_\_\_\_
- 30. Participate in care planning by resident and/or designated surrogate \_\_\_\_\_
- 31. Privacy - telephone, visitors, couples, mail \_\_\_\_\_
- 32. Privacy in treatment, confidentiality \_\_\_\_\_
- 33. Response to complaints \_\_\_\_\_
- 34. Reprisal, retaliation \_\_\_\_\_
- 35. Not Used \_\_\_\_\_

**E. Financial, Property (Except for Financial Exploitation)**

- 36. Billing/charges - notice, approval, questionable, accounting wrong or denied (include overcharge of private pay residents) \_\_\_\_\_

State: \_\_\_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20\_\_

Part I, Types of Complaints, cont.	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF. Similar</b>
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	_____	_____
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	_____	_____
39. Not Used		

**Resident Care**

**F. Care**

40. Accident or injury of unknown origin, falls, improper handling	_____	_____
41. Failure to respond to requests for assistance	_____	_____
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	_____	_____
43. Contracture	_____	_____
44. Medications - administration, organization	_____	_____
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	_____	_____
46. Physician services, including podiatrist	_____	_____
47. Pressure sores, not turned	_____	_____
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	_____	_____
49. Toileting, incontinent care	_____	_____
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	_____	_____
51. Wandering, failure to accommodate/monitor exit seeking behavior	_____	_____
52. Not Used		

**G. Rehabilitation or Maintenance of Function**

53. Assistive devices or equipment	_____	_____
54. Bowel and bladder training	_____	_____
55. Dental services	_____	_____
56. Mental health, psychosocial services	_____	_____
57. Range of motion/ambulation	_____	_____

Part I, Types of Complaints, cont.

**Nursing  
Facility**

**B&C, ALF,  
RCF. Similar**

58. Therapies — physical, occupational, speech

\_\_\_\_\_

\_\_\_\_\_

59. Vision and hearing

\_\_\_\_\_

\_\_\_\_\_

60. Not Used

**H. Restraints - Chemical and Physical**

61. Physical restraint - assessment, use, monitoring

\_\_\_\_\_

\_\_\_\_\_

62. Psychoactive drugs - assessment, use, evaluation

\_\_\_\_\_

\_\_\_\_\_

63. Not Used

**Quality of Life**

**I. Activities and Social Services**

64. Activities - choice and appropriateness

\_\_\_\_\_

\_\_\_\_\_

65. Community interaction, transportation

\_\_\_\_\_

\_\_\_\_\_

66. Resident conflict, including roommates

\_\_\_\_\_

\_\_\_\_\_

67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)

\_\_\_\_\_

\_\_\_\_\_

68. Not Used

**J. Dietary**

69. Assistance in eating or assistive devices

\_\_\_\_\_

\_\_\_\_\_

70. Fluid availability/hydration

\_\_\_\_\_

\_\_\_\_\_

71. Food service - quantity, quality, variation, choice, condiments, utensils, menu

\_\_\_\_\_

\_\_\_\_\_

72. Snacks, time span between meals, late/missed meals

\_\_\_\_\_

\_\_\_\_\_

73. Temperature

\_\_\_\_\_

\_\_\_\_\_

74. Therapeutic diet

\_\_\_\_\_

\_\_\_\_\_

75. Weight loss due to inadequate nutrition

\_\_\_\_\_

\_\_\_\_\_

76. Not Used

State: \_\_\_\_ Federal Fiscal Year: October 1, 20\_ to September 30, 20\_

Part I, Types of Complaints, cont.

**K. Environment**

**Nursing  
Facility**

**B&C, ALF,  
RCF. similar**

- 77. Air/environment: temperature and quality (heating, cooling, ventilation, water,noise) \_\_\_\_\_
- 78. Cleanliness, pests, general housekeeping \_\_\_\_\_
- 79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure \_\_\_\_\_
- 80. Furnishings, storage for residents \_\_\_\_\_
- 81. Infection control \_\_\_\_\_
- 82. Laundry — lost, condition \_\_\_\_\_
- 83. Odors \_\_\_\_\_
- 84. Space for activities, dining \_\_\_\_\_
- 85. Supplies and linens \_\_\_\_\_
- 86. Americans with Disabilities Act (ADA) accessibility \_\_\_\_\_

**Administration**

**L. Policies, Procedures, Attitudes, Resources** (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)

- 87. Abuse investigation/reporting, including failure to report \_\_\_\_\_
- 88. Administrator(s) unresponsive, unavailable \_\_\_\_\_
- 89. Grievance procedure (use C for transfer, discharge appeals) \_\_\_\_\_
- 90. Inappropriate or illegal policies, practices, record-keeping \_\_\_\_\_
- 91. Insufficient funds to operate \_\_\_\_\_
- 92. Operator inadequately trained \_\_\_\_\_
- 93. Offering inappropriate level of care (for B&C/similar) \_\_\_\_\_
- 94. Resident or family council/committee interfered with, not supported \_\_\_\_\_
- 95. Not Used \_\_\_\_\_

**M. Staffing**

- 96. Communication, language barrier (use D.29 if problem involves resident inability to communicate) \_\_\_\_\_
- 97. Shortage of staff \_\_\_\_\_

Part I, Types of Complaints, cont.

**Nursing  
Facility**

**B&C, ALF,  
RCF. similar**

- 98. Staff training \_\_\_\_\_
- 99. Staff turn-over, over-use of nursing pools \_\_\_\_\_
- 100. Staff unresponsive, unavailable \_\_\_\_\_
- 101. Supervision \_\_\_\_\_
- 102. Eating Assistants \_\_\_\_\_

**Not Against Facility**

**N. Certification/Licensing Agency**

- 103. Access to information (including survey) \_\_\_\_\_
- 104. Complaint, response to \_\_\_\_\_
- 105. Decertification/closure \_\_\_\_\_
- 106. Sanction, including Intermediate \_\_\_\_\_
- 107. Survey process \_\_\_\_\_
- 108. Survey process - Ombudsman participation \_\_\_\_\_
- 109. Transfer or eviction hearing \_\_\_\_\_
- 110. Not Used \_\_\_\_\_

**O. State Medicaid Agency**

- 111. Access to information, application \_\_\_\_\_
- 112. Denial of eligibility \_\_\_\_\_
- 113. Non-covered services \_\_\_\_\_
- 114. Personal Needs Allowance \_\_\_\_\_
- 115. Services \_\_\_\_\_
- 116. Not Used \_\_\_\_\_

**P. System/Others**

- 117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person \_\_\_\_\_
- 118. Bed shortage - placement \_\_\_\_\_



State: \_\_\_ Federal Fiscal Year: October 1, 20\_ to September 30, 20\_

Part I, Types of Complaints, cont.

**Nursing Facility**                      **B&C, ALF, RCF. Similar**

- 119. Facilities operating without a license \_\_\_\_\_
- 120. Family conflict; interference \_\_\_\_\_
- 121. Financial exploitation or neglect by family or other not affiliated with facility \_\_\_\_\_
- 122. Legal - guardianship, conservatorship, power of attorney, wills \_\_\_\_\_
- 123. Medicare \_\_\_\_\_
- 124. Mental health, developmental disabilities, including PASRR \_\_\_\_\_
- 125. Problems with resident's physician/assistant \_\_\_\_\_
- 126. Protective Service Agency \_\_\_\_\_
- 127. SSA, SSI, VA, Other Benefits/Agencies \_\_\_\_\_
- 128. Request for less restrictive placement \_\_\_\_\_

**Total, categories A through P**

\_\_\_\_\_

**Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)**

- 129. Home care \_\_\_\_\_
- 130. Hospital or hospice \_\_\_\_\_
- 131. Public or other congregate housing not providing personal care \_\_\_\_\_
- 132. Services from outside provider (see instructions) \_\_\_\_\_
- 133. Not Used \_\_\_\_\_

**Total, Heading Q.**

\_\_\_\_\_

**Total Complaints\***

\_\_\_\_\_

\*(Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

E. **Action on Complaints:** Provide for *cases closed* during the reporting period the total number of *complaints*, by type of facility or other setting, for each item listed below.

	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, similar</b>	<b>Other Settings</b>
1. Complaints which were <i>verified</i>	_____	_____	_____

**Verified:** It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. *Disposition:* Provide for all complaints reported in C and D **whether verified or not**, the number:

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	_____	_____	_____
b. Which were not resolved* to satisfaction of resident or complainant	_____	_____	_____
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	_____	_____	_____
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	_____	_____	_____
2) other agency failed to act on complaint	_____	_____	_____
3) agency did not substantiate complaint	_____	_____	_____
e. For which no action was needed or appropriate	_____	_____	_____
f. Which were partially resolved* but some problem remained	_____	_____	_____
g. Which were resolved* to the satisfaction of resident or complainant	_____	_____	_____

**Total, by type of facility or setting** \_\_\_\_\_

**Grand Total (Same number as that for total complaints on pages 1 and 7)** \_\_\_\_\_

**\*Resolved:** The complaint/problem was addressed to the satisfaction of the resident or complainant.

3. **Legal Assistance/Remedies (Optional)** - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an

State: \_\_ Federal Fiscal Year: October 1, 20\_ to September 30, 20

administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.

**F. Complaint Description (Optional):** Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

## Part II — Major Long-Term Care Issues

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem and barriers to resolution, and b) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State. Examples of major long-term care issues may include facility closures, planning for alternatives to institutional care, transition of residents to less restrictive settings, etc.

*Note: Do not use attachments when entering this material on the data input program provided for the report — the material will be lost. Enter the material in the box provided for this purpose in the data input program.*

## Part III - Program Information and Activities

### A. Facilities and Beds:

1. How many **nursing facilities** are licensed in your State? \_\_\_\_\_
2. How many **beds** are there in these facilities? \_\_\_\_\_
3. Provide the type-name(s) and definition(s) of the types of **board and care, assisted living, residential care facilities** and any **other similar adult care home** for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. *If no change from previous year, type "no change" at space indicated.*
  - a) How many of **the board and care and similar adult care facilities** described above are **regulated** in your State? \_\_\_\_\_
  - b) How many **beds** are there in these facilities? \_\_\_\_\_

**B. Program Coverage**

*Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.*

**B.1. Designated Local Entities**

Provide for each type of host organization the **number** of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

**Local entities hosted by:**

- Area agency on aging \_\_\_\_\_
- Other local government entity \_\_\_\_\_
- Legal services provider \_\_\_\_\_
- Social services non-profit agency \_\_\_\_\_
- Free-standing ombudsman program \_\_\_\_\_
- Regional office of State ombudsman program \_\_\_\_\_
- Other; specify: \_\_\_\_\_
- Total Designated Local Ombudsman Entities \_\_\_\_\_

**B.2 Staff and Volunteers**

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs		
	Number people working <b>full-time</b> on ombudsman program		
Paid clerical staff	FTEs		
Volunteer ombudsmen certified to address complaints at close of reporting period.	Number volunteers		
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsman		
Other volunteers (i.e., not certified) at close of reporting period.	Number of volunteers		

***Certified Volunteer:*** *An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.*

**C. Program Funding**

Provide the amount of funds *expended* during the fiscal year from each source for your *statewide* program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman \$ \_\_\_\_\_

Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention \$ \_\_\_\_\_

Federal - OAA Title III provided at State level \$ \_\_\_\_\_

Federal - OAA Title III provided at AAA level \$ \_\_\_\_\_

Other Federal; specify: \$ \_\_\_\_\_

State funds \$ \_\_\_\_\_

Local; specify: \$ \_\_\_\_\_

**Total Program Funding** \$ \_\_\_\_\_

State: \_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20

**D Other Ombudsman Activities**

Provide below and on the next page information on ombudsman program activities other than work on complaints.

**Activity 1: Training for ombudsman staff and volunteers**

Measure	State	Local
Number sessions		
Number hours		
Total number of trainees that attended any of the training sessions above (duplicated count)		
3 most frequent topics for training		

**Activity 2: Technical assistance to local ombudsmen and/or volunteers**

Measure	State	Local
Estimated percentage of total staff time		

**3. Training for facility staff**

Measure	State	Local
Number sessions		
3 most frequent topics for training		

State: \_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20

**4. Consultation to facilities**

(Consultation: providing information and technical assistance, often by telephone)

Measure	State	Local
3 most frequent topics for training		
Number of consultations		

**5. Information and consultation to individuals (usually by telephone)**

Measure	State	Local
3 most frequent requests/needs		
Number of consultations		

**6. Facility Coverage** (other than in response to complaint)

Measure	State	Local
Number Nursing Facilities visited (unduplicated)		
Number Board and Care (or similar) facilities visited (unduplicated)		

**7. Participation in Facility Surveys**

Measure	State	Local
Number of surveys		

**8. Work with resident councils**

Measure	State	Local
Number of meetings attended		



State: \_\_ Federal Fiscal Year: October 1, 20\_\_ to September 30, 20

**9. Work with family councils**

Measure	State	Local
Number of meetings attended		

**10. Community Education**

Measure	State	Local
Number of sessions		

**11. Work with media**

Measure	State	Local
3 most frequent topics		
Number of interviews/discussions		
Number of press releases		

**12. Monitoring/work on laws, regulations, government policies and actions**

Measure	State	Local
Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100 %.)		