

State of Delaware

**Office of the State
Long-Term Care
Ombudsman**

**ANNUAL
REPORT**

**Federal Fiscal
Year 2013**



**DELAWARE HEALTH
AND SOCIAL SERVICES**
OFFICE OF THE SECRETARY

**www.dhss.delaware.gov
1-800-223-9074**

The Long-Term Care Ombudsman Program is funded by the
U.S. Administration for Community Living through the
Older Americans Act



**Annual Report
State of Delaware
Office of the State Long Term Care Ombudsman
Federal Fiscal Year 2013**

New Castle

Delaware Health and Social Services

Office of Cabinet Secretary

Main Administration Building, First Floor

1901 N. DuPont Highway

New Castle, Delaware 19720

(302) 255-9390 or (800) 223-9074

(302) 255-4445 (fax)

www.dhss.delaware.gov

Kent/Sussex Counties

Milford State Service Center

18 North Walnut Street

Milford, Delaware 19963

(302) 424-7310 or (800) 223-9074

(302) 422-1346 (fax)

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DELAWARE HEALTH AND SOCIAL SERVICES

Office of the Secretary

1901 N. DUPONY HIGHWAY, NEW CASTLE, DE 19720 TELEPHONES: 302-255-9040 FAX: 302-255-4429

May 2014

Dear friends of long-term care residents:

We are pleased to present the 2013 Summary of Delaware's Long Term Care Ombudsman Program and the National Ombudsman Reporting Tool Report (NORS).

The Long Term Care Ombudsman Program for advocates 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 complaints related to resident rights, and by advocating for public policy initiatives to enhance the quality of care for residents. We work closely with state investigative agencies such as the Division of Long Term Care Residents Protection, the Office of the Attorney General, Medicaid Fraud Control Unit, Office of the Public Guardian, Adult Protective Services, Aging and Disability Resource Center (ADRC) and sister agencies. Furthermore, we collaborate with other agencies which include the Delaware Health Care Facilities Association (DHCFA), Delaware Aging Network (DAN), Delaware Nursing Home Residents' Quality Assurance Commission, and other stakeholders to provide a blanket of protections for the rights of long term care residents and clients who receive home and community-based services in least restrictive setting.

My sincere appreciation to the Director of Constituent Relations Kathleen Weiss who I report to for her leadership and support. Since we are no longer within the State Unit on Aging (Division of Services for Aging and Adults with Physical Disabilities), we have established a Memorandum of Understanding because our funding from the U.S Administration for Community Living (ACL) still passes through the State Unit on Aging. My sincere gratitude to the leadership and staff of the State Unit on Aging for all their support throughout the year.

This report reflects the efforts of all the agencies involved as well as our dedicated Ombudsman 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, and community-based service clients.

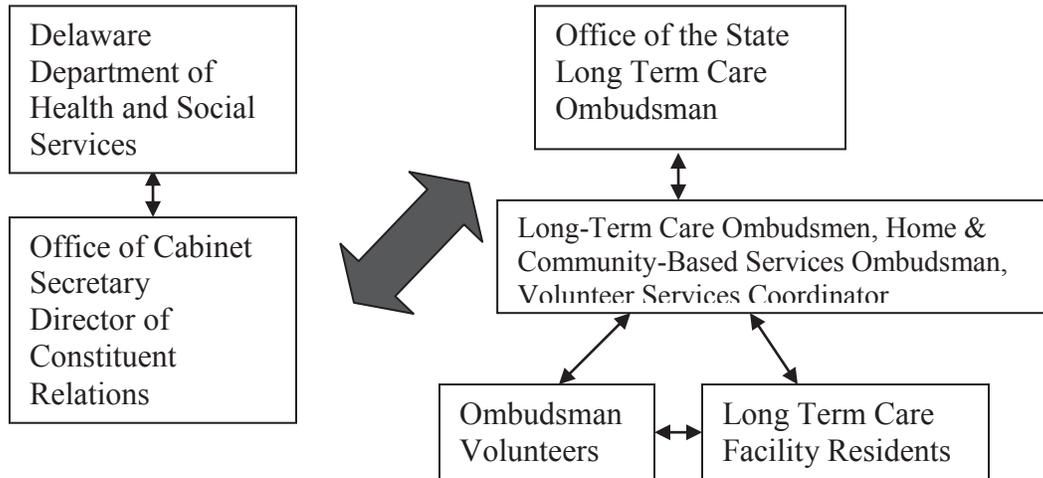
We hope that this report will be informative and helpful to you as all of us work together to improve the quality of life of our fellow Delawareans who need the highest quality of care be it in long term care or home and community setting. Please contact us if we can be of assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor Orija".

Victor Orija, MPA
State Long Term Care Ombudsman

Administration
Office of the State Long Term Care Ombudsman



STAFF
Office of the State Long-Term Care Ombudsman Program

VICTOR ORIJA
State Long-Term Care Ombudsman

BONNIE CRONEY
Long-Term Care Ombudsman, New Castle

FRANCIS (Fran) SCHOLL
Long-Term Care Ombudsman, New Castle

BEVERLY MORRIS
Long-Term Care Ombudsman, New Castle

KAREN LAZAR
Long-Term Care Ombudsman, Milford

GAIL WEINBERG
Home & Community-Based Services Ombudsman

Volunteer Services Coordinator
Volunteers

**ACCOMPLISHMENTS
OF THE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN
DURING FEDERAL FISCAL YEAR 2013**

- Served 7,606 residents of long term care facilities.
- Visited 50 nursing homes, 29 assisted living facilities, and 90 Board and Care homes.
- Received 471 complaints on behalf of long term care facility residents.
- Verified 409 (87%) of the complaints that were received.
- Witnessed the execution of 216 Advance Health Care Directives.
- Resolved 439 (91%) of the complaints (65% fully and 26% partially).
- Major complainants were facility staff 50%, relatives and friends 24%, residents 8%, public officials 12%, others 6%.
- Major complaints were related to residents' rights 50%, resident care 24%, Staffing, system/administration/policies 16%, quality of life 6%, and others 4%.
- 41 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, Reducing Re-hospitalization, Reducing the use of antipsychotic medications, and Culture Change.
- Continued the intensive schedule of visitation to board and care homes.
- Volunteers donated 3,150 hours of service.
- 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.
- The Home and Community-Based Services Ombudsman program received 159 complaints and successfully resolved most of them. *135 of them were verified. Not included with complaints verified in long-term care facilities.
- Co-sponsored the annual Residents' Rights Rally on October 2013 at The Modern Maturity Center in Dover. 227 residents from across the state gathered at to celebrate. .
- Sponsored media publicity for Older Americans Month.
- Sponsored media publicity for World Elder Abuse Day.
- Participated on Money Follows the Person Steering Committee.
- Participated on the subcommittees of The Governor's Commission on Building Access to Community Services.
- Regular participant in the deliberations of the Delaware Nursing Home Residents Quality Assurance Commission.
- With the successful transition to the managed care in April 2012, continued to participate in monthly and quarterly meetings with the Division of Medicaid and Medical Assistance, the Managed Care Organizations, State Investigative Agencies and providers. LTCOP analyzes critical incident data submitted by the managed care organizations for trending
- Membership in the Delaware Culture Change Coalition.
- Jointly conducted with the Medicaid Fraud Control Unit (DOJ), statewide presentations in long-term care facilities on elder abuse prevention.
- Periodically attended the meetings of the Delaware Aging Network (DAN) and Home and Community Based Service providers.

We participated in other activities which included:

State Unit on Aging State Plan / Quarterly Reports:

We were on the Steering Committee for the 2012-2015 State Plan. To date, we continue to submit quarterly reports on performance.

Delaware Quality Insight Organization (QIO) and Quality Initiatives

In commitment to the highest quality of care for residents of long-term care facilities and long-term care clients, the Long-Term Care Ombudsman Program participated in webinars and quality initiative sessions that were hosted by the QIO for staff of long-term care facilities. Some of the sessions provided insight and creative approaches to caring for individuals with dementia and those with behavioral symptoms.

Culture Change Conference

The Long-Term Care Ombudsman Program (LTCOP) is a member of a newly revitalized Delaware's Culture Change Coalition. The Coalition meets monthly. Culture Change is an initiative to support and promote nursing home providers as they transform from a traditional system-directed culture to one that is person centered or directed. Coalition membership includes representatives from long-term care facilities and advocates.

Volunteer Recognition

On May 20, 2013, LTCOP thanked and recognized volunteers from New Castle County for their dedicated service at a luncheon held at Buena Vista Conference Center in New Castle. A similar event was held earlier on May 20, 2013 for volunteers based in Kent and Sussex Counties. LTCOP volunteers serve as "friendly visitors" to long-term care residents.

Managed Care Organizations and Protective Agencies

Since the transition to managed care organizations in 2012, LTCOP, Division of Long Term Care Residents Protection, Adult Protective Services and The Office of Health Facilities Licensing and Certification have continued to meet with both MCOs (Aetna / DPCI, and UnitedHealthcare) to discuss the processes and seek opportunities for process improvements. LTCOP retains membership on the Quality Improvement Initiative (QIIT) Task Force which met quarterly. Meetings were sponsored by the Division of Medicaid and Medical Assistance (DMMA). Attendees included members of both MCOs—United HealthCare and Aetna (DPCI). It was an opportunity for all agencies to review and discuss performance measures.

Of particular interest was a discussion on how to reduce the use of emergency rooms or visits. This is one of the initiatives CMS implemented. Studies have shown that visits to hospitals and emergency room/departments adversely impact the health of fragile and elderly citizens. Such visits also result in adverse medication events. The State Long-Term Care Ombudsman discussed CMS' initiative since we are involved in the grant review.

Delaware Health Care Facilities Association's (DHCFA) 13th ALL Star Awards Program

On May 15th, DHCFA honored several nominees for their excellence in the industry. There were 14 award categories and winners. They included: Certified Nursing Assistant, Care-Giver, Nurse, Administrator, Administrative Support, Resident/Family Liaison, Therapist, Maintenance, Food Service, Environmental Services, Activities, and the Medical Director. Also, there was a special award of Community Advocate. This is an annual event. Event was held at the Sheraton Dover. LTCOP was represented by the State Long-Term Care Ombudsman.

Advancing Excellence in America's Nursing Homes

Advancing Excellence in America's Nursing Homes is an on-going, coalition-based campaign focused on how we care for elderly and disabled citizens. This voluntary campaign began in September 2006. There are nine goals (4 Organizational Goals, and 5 Clinical Outcome Goals) from which a participating nursing home can choose from. The campaign helps nursing homes improve the quality of care and quality of life for more than 1.5 million residents of America's nursing homes. See www.nhqualitycampaign.org Below (nhqualitycampaign.org) is the enrollment statistics about Delaware.

Participants	Delaware (DE)	Nation
Registered nursing homes	28	9725
Percentage of registered nursing homes **	63.6%	62.2%
Participating consumers	8	3748
Participating nursing home staff	13	3594

CMS' Initiative to Reduce the Use of Antipsychotic Medication

In 2012, the Centers for Medicaid and Medicare Services (CMS) announced a new national initiative to reduce the use of anti-psychotic medications in long-term care residents with dementia. The objective was to reduce the use by 15% nationally by the end of 2012. At that time, a stakeholders' group, headed by The Quality Insights of Delaware was assembled as the Steering Committee to promote the initiative in Delaware LTCOP was a member of the committee.

In August 2013, CMS released a report indicating that, nursing homes were using antipsychotics less and instead pursuing more patient-centered treatment for dementia and other behavioral health care. The report indicated that:

1. By the first quarter of 2013, the national prevalence of antipsychotic use in long stay nursing home residents has been reduced by 9.1% compared to the last quarter of 2011.
2. There were 30,000 fewer nursing home residents on these medications than if the prevalence had remained at the pre-National Partnership level.
3. At least 11 states have hit or exceeded a 15% target and others were quickly approaching that goal. The 11 states included Delaware

Elder Abuse Prevention

With the prevalence of elder abuse in all settings, the joint training that were conducted with the Medicaid Fraud Control Unit (MFCU—Department of Justice) highlighted the need to focus on eradicating this abuse. Elder Abuse by definition is a “wilful infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm “ – Bonnie and Wallace, 2003, page 39. Most of the abuse can be perpetrated by family members, care givers and trusted others. It is important to look out for warning signs and be alert.

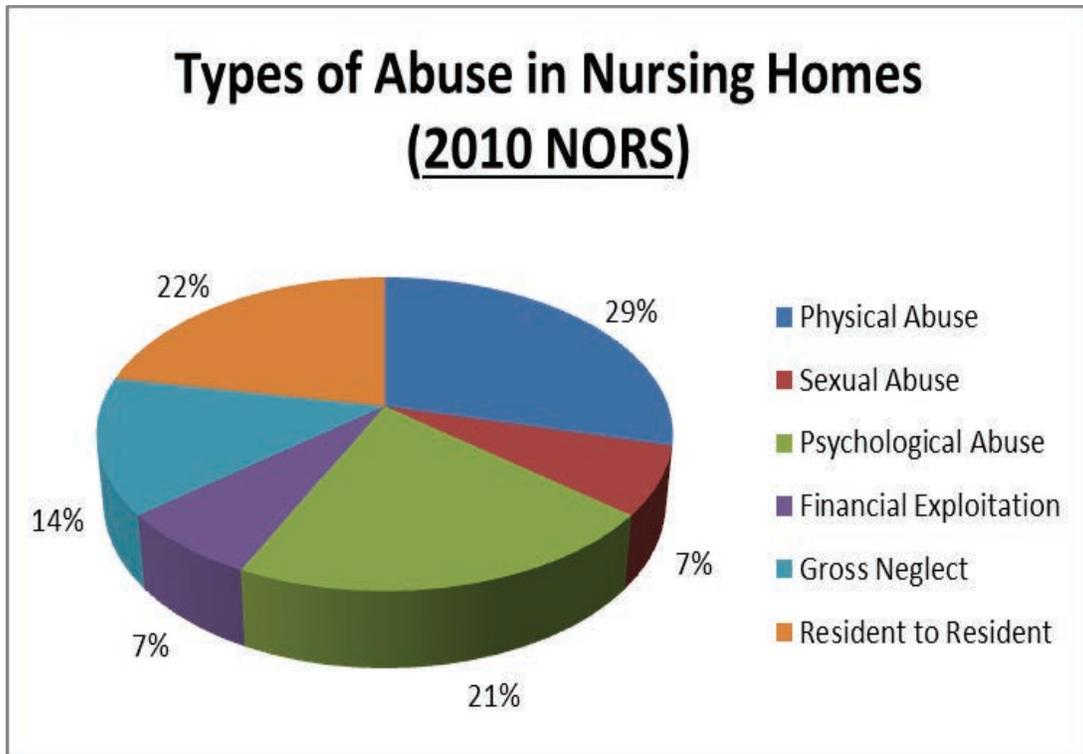
The National Ombudsman data (2010 NORS), lists the abuse distribution in nursing homes (nationally) as follows:

- Physical abuse 29%
- Sexual abuse 7%
- Psychological abuse 21%
- Financial exploitation 7%
- Gross neglect 14%
- Resident to resident 22%

Lately, this list has included:

- Involuntary restraint
- Drug diversion

The distribution for Assisted Living and Board & Care Homes nationally, is similar to the distribution for nursing homes. The goal of the joint training conducted by MFCU and LTCOP is to bring awareness to this problem and seek to eliminate it.



Annual Residents' Rights Month

October is Residents' Rights Month. It's celebrated nationally by consumers and advocates. As in the past, LTCOP sponsored a Rally for long-term care residents to meet and celebrate the event at the Modern Maturity Center, Dover. Speaker was the Deputy Attorney General James Apostolico. Theme was "Speak Out Against Elder Abuse."





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 2011, the Ombudsman Program investigated 501 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. In 2008, the Epilogue Language created the position of the Home and Community-Based Services Ombudsman. Position was staffed in 2010.

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.”

Del. Code Title 16 §1150 - §1156. Office of the Long-Term Care Ombudsperson.

- 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 FISCAYEAR 2013

**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.

439

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	10	139
2. Relative/friend of resident	75	14	20
3. Non-relative guardian, legal representative	3	2	0
4. Ombudsman/ombudsman volunteer	4	0	0
5. Facility administrator/staff or former staff	127	57	0
6. Other medical: physician/staff	4	1	0
7. Representative of other health or social service agency or program	3	3	0
8. Unknown/anonymous	3	1	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	28	15	0

Total number of cases closed during the reporting period:

528

* 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:

630

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

A. Abuse, Gross Neglect, Exploitation

1. Abuse, physical (including corporal punishment)
2. Abuse, sexual
3. Abuse, verbal/psychological (including punishment, seclusion)
4. Financial exploitation (use categories in section E for less severe financial complaints)
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)
6. Resident-to-resident physical or sexual abuse
7. Not Used

	Nursing Facility	B&C, ALF, RCF, etc.
5	4	
1	0	
3	1	
2	0	
2	1	
3	2	

B. Access to Information by Resident or Resident's Representative

8. Access to own records
9. Access by or to ombudsman/visitors
10. Access to facility survey/staffing reports/license
11. Information regarding advance directive
12. Information regarding medical condition, treatment and any changes
13. Information regarding rights, benefits, services, the resident's right to complain
14. Information communicated in understandable language
15. Not Used

1	1
0	0
0	0
4	3
5	0
1	1
3	0

C. Admission, Transfer, Discharge, Eviction

16. Admission contract and/or procedure
17. Appeal process - absent, not followed
18. Bed hold - written notice, refusal to readmit

3	1
0	0
1	1

- 19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment
- 20. Discrimination in admission due to condition, disability
- 21. Discrimination in admission due to Medicaid status
- 22. Room assignment/room change / intrafacility transfer
- 23. Not Used

52	12
0	0
0	0
12	4

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

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

1	0
5	3
8	3
19	9
6	4
0	0
0	0
1	1
3	1
4	6
0	0

E. Financial, Property (Except for Financial Exploitation)

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

9	3
7	3
7	4

Resident Care

F. Care

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

10	0
8	1
36	6
1	1
8	5
4	0
0	0
0	0
3	0
3	0
0	0
10	3

G. Rehabilitation or Maintenance of Function

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

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring	0	0
62. Psychoactive drugs - assessment, use, evaluation	1	0
63. Not Used		

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness	0	0
65. Community interaction, transportation	1	1
66. Resident conflict, including roommates	3	1
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	1	0
68. Not Used		

J. Dietary

69. Assistance in eating or assistive devices	0	0
70. Fluid availability/hydration	1	0
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	3	0
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	3	1
76. Not Used		

K. Environment

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise)	1	1
78. Cleanliness, pests, general housekeeping	4	0
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	0	0
80. Furnishings, storage for residents	0	0
81. Infection control	1	1
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	3	2

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	2	1
88. Administrator(s) unresponsive, unavailable	0	0
89. Grievance procedure (use C for transfer, discharge appeals)	0	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)	1	0
94. Resident or family council/committee interfered with, not supported	5	2
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	1	0
99. Staff turn-over, over-use of nursing pools	0	0
100. Staff unresponsive, unavailable	1	0
101. Supervision	1	0
102. Eating Assistants	0	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	0	0
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	10	1
118. Bed shortage - placement	2	3

119. Facilities operating without a license	0	0
120. Family conflict; interference	21	7
121. Financial exploitation or neglect by family or other not affiliated with facility	1	4
122. Legal - guardianship, conservatorship, power of attorney, wills	2	6
123. Medicare	0	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	2	1
126. Protective Service Agency	0	0
127. SSA, SSI, VA, Other Benefits/Agencies	1	0
128. Request for less restrictive placement	2	15
Total, categories A through P	334	137

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	159
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.	159

Total Complaints* 630

* (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:	291	118	135

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	7	4	12

c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	9	2	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	4	2	0
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	8	4	7
e. For which no action was needed or appropriate	0	0	9
f. Which were partially resolved* but some problem remained	81	42	19
g. Which were resolved* to the satisfaction of resident or complainant	225	83	112

Total, by type of facility or setting	334	137	159
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Grand Total (Same number as that for total complaints on pages 1 and 7)			630
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* 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? 5,135
- 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? 104
- b) How many beds are there in these facilities? 2,228

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	6.00	0.00
	Number people working full-time on ombudsman program	6	0
Paid clerical staff	FTEs	0.50	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	32	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	3,150	0
<i>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.</i>			
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	\$79,350
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	\$23,054
Federal - OAA Title III provided at State level	\$245,991
Federal - OAA Title III provided at AAA level	\$0.0
Other Federal; specify:	\$0.0

State Funds

State funds	\$229,851
Local; specify:	\$

Total Program Funding \$578,246

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	41	0	
	Number hours	266		
	Total number of trainees that attended any of the training sessions above (duplicated count)	302	0	
	3 most frequent topics for training	Long-term care topics and challenges. It included reduction in the use of antipsychotic medications, dementia issues, culture change, advancing excellence in facilities, discharge & transfer process, IDR process and CMS regulations.		
		Communicable diseases in long-term care		
	Residents Rights			

2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	25	0
3. Training for facility staff	Number sessions	31	0
	3 most frequent topics for training	Elder Abuse Prevention	
		Safe discharge and transfer process	
		Guardianship and surrogate decision making	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Discharge issues	
		Resident and family conflicts	
		Residents Rights	
	Number of consultations	397	0
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Residents Rights	
		Billing and discharge issues	
		Resident to resident conflict	
	Number of consultations	423	
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)	94	0
7. Participation in Facility Surveys	Number of surveys	25	0

8. Work with resident councils	Number of meetings attended	35	0
9. Work with family councils	Number of meetings attended	11	0
10. Community Education	Number of sessions	41	0
11. Work with media	3 most frequent topics	Improving the quality of care in long-term care	
		System advocacy and prevention of elder abuse	
		Volunteer Recruitment	
	Number of interviews/discussions	8	0
	Number of press releases	19	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 %.)	15	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."

Quality Indicators - Delaware vs. National Average

Staffing

Average time each resident gets with:	State Average	National Average
Nurses (Total)	4 hours 29 minutes	4 hours 7 minutes
Registered Nurses	1 hour 9 minutes	49 minutes
Licensed Nurses (Practical & Vocational)	52 minutes	50 minutes
Certified Nursing Assistants	2 hours 28 minutes	2 hours 28 minutes
Physical Therapy Staff	7 minutes	6 minutes

U.S News methodology (approved by CMS)

Urinary Tract Infection (UTI) –UTI is an infection in the urethra that left untreated can spread to the bladder (bladder infection), and kidney (kidney infection).

Pain - 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.

Pressure Ulcer - Shows the percent of residents with a high risk of getting pressure sores, or who get a pressure sore in the nursing home. Pressure ulcer is a skin wound. Pressure ulcer usually develops on bony parts of the body such as the tailbone, hip, ankle, or heel. They are usually caused by constant pressure on one part of the skin. Severe pressure ulcers can take a long time to heal.

Incontinence – Shows the percent of residents who often lose control of their bowels or bladder.

Catheter inserted—Shows the percent of long-stay residents who had a catheter inserted and left in their bladder for a period of time during the 14-day assessment period.

Restraint – 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.

ADL- Activities of Daily Living. Shows the percent of residents whose need for help doing basic daily tasks has increased from the last time it was checked. These activities include feeding oneself, transferring from one chair to another, changing positions while in bed, and going to the bathroom alone.

Lose too much weight—It shows the percent of residents who have lost too much weight between assessments.

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

Ambulation – Shows the percent of residents whose ability to move about, either by walking or using a wheelchair, in their room and hallway near their room, worsened since last assessment.

Quality Measures for nursing homes reporting to CMS during the data collection period of 4/1/13 to 12/31/13 (long-stay residents), and 1/1/13 to 12/31/13 (short-stay residents).

<u>Percent of long-stay residents</u>	<u>DE</u>	<u>US</u>		<u>Percent of short-stay residents</u>	<u>DE</u>	<u>US</u>
Experiencing falls with one or more injury	3.5%	3.2%	Lower is better			
With urinary tract infection	6.8%	6.2%	Lower is better			
Self-report moderate to severe pain	7.5%	8.3%	Lower is better	Self-report moderate to severe pain	15.6%	19.2%
High risk residents with pressure ulcers	5.8%	6.1%	Lower is better	Pressure ulcer is new or worsened	1.0%	1.2%
Low risk residents who lose control of bowels or bladder	44.1%	43.9%	Lower is better			
Have/had a catheter inserted and left in their bladder	1.9%	3.2%	Lower is better			
Physically restrained	0.7%	1.4%	Lower is better			
Need help with ADL	16.4%	15.4%	Lower is better			
Lose too much weight	6.6%	7.2%	Lower is better			
Have depressive symptoms	4.3%	6.3%	Lower is better			
Assessed / given appropriate seasonal influenza vaccine	94.9%	92.7%	Higher is better	Assessed / given appropriate seasonal influenza vaccine	87.2%	83.4%
Given pneumococcal vaccine	97.9%	94.3%	Higher is better	Given pneumococcal vaccine	87.3%	82.4%
Received antipsychotic medication	16.7%	20.7%	Lower is better	Received antipsychotic medication	2.6%	2.6%

The Year in Review

In Delaware, there are 50 nursing homes that provide care for 5,321 residents. In addition, there are 29 assisted living facilities serving 1,888 residents. An additional 90 licensed rest (family care) homes and related homes located throughout the state, provide long term care to 397 seniors and persons with disabilities.

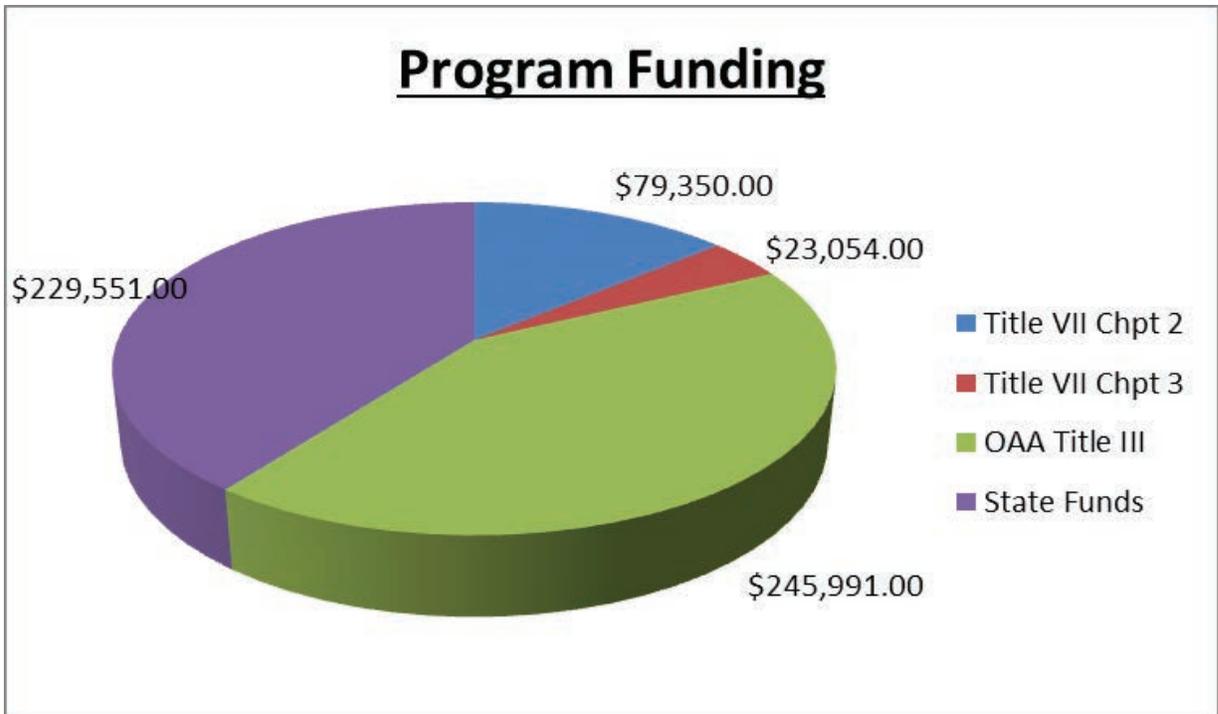
Type of Facility	Number of Facilities	Number of Beds
Nursing Homes	50	5,321
BC & RC	90	397
Assisted Living	29	1,888

Assisted living regulations were strengthened in 2009 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.

Program Funding

The Ombudsman Program receives an annual allocation from the U.S. Administration for Community Living / Administration on Aging (ACL/AoA) to support its operations. ACL/AoA funding sources included Title VII and Title III. In addition, we received state funds. Funding supported six full-time positions for the Long Term Care Ombudsman Program and a seasonal, contracted part-time Volunteer Services Coordinator. Apart from staff support, funds were directed towards training, outreach for abuse prevention, and community awareness.

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 enhance program advocacy efforts.



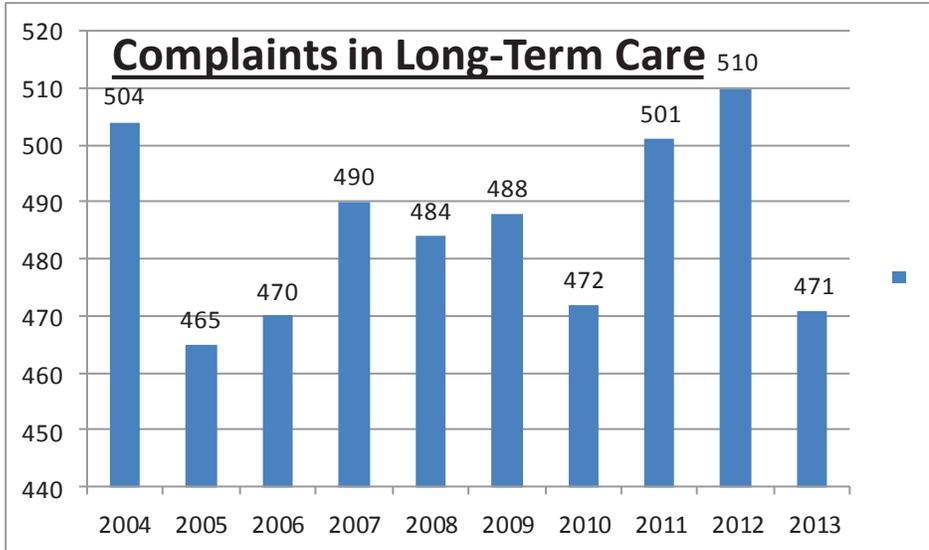
Total Program Funding \$578,246.00

Title VII Chpt 2	\$79,350.00	14%
Title VII Chpt 3	\$23,054.00	4%
OAA Title III	\$245,991.00	42%
State Funds	\$229,551.00	40%

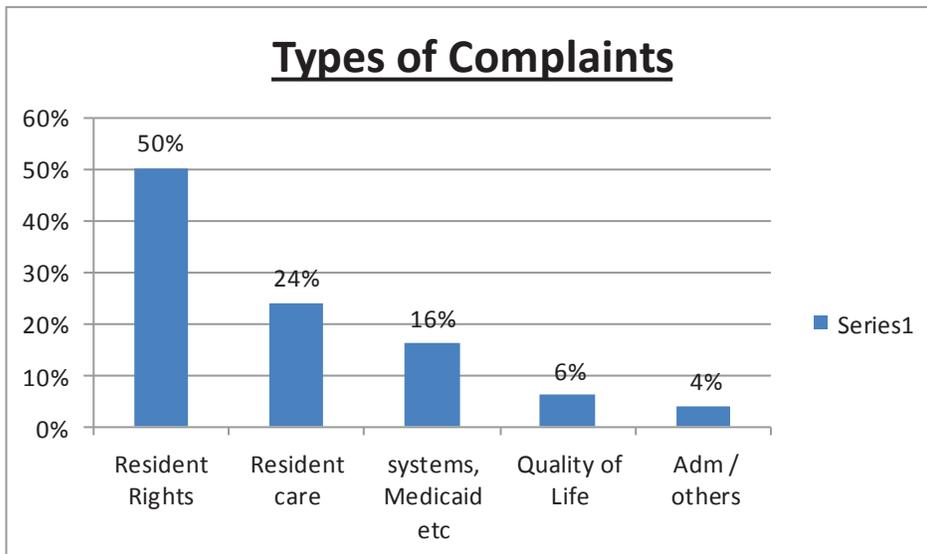
Frequent Complaints

The Long Term Care Ombudsman Program received and investigated 471 complaints during Fiscal Year 2013. Ombudsman staff works closely with residents, families, and facility staff to offer guidance and correct substantiated complaints. In addition, the program witnessed the execution of 216 Advance Health Care Directives and provided many in-service training sessions and outreach. The program accomplished this with four full-time Long Term Care Ombudsmen who serve in long-term care settings.

Data analysis indicate that complaints are increasing in complexity. Hence, some cases take longer to resolve. Most of the complaints were related to residents' rights, resident care and system issues.

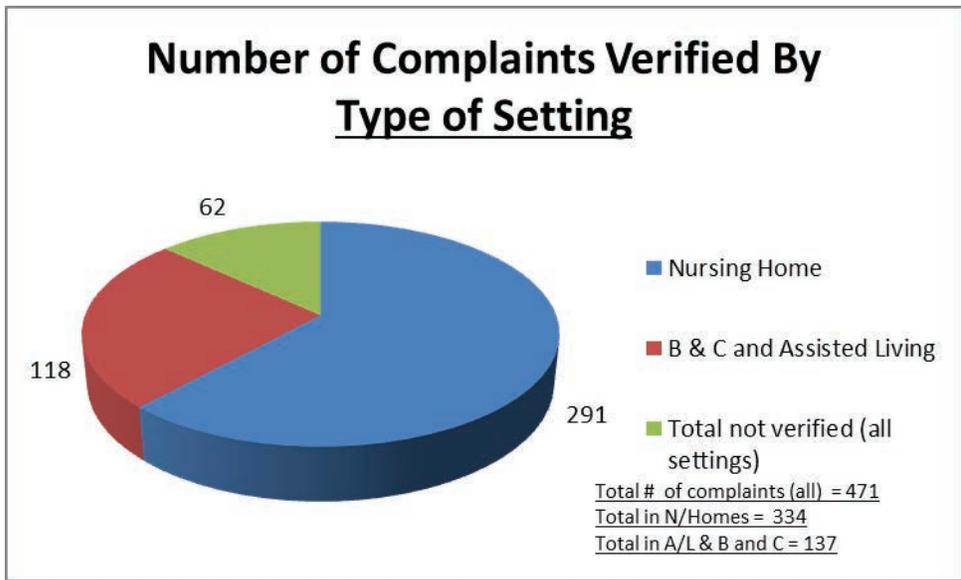
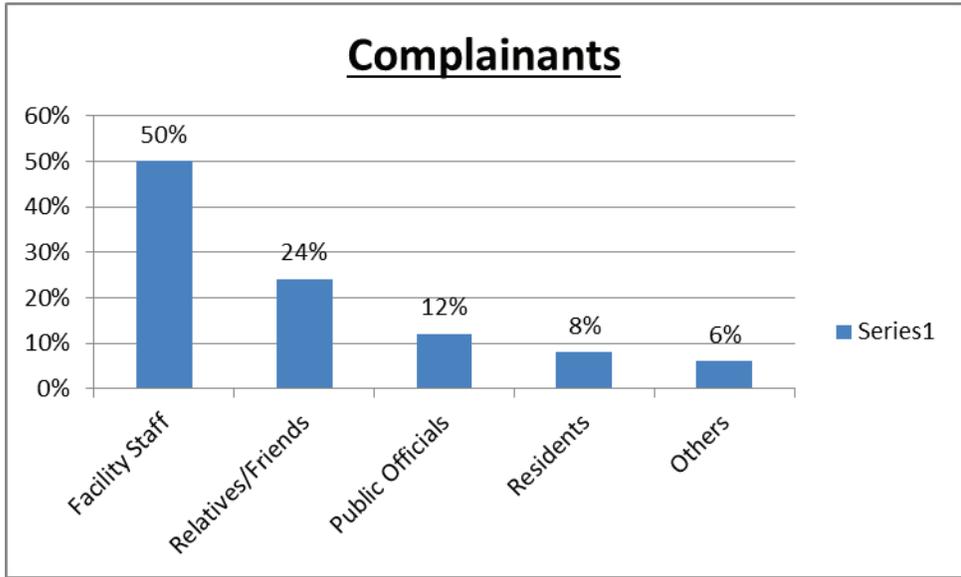


Complaint trend between 2004 and 2013. 9% reduction is attributable to LTCOP's being proactive & visible in long-term care facilities, and increase in the number of consultation to facility staff and residents.



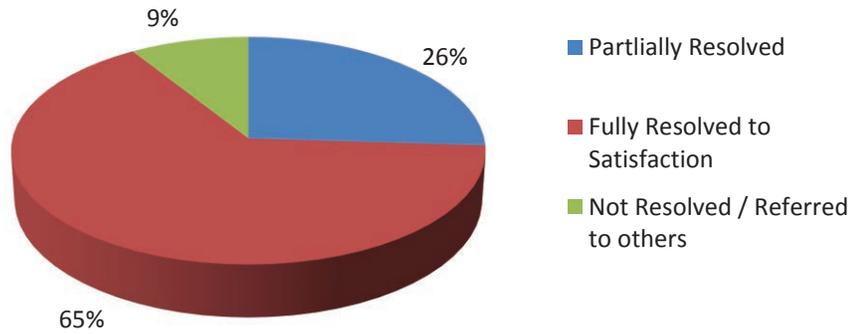
Above are the types of complaints that were received in 2013.

Below are some of the complainants who referred complaints to the ombudsman in 2013.



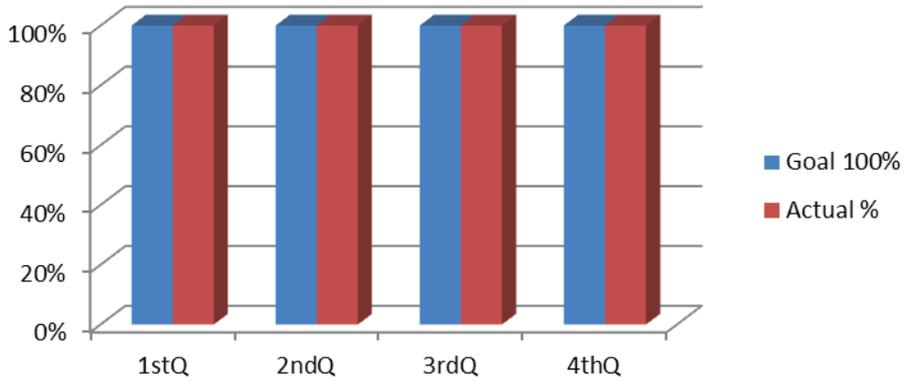
Number of complaints that were verified by type of long-term care setting.

Complaint Resolution %



Partially Resolved	26%	123
Fully Resolved to Satisfaction	65%	308
Not Resolved / Referred to others etc	9%	40
		Total=471

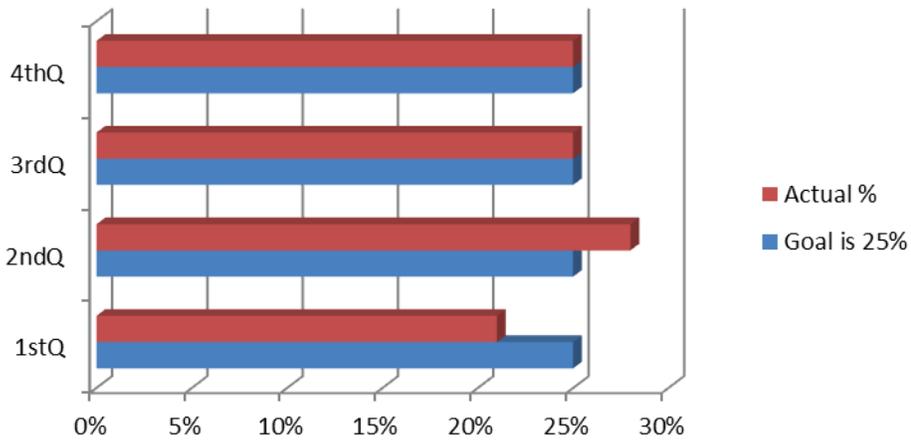
Visitation to Nursing Home & Assisted Living



Quarterly visitation percentage to Nursing Homes and Assisted Living facilities

Quarterly visitation to Board & Care Homes

Visitation to Board & Care Homes



Home and Community-Based Services Ombudsman

159 complaints were received by the **Home and Community-Based Services (HCBS)** Ombudsman between October 2012 and **September** 2013. 139 or 87% were verified. Complainants were from home and community-based clients who were receiving services from home and community-based services providers. Providers are licensed in Delaware to provide home and community-based services.

Home and Community Based
Services --- Types of complaints

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Info & Referral	9	4	7	7	5	5	10	6	6	6	6	0
Exploitation	2	1	0	0	0	0	2	0	0	1	0	0
Care / Care Plan	1	2	0	0	0	0	2	2	0	0	0	0
Housing	0	1	0	0	0	0	0	1	1	0	0	0
Respite	1	0	0	1	0	1	0	0	0	0	0	0
Mediation	0	0	0	2	0	1	1	2	1	0	1	1
Care Giver Issue	0	0	0	0	0	0	0	0	0	0	0	0
Waiver Service	0	0	0	0	0	0	0	0	0	0	0	0
Durable Medical Equipments	0	0	0	0	0	0	0	0	1	0	0	0
Guardianship	0	0	0	0	0	0	0	0	0	0	0	0
Billing	1	0	1	0	0	0	0	0	0	0	0	0
Others/MFP	3	1	1	4	5	5	2	2	2	4	3	10
		Family. Conflict		MFP 4	MFP 5	MFP 3	MFP2	MFP2	MFP2	MFP 2 Legal 2	Legal 1 MFP 2	Other2 Trsp1 MFP 7

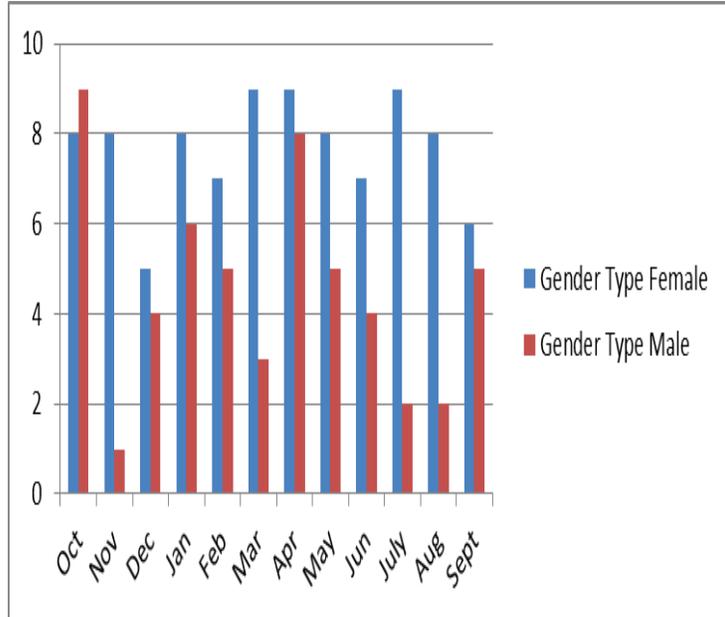
Home and Community-Based Services - Age distribution of complainants

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
20-29	2	0	1	0	0	0	0	0	2	0	0	0
30-39	0	0	0	0	0	0	0	0	1	0	0	0
40-49	0	0	1	1	0	0	0	3	2	2	2	1
50-59	1	2	2	1	2	4	3	2	3	2	3	2
60-69	5	4	1	7	1	5	3	2	3	4	1	2
70-79	3	0	2	2	5	3	2	4	2	2	6	2
80-89	1	4	3	1	4	2	3	8	2	4	1	0
90+	0	1	0	0	0	2	2	0	1	2	3	2

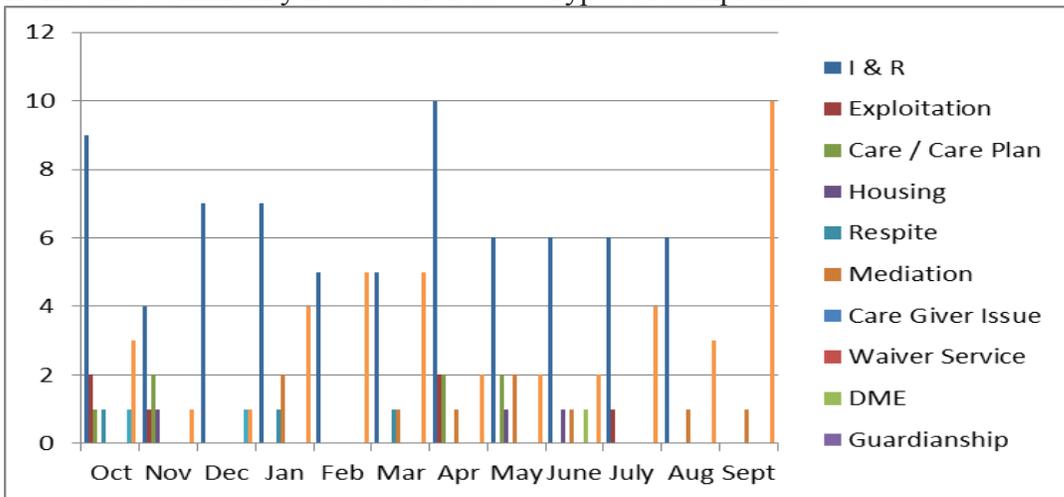
Other activities included attending MFP and nursing home transition discharge planning meetings, MFP Steering Committee meetings, and presentations to community groups.

Home and Community Based Services --- Gender distribution of clients

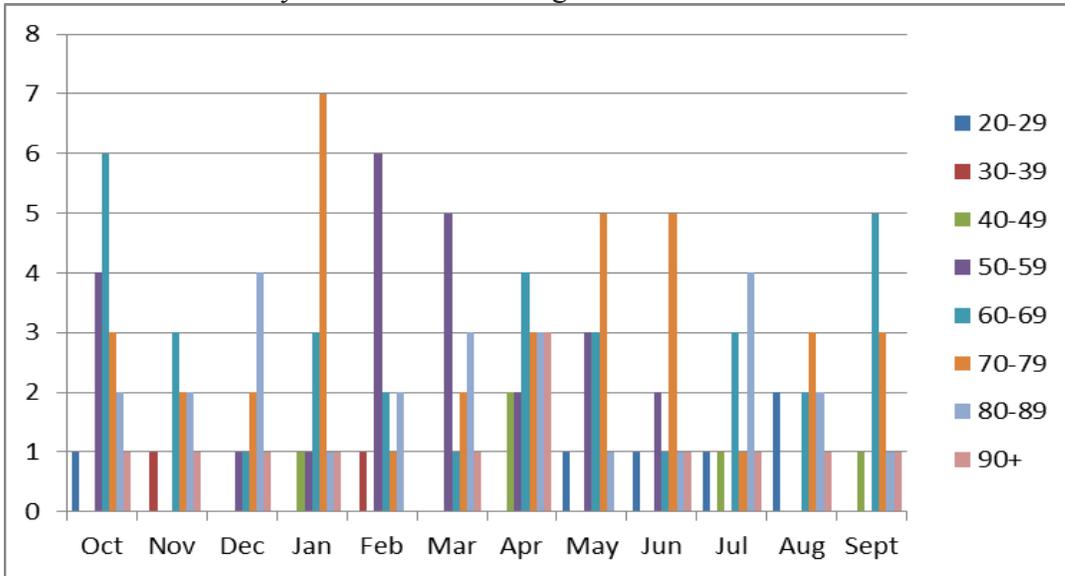
Oct 2012 thru Sept 2013		
	Gender Type	
	Female	Male
Oct	8	9
Nov	8	1
Dec	5	4
Jan	8	6
Feb	7	5
Mar	9	3
Apr	9	8
May	8	5
Jun	7	4
July	9	2
Aug	8	2
Sept	6	5



Home and Community Based Services --- Types of complaints



Home and Community Based Services – Age Distribution of Clients



Advocacy and Other Activities

As mandated by the Older Americans Act the Statute in Delaware, the mission of the Long-Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of long-term care facilities and the rights of clients who receive home and community-based services with the goal of enhancing their quality of life and care.

The State Ombudsman designates 6.8 full time employees (including the State Long-Term Care Ombudsman) statewide as representatives of this program (see page 3).

The program is required to maintain a staffing ratio of one paid, full time employee, to every two thousand long-term care facility beds. This was a recommendation by the Institute of Medicine in 1995.

Legislation and Advocacy

Participated in national and state level conferences on aging, long term care issues, and home and community-based services..

Commented on proposed federal regulations on long-term care, elder protection, and home and community-based service initiatives.

Member of Policy and Law Sub-Committee on State Council for Persons with Physical Disabilities.

Member of subcommittees of The Governor's Commission on Building Access to Community-Based Services. Subcommittees include: Employment and Workforce Development, Healthcare, and member of Money Follows The Person Steering Committee.

Outreach

Community outreach and training on the role of the Ombudsman.

Community outreach and training on Residents' Rights.

Community outreach and training on home and community-based services (hcbs) and the rights of clients receiving those services, and the responsibilities of providers.

Promoted Resident Councils and Family Councils.

Made presentations to student groups in area institutions of higher learning.

Celebrated the annual Resident's Rights Week. Received Governor's Proclamation.

Media releases about Residents' Rights, Older Americans Month, and World Elder Abuse Awareness Day.

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.

Provided training on home and community-based services and the role of the ombudsman..

Participated in cross-agency training on prevention of elder abuse, exploitation, and dealing with difficult behavior.

Inter-agency Coordination

LTCOP worked closely with regulatory, advocacy, social services, law enforcement and investigative agencies.

Participated in Delaware Nursing Home Residents' Quality Assurance Commission meetings.

Participated in meetings of 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 and The Quality Insights of Delaware..

Conducted statewide joint training with the Medicaid Fraud Control Unit (Department of Justice) to staff of long-term care facilities on "Elder Abuse Prevention."

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.

Volunteer Ombudsman Corps

The State Long-Term Care Ombudsman and staff express their heart-felt appreciation to the members of the Volunteer Ombudsman Corps for their dedication to the well-being of the state's long-term care residents during 2013. As a group, our volunteers continue to volunteer hours jointly for LTCOP and RSVP.

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 departmental website www.delaware.gov or the Division of Aging'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 opportunity.

Currently, we are evaluating the initial 15-hour training and 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. The initial training is followed by the orientation phase where a volunteer is paired with a mentor before a volunteer begins a solo visitation.

To accommodate volunteers, we are contemplating weekend training. The age range of volunteers is about 45 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

Recruitment + Recognition = 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 annual recognition event to award service pins and recognize achievement;
- Provides professional training and experience;
- Reimburses volunteers for mileage;
- Provides ongoing and active communication and training with a Volunteer Services Coordinator.

Historically, our volunteers have been "Friendly Visitors." Friendly Visitors make a real impact on residents, some of which may seem isolated by virtue of not having any relative or friend to visit. 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 the past, there was a discussion that the "friendly visitor" role should be expanded to include assisting Long Term Care Ombudsman Program staff with complaint investigation. This has not materialized because of the shrinking volunteer pool. It's more important to increase the number of "friendly visitors" than to expand the role of the current pool of volunteers. In bigger states where full time state employees cannot cover the huge territory, volunteer ombudsmen are certified to investigate complaints related to quality of care and residents' rights.

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.

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 doing.

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 budgetary climate permits. The current rate of \$44.00 per month was implemented in 2004.
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. Continue to reduce the use of antipsychotic medications in long-term care facilities.
6. 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.
7. Equalize the benefits of direct support professionals in the private and public sectors.
8. Continue to work with all stakeholders especially health care providers on reducing re-hospitalization.

Cost of Care in Delaware

HOMEMAKER SERVICES HOURLY RATES (Licensed)

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate	Five-Year Annual Growth
USA	\$10	\$18	\$36	\$41,756	1%
Delaware- Whole State	\$16	\$20	\$25	\$46,057	1%
Dover	\$16	\$17	\$20	\$38,896	N/A
Delaware- Rest of State	\$18	\$21	\$23	\$48,048	0%

HOME HEALTH AIDE SERVICES HOURLY RATES (Licensed)

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate	Five-Year Annual Growth
USA	\$10	\$19	\$37	\$44,479	1%
Delaware- Whole State	\$18	\$22	\$26	\$50,450	1%
Dover	\$18	\$20	\$23	\$44,616	N/A
Delaware- Rest of State	\$18	\$23	\$25	\$51,480	-1%

ADULT DAY HEALTH CARE DAILY RATES

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate	Five-Year Annual Growth
USA	\$15	\$65	\$210	\$16,900	2%
Delaware- Whole State	\$40	\$63	\$78	\$16,250	-4%
Dover	\$50	\$50	\$50	\$13,000	0%
Delaware- Rest of State	\$40	\$75	\$78	\$19,500	0%

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

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate	Five-Year Annual Growth
USA	\$718	\$3,450	\$9,500	\$41,400	4%
Delaware- Whole State	\$3,150	\$5,533	\$6,990	\$66,396	9%
Dover	\$5,299	\$5,533	\$5,850	\$66,396	10%
Delaware- Rest of State	\$3,150	\$5,196	\$6,990	\$62,346	13%

NURSING HOME DAILY RATES (Semi-Private Room)

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate	Five-Year Annual Growth
USA	\$85	\$207	\$948	\$75,405	4%
Delaware- Whole State	\$213	\$274	\$296	\$100,010	6%
Dover	\$232	\$267	\$296	\$97,455	6%
Delaware- Rest of State	\$213	\$270	\$292	\$98,550	6%

NURSING HOME DAILY RATES (Private Room)

Region	Minimum	Rate Range Median	Maximum	Median Annual Rate	Five-Year Annual Growth
USA	\$100	\$230	\$948	\$83,950	4%
Delaware- Whole State	\$247	\$294	\$331	\$107,310	6%
Dover	\$259	\$280	\$307	\$102,200	6%
Delaware- Rest of State	\$247	\$280	\$306	\$102,200	5%

Source: Genworth 2013 Cost of Care Survey

1 Median Annual Rates* are calculated based on the following:

Homemaker Services - hourly rate multiplied by 44 hours per week, multiplied by 52 weeks
Home Health Aide Services - hourly rate multiplied by 44 hours per week, multiplied by 52 weeks

Adult Day Health Care - daily rate multiplied by 5 days per week, multiplied by 52 weeks

Assisted Living Facility - monthly rate multiplied by 12 months

Nursing Home - daily rate multiplied by 365 days

2 Represents the compound annual growth rate based on Genworth Cost of Care Survey data from 2008 to 2013

*Hourly, daily and monthly rates are rounded to the nearest whole dollar.

This data, in conjunction with other data, should be helpful in planning for long term care.

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% since 1991.

Population Projections for Persons Aged 60 and Older State of Delaware

	2010	2015	2020	2025	2030	2035	2040
Age Breakdowns							
60 -64	53,690	58,547	65,840	67,800	62,940	57,990	57,938
65 -69	42,136	52,278	56,423	63,443	65,287	60,705	56,095
70 -74	30,868	38,620	48,321	52,036	58,436	60,235	56,089
75 -79	23,927	27,216	33,753	42,240	45,349	50,979	52,621
80 -84	17,259	18,920	21,932	27,283	34,083	36,556	41,129
85 & over	15,878	19,427	22,205	25,525	30,892	38,418	43,913
Age Totals							
Total Age 60+	183,758	215,008	248,474	278,327	296,987	304,883	307,785
Total Age 65+	130,068	156,461	182,634	210,527	234,047	246,893	249,847
Total Age 75+	57,064	65,563	77,890	95,048	110,324	125,953	137,663
Total Age 85+	15,878	19,427	22,205	25,525	30,892	38,418	43,913
Percent Change							
Age 60+	NA	17.0%	35.2%	51.5%	61.6%	65.9%	67.5%
Age 65+	NA	20.3%	40.4%	61.9%	79.9%	89.8%	92.1%
Age 75+	NA	14.9%	36.5%	66.6%	93.3%	120.7%	141.2%
Age 85+	NA	22.4%	39.8%	60.8%	94.6%	142.0%	176.6%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2013, Version 2013.0

Population Projections for Persons Aged 60 and Older New Castle County

2010 2015 2020 2025 2030 2035 2040

Age Breakdowns							
60 -64	28,696	32,680	37,016	37,666	35,332	32,499	32,515
65 -69	20,776	26,628	30,443	34,604	35,303	33,292	30,734
70 -74	14,944	18,254	23,944	27,442	31,225	31,989	30,264
75 -79	12,105	12,974	15,596	20,528	23,536	26,858	27,596
80 -84	9,451	9,442	10,241	12,380	16,319	18,749	21,417
85 & over	9,269	10,809	11,451	12,241	14,166	17,989	21,678
Age Totals							
Total Age 60+	95,241	110,787	128,691	144,861	155,881	161,376	164,204
Total Age 65+	66,545	78,107	91,675	107,195	120,549	128,877	131,689
Total Age 75+	30,825	33,225	37,288	45,149	54,021	63,596	70,691
Total Age 85+	9,269	10,809	11,451	12,241	14,166	17,989	21,678
Percent Change							
Age 60+	NA	16.3%	35.1%	52.1%	63.7%	69.4%	72.4%
Age 65+	NA	17.4%	37.8%	61.1%	81.2%	93.7%	97.9%
Age 75+	NA	7.8%	21.0%	46.5%	75.3%	106.3%	129.3%
Age 85+	NA	16.6%	23.5%	32.1%	52.8%	94.1%	133.9%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2013, Version 2013.0

Population Projections for Persons Aged 60 and Older Kent County

	2010	2015	2020	2025	2030	2035	2040
Age Breakdowns							
60 -64	9,087	9,597	11,120	11,839	11,064	10,198	10,222
65 -69	7,316	8,832	9,202	10,623	11,302	10,557	9,732
70 -74	5,505	6,841	8,128	8,435	9,743	10,354	9,666
75 -79	4,239	4,877	5,938	7,043	7,304	8,437	8,951
80 -84	2,681	3,263	3,886	4,720	5,603	5,804	6,713
85 & over	2,424	2,953	3,535	4,243	5,153	6,202	6,838
Age Totals							
Total Age 60+	31,252	36,363	41,809	46,903	50,169	51,552	52,122
Total Age 65+	22,165	26,766	30,689	35,064	39,105	41,354	41,900
Total Age 75+	9,344	11,093	13,359	16,006	18,060	20,443	22,502
Total Age 85+	2,424	2,953	3,535	4,243	5,153	6,202	6,838
Percent Change							
Age 60+	NA	16.4%	33.8%	50.1%	60.5%	65.0%	66.8%
Age 65+	NA	20.8%	38.5%	58.2%	76.4%	86.6%	89.0%
Age 75+	NA	18.7%	43.0%	71.3%	93.3%	118.8%	140.8%
Age 85+	NA	21.8%	45.8%	75.0%	112.6%	155.9%	182.1%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2013, Version 2013.0

Population Projections for Persons Aged 60 and Older Sussex County

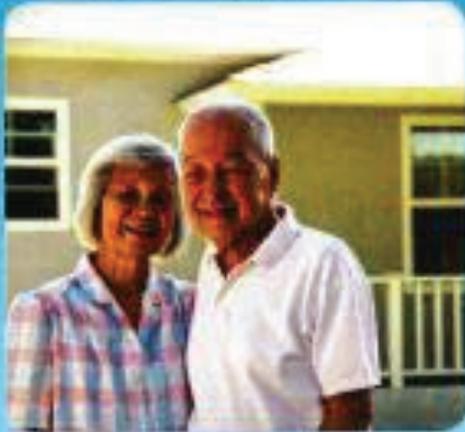
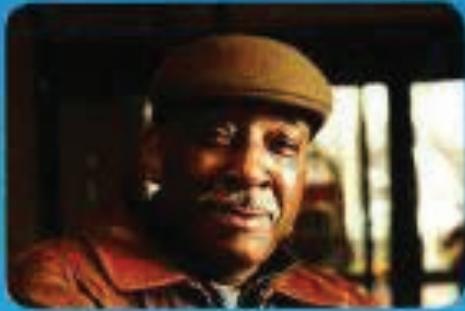
	2010	2015	2020	2025	2030	2035	2040
Age Breakdowns							
60 -64	15,907	16,270	17,704	18,295	16,544	15,293	15,201
65 -69	14,044	16,818	16,778	18,216	18,682	16,856	15,629
70 -74	10,419	13,525	16,249	16,159	17,468	17,892	16,159
75 -79	7,583	9,365	12,219	14,669	14,509	15,684	16,074
80 -84	5,127	6,215	7,805	10,183	12,161	12,003	12,999
85 & over	4,185	5,665	7,219	9,041	11,573	14,227	15,397
Age Totals							
Total Age 60+	57,265	67,858	77,974	86,563	90,937	91,955	91,459
Total Age 65+	41,358	51,588	60,270	68,268	74,393	76,662	76,258
Total Age 75+	16,895	21,245	27,243	33,893	38,243	41,914	44,470
Total Age 85+	4,185	5,665	7,219	9,041	11,573	14,227	15,397
Percent Change							
Age 60+	NA	18.5%	36.2%	51.2%	58.8%	60.6%	59.7%
Age 65+	NA	24.7%	45.7%	65.1%	79.9%	85.4%	84.4%
Age 75+	NA	25.7%	61.2%	100.6%	126.4%	148.1%	163.2%
Age 85+	NA	35.4%	72.5%	116.0%	176.5%	240.0%	267.9%

Prepared by: Delaware Division of Services for Aging and Adults with Physical Disabilities

Source: Delaware Population Consortium Annual Population Projections, October 31, 2013, Version 2013.0

APPENDIX

celebrating



RESIDENTS' RIGHTS

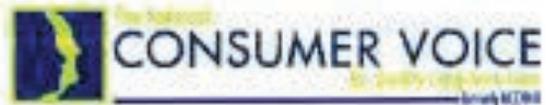
Speak Out
 Against Elder Abuse!
 October is Nursing Home Residents' Rights Month
 The National Consumer Voice for Quality Long-Term Care

National Long-Term Care Residents' Rights Month is a time to focus on and celebrate awareness of dignity, respect and the value of individuals living in long-term care facilities. This year's theme was selected with the goal of encouraging residents and others to be educated about and speak out against elder abuse.



DELAWARE HEALTH AND SOCIAL SERVICES
 OFFICE OF THE SECRETARY
 LONG TERM CARE OMBUDSMAN PROGRAM

www.theconsumervoice.org



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LONG TERM CARE OMBUDSMAN PROGRAM

(302)-255-9390



CELEBRATE

LONG TERM CARE

RESIDENTS RIGHTS

DSAAPD

CALL 1-800-223-9074

**Herman M. Holloway Sr.
Health & Social Services**

Living a Brain Healthy Lifestyle: Feed Your Spirit

Do you want to learn ways to keep your brain healthy? The 3rd annual *Living a Brain Healthy Lifestyle* conference in Sussex County, will be held on **Thursday, April 28**, 1-5 p.m., at the East Coast Garden Center's Cordrey Center, 30366 Cordrey Road, in Millsboro.

This conference is sponsored by a partnership with Anne Camasso, University of Delaware Cooperative Extension family and consumer science agent in Sussex County, MaryAnn Hook of the Retired and Senior

Volunteer Program (RSVP), Linda Forte of Delaware Technical and Community College's Adult + program and Jamie Magee with the Georgetown Branch of the Alzheimer's Association.

Sessions on gardening, nutrition and health and laughter will be presented. Interactive displays highlighting gardening, technology, birding, and nutrition as well as informational tables on RSVP, Roads Scholars, and brain games from the Alzheimer's Association will also be available.

Refreshments will be provided. The program is free but pre-registration is required. Doors open at 12:30 for sign-in. To register please call: 302-856-5618.

Directions: Route 24 north; turn right on Mt. Joy Road (by Royal Farms), then turn left on to Cordrey Road, East Coast Garden Center is $\frac{3}{4}$ of a mile on the left. The Cordrey Center is toward the back and on the right. Parking is available.

Visit the National Clearinghouse for Long-Term Care Information at www.longtermcare.gov. This web site was developed by the U.S. Department of Health and Human Services to provide information and resources to help you and your family plan for future long-term care needs.

Why should you plan?

Because, at least 70% of people over the age of 65 will require some long-term care services at some point in their lives. Planning is essential for you to be able to get the care you might need.

This site provides a wide range of information and options to help you plan for future long-term care needs. The National Clearinghouse for Long-Term Care Information is primarily intended as an information and planning resource for individuals who do not yet require long-term care, but it includes information on services and financing options that can be helpful to all individuals.

If you have any question, please contact the Delaware State Long-Term Care Ombudsman Program at **1-800-223-9074 or 302-255-9390.**

Advertisement is funded by the U.S. Administration on Aging



**Delaware Aging
and Disability
Resource Center
(800) 223-9074**



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Services for Aging and
Adults with Physical Disabilities
www.dhss.delaware.gov/dsaapd

e-mail
**DelawareADRC
@state.de.us**

Caring, Compassionate Volunteers Needed

Delaware Long Term Care Ombudsman Program

Program Description

This program is responsible for advocating the rights of all residents in long term care and related facilities in Delaware. 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 protect the rights of nursing home residents.

The program's Volunteer Ombudsmen are friendly visitors, trained in resident rights, advocacy, and they have big hearts. They visit elderly and disabled residents in nursing homes in their communities and alleviate the loneliness and isolation felt by some residents.



Volunteer Ombudsman Requirements

Persons over age 18 are eligible. There is no restriction based on income, education, disabilities, race, religion or gender. Applicants must not ever have been listed on the Adult Abuse Registry.

Volunteer Ombudsman applicants must complete a 15-hour initial training program and attend continuing education classes 3-4 times a year. Volunteers are assigned to a facility close to their home and asked to visit regularly. Each volunteer decides how many hours he or she can give to the program. Some give one hour a week, some give 6 hours a week, and some give more. It is a highly individualized program. A one-year commitment is requested.

Delaware Money Management Program

Program Description

This program offers money management assistance to help low-income seniors and adults with physical disabilities who have difficulty budgeting, paying routine bills, and keeping track of financial matters.



The program's goal is to promote and prolong independent living for persons who do not have friends or relatives able or willing to help and are at risk of losing their independence due to the inability to manage their money.

The Delaware Money Management Program is sponsored by our division in partnership with AARP Delaware.

Insurance coverage of client funds is provided by AARP. Volunteers only work from one designated account with a \$3,500 limit. Volunteer activity and client accounts are monitored on a monthly basis.



Abuse is Ageless.
Report Elder Abuse.

1-800-223-9074



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

Delaware's Volunteer Ombudsman Program: Improving the quality of life for residents of long term care facilities

Most of us would agree that having a few good friends and our personal relationships make our lives more complete. They give meaning to our existence and fulfill deep human needs.

Carter Catlett Williams of the Pioneer Network, a group that works to change the culture of nursing homes, says "Relationships are not only the heart of long term care; they are the heart of life, and life should continue wherever we live."

Volunteering in a nursing home brings life to those who are still part of our community, but are often out of sight and forgotten because many find a nursing home an uncomfortable place to visit. Consider the following statistics: approximately two million Americans live in nursing homes; only 16 percent have a living spouse; and 13 percent never have visitors at all.

Volunteer Ombudsmen are friendly visitors and they make life better for those who reside in Delaware's long term care facilities. This group of individuals trained in resident rights and armed with big hearts, visit disabled and elderly residents in nursing homes in their own communities.

A listening ear

These advocates give a voice to residents and families who may have concerns they cannot handle themselves. Turning a listening ear to problems ranging from cold coffee to more serious issues, they seek to alleviate the loneliness and isolation felt by residents. Last year they gave over 9,400 hours to visitations with individual Delaware residents in nursing homes and assisted living facilities. They love what they do. Their lives are enriched. They make a difference.

Volunteer Ombudsmen complete a 15-hour initial training program and then attend continuing education classes 3-4 times per year. They are assigned to a facility close to their home and asked to visit regularly. Each volunteer decides how many hours he or she can give to the program. Some give 1 hour per week, some give 6

hours per week, and some give more. It is a highly individualized program and a one-year commitment is requested. Many volunteers stay longer and average 5-6 years in the program. Several are now entering their 9th and 10th years as visitors and advocates. Why do they stay? Because it is rewarding! The relationships are enriching. Volunteers often say, "I get back much more than I give!"

Meaningful relationships

Volunteer Ombudsmen often can help bring about a profound change in the lives of "their" residents by providing meaningful relationships instead of isolation. Sometimes a volunteer may just pop their head in and say "hello" and hold a hand for a few minutes. Sometimes they just listen. Often they will encourage and many times they are a voice for residents who may not be able to advocate for themselves.

Experience the program

If you have ever wanted to visit a nursing home, but were afraid to try, we now have a solution to your dilemma. The Volunteer Ombudsman Program has added a "shadowing" component to its basic program. You can now "shadow" an experienced volunteer during his or her visit in the field. You will get a chance to be charmed by this incredible group of people who are unique and interesting and longing for companionship. Experience the program firsthand in your community; see if it fits your interests.

Become an advocate

We could easily forget this part of our community, overlook their rights, and forget their needs. The care, concern, training and professionalism of Delaware's Volunteer Ombudsmen help assure dignity, respect, and quality of life for the disabled and elderly in long term care facilities in your community.

For information about volunteer opportunities with Delaware's Long Term Care Ombudsman Program, call 1-800-223-9074 or visit www.dhss.delaware.gov/dsaapd.

Nursing Home Residents' Rights are Protected in Delaware

CARE

You have the right:

- .. to receive considerate, respectful, and appropriate care, treatment and services.
- .. to receive reasonable continuity of care.
- .. to choose a personal attending physician.
- .. to not be transferred or discharged out of a facility except for medical reasons, your own welfare or the welfare of other residents; or for non-payment of justified charges.
- .. You will be given 30 days advance notice, except where the situation is deemed an emergency.

DIGNITY

You have the right:

- .. to respect and privacy.
- .. to be free from restraints.
- .. to privacy in your room.
- .. to privacy in visits by your spouse.
- .. to retain and use your own clothing and personal possessions.
- .. to not have to perform a service for the facility.

CHOICE

You have the right:

- .. to make choices regarding activities, schedules, health care and other aspects of your life.
- .. to participate in an ongoing program of activities.
- .. to participate in social, religious and community activities.

RESPECT

You have the right:

- .. to receive from the administrator and staff a timely, courteous and reasonable response to requests or grievances – in writing, if requested.
- .. to associate or communicate with others without restriction.
- .. to manage your own financial affairs.
- .. to recommend changes or present grievances to the facility staff, the Long Term Care Ombudsman or others.
- .. to be fully informed of all rights and responsibilities.
- .. to be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food and deprivation of sleep.
- .. to receive notice before your room or roommate is changed, except in emergencies, and to have the facility honor requests for a room or roommate whenever possible.

- .. to exercise your rights as citizen of the State and the United States of America.

INFORMATION

You have the right:

- .. to receive, prior to or at the time of admission, a written statement of the services provided.
- .. to receive a written itemized statement of charges and services.
- .. to receive from the attending physician complete and current information concerning your diagnosis, treatment and prognosis.
- .. to inspect all records pertaining to you.
- .. to have the facility place at your bedside, the name, address, and phone number of the physician responsible for your care.
- .. to receive, in writing, information regarding any relationship the facility has with other healthcare or related institutions or service providers.
- .. to examine the most recent survey of the facility.
- .. to receive information from agencies acting as client advocates and be afforded the opportunity to contact those agencies.
- .. to request information regarding minimum acceptable staffing levels as it relates to your care.
- .. to request the names and positions of staff members providing care to you.
- .. to request an organizational chart outlining the facility's chain of command for purposes of making requests and asserting grievances.

If a resident is adjudicated incompetent or determined to be incompetent by his or her attending physician, or is unable to communicate, his or her rights shall devolve to his or her next of kin, guardian or representative.

Would you like a copy of the full version of these rights as they appear in Delaware Code?

**Do you want to register a complaint?
Your Long Term Care Ombudsman can help.
Call: 1-800-223-9074**



**DELAWARE HEALTH
AND SOCIAL SERVICES**

**Division of Services for Aging and
Adults with Physical Disabilities**

www.dhss.delaware.gov/dsaapd