State of Delaware

Office of the State Long Term Care Ombudsman

ANNUAL REPORT 2010

DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

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

The Long Term Care Ombudsman Program is funded by the U.S. Administration on Aging through the Older Americans Act

Annual Report
State of Delaware
Office of the State Long Term Care Ombudsman
Federal Fiscal Year 2010

Delaware Health and Social Services

Delaware Division of Services for Aging and Adults

with Physical Disabilities (DSAAPD)

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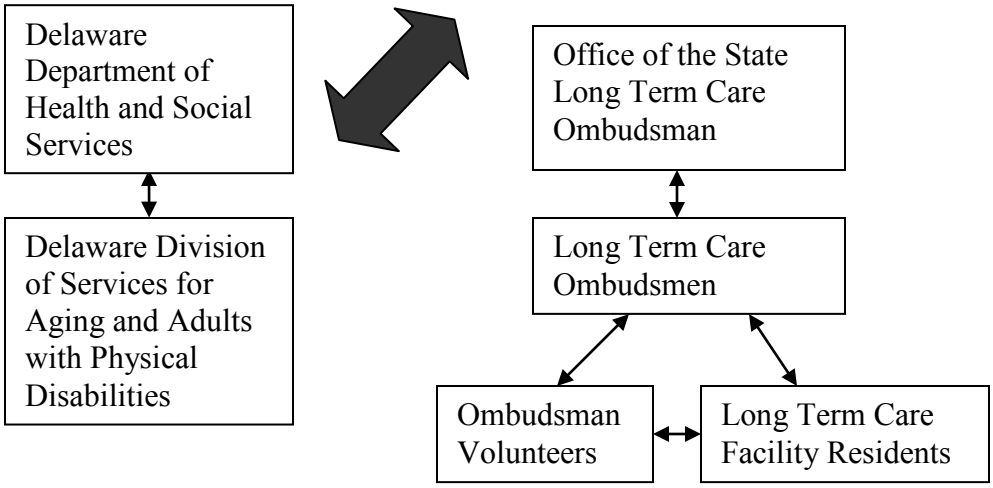
Administration
Office of the State Long Term Care Ombudsman



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May 15, 2011

Dear friends of long term care residents:

We are pleased to present the 2010 Summary of Delaware's Long Term Care Ombudsman Program and the Ombudsman Reporting Tool Report.

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 resident 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 to provide a blanket of protections for the rights of long term care residents.

This report for Federal Fiscal Year 2010 reflects the efforts of all the agencies involved as well as our dedicated Ombudsmen staff, Volunteer Ombudsmen, residents of long-term care facilities, families, advocates, and stakeholders who present a voice for the residents of long term care facilities. These caring and compassionate individuals are advocates and also help alleviate loneliness and isolation of residents by simply visiting the residents to talk, listen, and be a friend.

My sincere appreciation to our Division Director Mr. Bill Love for his support and counsel throughout the year.

We hope that this report will be informative and helpful to you as you work to improve the quality of life of our fellow Delawareans who need long term care. Please contact us if we can be of assistance.

Sincerely,

Victor Orija, MPA
State Long Term Care Ombudsman

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PROGRAM HIGHLIGHTS
OF THE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN
DURING FEDERAL FISCAL YEAR 2010

- Served 7,468 residents of long term care facilities.
- Visited 50 nursing homes, 30 assisted living facilities, and 104 board and care homes.
- Received 472 complaints on behalf of long term care facility residents.
- Verified 396 (84%) of the complaints that were received.
- Witnessed the execution of 201 Advance Health Care Directives.
- Resolved 435 (92%) of the complaints (22% partially and 70% fully). Others were unresolved and/or referred to other agencies.
- Major complainants were facility staff (50%), relatives and friends (27%), and residents 9%.
- Major complaints were related to residents' rights (41%), systems (26%), resident care 21%, quality of care (6%), and others (6%).
- 53 community education sessions were conducted in the community and/or in long term care facilities.
- Promoted quality improvement in long term care facilities. Notable were Advancing Excellence in America's Nursing Home Campaign and Culture Change.
- Continued the intensive schedule of visitation to board and care homes.
- Fielded 38 volunteers. Some were jointly registered with RSVP.
- Commented on state and federal legislation affecting long term care residents.
- Participated on the Policy and Law Committee of the State Council for Persons with Disabilities.
- Participated on Money Follows the Person Steering Committee.
- Participated on the subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities, and Delaware Legislature's Ad Hoc Task Force on Long Term Care Housing.
- Regular participant in the deliberations of the Delaware Nursing Home Residents Quality Assurance Commission.

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 was 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 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 officially mandated by the Secretary of Delaware Health and Social Services to investigate grievances of residents of long term care facilities pursuant to Delaware law.

Delaware's Ombudsmen have been investigating complaints in long term care facilities for 30 years. In 1979, the program received a total of 53 complaints. In 2009, the Ombudsman Program investigated 488 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 both agencies.

PROGRAM OPERATIONS

What is an Ombudsman?
The word "Ombudsman" is Swedish and means "one who speaks on behalf of another."
The Ombudsman is an ***advocate*** *for residents of long term care facilities (nursing homes and residential care facilities).*

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 in 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 other activities as appropriate."

OMBUDSMAN REPORTING TOOL (ORT) REPORT

STATE OF DELAWARE
ANNUAL OMBUDSMAN REPORT TO THE
U.S. ADMINISTRATION ON AGING
FISCAL YEAR 2010

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

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.	334

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.

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

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, RCF, etc.***	**Other Settings**
1. Resident	19	11	0
2. Relative/friend of resident	75	22	0
3. Non-relative guardian, legal representative	6	0	0
4. Ombudsman/ombudsman volunteer	4	2	0
5. Facility administrator/staff or former staff	123	57	0
6. Other medical: physician/staff	20	9	0
7. Representative of other health or social service agency or program	9	2	0
8. Unknown/anonymous	2	0	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	2	0	0

Total number of cases closed during the reporting period:	363

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

Part I - Cases, Complainants and Complaints

C. Complaints Received

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	472

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.

Part I - Cases, Complainants and Complaints

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.

Residents' Rights	**Nursing Facility**	**B&C, ALF, RCF, etc.**
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	1	0
2. Abuse, sexual	0	0
3. Abuse, verbal/psychological (including punishment, seclusion)	2	0
4. Financial exploitation (use categories in section E for less severe financial complaints)	1	0
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	5	1
6. Resident-to-resident physical or sexual abuse	1	4
7. Not Used		
8. Access to own records	0	0
9. Access by or to ombudsman/visitors	0	0
10. Access to facility survey/staffing reports/license	0	0
11. Information regarding advance directive	4	0
12. Information regarding medical condition, treatment and any changes	1	0
13. Information regarding rights, benefits, services, the resident's right to complain	2	0
14. Information communicated in understandable language	3	0
15. Not Used		
16. Admission contract and/or procedure	0	0
17. Appeal process - absent, not followed	0	0
18. Bed hold - written notice, refusal to readmit	0	0
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	40	18
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	5	3
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	0	0
25. Confinement in facility against will (illegally)	10	4
26. Dignity, respect - staff attitudes	10	6

27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	19	6
28. Exercise right to refuse care/treatment	7	2
29. Language barrier in daily routine	0	0
30. Participate in care planning by resident and/or designated surrogate	3	1
31. Privacy - telephone, visitors, couples, mail	4	2
32. Privacy in treatment, confidentiality	2	0
33. Response to complaints	8	3
34. Reprisal, retaliation	0	0
35. Not Used		

E. Financial, Property (Except for Financial Exploitation)

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	5	0
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	1	1
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	7	3
39. Not Used		

Resident Care

F. Care

40. Accidental or injury of unknown origin, falls, improper handling	1	0
41. Failure to respond to requests for assistance	6	1
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	26	16
43. Contracture	0	0
44. Medications - administration, organization	8	5
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	2	1
46. Physician services, including podiatrist	5	3
47. Pressure sores, not turned	0	0
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	4	0
49. Toileting, incontinent care	3	0
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	1	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	4	0
52. Not Used		

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment	3	6
54. Bowel and bladder training	0	0
55. Dental services	0	0
56. Mental health, psychosocial services	2	2
57. Range of motion/ambulation	1	0
58. Therapies - physical, occupational, speech	5	2
59. Vision and hearing	2	0
60. Not Used		

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring	0	0
62. Psychoactive drugs - assessment, use, evaluation	0	0
63. Not Used		

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness	3	0
65. Community interaction, transportation	2	0
66. Resident conflict, including roommates	2	4
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	3	0
68. Not Used		

J. Dietary

69. Assistance in eating or assistive devices	4	0
70. Fluid availability/hydration	2	0
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	2	3
72. Snacks, time span between meals, late/missed meals	0	0
73. Temperature	0	0
74. Therapeutic diet	0	0
75. Weight loss due to inadequate nutrition	0	0
76. Not Used		

K. Environment

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	0	0
78. Cleanliness, pests, general housekeeping	1	1
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	0	0
80. Furnishings, storage for residents	0	0
81. Infection control	1	0
82. Laundry - lost, condition	1	0
83. Odors	0	0
84. Space for activities, dining	0	0
85. Supplies and linens	0	0
86. Americans with Disabilities Act (ADA) accessibility	0	0

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	1	1
88. Administrator(s) unresponsive, unavailable	2	0
89. Grievance procedure (use C for transfer, discharge appeals)	1	0
90. Inappropriate or illegal policies, practices, record-keeping	0	0
91. Insufficient funds to operate	0	0

92. Operator inadequately trained	0	0
93. Offering inappropriate level of care (for B&C/similar)	0	0
94. Resident or family council/committee interfered with, not supported	0	0
95. Not Used		

M. Staffing

96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	0	0
97. Shortage of staff	0	0
98. Staff training	2	0
99. Staff turn-over, over-use of nursing pools	1	0
100. Staff unresponsive, unavailable	3	0
101. Supervision	1	1
102. Eating Assistants	1	0

Not Against Facility

N. Certification/Licensing Agency

103. Access to information (including survey)	0	0
104. Complaint, response to	0	0
105. Decertification/closure	0	0
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0
110. Not Used		

O. State Medicaid Agency

111. Access to information, application	0	0
112. Denial of eligibility	2	1
113. Non-covered services	0	0
114. Personal Needs Allowance	0	0
115. Services	0	0
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	7	2
118. Bed shortage - placement	1	1
119. Facilities operating without a license	0	0
120. Family conflict; interference	40	10
121. Financial exploitation or neglect by family or other not affiliated with facility	10	4
122. Legal - guardianship, conservatorship, power of attorney, wills	19	10
123. Medicare	2	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	0	0

126. Protective Service Agency	0	0
127. SSA, SSI, VA, Other Benefits/Agencies	2	1
128. Request for less restrictive placement	8	5
Total, categories A through P	338	134

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	0
130. Hospital or hospice	0
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	0
133. Not Used	
Total, Heading Q.	0

Total Complaints*	472

* (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.)

Part I - Cases, Complainants and Complaints

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.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	281	115	0

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)	0	0	0
b. Which were not resolved* to satisfaction of resident or complainant	5	0	0
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	2	1	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	0	0	0
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	6	2	0
e. For which no action was needed or appropriate	15	6	0

f. Which were partially resolved* but some problem remained	79	25	0
g. Which were resolved* to the satisfaction of resident or complainant	231	100	0
Total, by type of facility or setting	338	134	0

Grand Total (Same number as that for total complaints on pages 1 and 7)	472

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

Part II - Program Information and Activities

A. Facilities and Beds:

1. How many nursing facilities are licensed in your State?	50
2. How many beds are there in these facilities?	5,216

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.

No change

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	134
b) How many beds are there in these facilities?	2,252

Part II - Program Information and Activities

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	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities	0

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	5.00	0.00
	Number people working full-time on ombudsman program	5	0
Paid clerical staff	FTEs	0.00	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	38	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	4,923	0
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.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	0

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	$80,678
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	$26,647
Federal - OAA Title III provided at State level	$173,859
Federal - OAA Title III provided at AAA level	$0.0
Other Federal; specify:	$0.0
State Funds	
State funds	$178,065
Local; specify:	$
Total Program Funding	$459,249

Part II - Program Information and Activities

D. Other Ombudsman Activities

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

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	53	0
	Number hours	301	0
	Total number of trainees that attended any of the training sessions above (duplicated count)	509	0

	3 most frequent topics for training	Residents Rights	
		Handling complaint investigation	
		Advanced Health Care Directives and Power of Attorney	
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	30	0
3. Training for facility staff	Number sessions	37	0
	3 most frequent topics for training	Residents Rights	
		Discharge and involuntary transfer issues. Safe discharge	
		Advanced Health Care Directives	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Dealing with difficult residents	
		Resident Rights and Care Issues	
		Advanced Health Care Directive and surrogate decision making	
	Number of consultations	411	0
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Surrogate decision making and Advanced Health Care Directive	
		Resident care	
		Family conflicts as they impact decision making and the rights of residents	

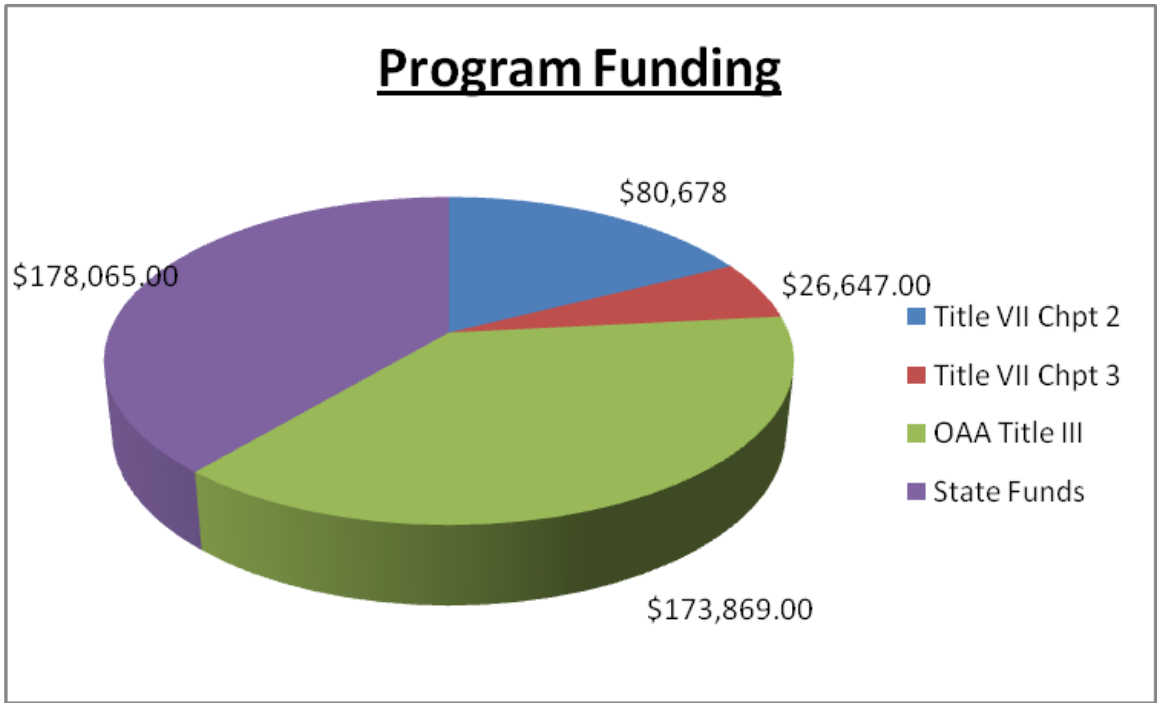
	Number of consultations	499	
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	50	0
	Number Board and Care (or similar) facilities visited (unduplicated)	134	0
7. Participation in Facility Surveys	Number of surveys	36	0
8. Work with resident councils	Number of meetings attended	41	0
9. Work with family councils	Number of meetings attended	7	0
10. Community Education	Number of sessions	39	0
11. Work with media	3 most frequent topics	Role of the State Long-Term Care Ombudsman's Office	
		Residents Rights	
		Volunteers and their role as friendly visitors in long-term care facilities	
	Number of interviews/ discussions	5	0
	Number of press releases	31	0
12. Monitoring/work on laws, regulations, government policies and actions	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%.)	0	0

* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."

BUDGET AND EXPENDITURES

State funds and Title III federal funds support six full-time positions for the Long Term Care Ombudsman Program. In addition, Title VII, Chapter III funds are directed towards training, outreach for abuse prevention, and community awareness. The Ombudsman Program also receives an annual allocation from the U.S. Administration on Aging to support its operations.

Operational funds are the lifeblood of the program and empower the program to fund new initiatives, recruit volunteers, and sustain an effective outreach capability. Since 1996, the Ombudsman Program has experienced an increase in Title VII appropriations for its operations. Increased funding has enabled the program to reach out to more residents and families and help to recruit potential volunteers.



Title VII Chpt 2	$80.678.00	17%
Title VII Chpt 3	$26,647.00	6%
OAA Title III	$173,859.00	38%
State Funds	$178,065.00	39%
	Total=$459,259.00	

The Year in Review

In Delaware, there are 50 nursing homes that provide care for 5,216 residents. In addition, there are 30 assisted living facilities serving 1,975 residents. An additional 104 licensed rest (family care) homes are located throughout the state, providing long term care to 277 seniors and persons with disabilities.

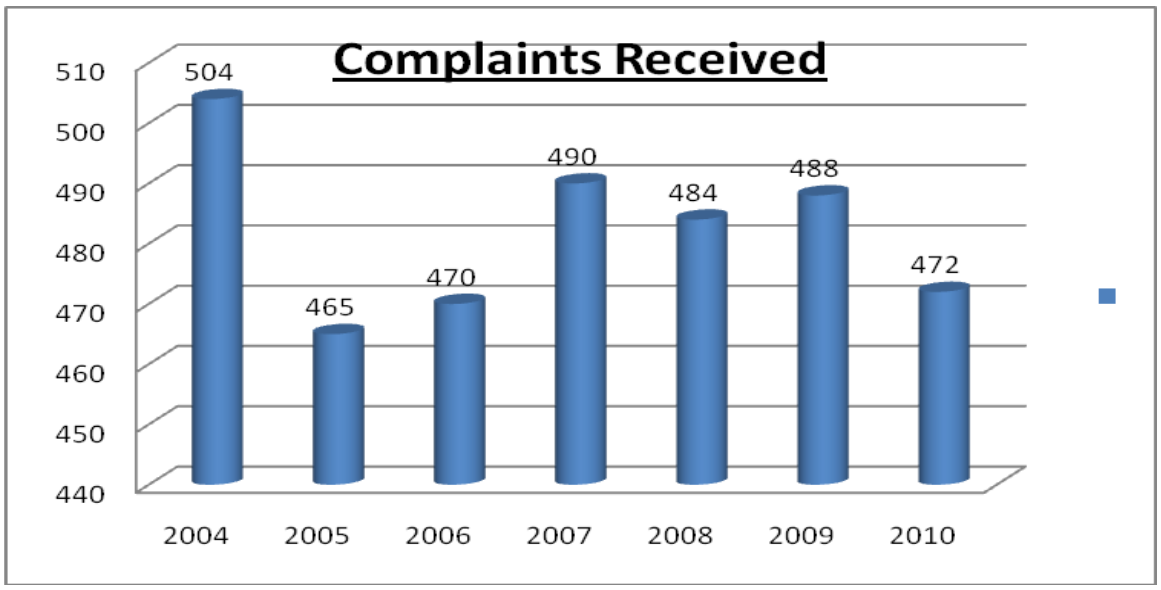
Type of Facility	Number of Facilities	Number of Beds
Nursing Homes	50	5,216
BC & RC	104	277
Assisted Living	30	1,975

Assisted living regulations were strengthened in 2010 to add more safeguards for residents in long term care. An important addition was the "Uniform Assessment Instrument." This tool was designed to ensure that applicants interested in assisted living were qualified, met eligibility standards, and received the appropriate level of care.

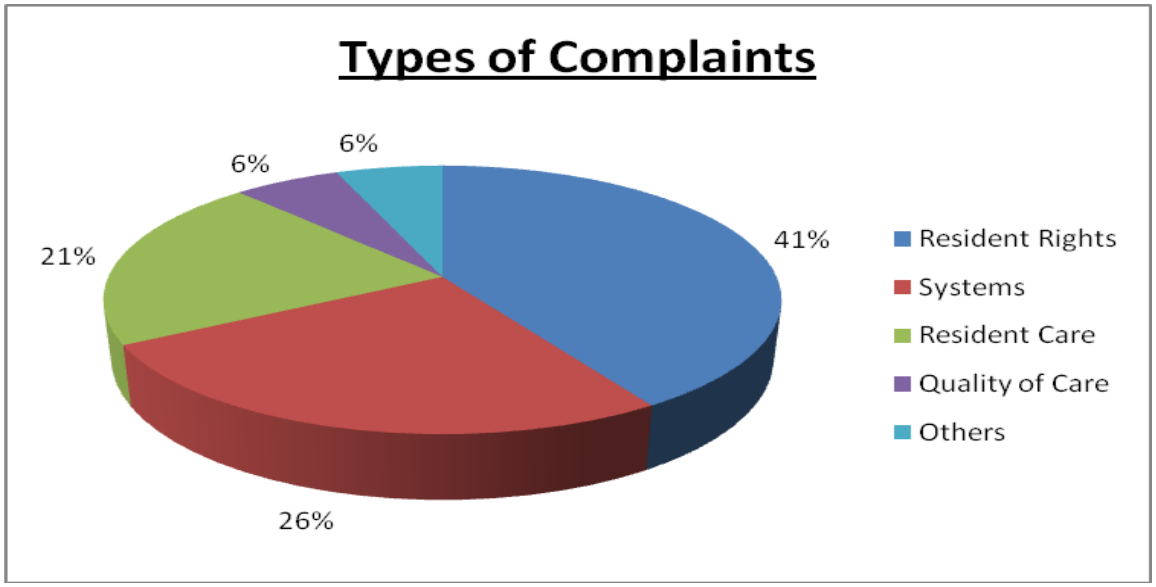
Frequent Complaints

The Long Term Care Ombudsman Program investigated and resolved 472 complaints during Fiscal Year 2010. Ombudsman staff works closely with residents, families, and facility staff to offer guidance and correct substantiated complaints In addition, the program witnessed 201 Advance Directives and provided many of in-service training sessions and outreach. The program accomplished this with four full-time Long Term Care Ombudsmen, and a State Long Term Care Ombudsman.

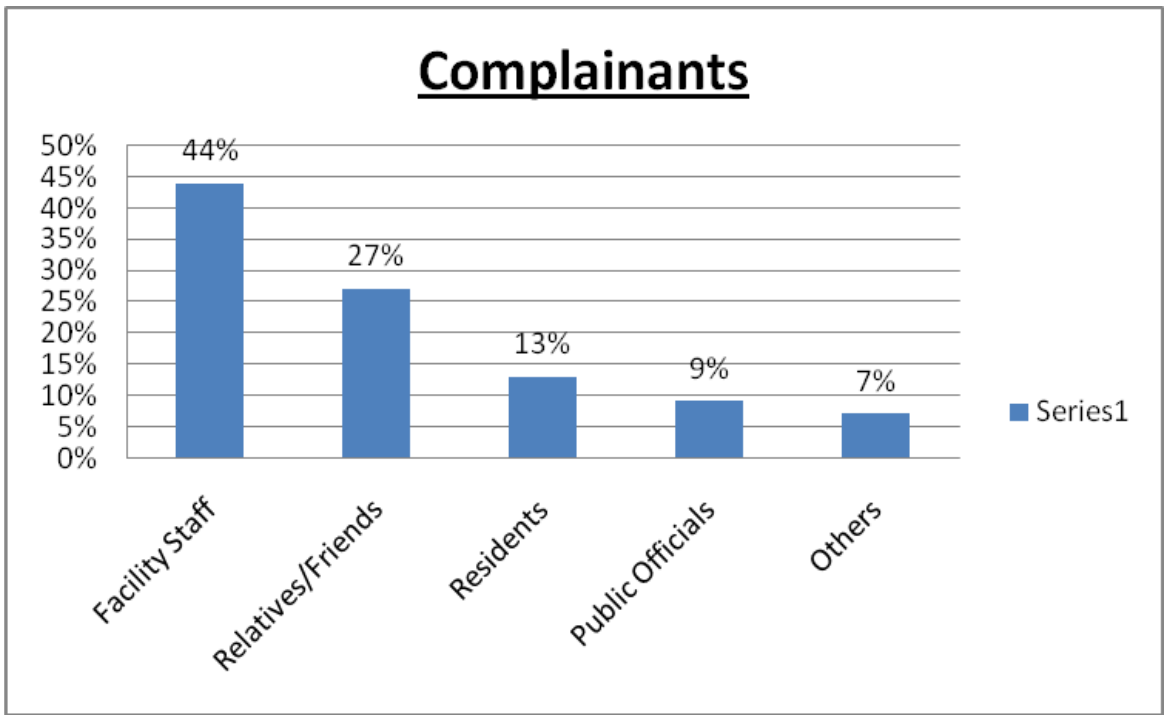
Data analysis and trending indicate that complaints are increasing in complexity. Hence, some remain open longer with intensive intervention.



Complaint Type
Most of the complaints involved discharge, care plan, family conflict, resident conflict, resident rights and billing errors.



There are nine categories of "complainants" who referred complaints on behalf of residents to the Ombudsman in 2010. Below is the distribution. Five types of complainants were grouped into the "others" category.



Public Awareness and Outreach

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.
Member of subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities. Subcommittees include: Assessment, Employment, Healthcare, Housing, Money Follows The Person, Transportation, and Workforce Development.

Volunteer Recruitment and Coordination
Fielded 38 volunteers who served as "friendly visitors" to residents in long-term care facilities. Also, most of them are registered with RSVP.
Witnessed 201 Advance Health Care Directives.
Continued to explore the possibility of expanding volunteers' advocacy role.

Outreach
Community outreach and training on the role of the Ombudsman.
Community outreach and training on residents' rights.
Promoted Resident Councils and Family Councils.
Made presentations to student groups in area institutions of higher learning.
Made presentations to groups of Certified Nursing Assistants (CNAs).
Co-sponsored the Annual; residents Rights Week event.
Media release about selecting long term care, residents' rights, and long-term care planning.

Training and Education
Participated in state, regional, and national quality training activities.
Participated in national and state advocacy training.
Provided statewide bi-monthly training for volunteers.
Provided training on long term care issues for staff of long term care facilities, and state unit on aging staff.
Participated in cross-agency training on prevention of elder abuse, exploitation, and dealing with difficult behavior.

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.
Attended Quality Improvement Initiative training events sponsored by the Division of Long Term Care Residents Protection.
Collaborated with Senior Medicare Patrol staff to train staff and volunteers on Medicare and healthcare fraud prevention.
Participated in joint training to staff of the ADRC (Aging and Disability Resource Center).

Publications
Program brochures are available at the division website www.dhss.delaware.gov to inform the general public about the Long Term Care Ombudsman Program and its services.

The Long Term Care Ombudsman Program published and distributed 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. A poster of rights for long term care facilities is another way of reaching our diverse population.

Location
The program operates out of two offices, one located on the 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.

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. In this respect, they are available 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.

Inter-agency Coordination
Ombudsmen worked 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 Division of Long Term Care Residents Protection and appropriate investigative agencies..

VOLUNTEER OMBUDSMAN CORPS

Volunteer Recruitment

The Ombudsman Program is continuously 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 attributes include compassion, respect, positive attitude, ability to communicate effectively, and availability
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 division's website, www.dhss.delaware.gov/dsaapd, offers an online application for people interested in volunteering. Also, we 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. With additional training, a Certified Volunteer Ombudsman may assist the Ombudsman staff by investigating and working to resolve complaints in some instances.

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 are contemplating weekend training. The age range of volunteers is about 60 to 84 years. The challenge is to target new recruits. 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 also is 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 volunteers for mileage;
In the absence of a full time Volunteer services Coordinator, two long-term care ombudsman are managing the volunteer program. It is our hope that LTCOP will receive approval to hire a new Volunteer services Coordinator to replaced the staff that resigned about two years ago..

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 the shrinking volunteer pool. Nationwide, Volunteer Ombudsmen investigate complaints related to quality of care and residents' rights.

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.

Promoting Quality of Care

- Implemented program to adopt national standards/best practices
- Worked with the Centers for Medicare/Medicaid Services and Quality Improvement Organizations to develop and monitor quality standards in nursing homes
- Ombudsmen Fighting for Residents' Rights/Public Outreach
- Celebrated Annual Residents' Rights Week
- Continued to work on various subcommittees about issues: Nursing Home Staffing, Psychiatric Care, Long Term Care, Home and Community-Based Services, and Nursing Home Diversion.
- Reviewed some of our publications for content and effectiveness
- Translated some brochures into Spanish

Improvement Opportunities

(1) The Long Term Care Ombudsman Program continues to encourage consumers to check facility staffing at each facility by referring to the Medicare.gov web page, as well as asking the facility.

(2) Psychiatric Care in Long Term Care: We continued to dialog with sister agencies and stakeholders about ways to explore and enhance psychiatric services in Delaware, and how to enhance and improve access to mental health services for residents in nursing homes.

(3) Cost of Care: We participated on the Governor's Commission on Community Based Alternatives for Persons with Disabilities, offering input on how to expand care options and scope of community services to residents in long term care seeking less restrictive and more integrated settings, when appropriate. Improving the scope of available community services will enable citizens of Delaware to age in place.

(4) Also, we participated on the Workforce Development subcommittee of the Governor's Commission offering input on how to make the direct support profession more attractive to potential employees. Direct Support Professionals (DSPs) include CNAs in long-term care facilities, and professionals who provide care in home community-based settings. Subcommittee continues to offer input on how to provide competitive benefits and career lattice to DSPs as to make profession more attractive and thus retain staffing. Below is a table of current compensation.

Hourly Rate	DSP Private Entry Wage	DSP State Entry Wage	Wage % Diff State vs. Private Entry	DSP Private Average Wage	DSP State Average Wage	Wage % Diff State vs. Private Average
AGGREGATE (National)	$ 8.53	$ 12.13	42%	$ 9.85	$ 15.48	57%
DELAWARE	$ 9.33	$ 10.00	7%	$ 10.55	$ 11.25	7%

*2008 Wage Study by ANCHOR

Policy Recommendations

1. Personal Needs Allowance: DHSS should examine the $44.00 Personal Needs Allowance for nursing home residents and plan for an increase as soon as the economic climate permits.
2. Sex Offender Notification: Residents of long-term care facilities must be notified when a registered sex offender is living in the same facility and may put their safety at risk.
3. Scope of Mental Health Services: Scope of mental health services for residents of long-term care facilities should be enhanced to ensure that residents receive the appropriate level of care based on their diagnosis.
4. Enhance the depth of dementia training for long-term care staff and other direct support professionals.
5. Assisted Living Contracts: Work towards the implementation of a standardized contract document for use by all assisted living facilities. Residents should have the right to be fully informed in writing, and orally prior to, at the time of admission, and during their stay of services available at the facility and cost of related services.
6. Equalize the benefits of direct support professionals in the private and public sectors.

LONG TERM CARE OVERVIEW

In Delaware, the aging of the population is more pronounced than it is for the country as a whole. Although the United States' population of those aged 65 and older is expected to double (increasing by 104.2 percent between 2000 and 2030, or from almost 35 million to almost 71.5 million), the U.S. Census Bureau expects Delaware's senior citizen population to increase at an even greater rate – by 133.8 percent, or from just over 100,000 in 2000 to over 230,000 in 2030, an increase of over 130,000.

The Delaware Population Consortium, which produces population projections for the state, projects an increase in the 65-and-older population of 134,226 – or 129.4 percent – for the years 2000 (103,724) and 2030 (237,950), consistent with the Census Bureau projections.

The need for long term care services is likely to grow as well. 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.

2008 Delaware Population Projections Summary Table
Total Projected Population, 2000 - 2030

Area	2000	2008	2010	2015	2020	2025	2030
State of Delaware	786,431	875,953	896,880	943,924	986,296	1,023,707	1,058,158
Kent County	127,108	155,299	159,980	169,356	177,817	184,748	190,867
New Castle County	501,860	532,057	539,587	556,766	571,201	583,285	594,978
Sussex County	157,463	188,597	197,313	217,802	237,278	255,674	272,313

(Source: Delaware Population Consortium Annual Population Projections, October 31, 2008, Version 2008.0)

The following information for the cost of care in Delaware is included in the Genworth 2010 Cost of Care Survey:

Cost of Care in Delaware

HOMEMAKER SERVICES HOURLY RATES (Licensed)

Minimum Hourly Rate	Maximum Hourly Rate	Median Hourly Rate	Median Annual Rate	Five-Year Annual Growth
$20.00	$21.00	$20.00	$45,760	2%

HOME HEALTH AIDE SERVICES HOURLY RATES (Licensed)

Minimum Hourly Rate	Maximum Hourly Rate	Median Hourly Rate	Median Annual Rate	Five-Year Annual Growth
$20.00	$22.00	$21.00	$48,048	1%

ADULT DAY HEALTH CARE DAILY RATES

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$60.00	$104.00	$80.00	$20,800	N/A

ASSISTED LIVING FACILITY MONTHLY RATES (One Bedroom/Single Occupancy)

Minimum Monthly Rate	Maximum Monthly Rate	Median Monthly Rate	Median Annual Rate	Five-Year Annual Growth
$2,850	$6,205	$4,890	$58,680	9%

NURSING HOME DAILY RATES (Semi-Private Room)

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$168	$250	$227	$82,855	5%

NURSING HOME DAILY RATES (Private Room)

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$211	$266	$244	$89,060	5%

Source: Genworth 2010 Cost of Care Survey
Percentage increase in median annual rate represents the compound annual inflation rate for surveys conducted from 2005 to 2010.
Five-Year annual growth is based on survey conducted in January 2010. Sample is representative of the entire U.S. population of consumers ages 18 and over on the basis of age, gender, race, income, education, and region.

Annual rates are based on the daily fee multiplied by 365 days. This data, in conjunction with other data, should be helpful in planning for long term care.

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

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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