State of Delaware
Office of the State
Long Term Care Ombudsman

Annual Report
Federal Fiscal Year 2006

DELAWARE HEALTH
AND SOCIAL SERVICES
DIVISION OF SERVICES FOR AGING AND
ADULTS WITH PHYSICAL DISABILITIES

www.dhss.delaware.gov/dsaapd • 1-800-223-9074

Annual Report

State of Delaware
Long Term Care Ombudsman Program
Federal Fiscal Year 2006

Delaware Health and Social Services
Division of Services for Aging
and Adults with Physical Disabilities
1901 North DuPont Highway
New Castle, Delaware 19720
(302) 255-9390
www.dhss.delaware.gov/dsaapd

May 29, 2007

Dear friends of long term care residents:

We are pleased to present the 2006 Annual Report of Delaware's Long Term Care Ombudsman Program.

Delaware's Long Term Care Ombudsman Program is responsible for advocating for the rights of all residents in long term care and related facilities. We strive to fulfill this responsibility every day by providing prompt and fair resolution of residents' rights, complaints and by advocating on public policy issues to enhance the quality of care for residents. Our activities are coordinated with the Division of Long Term Care Residents Protection, the Office of the Attorney General, the Office of the Public Guardian and others that provide a blanket of protections for the rights of residents.

This report reflects the efforts of all the agencies listed above as well as our dedicated ombudsmen, volunteers, families, advocates, and citizens who are a voice for the residents of long term care facilities. These caring and compassionate individuals also help alleviate loneliness and isolation of residents by simply visiting the residents to talk, listen attentively, and be a friend.

We hope that this report will be useful to you as you work to improve the lives of Delawareans who need long term care. Please contact us if we can be of further assistance.

Sincerely,

Victor Orija, MPA
State Long Term Care Ombudsman

TABLE OF CONTENTS

Delaware Cares

ACCOMPLISHMENTS OF DELAWARE'S LONG TERM CARE OMBUDSMAN PROGRAM DURING FISCAL YEAR 2006

The Ombudsman Program serves residents of 49 nursing homes (4,997 beds), 29 assisted living facilities (1,804 beds), and 107 board and care and residential care facilities (286 beds).

Program Operations

Investigated and resolved 470 complaints
Made 1,355 visits to long term care facilities

Legislation and Advocacy

Participated in national and state level conferences on aging and long term care issues
Commented on proposed federal regulations on Long Term Care Ombudsman Programs
Member of Policy and Law Sub-Committee on State Council for Persons with Physical Disabilities
Participated as member of subcommittees of The Governor's Commission on Community-Based Alternatives for People with Disabilities. Subcommittees include: Assessment, Employment, Healthcare, Housing, Money Follows the Person, Transportation, and Workforce Development

Volunteer Recruitment and Coordination

Fielded 47 volunteers who provided 3,400 hours of service
Witnessed 276 Advance Directives
Made 157 interventions on behalf of residents
Revisited the innovative program to expand volunteers' advocacy role

Public Awareness and Outreach

Community outreach and training on the role of the ombudsman
Celebrated Residents' Rights Week; Governor's Proclamation
Co-sponsored Fifth Annual Residents' Rights Rally
Television/Press interviews highlighting how to select a nursing home and resident rights
Featured in *News Journal* newspaper articles about Advance Directives

Training and Education

Co-sponsored and coordinated Region 3 ombudsman training event in Maryland with District of Columbia, and Maryland ombudsman programs
Participated in national quality training
Participated in national and state advocacy training
Provided statewide bi-monthly training for volunteers
Provided training for staff of long term care facilities and state unit on aging staff

Inter-agency Coordination

Participated in Delaware Nursing Home Residents' Quality Assurance Commission meetings
Participated in the State Council for Physical Disabilities Policy and Law Subcommittee
Participated in Quality Improvement Initiative training events

Intra-agency Collaboration

Collaborated with Delaware Medicare Fraud Alert staff to train staff and volunteers on Medicare Part D

Collaborated with Alzheimer's Association staff to train ombudsman staff on Alzheimer issues
Collaborated with the Quality Insights of Delaware (QIO), Delaware Health Care Facilities Association (DHCFA), Alzheimer Association and the Pain Management Initiatives to promote the Advancing Excellence in Nursing Home Quality Initiative in Delaware

MISSION AND HISTORY
DELAWARE'S LONG TERM CARE OMBUDSMAN PROGRAM

PHILOSOPHY: All residents of long term care facilities are entitled to be treated with dignity, respect and recognition of their individual needs and differences.

VISION: All long term care residents will have the highest possible quality of life. Their individual choices and values will be honored and supported in all care environments.

Mission

For the past 30 years, Ombudsman programs have been advocating for residents rights. Delaware's Ombudsman Program began in 1976.

The Long Term Care Ombudsman Program (LTCOP) in Delaware is mandated by state and federal laws to protect the health, safety, welfare and rights of residents of nursing homes and related institutions. The program investigates complaints on behalf of residents and their families, and includes a community-based corps of Volunteer Ombudsmen.

History

The Long Term Care Ombudsman Program in Delaware traces its origin to an innovative federal program established in 1972. The program made permanent and codified in law through amendments to the Older Americans Act (OAA) of 1975, which enabled state agencies on aging and other public and private not-for-profit organizations to assist with the promotion and development of Ombudsman services for residents of nursing homes. By 1978, the OAA mandated the expenditure of funds for an Ombudsman at the state level to receive, investigate, and act on complaints by older individuals who are residents of long term care facilities.

In 1976, Delaware's then Division of Aging, now the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), established the Patient Rights Unit. On September 7, 1984, the Patient Rights Unit was officiallly mandated by the Secretary of Delaware Health and Social Services to investigate grievances of residents of long term care facilities pursuant to 16 Del. C. 1128.

Delaware's Ombudsmen have been investigating complaints in long term care facilities for 29 years. In 1979, the program received a total of 53 complaints. In 2004, the Ombudsman Program investigated 504 complaints. Upon the creation in 1999 of the Division of Long Term Care Residents Protection (DLTCRP) within the Department of Health and Social Services, the Ombudsman Program ceased to take the lead on abuse, neglect and financial exploitation cases, and became the primary agency responsible for investigations of residents' rights and quality of care. This was a significant change in our mission, and significantly changed our operations. In 2000, the DLTCRP and the Ombudsman Program signed a Memorandum of Agreement establishing a process for complaint referrals between the two agencies.

LONG TERM CARE OVERVIEW

In the past ten years Delaware's aging population has increased dramatically. In fact, persons 85 years old and above grew 47.7%, outpacing the national average by more than ten points. The baby boom generation is projected to grow significantly in the next decade. By the year 2020, Delawareans over the age of 50 will increase by 100,000 people.
(Source: Profiles in Long Term Care, Public Policy Institute – 2002).

The need for long term care services is also likely to grow. According to the Division of Public Health - Bureau of Health Planning, admissions to nursing homes more than doubled between 1991 and 2001. As the demand for long term care services continues to rise, the demand on institutions and community- based healthcare providers to offer more care will also increase. Although admissions have risen significantly in the past ten years, so have discharges. As a result, the nursing home population from year to year has been relatively stable. In fact, the number of licensed nursing home beds has only increased by 1.3% since 1991. Furthermore, occupancy rates in nursing homes have not changed significantly in the past decade, averaging around 86% since1991. The national occupancy rate in 2005 was approximately 85.4%. According to Steve Gold, a Philadelphia-based attorney and disabilities advocate, Delaware had an occupancy rate of 84.65% in 2005.

Population Projections
State of Delaware
Persons Aged 60+, 75+, and 85+

Year	Population Projections Persons Aged 60+	Percent Change From Year 2000
2000	134,400	NA
2005	153,578	14.3
2010	179,608	33.6
2015	208,831	55.4
2020	243,728	81.4
2025	276,689	105.9
2030	296,739	120.8

***

Year	Population Projections Persons Aged 75+	Percent Change From Year 2000
2000	45,463	NA
2005	54,048	18.9
2010	60,127	32.3
2015	64,807	42.6
2020	73,328	61.3
2025	88,056	93.7
2030	104,067	128.9

***

Year	Population Projections Persons Aged 85+	Percent Change From Year 2000
2000	10,575	NA
2005	13,802	30.5
2010	17,425	64.8
2015	19,940	88.6
2020	21,533	103.6
2025	22,964	117.2
2030	26,824	153.7

Source:
Delaware Population Consortium, Annual Population Projections
September 23, 2003, Version 2003.0

County specific data

SUSSEX		KENT		NCC	
Population 16 to 64 years	**107,191**	**Population 65 years and over**	**57,166**	**Population 65 years and over**	**16,726**
With any disability	11.00%	With any disability	36.70%	With any disability	39.40%
With a sensory disability	3.00%	With a sensory disability	14.90%	With a sensory disability	15.30%
With a physical disability	7.70%	With a physical disability	27.30%	With a physical disability	34.30%
With a mental disability	3.10%	With a mental disability	9.20%	With a mental disability	9.10%
With a self-care disability	2.40%	With a self-care disability	8.10%	With a self-care disability	8.50%
With a go-outside-home disability	3.30%	With a go-outside-home disability	15.20%	With a go-outside-home disability	16.00%
With an employment disability	6.60%				

Source: US Census Bureau

PROGRAM OPERATIONS

What is an Ombudsman?

Advisor:	Provides information and counsel to authorities charged with operation and regulation of the long term care system.
Advocate:	Represents a complainant or group of concerned residents to encourage resolution of complaints.
Catalyst:	Helps mobilize the public and/or organizations to generate action to resolve issues and problems.
Coordinator:	Brings together individuals with authority so they can share information, develop strategies, assign responsibilities, and take action to resolve problems and issues.
Facilitator:	Establishes communication channels to bring concerns and problems needing solutions directly to decision makers.
Mediator:	Encourages reconciliation by serving as an impartial third party mediating disputes over services or issues.

Referral Agent:	Refers those seeking assistance to the responsible agencies that can help resolve a problem. Whenever possible, such referrals are monitored.
Witness:	Witnesses all Advance Directives written by and/or for residents of long term care facilities.
Consultation to Facilities:	Provides information and education on resident rights and long term care issues to staff of long term care facilities.

The Year in Review

In Delaware, there are 49 nursing homes that provide care for 4,997 residents on any given day. In addition, there are 29 assisted living facilities serving approximately 1,804 residents. An additional 107 licensed rest (family care) homes are located throughout the state, providing long term care to 286 seniors and persons with disabilities. The largest growth in long term care facilities was in the combined category of assisted living, small group homes, and related institutions. This growth has resulted in an increase in the number of options residents have when seeking long term care.

Assisted living regulations were strengthened in 2002 to add more safeguards for residents in long term care. Among important changes was a new "Uniform Assessment Instrument." This tool was designed to ensure that applicants interested in assisted living were appropriate, met eligibility standards and received the appropriate level of care.

The Long Term Care Ombudsman Program investigated and resolved 470 complaints during fiscal year 2006. In addition, the program witnessed 276 Advance Directives and provided scores of in-service training sessions and outreach. The program accomplished this with four full-time Long Term Care Ombudsmen, a Volunteer Services Coordinator, and a State Long Term Care Ombudsman.

Location

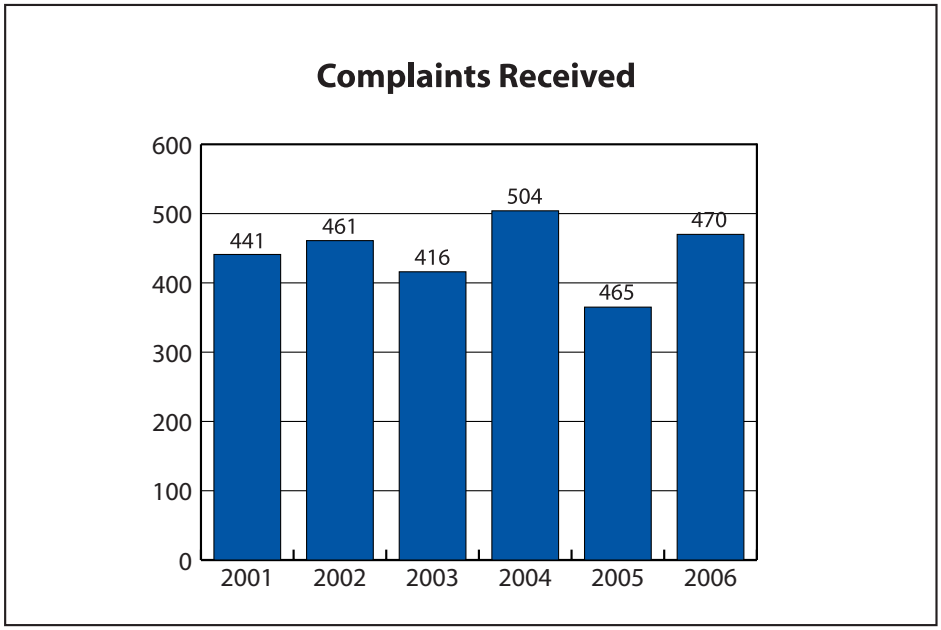
The program operates out of two offices, one located on DuPont Highway in New Castle, serving the city of Wilmington and New Castle County. The other office is located in Milford, and serves both Kent and Sussex Counties. In addition, we rely on our volunteer ombudsmen to assist with being our eyes and ears in long term care facilities by visiting residents and assisting with interventions to correct problems as they arise. This proactive approach helps to resolve issues early and often.

In our complaint handling, the ombudsman respects the resident, the complainant, and their confidentiality. The complaint resolution focuses on the resident's stated wishes.

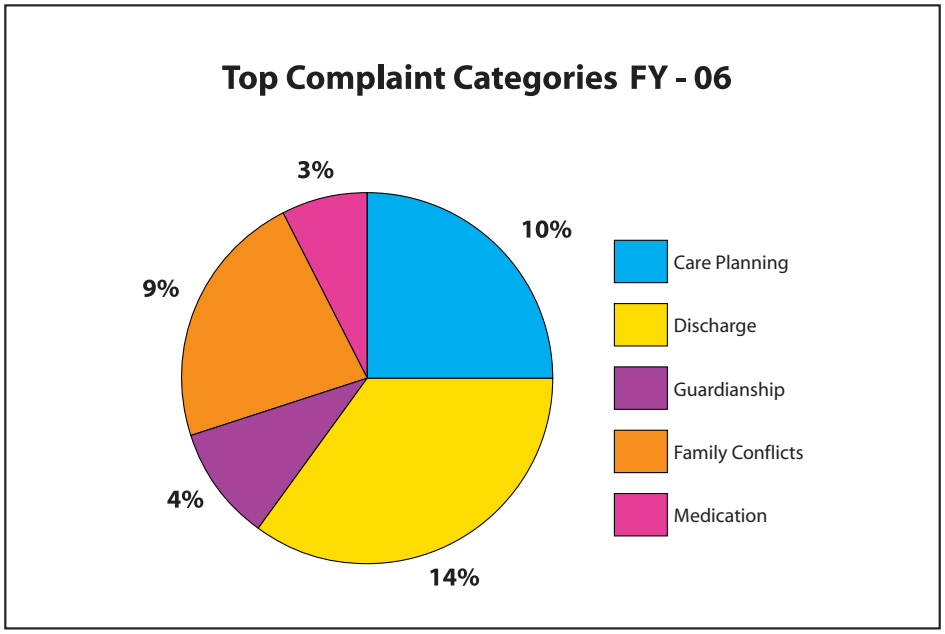
A complaint is defined as information that requires an action or inaction. Also, it could adversely affect the health, safety, welfare, or rights of residents of long term care facilities.

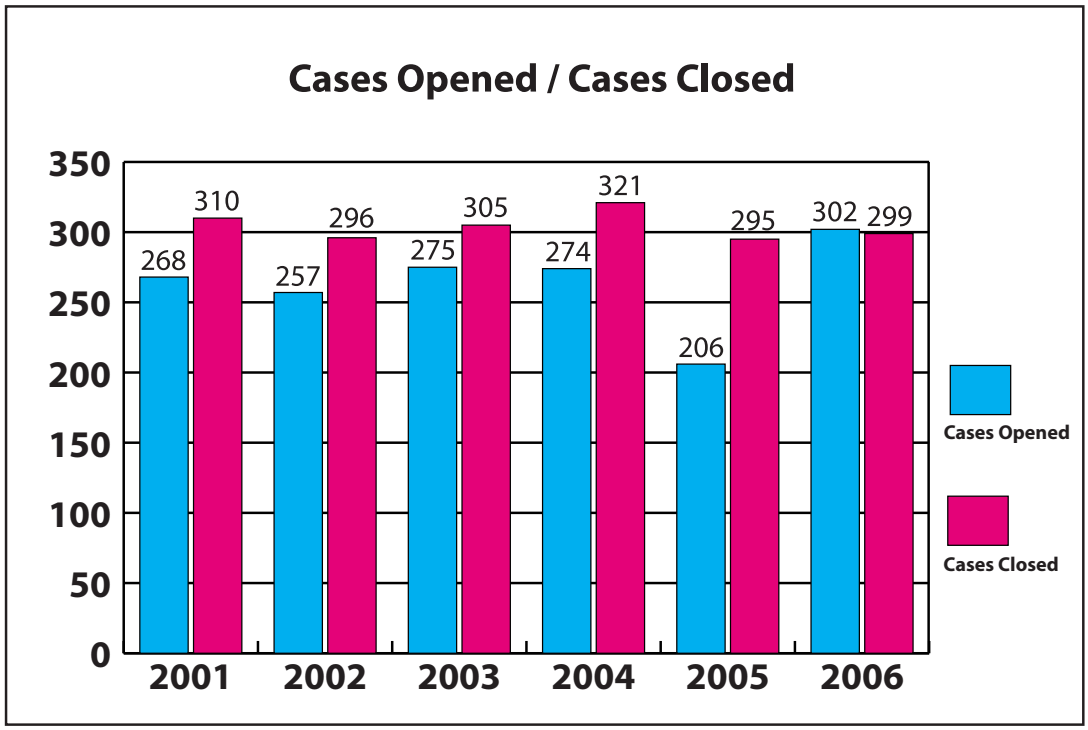
Most Frequent Complaints

Complaint investigations are the primary responsibility of the Long Term Care Ombudsman Program. Ombudsman staff work closely with residents and facility staff to offer guidance and correct substantiated complaints. In fiscal year 2006, staff investigated 470 complaints. The top five complaints included discharge, care planning, family conflicts, guardianship, and medication.

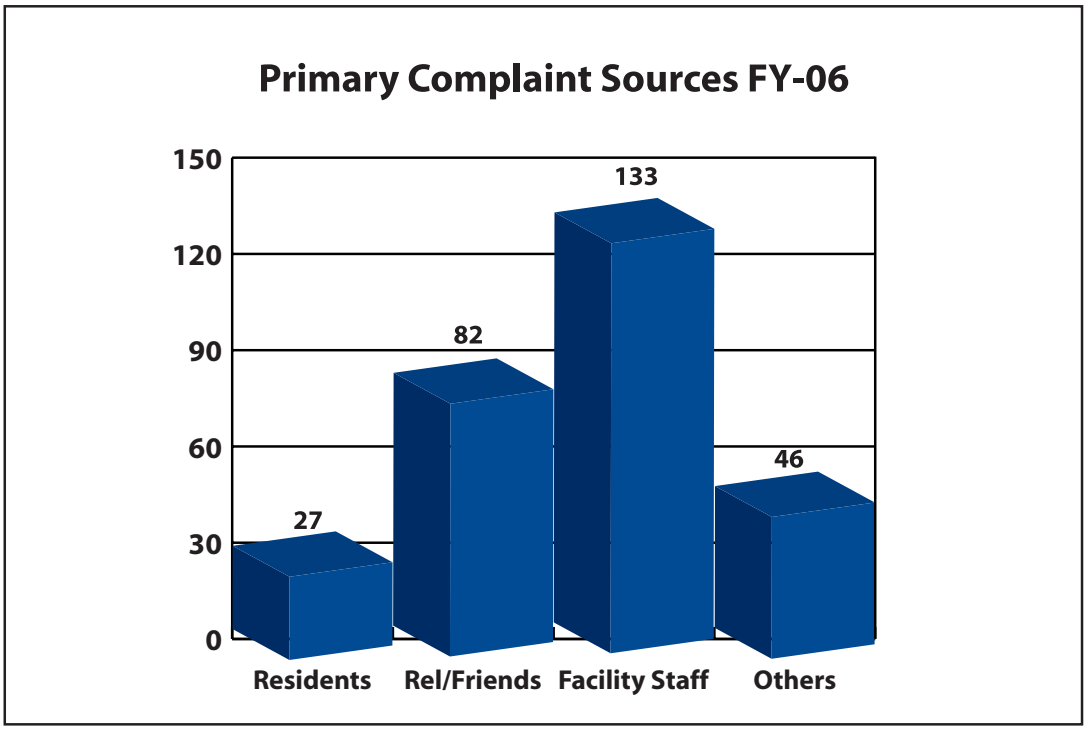


Top Five Complaint categories in FY-06
(of 132 categories)





There are 9 categories of "complainants" who referred complaints on behalf of residents to the Ombudsman. However, 288 or 61% of the 470 complaints came from:



Typical Case/Case Study

The typical resident served by the Ombudsman Program is a 75-year old who has resided in a nursing home for two years. The Ombudsman spent about ten hours on the case, and took 80 days to complete the case. Most complaints involved discharge and care plan issues. In most cases, they demand urgent attention. Per long term care policy, cases should be resolved within ninety days.

To reduce case time, the program explored the possibility of expanding the role of the volunteer from "friendly visitor" to include helping the ombudsman resolve complaints. However, this new concept is yet to be implemented. Some variables must be in place prior to succesful implementation. To facilitate the transition, we must develop a new volunteer training program focused on assisting with investigations and resolving complaints, and be able to attract those who desire this new role. At the moment, most volunteers prefer to be "friendly visitors."

In our case study, a resident received a discharge notice. The facility was not being paid, hence the discharge proceeding was initiated. It was a case where the responsible family member was not paying as scheduled. The ombudsman contacted the family member and facilitated arrangements to repay the facility. Once the repayment arrangement was finalized and intact, the facility withdrew the discharge notice. Meanwhile, the resident's care was not impacted.

In another case, the resident had a diagnosis of Alzheimer's Disease and wanders frequently. The facility issued a discharge on the basis of safety. The family is concerned because he is easily agitated and needs some intervention or activity to help him calm down. The family wants him restrained. However, regulations do not permit the use of a restraint. The ombudsman reviews the care plan with family and facility staff. The joint resolution was placement in an Alzheimer's day program. The resolution was helpful to the resident.

Program Impact/Outcomes

Ombudsmen work closely with the families of residents and facility staff to resolve each complaint by identifying the basis of the complaint, making recommendations, and referring violations of regulations to the state Division of Long Term Care Residents Protection. Ombudsmen respond to each resident's concern in person, interview staff, and review records during the course of an investigation. Resolution is made based on findings.

Ombudsman Advisory Council

At the moment, there is no council. We are still exploring the implementation of a council in the near future. The purpose of a council will be to provide guidance to the Long Term Care Ombudsman staff. Also, it will be a way of providing more community involvement in the program.

<u>An Overview of the Ombudsman's Activities</u>

The Ombudsman Staff meets monthly to review program responsiveness and the program's overall performance.

Information and Assistance:

Ombudsmen provided information regarding residents' rights, care, admission procedure, discharge procedure, abuse, neglect, and exploitation reporting.

Education and Outreach:

Ombudsmen provided community education and outreach on the rights of residents, the services of the Ombudsman program, facility regulations and enforcement and elder abuse. Education and outreach was provided for individuals, families, groups and facility staff.

Routine Visit to Facilities:

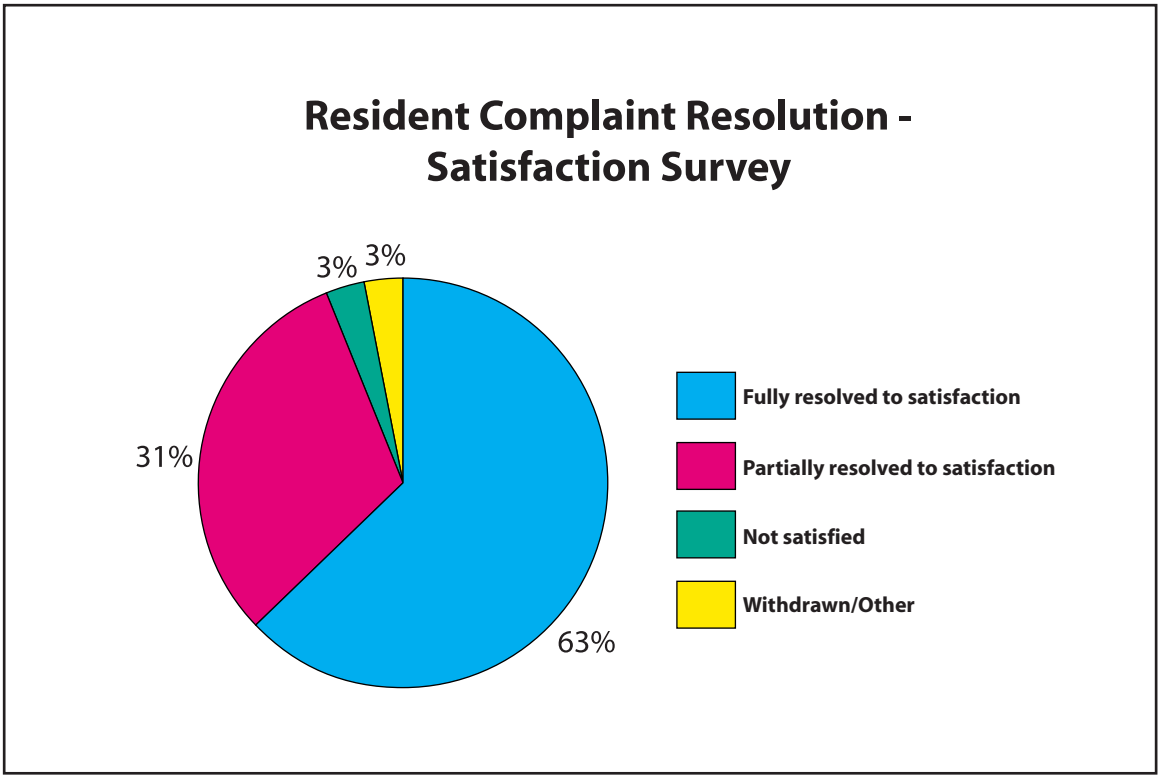
Ombudsmen routinely visit facilities and residents to ensure that they are visible and accessible to the residents, their families, and facility staff for consultation.

Resident and Family Councils:

On invitation, ombudsmen attend resident and family council meetings. They answer questions and where appropriate, are available to help establish these councils. The residents and their families must have a voice in the care of residents. As such, we have renewed our efforts to re-energize resident and family councils by offering our services and letting them know that we are available to speak at council meetings, and willing to offer suggestions on issues.

Interagency Coordination:

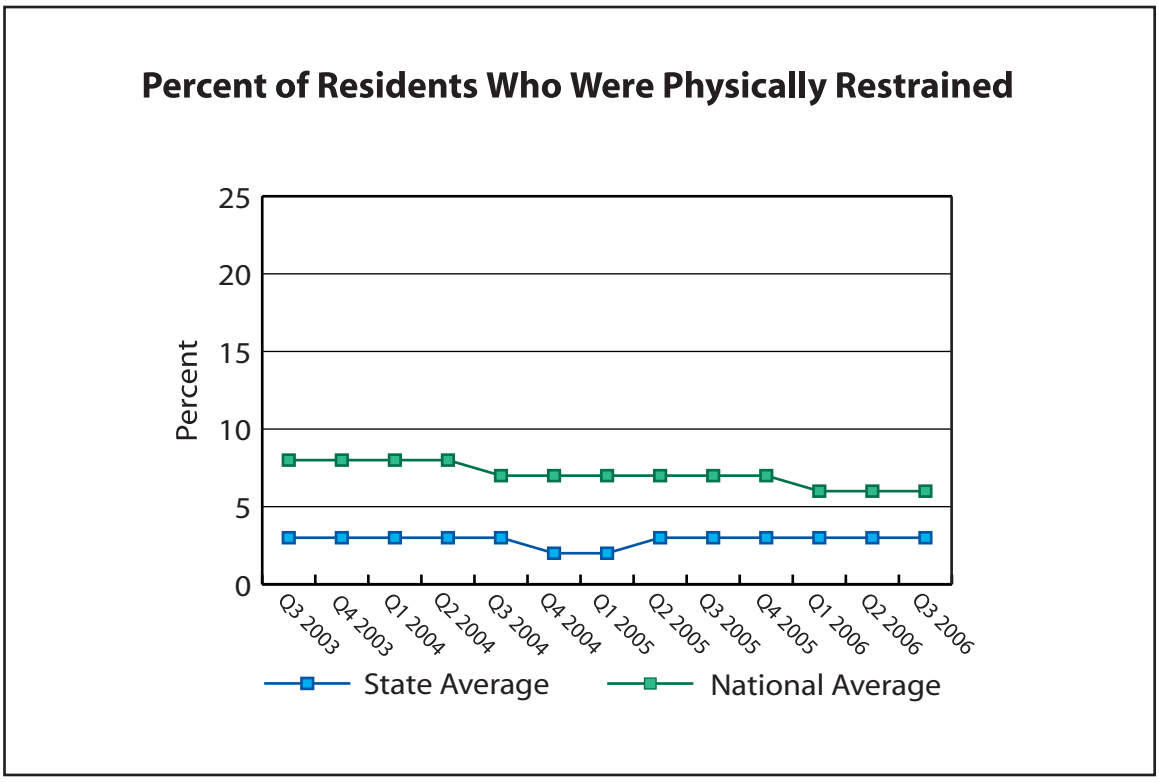
Ombudsmen work closely with regulatory, advocacy, social services, law enforcement and appropriate agencies to ensure that long term care facility residents are accorded their rights. Specifically, we refer all cases of abuse, neglect, mistreatment, and financial exploitation to the state Division of Long Term Care Residents Protection.



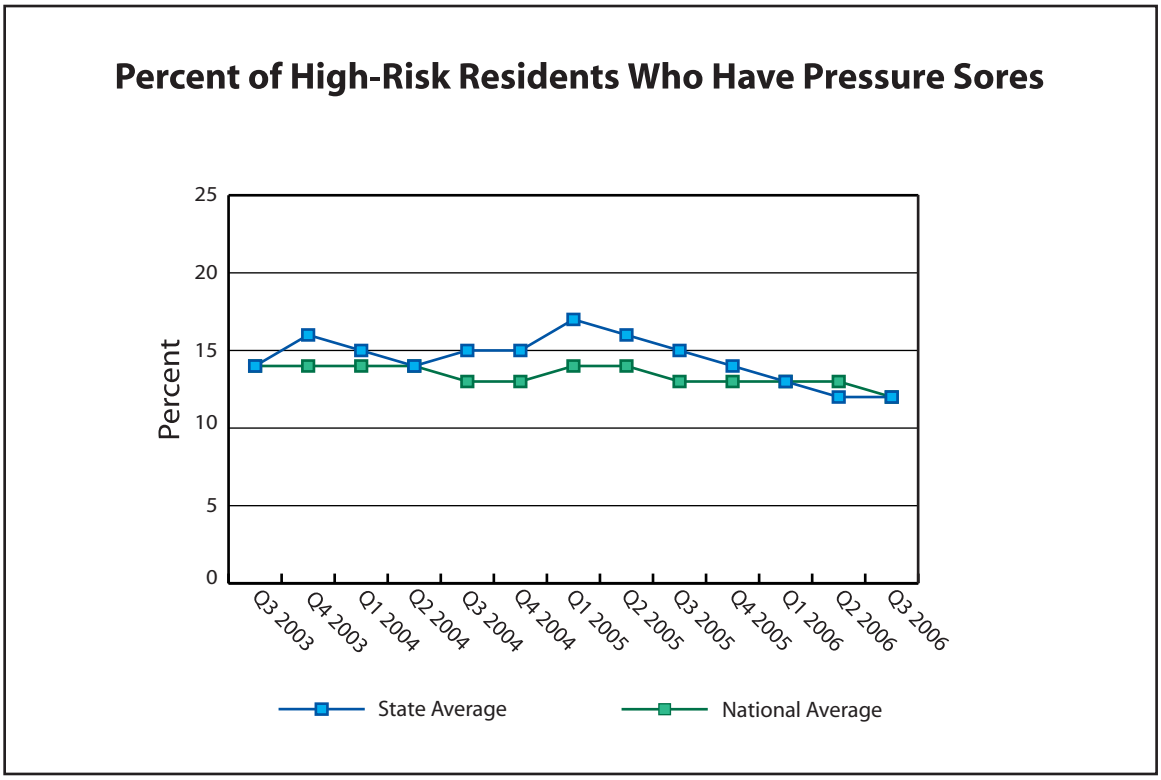
Quality Indicators - Delaware versus National Average

Nursing homes in Delaware compare favorably with most states, with an average of 4.2 hours per patient day (ppd), while the national average was 3.9 ppd, according to the Centers for Medicare and Medicaid Services (CMS). Adequate staffing is important in assuring sufficient care for residents. In 2006, Delaware had more survey findings per facility (16) than the national average (8). It is remarkable that Delaware's use of physical restraints is 4% below national average.Although progress was made as evidenced by some of the graphs below, Delaware was at the same level of 9% with the national average for Urinary Tract Infection. In helping residents with Activities of Daily Living (ADL), Delaware was 18% as opposed to the national average of 16%. Also, Delaware maintained the same average of 13% with the nation in terms of high-risk, long-stay residents with pressure sores. Reduction of pressure sores must remain an area of focus.

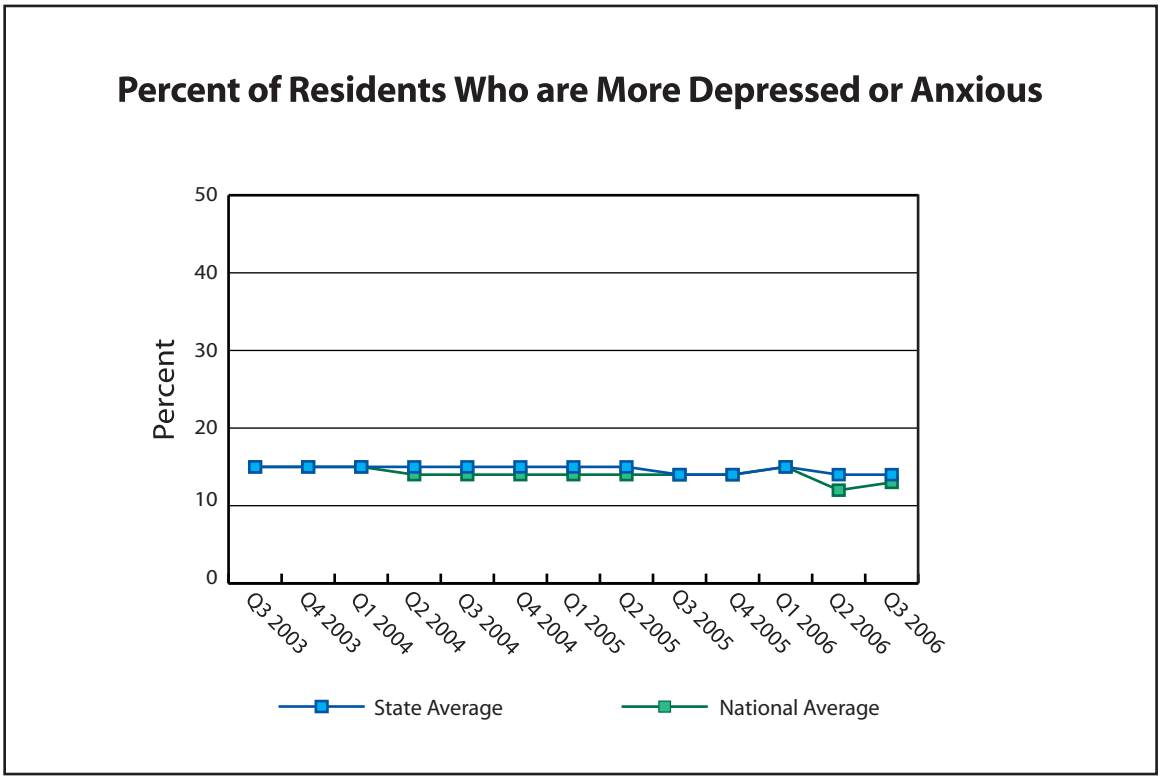
The graph below shows physical restraint scores for the state and/or nation over time:
Note: For all indicator graphs, a lower percentage is better.



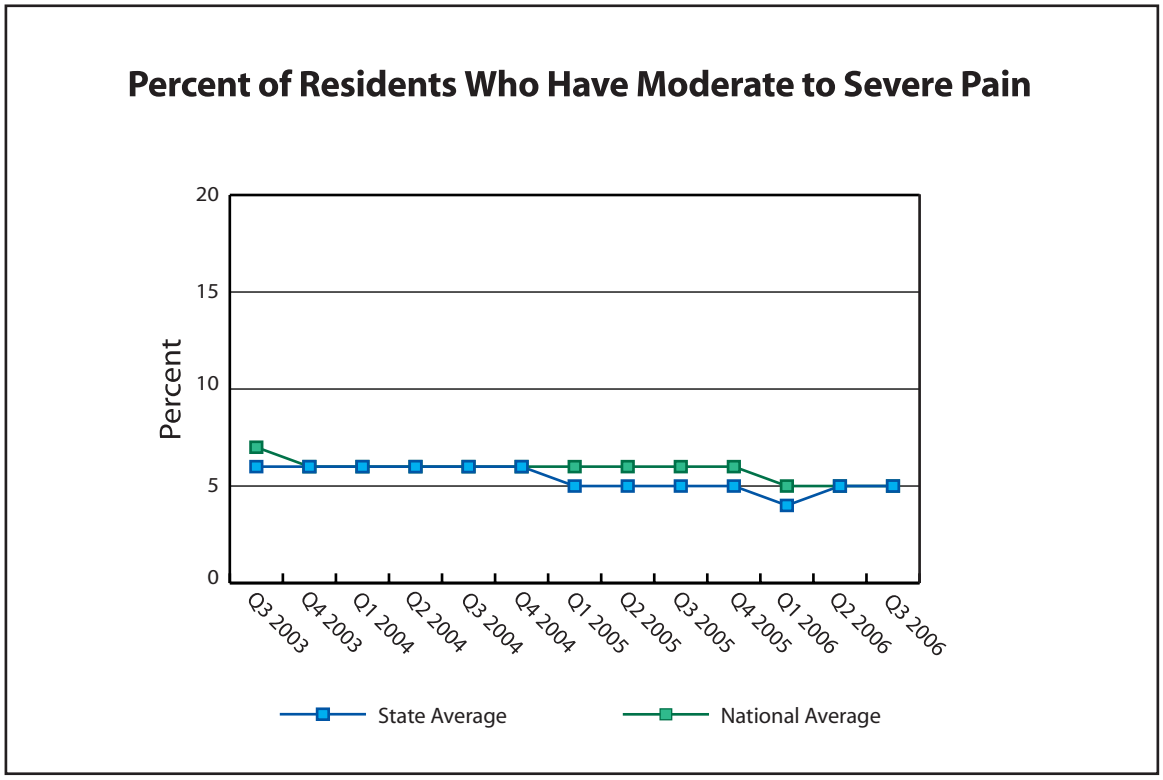
The graph below shows scores for high-risk pressure ulcer sores for the state and/or nation over time:



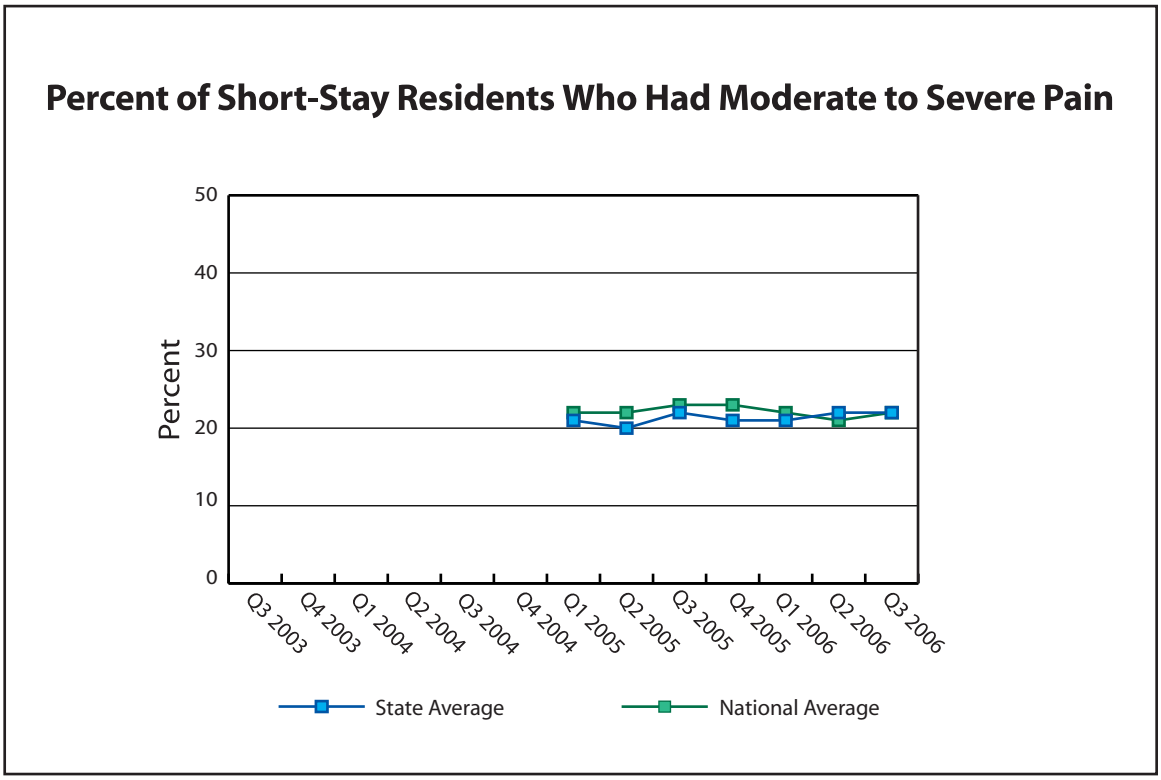
The graph below shows depression scores for the state and/or nation over time:



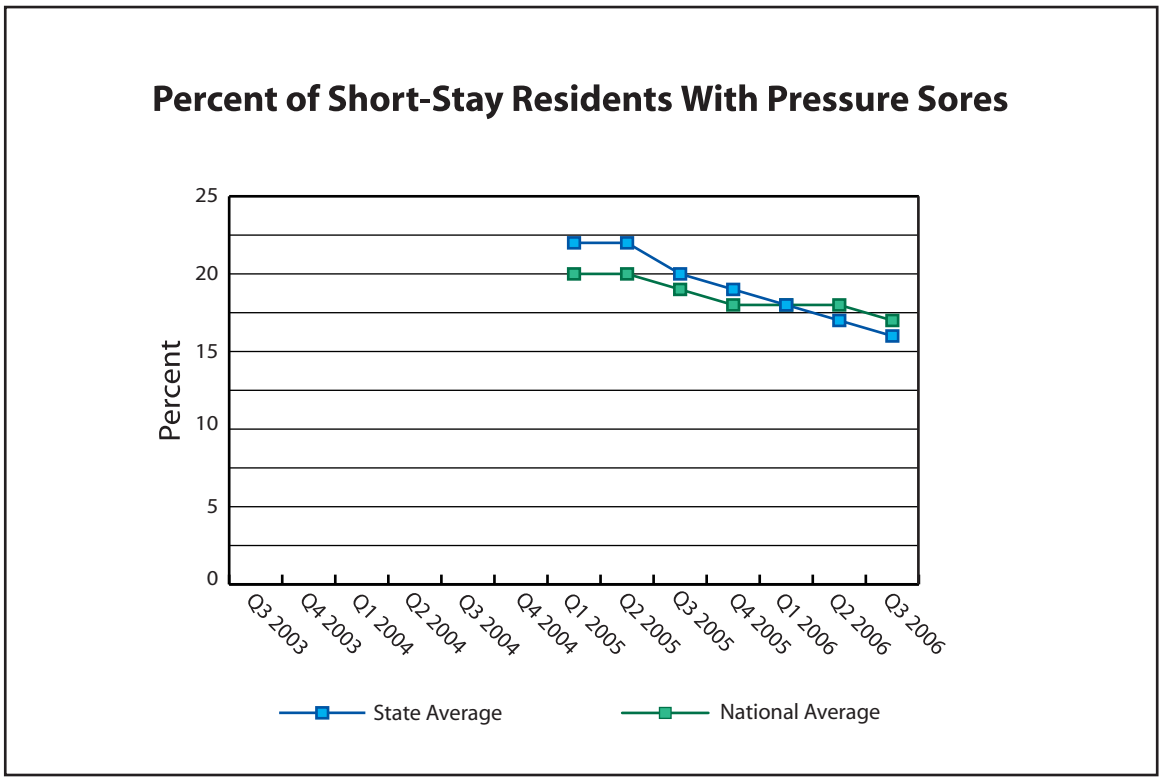
The graph below shows chronic care pain scores for state and/or nation over time:



The graph below shows post acute care pain scores for the state and/or nation over time:



The graph below shows scores for post acute care pressure ulcer sores for state and/or nation over time:



Source: Medicare.gov/NHCompare 2006

The facility-level quality measure data on the nursing home STAR site are the data publicly reported by the Centers for Medicare & Medicaid Services (CMS) on Nursing Home Compare.

The quality measures are derived from the Minimum Data Set (MDS) and are updated quarterly.

	Delaware	National Average
Staffing+	**4.2 ppd**	**3.9 ppd**
Survey Findings Source: Harrington, et.al 2005	**16**	**8**
Complainants with LTCOP/Bed Source: FY05 NORS Data	**0.06**	**0.11**

Pain (all categories) - It shows the percent of residents who were reported to have moderate to severe pain during the assessment period. Pain can be caused by a variety of medical conditions. Checking for pain and pain management are very complex.

Bed sore - It shows the percent of residents with a high risk of getting pressure sores, or who get a pressure sore in the nursing home. A resident has a high risk for getting a pressure sore if in a coma, if unable to get needed nutrients or cannot move or change position without assistance.

Restraint – It shows the percent of residents in the nursing home who were physically restrained daily during the assessment period, A physical restraint is any device, material, or equipment attached or adjacent to a resident's body, that the individual cannot remove easily, which keeps a resident from moving freely or prevents resident normal access to body.

Depression – It shows the percent of residents who have become more depressed or anxious in the nursing home since their last assessment.

Best Practices

The Long Term Care Ombudsman Program continues to embrace and use best practices in Delaware and has worked on implementing ombudsman best practices to improve overall program performance. The program continues to use the 360 degree review process. This is a self evaluation tool in accordance with the national standard. It is used by all programs. The goal of this instrument is to provide State Long Term Care Ombudsmen with a tool for assessing their own statewide program. The instrument has two purposes. First, it identifies the components and elements that must be present in order to have a strong, effective ombudsman program. Second, the instrument allows the State Long Term Care Ombudsman to assess, using a rating scale from 1 to 5, whether each element is in place and, if so, how successfully and consistently the element is utilized.

Ombudsmen in Delaware participated in regional and national training sessions which are aimed at program effectiveness. It is our goal to continually improve our performance and to ensure full compliance with the Older Americans Act.

VOLUNTEER OMBUDSMAN CORPS

Volunteers working on behalf of Delaware residents to resolve problems, advocate and improve care:
Traveled 13,125 Miles -Making 70 round trips between New Castle County and Sussex County
Volunteered 3,400 hours – almost equivalent to 2 full-time positions
Intervened 157 times – equivalent to cases worked by paid staff
Witnessed Advanced Dircives

Volunteer Recruitment

The Long Term Care Ombudsman Program conducts volunteer training classes each year. Volunteers receive a 15-hour training program. They are recruited by a statewide multimedia outreach campaign that includes media releases, brochures, public service announcements, and civic group presentations. In addition, the state's Internet site, www.dhss.delaware.gov/dsaapd, offers an online application for people interested in volunteering. We also work closely with the Retired and Senior Volunteer Program (RSVP) and other community-based organizations to promote volunteer opportunities. After our initial training program, volunteers enter an orientation phase of their training. In addition, they participate in bi-monthly trainings to keep volunteers up to speed on the latest developments in long term care.

Each Volunteer Ombudsman must have excellent communication skills to establish and nurture relationships with residents of long term care facilities. In addition, individuals must be effective advocates and knowledgeable in residents' rights as well as current practices in long term care facilities. Volunteers are our eyes and ears in a facility, and they make a real difference in the lives of those living in nursing homes and assisted living facilities. In the near future, the initial 15-hour training may be revised to embrace the current and actual need of a volunteer. Again, this will resemble some of the best practices by other ombudsmen across the country.

To accommodate volunteers, we have contemplated weekend training. The age range of volunteers is about mid-60's to about 84 years. A few are between 35 years and 45 years.

The challenge is to target new recruits in a lower age bracket. Our current cadre is dedicated and hard working, but we must look to the future when they will decide to retire from active volunteerism.

Volunteer Retention

Delaware's Volunteer Ombudsman Program believes that building successful, trusting relationships with residents is not only the foundation of good advocacy, but is also a key to volunteer retention. When volunteers establish meaningful, rewarding contacts within a facility, they are more likely to fulfill their volunteer responsibilities and many will contribute well beyond what is asked of them. To retain volunteers and recognize their achievements and service-above-self dedication, the Ombudsman Program:

- Sponsors an annul recognition event to award service pins and recognize achievement
- Provides professional training and experience
- Reimburses ombudsmen for mileage
- Provides ongoing and active communication and training with a Volunteer Service Coordinator

The current mileage reimbursement rate is not keeping up with the high cost of gasoline. This is a challenge for the Ombudsman's office and several statewide organizations whose volunteers are retired citizens with fixed incomes. Some volunteers have resigned because of the low reimbursement from the state. Every effort must be made to improve the reimbursement rate if we are to retain our volunteers.

There was an effort to expand the role of Volunteer Ombudsmen during the year. Volunteers have historically been "friendly visitors." Friendly Visitors make a real impact on residents who are isolated. Many residents need a caring heart and a warm hand to help them feel connected to their community. In fact, almost 40% of residents do not receive regular visitations. In addition to their "friendly visiting" role, there was consideration to expand the role of Volunteer Ombudsmen duties to include assisting Long Term Care Ombudsman Program staff with complaint investigations. This has not materialized because of required training, certification, and the willingness of current volunteers for such a gigantic undertaking.

Nationwide, Volunteer Ombudsmen routinely investigate complaints related to quality of care and residents' rights. In fact, 62% of all Volunteer Ombudsmen in the nation are certified to investigate complaints. We will revise our training manual, and will redirect our recruitment efforts to reflect this new and expanded role of our Volunteer Ombudsmen who will enhance our capabilities to serve the 5,000 residents living in long term care facilities in Delaware.

OMBUDSMAN VOLUNTEERS

The Ombudsman's Volunteer Coordinator manages volunteer activities. "Volunteer Visitors" visit residents in long term care facilities. When Volunteer Visitors learn of complaints they request that the full time Ombudsman contact the complainant to handle the investigation and resolution.

Volunteer Recruitment

The Ombudsman Program is looking for volunteers. We are dedicated to protecting the dignity and rights of elders and persons with disabilities who reside in our long term care facilities.

Ombudsman Volunteer Visitors are trained to listen to the concerns and problems of long term care residents. Key volunteer qualities include compassion, respect, and common sense. A positive attitude, ability to communicate effectively, and available time are important attributes.

All volunteers receive initial and on-going training. With additional training, a Certified Volunteer Ombudsman may assist the Ombudsman staff by investigating and working to resolve complaints in some instances.

Equipping Volunteers to Communicate and Interact

In order to build relationships, volunteers must communicate well. Consequently, communications is a *crucial training goal.* New training materials prepare and encourage volunteers to *communicate with residents who can show little or no response to their presence or with those who are maladjusted, depressed or have dementia.* Success stories of interactions are shared at bi-monthly, in-service meetings. Shy or hesitant volunteers gain confidence to reach out when hearing what others are accomplishing.

Meet Jeannie Griffin

Volunteer Ombudsman

"Jeannie is faithful in visits and has an uncanny ability to become so close to a resident. Her skills, watchful eyes, and outspoken manner make her a tremendous advocate."

Jeannie has been a volunteer for eight years. She volunteers in Sussex County. She cherishes the opportunity to be helpful to her new-found friends in long term care facilities. She is particularly proud about making a difference in the lives of nursing home residents and believes in advocating for their rights. At this point, staff are receptive to her suggestions. One improvement she wants to see is additional training for some Certified Nursing Assistants (CNAs).

Meet David Henshaw

Volunteer Ombudsman

"A Volunteer Ombudsman since 1999, David is a faithful visitor and superb advocate. He is an excellent ambassador for the program. David believes that long term care facility residents deserve friendly visitors like the volunteer ombudsman."

David has been a volunteer since 1999. He volunteers in two New Castle County nursing homes. According to him, if and when residents get to know you, they are likely to tell you the truth that they do not share with family and staff. It is a bond of friendship. David started volunteering in a facility, and gradually spread to two when couple residents in the previous facility transferred to another one. David reminds us that the residents are human beings who should be treated with dignity and decency. Public officials, state agencies, and long term care facilities must continue to collaborate in the interest of facility residents.

David started volunteering because he feels it is a privilege to visit nursing home residents who may not have friends or family. To those residents, a volunteer may be the only visitor they ever receive. David sees volunteering as a rewarding experience, and urges people to volunteer for this wonderful endeavor. He says that volunteering does not require any major preparation other than the ability to listen and talk with a resident who longs for friendship and a visitor. Some of the benefits include the ability to select the day of your visit, and the mileage reimbursement. Of course, he added, "I will still do it even without the reimbursement."

PUBLIC AWARENESS AND OUTREACH

Outreach – Mandate to Educate

Delaware's Long Term Care Ombudsman staff takes seriously the mandate of the Older Americans Act to educate the community about the need for good care and dignified treatment of elderly and disabled residents. Well-trained staff and volunteers speak frequently to families, resident/family councils, and providers on residents' rights, quality of care, and advocacy. Ombudsmen also give presentations to local colleges and nursing programs. Speaking to students about residents' rights before they enter into a healthcare or long term care facility is vital to their understanding of the Ombudsman Program and its mission. We also provide in-service training to providers on Advance Directives, Powers of Attorney, and conflict resolution.

The Long Term Care Ombudsman Program actively partners with other organizations and individuals to enhance awareness of long term care issues in the community. The program worked closely with Sandy Dole, long term care advocate, to sponsor the Residents' Rights Rally in October 2005. The rally brought together stakeholders, elected officials, and residents to bring awareness to, and celebrate the 33 resident rights guaranteed by state and federal law. In addition to raising awareness, this annual event opens the door of nursing homes to the community.

Grassroots events like the rally help educate the general public about long term care issues and promote advocacy for elderly and disabled residents.

The Long Term Care Ombudsman Program has a strong presence in the Delaware media and in the community because of past and current promotional activities. The State Long Term Care Ombudsman was interviewed about residents' rights and volunteering on several local television stations and by local print media. We continue to promote residents' rights and advocacy in the news media. In the past, the program developed a guide to selecting nursing homes in Delaware. This first-of-its-kind handbook helps families and residents understand the process of going into a long term care facility. It walks people through the application process, explains Medicaid, and gives options to families and residents looking for long term care services.

The Long Term Care Ombudsman Program continues to work hard to increase the public's awareness about the program. As such, we continue to participate in the following outreach and media activities:

Ad Campaign:

A series of professionally designed advertisements to promote the Long Term Care Ombudsmen Program and its advocates.

Table Top Display:

Panels that include information and graphics for various target audiences.

Nursing Home Poster:

For statewide placement in English and Spanish.

Brochure

To inform the general public about the Long Term Care Ombudsman Program and its services, with emphasis on the advocates and their advocacy on behalf of nursing home residents. The publication will be accessible on the division's Internet site. Also, it will be available in English and Spanish.

PUBLIC POLICY AND ADVOCACY

Self Advocacy/Public Awareness

Advocacy has been the centerpiece of the Long Term Care Ombudsman Program since its inception. However, *self-advocacy* is the key component. Patient and resident advocates help to fight for the rights of long term care facility residents. The work of patient advocates is important to ensure that dignity and respect are observed and quality of care is provided. Self-advocacy is a learned skill. Residents who know their rights, and families who are involved, can be the front-line defense against inadequate care and potential abuse. Self-advocacy can go a long way toward prevention.

The Long Term Care Ombudsman Program published and disseminated a guide for nursing home residents to promote awareness of rights and help with self-initiated advocacy efforts. Effort is on-going to translate Residents' Rights into the Spanish language. This is another way of reaching our diverse population. In addition, we sponsored a Residents' Rights Rally that promoted awareness. The rally was attended by public officials and some legislators. On an annual basis, events are planned to continue promoting self-advocacy.

Quality of Care and Staffing

The following paragraph was featured in the 2005 report and is being repeated because staffing and quality of care are essential to quality of life in a facility:

Staffing has long been held to be a crucial link to quality of care (Harrington.) In Delaware, the Ombudsman program has strongly supported minimum staffing legislation, and continues to do so. A slight correlation can be found between staffing and survey findings. As staffing increases, survey findings decline. It's important to understand that staffing regulations are not a panacea, and that other factors must be in place to ensure that quality of care improves in our nursing homes. These factors include: culture change, training, pay, leadership, improved clinical indicators, public and private accountability. Consequently, we continue to support minimum staffing, but after analyzing the relationship between staffing and survey findings, more should be done to enhance provider quality.

Quality Management and Advancing Excellence in Nursing Homes

Making long term care institutions into communities requires a new perspective on service delivery. Historically, nursing homes operated under a medical model, which limited options for residents and created an environment that did not embrace or promote feedback. Residents of nursing homes felt they did not have a voice in their treatment. New service delivery models, which include the "Culture Change" initiative, have swept the country and have continued to transform long term care. The latest initiative is "Advancing Excellence in Nursing Homes."

The Quality Insights Organization of Delaware (QIO), The Alzheimer Association of Delaware, the Delaware Health Care Facilities Association (DHCFA), Delaware Pain Initiatives, Inc. have collaborated with the Long Term Care Ombudsman Program to sponsor the Advancing Excellence in Nursing Homes campaign in Delaware. As of this writing, 19 nursing homes have registered to participate in the campaign. In addition to participation by a nursing home, every nursing home stakeholder is encouraged to participate. A stakeholder can participate as a LANE (Local Area Networks for Excellence) or as a consumer. You can learn more about this campaign from: www.nhqualitycampaign.org

Advancing Excellence in America's Nursing Homes is a two-year, coalition-based campaign concerned with how we care for elderly and disabled citizens. This voluntary campaign, which commenced in September 2006 will:

- Monitor key indicators of nursing home care quality
- Promote excellence in care giving for nursing home residents
- Acknowledge the critical role nursing home staff have in providing care

Campaign Goals

Participating nursing homes will work on at least three of eight measurable goals:

1. Reducing high risk pressure ulcers;
2. Reducing the use of daily physical restraints;
3. Improving pain management for longer term nursing home residents;
4. Improving pain management for short-stay, post-acute nursing home residents;
5. Establishing individual targets for improving quality;

6. Assessing resident and family satisfaction with the quality of care;
7. Increasing staff retention; and
8. Improving consistent assignment of nursing home staff so that residents regularly receive care from the same caregivers.

Highlights in Advocacy

In 2006, the Long Term Care Ombudsman Program advocated for residents' rights and promoted quality of care in Delaware's long term care facilities. The State Long Term Care Ombudsman worked on national issues as a board member of the National Association of State Ombudsman Programs (NASOP.) We also worked closely with Quality Insights of Delaware to promote the Centers for Medicare/Medicaid Services (CMS) initiative to improve nursing homes by establishing quality indicators.

We continue to evaluate the use of the Program Effectiveness Tools and develop training to assist us in the use of these tools. We provided resources on specific topics which impact long term care residents; for example, discharge, transfer, and relocation. In improving our awareness of the issues related to transfer trauma and relocation and impact on long term care residents, we educated some facility staff about similar issues. In recent years, national trends dictate that ombudsmen and facility staff must be adequately equipped to handle such trauma.

The Long Term Care Ombudsman Program continues to utilize several national and organizational resources to improve skills and training.

Emergency Preparedness

In view of Hurricane Katrina and the disaster in the Gulf region, long term care facilities and community agencies have renewed efforts for emergency preparedness.

Every facility is encouraged to revisit their preparedness plans, and drills. Late in 2006, LifeCare at Seaford experienced flooding. Residents were safely evacuated.

It is encouraged that emergency procedures be implemented as a precaution. Procedures should focus on the safety of facility residents. A good emergency preparedness plan should include:

How to provide adequate and accessible transportation

Role clarification for staff, pre-and-post evacuation

How to provide complete information about individual evacuees to the host facility upon admission

How to provide timely and adequate communication to families about their loved ones

How to provide long term care residents with access to Federal Emergency Management Agency, Red Cross and other disaster response services.

Residents' Rights Week

Residents' Rights Week originated in 1981 at an annual meeting of the National Citizens Coalition on Nursing Home Reform. In 2006, we renewed our commitment and our dedication to the 33 resident rights that protect and preserve the rights of older persons to be fully informed about their care, to participate in their care, to make independent choices, to privacy, to dignity,

to stay in their home, and to make complaints when necessary and appropriate.

The Long Term Care Ombudsman and others focused on promoting residents' rights to vote, and provided residents an opportunity to register to vote at the rally. It was the fifth annual Residents' Rights Week. About 250 residents and facility staff joined advocates, ombudsmen and family members at the Dover Sheraton to celebrate resident rights and enjoy entertainment.

Promoting Quality of Care

- Implemented program to adopt national standards/best practices
- Worked with the Centers for Medicare/Medicaid Services and Quality Improvement Organizations (QIO) to develop and monitor quality standards in nursing homes
- Ombudsmen Fighting for Residents' Rights/Public Outreach
- Celebrated Fifth Annual Residents' Rights Week
- Continued to work on various subcommittees about long term care issues
- Reviewed some of our publications for accuracy
- Translated some of our information into Spanish language
- The Long Term Care Ombudsman Program (LTCOP) identified three issues in last year's annual report that required additional focus and attention in 2007:
  - 1) Nursing Home Staffing Issues:
    The LTCOP encouraged consumers to check facility staffing at each facility by referring to the Medicare.gov web page, as well as contacting the facility. Additionally, we helped to educate consumers with our staffing calculator to assist residents and their families to make informed choices.
  - 2) Psychiatric Care in Long Term Care:
    We have started a dialogue about improving facility awareness about Alzheimer's Disease. Soon, we hope to initiate a dialogue with the Division of Substance Abuse and Mental Health about ways to explore and enhance psychiatric services in Delaware, while also improving access to mental health services for residents in nursing homes.
  - 3) Cost of Care:
    Finally, we participated on the Governor's Commission on Community Based Alternatives to expand care options to residents in long term care, seeking less restrictive and more integrated settings, when appropriate. Community-based care settings may be an option for some. It could promote consumer independence and reduce health care costs. A subcommittee of this Commission is Money Follows the Person.

CONSUMER INFORMATION

This section has been reproduced from the division's Internet site, www.dhss.delaware.gov/dsaapd. It addresses the following:

1. What are Advance Directives and Living Wills?
2. Are Advance Directives mandatory?
3. What is a Power of Attorney for health care?
4. What is HIPAA?

What are Advance Directives and Living Wills?

"Living Will" is another name for "Advance Health Care Directive." The term "Advance Health Care Directive" (or simply "Advance Directive") is used, because that is the name used in the Delaware law related to this subject.

An Advance Directive is established by completing an Advance Health Care Directive Form. An Advance Directive enables you to:

- **Give instructions about your own health care.**
  Part I of the Advance Directive form lets you give specific instructions about health care decisions. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive if you have a terminal medical condition or if you become permanently unconscious, including the provision, withholding, or withdrawal of artificial nutrition, hydration, cardiopulmonary resuscitation, and mechanical resuscitation. Medically appropriate care necessary to ensure pain relief will be provided. Space is also available for you to include any additional health care instructions.

Name an agent to make health care decisions for you if you become incapable of making your own decisions. Part II of the form allows you name another individual as an agent to make health care decisions for you if you can no longer make your own decisions. You may also name an alternate agent. This section of the form is called a Power of Attorney for Health Care. For more details, see What is a power of attorney for health care?

- **Express an intention to donate bodily organs and/or tissue following your death.**
  Part III of the form is optional. It allows you, if you wish, to designate anatomical gifts to take effect upon your death.

Are Advance Directives mandatory?

Completing an Advance Health Care Directive form is strictly voluntary.

If you have not given advance instructions for your health care or have not named an agent in a health care power of attorney and you become unable to make your own decisions, a surrogate will be asked to make those decisions for you.

The persons listed below would be asked to assume the role of surrogate in the following order of priority:

1. Spouse
2. Adult child
3. Parent
4. Adult brother or sister
5. Adult grandchild
6. Niece or nephew
7. An adult who has exhibited special care and concern for you, if appointed as guardian for that purpose by the Court of Chancery

What is a Power of Attorney for health care?

Delaware's Advance Health Care Directive form allows you to name another individual as an "agent" to make health care decisions for you if you become incapable of making your own decisions. It also enables you to name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. This part of the form is a Power of Attorney for Health Care.

An agent may not be an operator or employee of a residential long term health care facility at which you are receiving care, unless that person is related to you.

An agent's authority becomes effective if your attending physician determines that you lack the capacity to make your own health care decisions.

The agent's obligation is to make health care decisions for you in accordance with the instructions you have given in your advance directive and any other wishes, to the extent that they are known. To the extent that wishes are unknown, health care decisions made by an agent are to conform as closely as possible with what that agent determines you would have done or intended under the circumstances. In these situations, the agent will take into account what he or she determines to be in your best interest, and will consider your personal values to the extent that they are known by the agent.

If you are not in a terminal condition or in a permanently unconscious state, your agent may make all health care decisions for you except for decisions to provide, withhold or withdraw a life sustaining procedure. Unless you limit the agent's authority, he or she may consent or refuse any care treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition (unless it is a life-sustaining procedure or otherwise required by law). An agent can also select or discharge health care providers and health care institutions.

If you are in a terminal condition or in a permanently unconscious state, your agent may make all health care decisions for you, including consent for or refusal of life-sustaining procedures such as cardiopulmonary resuscitation. He or she can also direct the providing, withholding or withdrawing of artificial nutrition, hydration, and all other forms of health care.

HIPAA PRIVACY NOTICE

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act. It is a federal law which protects the privacy of your medical information. Rules under this law, which became effective on April 14, 2003, give you more knowledge about and control over who is using your medical information and for what purposes.

RECOMMENDATIONS FOR LONG TERM CARE IMPROVEMENT

Granted that several long term care facilities in the state are making tremendous strides in compliance with regulations, some still need to improve performance to acceptable standards. To this end and for the general good, the Ombudsman Program makes the following recommendations:

1. Facilities must continue to improve resident care to ensure that residents are assured of the highest care. Methods of achieving this include adequate staffing, and appropriate staff training.
2. Facilities and the state must address the workforce issue about staff retention and reduction in turnover. Both impact consistent assignment and resident's quality of care. The Workforce Development subcommittee of the Governor's Commission on Community-Based Alternatives for People with Disabilities has made some recommendations on how to improve staff retention. While long term care facilities are making improvement efforts, the state legislators must also look into how the state can make a marked improvement.
3. Long term care should be available and affordable. An increasing number of individuals need assistance that could prevent them from long institutionalization. As such, the state must expand the scope of home community-based services. Consumers and caregivers should have information that can help them to make informed choices for accessing long term care services.
4. The state must increase Personal Needs Allowance for residents of long term care facilities. Currently in Delaware, a Medicaid recipient is allowed to keep $42.00 per month for personal items. They do not receive cost of living allowances. With increasing costs, residents are claiming that this allowance is inadequate. The state should increase this allowance to at least $50.00 per month.
5. Although there is an ever-increasing awareness about elder abuse, state and law enforce ment agencies must continue to improve training and resources so that law enforcement officials can adequately respond to issues about elder abuse.
6. There are insufficient resources in the mental health system whereby consumers with mental illness reside in nursing homes because other alternatives are not available nor affordable.
7. All facilities must continue to improve and update their disaster and emergency preparedness plans.

Attachments/NORS Report

Delaware Cares

Exhibit 1

STATE OF DELAWARE
ANNUAL OMBUDSMAN REPORT TO THE
U.S. ADMINISTRATION ON AGING
FISCAL YEAR 2006

Submitted by
Division of Services for Aging and Adults with Physical Disabilities
Delaware Health and Social Services

Part I Cases, Complainants and Complaints

A. Provide total number of cases opened during reporting period

302

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

Complainants

Complainants	Nursing Facility	Board & Care*	Other Settings
Resident	17	10	0
Relative	65	15	0
Non-Relative/Guardian	2	1	0
Ombudsman/Volunteer	3	0	0
Facility Administrator	102	31	0
Other medical	1	1	0
Rep. of other health agency	1	5	0
Unknown	1	1	0
Other	35	11	0

* Board & Care includes assisted living

Total number of cases closed during the reporting period

299

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

470

D. Types of Complaints, by Type of Facility

Ombudsman Complaint Categories

Resident Rights	Nursing Facility	B&C, similar
A. Abuse, gross neglect, exploitation		
1 Abuse, physical	1	0
2 Abuse, sexual	1	1
3 Abuse, verbal	2	2
4 Financial exploitation	0	0
5 Gross neglect	2	0
6 Resident-to-resident physical abuse	2	3
7 Other – specify	1	0
B. Access to information by resident		
8 Access to own records	1	0
9 Access to ombudsman/visitors	0	0
10 Access to facility survey	0	0
11 Information regarding advance directives	0	0
12 Information regarding medical condition	2	0
13 Information regarding rights, benefits	0	0
14 Info communicated in understandable language	0	0
15 Other-specify	0	0
C. Admission, transfer, discharge, eviction		
16 Admission contract/procedure	2	2
17 Appeal process	2	1
18 Bed hold – written notice, refusal to readmit	3	2
19 Discharge/eviction – planning, notice	55	9
20 Discrimination in admission due to condition, disability	0	0
21 Discrimination in admission due to Medicaid status	0	0
22 Room assignment/room change/intra-facility transfer	7	0
23 Other	1	2
D. Autonomy, choice, preference, rights, privacy		
24 Choose personal physician, pharmacy	0	0
25 Confinement in facility against will	5	2
26 Dignity, respect, - staff attitude	7	2
27 Exercise preference/choice and or/civil/religious rights	4	2
28 Exercise right to refuse case/treatment	5	1
29 Language barrier in daily routine	0	0
30 Participate in care planning by resident or surrogate	1	1
31 Privacy – telephone, visitors	4	4

Resident Rights	Nursing Facility	B&C, similar
32 Privacy in treatment, confidentiality	0	0
33 Response to complaints	2	1
34 Reprisal, retaliation	0	0
35 Other – specify	0	0
E. Financial, property (except for financial exploitation)		
36 Billing charges – notice, approval, wrong or denied	11	2
37 Personal funds – access/information denied	2	1
38 Personal property lost, stolen, used by others, destroyed	9	1
39 Other – specify	0	0
F. Resident Care		
40 Accidental or injury of unknown origin, improper handling	3	1
41 Call lights, response to for assistance	6	1
42 Care plan/resident assessment	37	11
43 Contracture	0	0
44 Medication	7	2
45 Personal hygiene	9	0
46 Physician services	3	1
47 Pressure sores	3	0
48 Symptoms unattended	6	0
49 Toileting, incontinent care	6	0
50 Tubes – neglect of catheter, NG tube	0	0
51 Wandering, failure to accommodate/monitor	2	3
52 Other – specify	2	0
G. Rehabilitating or maintenance of function		
53 Assistive devices or equipment	6	0
54 Bowel and bladder training	0	0
55 Dental Services	1	0
56 Mental health	3	0
57 Range of motion/ambulation	1	0
58 Therapies – physical, occupational, speech	5	0
59 Vision and hearing	0	0
60 Other – specify	1	0
H. Restraints – chemical and physical		
61 Physical restraint	0	0
62 Psychoactive drugs	1	0
63 Other – specify	0	0

Quality of life	Nursing Facility	B&C, similar
I. Activities and social services		
64 Activities	4	2
65 Community interaction/transportation	0	0
66 Resident conflict	8	1
67 Social services	2	1
68 Other – specify	0	0
J. Dietary		
69 Assistance in eating or assistive devices	6	0
70 Fluid availability/hydration	5	0
71 Menu/food service	7	1
72 Snacks	2	0
73 Temperature	0	0
74 Therapeutic diet	1	0
75 Weight loss due to inadequate nutrition	2	0
76 Other – specify	1	3
K. Environment		
77 Air/environment	2	1
78 Cleanliness, pests, general housekeeping	8	3
79 Equipment/building	2	2
80 Furnishings, storage for residents	0	0
81 Infection control	2	1
82 Laundry	0	0
83 Odors	0	0
84 Space for activities	0	0
85 Supplies and linens	1	1
86 Other - specify	0	0
Administration		
L. Policies, procedures, attitudes, resources		
87 Abuse investigation/reporting	0	0
88 Administrator unresponsive, unavailable	1	0
89 Grievance procedure	1	0
90 Inappropriate or illegal policies	3	0
91 Insufficient funds to operate	0	0
92 Operator inadequately trained	0	0
93 Offering inappropriate level of care	0	0
94 Resident or family council interfered with	0	0

Administration	Nursing Facility	B&C, similar
95 Other – specify	0	0
M. Staffing		
96 Communication, language barriers	0	0
97 Shortage of staff	3	0
98 Staff training, lack of screening	2	0
99 Staff turn-over	0	0
100 Staff unresponsive, unavailable	8	0
101 Supervision	0	0
102 Other – specify	0	0
N. Certification/Licensing Agency		
103 Access to information	0	0
104 Complaint, response to	0	0
105 Decertification/closure	0	0
106 Intermediate sanctions	0	0
107 Survey process	0	0
108 Survey process – ombudsman participation	0	0
109 Transfer or eviction hearing	0	0
110 Other – specify	0	0
O. State Medicaid Agency		
111 Access to information, application	0	1
112 Denial of eligibility	2	2
113 Non-covered services	0	0
114 Personal needs allowance	1	0
115 Services	1	0
116 Other – specify	0	0
P. Systems/Others		
117 Abuse/neglect/abandonment by family member	6	2
118 Bed shortage – placement	1	1
119 Board and care/regulation	0	0
120 Family conflict; interference	29	11
121 Financial exploitation by family	6	5
122 Legal – guardianship, poa, wills	10	8
123 Medicare	1	0
124 PASARR	0	0
125 Resident's physician not available	0	0
126 Protective Service Agency	0	0
127 SSA, SSI, VA, and other benefits	2	0
128 Other, Olmstead	1	2
Total	367	103

Administration

Q. Complaints About Services in Other Settings	Nursing Facility	B&C, similar
129 Home Care	0	0
130 Hospital or hospice	0	
131 Public or other congregate housing	0	
132 Services from outside provider	0	
133 Other – specify	0	
Total, Heading Q	0	
Total Complaints	470	

Action on Complaints	NH	B&C	Other
1. Verified	241	62	0
2. Disposition			
a. Regulation Change	0	0	0
b. Not Resolved	9	4	0
c. Withdrawn	4	2	0
d. Referred to other agency			
1. Report final disposition not obtained	4	4	0
2. Other agency failed to act	0	0	0
e. No action needed	0	0	0
f. Partially resolved	101	45	0
g. Resolved to satisfaction	249	48	0
Total, by type facility or setting	367	103	0
Grand Total	470		

E. Legal Assistance/Remedies (Optional)
F. Complaint Description (Optional)

Part II Major Long Term Care Issues

A. Nurse Shortage
B. Psychiatric services for NH residents severely limited

Part III Program Information and Activities

A. Facilities and Beds

1. Number of Nursing Facilities: 49
2. Number of Beds: 4,997

3.	Number of Board and Care Facilities	136
4.	Number of Beds	2,090

A. Program Coverage – No Change
B. Local Programs – None

D. Staff and Volunteers

Type of Staff	Measure	State Office	Local Programs
Paid Staff	FTE	6.0	
Paid Clerical Staff	FTE	0.0	
Certified Volunteers	Number of Vol.	47	
Other Volunteers	Number of Vol.	0	

E. Program Funding

Federal – Title VII, Chapter II	$ 74,301
Federal – Title VII, Chapter III	$ 23,711
Federal – Title III at State Level	$202,600
Federal – Title III at AAA Level	-0-
Other Federal	-0-
State Funds	$138,914
Local	-0-
Total Program Funding	$439,526

F. Ombudsman Activities

Activity	Measure	State	Local
Training for staff	Sessions	58	
	Hours	201	
Trainees		342	
Tech Assistance	% of staff time	24%	
Training for facility staff	Sessions	54	
	Topic 1	Advance Directives	
	Topic 2	Res. Rights	
	Topic 3	Discharge	
Consultation to facilities	Consults	421	
	Topic 1	Advance Directives	
	Topic 2	Res. Rights	

	Topic 3	Discharge Issues	
Information and Consults to Indv.	Consults	731	
	Topic 1	Advance Directives	
	Topic 2	Res. Rights	
	Topic 3	Discharge Issues	
Resident Visitation	No. NF Visited	49	
	No. B&C visited	30	
Participation in surveys	No. Surveys	27	
Work with Res. Councils (NH/AL)	No. meetings attended	27	
Community Education	No. Sessions	12	
Work with media	No. of interviews	5	
Monitoring Laws and Regs	No. of press releases % time	0 36%	

Exhibit 2

Role of the Long Term Care Ombudsman

Office of the Long Term Care Ombudsman
(42 U.S.C. 3058f, Title VII, Sec. 712)

712(a) "A state agency shall, in accordance with this section establish and operate an Office of the State Long Term Care Ombudsman and carry out through the Office of State Long Term Care Ombudsman."

A. Identify, investigate, and resolve complaints that are made by, or on behalf of residents and relate to action, inaction, or decision that may adversely affect that health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of providers, or representatives of providers, of long-term care service; public agencies; or health and social service agencies;
B. Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
C. Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A) or services described in subparagraph (B);
D. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
E. Represent the interests of the resident before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the residents;
F. Provide administrative and technical assistance to entities participating in the program;
G. Analyze, comment on, and monitor the development and implementation of federal, state, and local law regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the state; recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and facilitate public comment on the laws, regulations, policies, and actions;
H. Provide for training for representatives of the office; promote the development of citizen organizations to participate in the program; and provide technical support for the development of the resident and family councils to protect the well-being and rights of residents; and
I. Carry out such other activities as the Commissioner determines to be appropriate."