

# **Pennsylvania's Long-Term Care Ombudsman Program**

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**FY 2011-12**

## **Annual Report**

**Tom Corbett, Governor**  
**Brian M. Duke, Secretary of Aging**



## EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman (state office) is pleased to present this annual report which lists the various types of activities related to the Pennsylvania's long-term care ombudsman program, an integral part of the Pennsylvania Department of Aging (department), for the period of July 1, 2011 through June 30, 2012. This report is required by Pennsylvania Act 1988-153 (P.L. 477, No 70, Section 24.2). Previous annual reports are available by visiting the department's website at [www.aging.state.pa.us](http://www.aging.state.pa.us).

The Older Americans Act established the long-term care ombudsman program in 1965 as a focal point for complaints from nursing home facility residents. While the program is available in all states, there are differences in how it is implemented and operated. In Pennsylvania, ombudsmen are required to visit facilities, which include nursing and personal care homes, domiciliary care homes, and adult day care at least once a year. In 1989, legislation expanded the scope of ombudsmen to non-institutional settings. Other laws helped strengthen the role and expectations of ombudsmen such as the Nursing Home Reform Law (1987 OBRA).

The Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 requires the appointment of the State Long-Term Care Ombudsman by the U.S. Trustee's Office as the "*patient care ombudsman*." The ombudsman takes action when a health care business provider of long-term care services files for bankruptcy. While cases have been on the rise across the country, in the commonwealth only one case was filed during this fiscal year; a total of 12 cases since its inception. There was one bankruptcy case in the commonwealth during FY 2011-12, and a total of 12 cases since its inception.

The ombudsman program is administered statewide in partnership with the 52 Area Agencies on Aging (AAAs); providing services covering all 67 counties of the commonwealth. Ombudsmen provide free and confidential assistance to older consumers who raise concerns about the care they receive in a long-term care setting or in the community. Ombudsmen visit long-term care facilities and advocate for those who cannot do so on their own behalf. Their duties include providing residents with information on their rights as consumers, assisting them in exercising those rights, pursuing remedies to their problems, and advocating for the strict enforcement of long-term care quality standards. Ombudsman services are provided to residents living in more than 2,500 long-term care facilities.

Ombudsmen are certified via standardized trainings that are developed by the state office to actively advocate and empower individuals receiving long-term care services, in both the community-based and facility settings. A certified, Tier I (basic) trained ombudsman visits facilities to maintain a visible presence and to educate long-term care recipients of their rights. A certified, Tier II (advanced) trained ombudsman pursues remedies to problems, advocates for the enforcement of quality standards in the delivery of services, and resolves complaints to the satisfaction of the residents. A state-issued identification badge is provided to all certified ombudsmen to be displayed at all times when visiting a facility. When requested, ombudsmen also serve older consumers who receive home-and-community-based services. The state office is responsible for oversight, training, monitoring of local programs for its effectiveness, developing policy and working on legislative efforts. During this fiscal year, 130 volunteers completed basic training and 40 volunteers completed advanced training; thus increasing the

number of volunteers from 1,687 to 2,084 from previous fiscal year. The state office is responsible for oversight, trainings, and monitoring of local programs for its effectiveness, providing statewide trainings, developing policy and working on legislative efforts. During this fiscal year, 118 staff and 164 volunteers were trained to be ombudsmen; 122 volunteers completed basic training and 25 volunteers completed advanced training; thus increasing the number of volunteers from 1,564 to 1,687 from previous fiscal year.

The program continually strives to be proactive, have a visible presence at all facilities at the local level, and be accessible to consumers who receive long-term care services. In Pennsylvania, our vision is to "advocate for those who can't, support those who can, and ensure that all long-term care consumers live with dignity and respect."

## PENNSYLVANIA QUALITY MONITORING

Every year, the State Long-Term Care Ombudsman Office strives to report the most accurate data to the Administration on Aging (AoA) through the National Ombudsman Reporting System (NORS). AoA reviews the data to ensure that Pennsylvania has an effective program and provides accurate state statistics. During this year, the state office completed monitoring visits to all 52 local agencies. The table below shows the required activities performed by ombudsmen during this fiscal year compared to the past two fiscal years.

<b>Program Activity</b>	<b>2009-2010</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>Compare FY 09-10 to FY 11-12</b>
<b>Training for Facility Staff</b>	408	459	396	-2.9%
<b>Information and Consultations Facilities</b>	3,496	3,451	3,692	5.6%
<b>Cases Opened</b>	1,002	1,099	998	-0.4%
<b>Facility Coverage Visits</b>	2,664	2,628	2,533	-4.9%
<b>Technical Assistance to Ombudsmen and Volunteers</b>	9,928	13,384	14,889	50.0%
<b>Complaints Received</b>	1,941	2,015	2,020	4.1%
<b>Resident and Family Council</b>	1,102	1,478	1,503	36.4%
<b>Participation Facility Surveys</b>	831	856	834	0.4%
<b>Community Education</b>	750	1,790	995	32.7%

<b>Information and Consultations to Individuals</b>	10,691	11,349	11,900	11.3%
<b>Training for Ombudsmen Staff and Volunteers</b>	1,113	1,122	1,084	-2.6%

The table above demonstrates an increase in technical assistance to ombudsmen and volunteers, attendance at resident and family council meetings, information and consultations to individuals and information and consultations to facility. The rise is a result of continued technical assistance and monitoring to local ombudsmen regarding improving documentation efforts as well as increasing a visible presence in facilities. The increase in visible presence may have been the cause for the decrease in opening cases as residents become more aware of ombudsman services and self-resolution. Another increase has been between FY 2009-10 to FY 2011-12 with participation in facility surveys due to our continued collaboration with other licensing agencies.

## **VOLUNTEER OMBUDSMEN**

Volunteer ombudsmen visit residents, participate in the Volunteer Task Force, conduct training, attend quarterly meetings, and attend the annual conference. Volunteer ombudsmen have donated approximately 25,000 hours of service to individuals receiving long-term care services.

The state office created the volunteer task force with regional representation. Members of the task force meet quarterly and provide invaluable feedback that has supported enhancements to the program. Below are some of the contributions volunteers have made to the program:

- Volunteer Bill of Rights and List of Responsibilities
- Volunteer Recruitment PowerPoint and Community Presentation Module
- Volunteer Coordinator Handbook Review and Suggested Revisions
- Standardized Facility Visit Form
- Development of Volunteer Tracks
- Presentations at our annual Enrichment conference
- This dedicated group of volunteers functions as the liaison between the state office and local volunteer ombudsmen. Volunteers have become more visible in the realm of assisting individuals with guardianship issues. For example, during this fiscal year, a local volunteer ombudsman frequently visited a facility that had a consumer with a guardian. The consumer shared with the ombudsman that the guardian rarely visited her and requested some assistance. This volunteer ombudsman contacted the local ombudsman who is also an attorney. The ombudsman noted that the consumer did appear to have capacity and began advocating on behalf of the consumer. The ombudsman was able to connect the consumer to legal

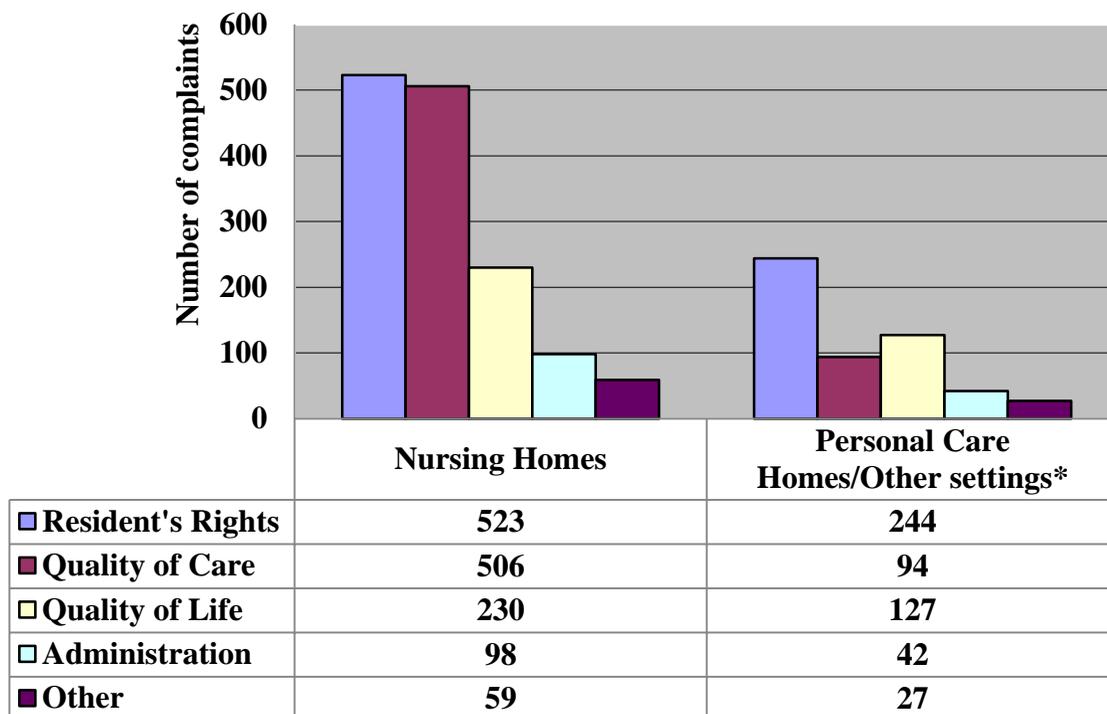
services, who contacted the court. Removal of the guardian was granted which restored the consumer's rights.

## **EMPOWERED RESIDENTS PENNSYLVANIA EMPOWERED EXPERT RESIDENTS (PEER) PROGRAM**

The Pennsylvania Empowered Expert Residents (PEER) program, was implemented in 2002; the first of its kind in the nation. The PEER program trains residents from nursing, personal care and assisted living homes to be self-advocates and work with staff and other residents to enhance the quality of care and life for their fellow peers. Since its inception, the PEER program operates in 61 out of 67 counties, and more than 1,900 residents have been trained. During this fiscal year, over 260 individuals graduated from the program. PEERs not only volunteer in their facilities, they also work in the community with intergenerational programs, food drives and fundraisers. They provide support to the ombudsman program by participating in an annual survey to help the state office develop training materials during the annual Resident Rights' Month, which is held during the month of October. Annually, PEERs provide feedback to the training curriculum. A workgroup was convened for the purpose of gathering regional information directly from PEERs across the commonwealth. Each of the local ombudsmen involved in this group hosted local meetings and arranged for PEERs to travel to and from the meetings and worked behind the scenes to update and review materials with other residents. This was a collaborative effort by the state office, local ombudsmen, volunteer, facility staff and PEERs. Special recognition was presented to all of the members during the annual conference.

## Types of Complaints

The following charts regarding complaints are based on the National Ombudsman Reporting System (NORS) that is submitted to the Administration on Aging for ombudsman activity statewide. When a complaint is received, it is coded using one of the required federal codes that serve to classify long-term care complaints into five major categories (see chart below).



\*Other settings include: adult daily living centers, domiciliary care homes, and assisted living

Descriptions of the most frequent types:

- **Resident's rights** – Discharge/eviction, Exercise choice and/or civil rights, dignity and respect – staff attitudes.
- **Quality of care** – Failure to respond to requests for assistance, Personal hygiene, assistive devices and equipment.
- **Quality of life** – Food service, cleanliness of facility and choices of activities.
- **Administration** – Shortage of staff, staff training and administrator being unresponsive.
- **Other** – Request for less restrictive placement, family conflict and personal needs allowance.

## MOST FREQUENT COMPLAINTS

The five (5) most frequent types of complaints reported in long-term care facilities are listed in the following tables.

### Nursing Homes

Type of Complaint	Number of Complaints	% of All Nursing Facility Complaints
Dignity, respect – staff attitudes	93	6.6%
Failure to respond to requests for assistance	93	6.6%
Discharge/eviction – planning, notice, procedure	80	5.6%
Exercise choice and/or civil rights	70	4.9%
Personal hygiene and adequacy of dressing and grooming	58	4.1%

### Personal Care/Assisted Living/Other\*

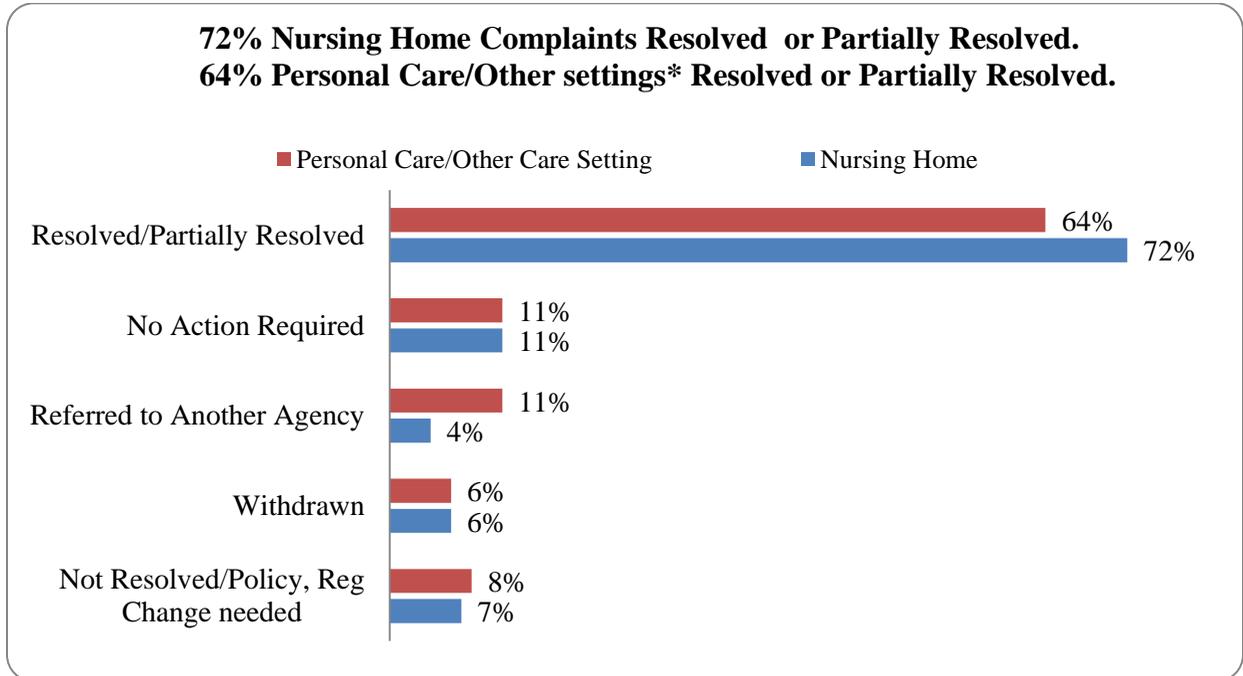
Type of Complaint	Number of Complaints	% of All Personal Care/Other Settings* Complaints
Personal Funds – mismanaged, access/information denied	38	7.1%
Exercise choice and/or civil rights	34	6.4%
Medications – administration, organization	28	5.2%
Food service – quantity, quality, variation, choice	27	5.1%
Discharge/eviction – planning, notice, procedure	27	5.1%

\*Other settings include: adult daily living centers, domiciliary care homes, and assisted living

## COMPLAINT RESOLUTION

Percentage of average total complaints resolved during this fiscal year totaled 70%. The federal definition of “resolved” complaints means that the complaint was addressed to the satisfaction of the resident or complainant. The resolution rate includes resolved and partially resolved complaints.

## DISPOSITION OF COMPLAINTS



\*Other settings include: adult daily living centers, domiciliary care homes, and assisted living

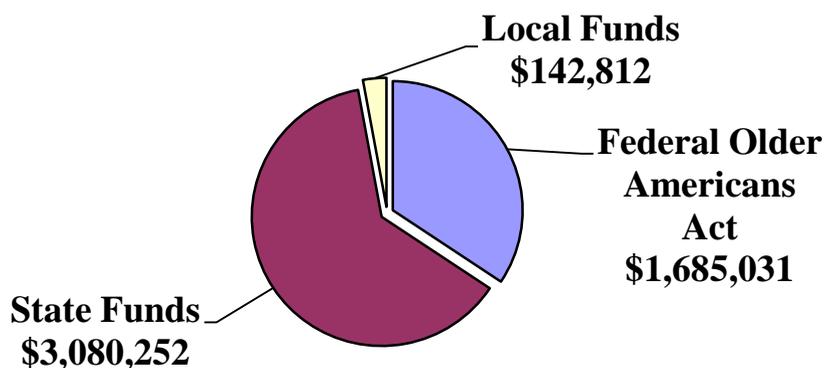
## COLLABORATION EFFORTS

The state office collaborates with the protective services program and licensing agencies, putting emphasis on coordinating communication among local agencies to increase advocacy for individuals whose lives are impacted by resident health and safety issues, and thereby meeting an increased demand for more visibility in high-risk facilities. The Older Adult Protective Services Act, which became effective on July 1, 1988, was amended in 1997, with the addition of the mandatory abuse reporting requirement by administrators and/or employees of facilities as defined by the Act. This means that both administrators and/or employees are required to report any suspected abuse of a recipient of care to the AAAs. If the *suspected abuse* involves sexual abuse, serious physical injury, serious bodily injury or a suspicious death, a mandatory report must be made to law enforcement, the Department of Aging, and the local agency. During this year, there were 686 Act 13 notices reported to the department. For the upcoming fiscal year, both the ombudsman and protective services programs will join forces to have the first combined conference to strengthen the working relationship between protective services personnel and ombudsmen.

The state office also receives reports from licensing agencies such as Departments of Health and Public Welfare, as well as Pennsylvania Emergency Management Agency (PEMA). These reports include information about utility terminations, sanction notices, facility closures, alerts pending licensure enforcement actions, or other significant situations in a long-term care facility where follow-up action is likely. The reports may also include warnings regarding issues that may place one or more residents at risk of serious harm or death if not quickly corrected.

## FUNDING LEVELS

The below chart demonstrates the various funding streams that support the ombudsman program. The combined funding for this fiscal year was approximately \$4.9 million.



## SUMMARY

As a network of state and local ombudsmen, volunteers, and PEER residents, we are all united by an impassioned commitment to listen, educate, investigate, mediate, and empower through a visible presence. Our ultimate goal is to continue to advocate, give voice, and be accessible to older consumers of long-term care services, whether delivered in the community or in a facility. In doing so, we strive for individuals to receive the highest quality of life and care wherever they reside.

We recognize the invaluable support and time made by our aging network, volunteers, PEERs and community-based organizations. Together with advocacy organizations and provider associations the ombudsman program continues to advocate for individuals living in Pennsylvania by:

- Strengthening collaborative partnerships with other licensing agencies to increase the participation of facility surveys;
- Improving documentation skills and training to capture accurate data for complaints received and cases opened by the local programs;
- Maintaining a strong visible presence in long-term care facilities while expanding community outreach to increase information and consultation activities; and
- And enhancing our efforts in the recruitment of volunteers, including the expansion of the PEER program.

We encourage any person who has a complaint or question regarding long-term care services on behalf of an older person to contact their local ombudsman or the state office at (717) 783-8975.

Information and records acquired by an ombudsman are kept confidential, including identity of the older person and the complainant. Neither is disclosed unless consent is provided by the resident or their legal representative, or via a court order. Complainants may choose to remain anonymous. Individuals filing a complaint with or providing information to the ombudsman are protected from retaliation.

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