

# PENNSYLVANIA'S

## Long-Term Care Ombudsman Program

### Annual Report

**FY 2010-11**

**“Advocate for those who can’t, support those who can, and ensure all long-term care consumers live with dignity and respect”.**

*–Pennsylvania’s  
Mission Statement*

## EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman (state office) is pleased to present this annual report; developed to inform the General Assembly, state government officials and the general public about the types of activities and related outcomes of Pennsylvania's long-term care ombudsman program, an integral part of the Pennsylvania Department of Aging (department). This report covers the period of July 1, 2010 through June 30, 2011. This report is required annually by Pennsylvania Act 1988-153 (P.L. 477, No 70), Section 24.2. Please visit the Department of Aging's website at [www.aging.state.pa.us](http://www.aging.state.pa.us) to view more information on laws governing the ombudsman program as well as other aging programs.

The Older Americans Act established the Long-Term Care Ombudsman program in 1965 as a focal point for complaints from nursing home residents. This federal law required states to establish and operate a long-term care ombudsman program to assist individuals in resolving complaints. While the program is nationwide, there are differences in how it is implemented and operated in each state. In Pennsylvania, ombudsmen are required to visit facilities, which include nursing and personal care homes, assisted living, domiciliary care homes, and adult daily living centers at least once a year. In 1989, legislation expanded the scope of the ombudsman program to non-institutional settings. Other laws helped strengthen the role and expectations of ombudsman such as the Nursing Home Reform Law (1987 OBRA).

The Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 requires an 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. There were three bankruptcy cases in the commonwealth during FY 2010-11, and a total of 11 cases since its inception.

The Pennsylvania's Long-Term Care Ombudsman program was implemented in 1980 as a requirement of the federal Older Americans Act. The ombudsman program is administered statewide in partnership with the 52 Area Agencies on Aging (AAAs) covering all 67 counties of the commonwealth. Ombudsmen provide free and confidential assistance to older consumers when they raise concerns about the care they receive. The ombudsman program represents a network of dedicated employees and volunteers at the state, regional and local levels. Certified ombudsmen visit long-term care facilities as advocates. They provide residents with information on their rights as consumers, assist them in exercising those rights, pursue remedies to their problems, and advocate for the strict enforcement of long-term care quality standards. Ombudsman services are provided to residents living in more than 2,600 long-term care facilities.

Ombudsmen are trained and certified via standardized trainings that are developed by the state office to actively advocate for the empowerment of 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. The advanced training is comprised of a three day, in-depth exploration of the long-term care system in Pennsylvania, including

review of licensure regulations. 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, monitoring of local programs for effectiveness, providing statewide trainings, developing policies and working on legislative efforts. The following table displays the number of ombudsmen and volunteer ombudsmen who were trained at the Tier I (Basic) level and Tier II (Advanced) level during this fiscal year.

	<b>Tier I (Basic)</b>	<b>Tier II (Advanced)</b>
Ombudsmen	41	16
Volunteer Ombudsmen	202	12

The program continually strives to have a visible presence at all facilities on the local level, and be accessible to consumers. During this fiscal year, there were more than 2,600 facilities with capacity to serve more than 158,400 beds for ombudsmen to visit, meet with residents, investigate complaints, assist with relocations due to facility closures, emergency evacuations, and to support resident and family councils.

Every year, the state office submits data to the Administration on Aging (AoA) through the National Ombudsman Reporting System (NORS). NORS captures a variety of activities submitted by each state. The following pages list activities submitted by local ombudsmen during FY 2010-11.

### **Program Highlights (compared to FY 2009-10)**

- 12.5% **increase** in training for facility staff (408 to 459)
- 1.3% **decrease** in information and consultations to facilities (3,496 to 3,451)
- 9.7% **increase** in the number of cases opened (1,002 to 1,099 )
- 1.4% **decrease** in facility coverage visits (2,664 to 2,628)
- 34.8% **increase** in technical assistance to ombudsmen and volunteers (9,928 to 13,384)
- 3.8% **increase** in complaints received (1,941 to 2,015)
- 34.1% **increase** in work with resident and family councils (1,102 to 1,478)
- 3.0% **increase** in participation in facility surveys (831 to 856)
- 138.7% **increase** in community education (750 to 1,790)
- 6.2% **increase** in information and consultations to individuals (10,691 to 11,349)
- 0.8% **increase** in training for ombudsmen and volunteer ombudsmen (1,113 to 1,122)

The highlights above demonstrate the rising number of training sessions for facility staff, facility visits, attendance at resident and family council meetings, community education as well as information and consultations. The rise is a result of more technical assistance and monitoring of local programs as well as increased visibility in facilities. The latter has created a decrease in opening cases and complaints received as residents become more aware of ombudsman services and self-resolution. There has been a slight decrease in information and

consultation to facilities and facility coverage. A future goal will be to provide more focus to ensure that local programs are working closely with providers.

## **PENNSYLVANIA OMBUDSMEN**

Pennsylvania ombudsmen are trained staff members and volunteers who work through their local Area Agencies on Aging and/or their subcontractors. Once ombudsmen complete training, they are certified under the long-term care ombudsman program, representing the state office. During FY 2010-11, 202 volunteers completed Tier I and 12 volunteers completed Tier II training; thus increasing the number of volunteers from 1,392 to 1,565 from the previous fiscal year. Volunteer ombudsmen also visit residents, participate in the Volunteer Task Force (VOICE) meetings, attend quarterly meetings, and participate in the annual enrichment conference. Volunteer ombudsmen have donated 22,974 hours of service to individuals receiving long-term care services, significantly expanding the outreach of the ombudsman program.

## **EMPOWERING RESIDENTS**

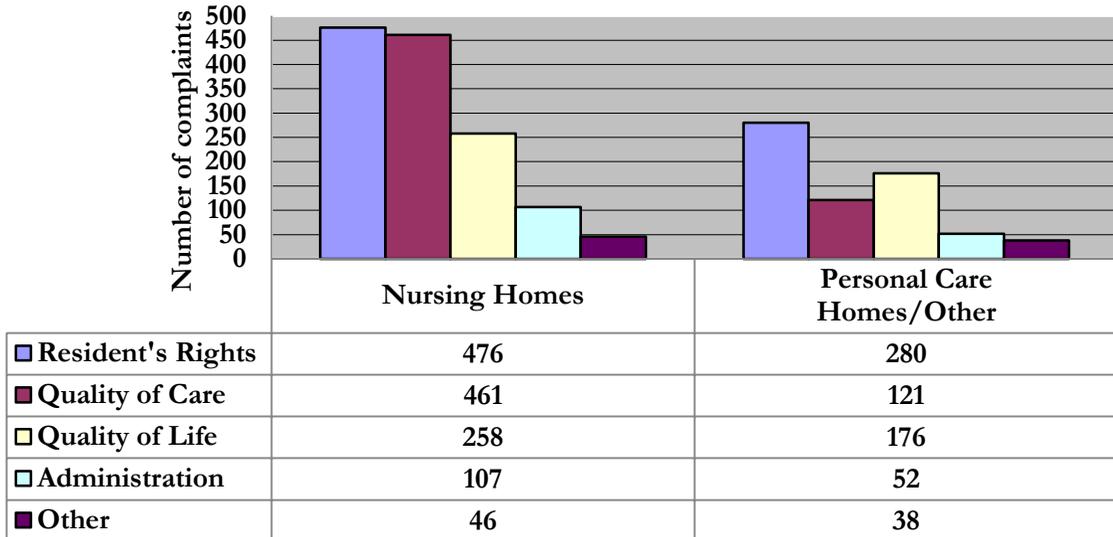
### **PENNSYLVANIA EMPOWERED EXPERT RESIDENTS (PEER) PROGRAM**

The Pennsylvania Empowered Expert Residents (PEER) program was implemented in 2002, the first of its kind in the nation. The PEER program trains individuals residing in nursing, personal care and assisted living homes to be advocates and enhance the quality of care and life where they reside. Since its inception, the PEER program has been implemented in 51 out of 67 counties, and more than 1,600 residents have been trained. PEERs assist the state office in developing training materials to be used during the annual Resident Rights Month, usually held in October. This year's national theme, "*Defining Dining—It's About Me*", helped create awareness of residents' choices of the foods they would like to be served; provide options on menus, and ways to improve the atmosphere of the dining room during holidays, birthdays and other special occasions.

## TYPES OF COMPLAINTS

The following chart displays complaints received from residents living in nursing homes, and in other settings that include personal care and assisting living, adult daily living centers and domiciliary care homes. These complaints fall into five major categories as listed below:

- **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 choice of activities.
- **Administration** – shortage of staff, staff training and administrator not being responsive.
- **Other** – request for less restrictive placement, family conflict and personal needs allowance.



## MOST FREQUENT COMPLAINTS

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

### Nursing Homes

Type of Complaint	No. of Complaints	% of Complaints
Discharge/eviction – planning, notice, procedure	105	7.8%
Able to exercise choice and/or civil rights	75	5.6%
Dignity, respect – staff attitudes	70	5.2%
Failure to respond to requests for assistance	70	5.2%
Personal hygiene and adequacy of dressing and grooming	64	4.7%

### Personal Care Homes/Other\*

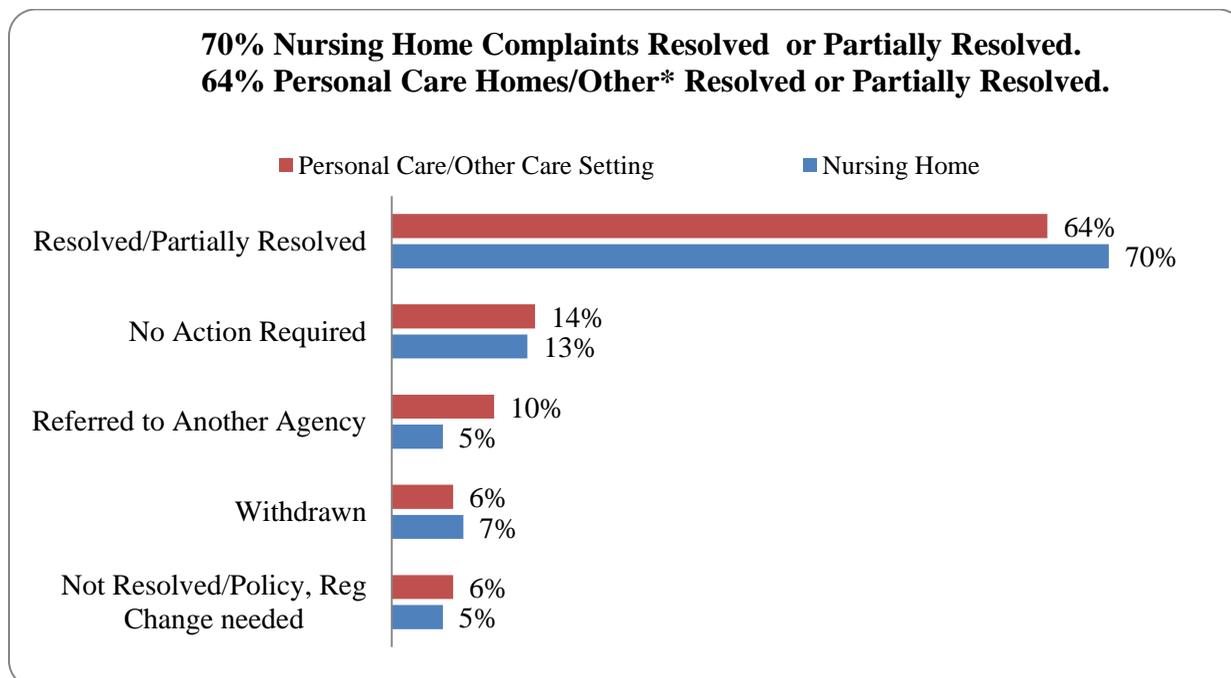
Type of Complaint	No. of Complaints	% of Complaints
Discharge/eviction – planning, notice, procedure	46	6.9%
Exercise choice and/or civil rights	44	6.6%
Food Service – quantity, quality, variation, choice, condiments, utensils	43	6.4%
Dignity, respect – staff attitudes	42	6.3%
Personal Funds – mismanaged, access denied, deposits and other money not returned	39	5.8%

\*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 69%. The federal definition of “resolved” complaints indicates the complaint was addressed to the satisfaction of the resident or complainant. The resolution rate is categorized as “resolved and partially resolved complaints.”

## DISPOSITION OF COMPLAINTS



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

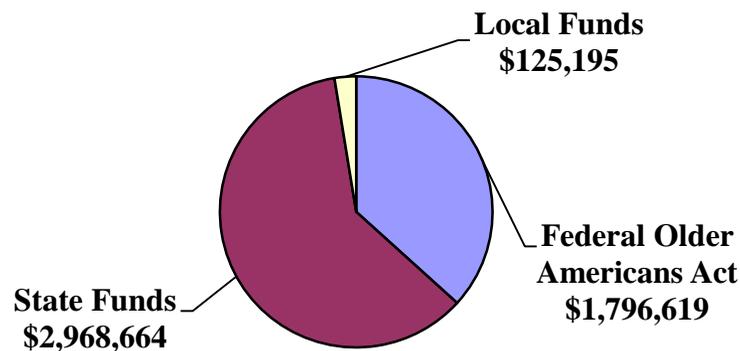
## COLLABORATION EFFORTS

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. In FY 2010-11, more than 600 reports under Act 13 notices were reported to the department, and forwarded to local ombudsmen. To learn more, please visit the department’s website at [www.aging.state.pa.us](http://www.aging.state.pa.us).

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, and 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**

During this fiscal year, the program received funds of approximately \$4.8 million; an increase from previous year of \$4.5 million. These funds include federal, state and local funds.



## **SUMMARY**

As a network of state and local ombudsmen, volunteers, and PEER residents, we are 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 given by our aging network, volunteers, PEERs, community-based, advocate and provider organizations to fuel the success of the ombudsman program in Pennsylvania. We will continue to strive to:

- Strengthen collaborative partnerships with other licensing agencies to increase the participation of facility surveys;
- Improve documentation skills and trainings to capture accurate data for complaints received and cases opened by the local programs;
- Maintain a strong visible presence in long-term care facilities while expanding community outreach to increase information and consultation activities; and
- Enhance 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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