

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

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**FY 2012-13**

## **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 publish this annual report that lists the types of activities related to the Pennsylvania's long-term care ombudsman program, an integral part of the Pennsylvania Department of Aging (department). This report covers the time period of July 1, 2012 through June 30, 2013., and is published as 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 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 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, assisted living, domiciliary care homes and adult day care at least once a year. In 1989, legislation expanded the scope of ombudsman 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. While such cases have been on the rise across the country, in the commonwealth no cases were opened during FY 2012-13.

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 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 comprised of nursing, personal care and assisted living homes, domiciliary care homes and adult daily living centers.

Ombudsmen are certified via standardized training developed by the state office to actively advocate and empower individuals receiving long-term care services, both in 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 about 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 its effectiveness, providing statewide training, 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.

## **Pennsylvania Quality Monitoring**

Each year, states are required to submit annual data to the Administration on Aging (AoA) through the National Ombudsman Reporting System (NORS). AoA reviews the data to ensure each state has an effective program as well as provide state by state statistics (for more information please visit their website). In Pennsylvania, the OmbudsManager system developed by Harmony Information Systems, is the statewide reporting system. During this fiscal year, the system was upgraded to a web-based structure combining 53 separate databases (52 local AAA databases and one state office database) into one statewide system. This upgrade allows the state office to produce statewide reports without the need for accessing agency data separately. This has resulted in improved documentation and reporting by the local agencies as well as improved reporting to AoA on all activities in Pennsylvania.

During this year, the state office completed monitoring of each ombudsman program in each of the 52 local AAA. The table on the following page shows the rising numbers of complaints received, attendance at resident and family council meetings, participation in facility surveys, information and consultations to individuals and to facilities. The rise could be a result of more technical assistance and monitoring of local programs on better documentation and the increase in facility visits. We believe that the increase in facility visits may have created a decrease in cases and complaints because residents are more aware of their rights and their ability to self-resolve issues and concerns faced while living in a home. There has also been an increase from FY 2010-11 to FY 2012-13 in local ombudsmen participating in facility surveys due to the collaboration between licensing agencies and provider of services.

## NORS ACTIVITIES

Program Activity	2010-2011	2011-2012	2012-2013	Compare FY 10-11 to FY 12-13
Training for Facility Staff	459	396	411	-10.46%
Information and Consultations to Facilities	3,451	3,692	3,438	-0.38%
Cases Opened	1,099	998	998	-9.19%
Facility Coverage Visits	2,628	2,533	2,354	-10.43%
Technical Assistance to Ombudsmen and Volunteers	13,384	14,889	5,008	-62.58%
Complaints Received	2,015	2,020	2,150	6.70%
Resident and Family Council	1,478	1,503	1,643	11.16%
Participation Facility Surveys	856	834	1,535	79.32%
Community Education	1,790	995	1,076	-39.89%
Information and Consultations to Individuals	11,349	11,900	12,863	13.34%
Training for Ombudsmen Staff and Volunteers	1,122	1,084	1,377	22.73%

### Volunteer Ombudsmen

Volunteer ombudsmen visit residents, participate in the Volunteer Task Force, attend regional quarterly meetings, and attend the annual enrichment conference. Volunteer ombudsmen have donated over 47,000 hours of service to individuals receiving long-term care services.

This dedicated group of volunteers functions as the liaison between the state office and local volunteer ombudsmen. Volunteers have become an essential part of the ombudsman program, and have provided support in increasing visibility in facilities and providing advocacy to residences.

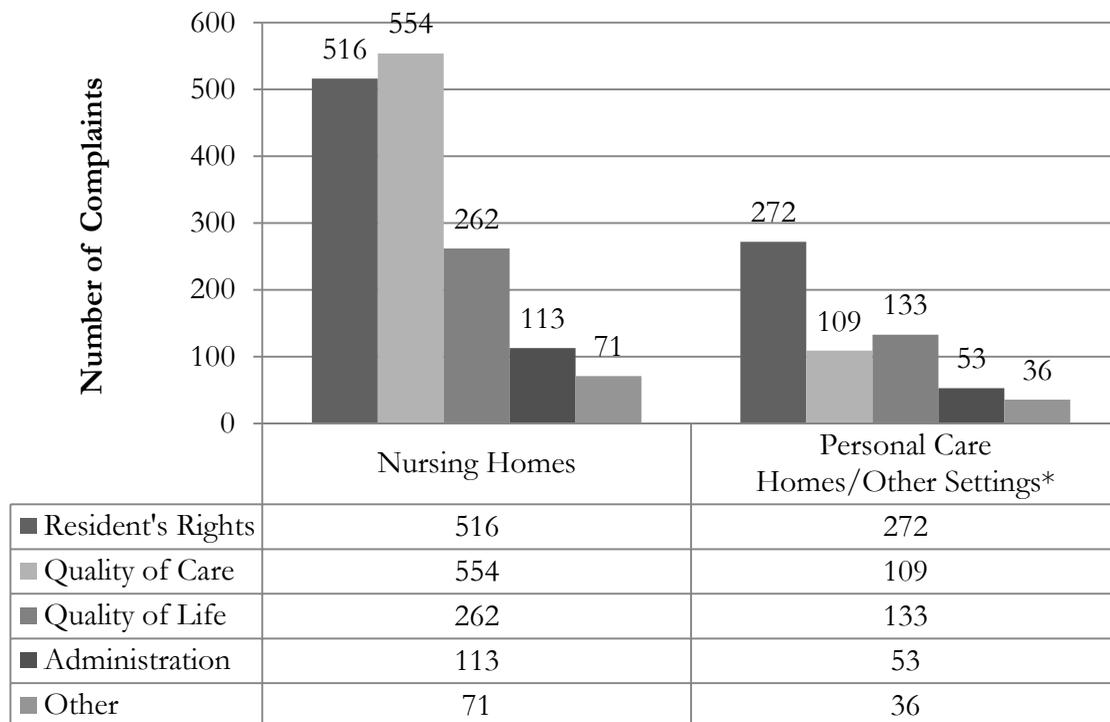
## EMPOWERING RESIDENTS

### Pennsylvania Empowered Expert Residents

Implemented in 2002, the Pennsylvania Empowered Expert Residents (PEER) program trains residents living in 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. The PEER program has been implemented in 57 out of 67 counties, and more than 2,200 residents have been trained since the program's inception. During this fiscal year, more than 270 individuals graduated from the program. PEERs not only volunteer in their facilities, they also work in the community with intergenerational programs, food drives, fundraisers, and 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.

### Types of Complaints

As submitted through the NORS report, the following charts provide the number of complaints received during this fiscal year. 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

Examples of the most frequent types in each category:

- **Resident’s Rights** – Discharge/eviction; dignity, respect – staff attitudes; and exercise choice and/or civil rights.
- **Quality of Care** – Failure to respond to requests for assistance; medications – administration, organization; and personal hygiene and adequacy of dressing.
- **Quality of Life** – Food service, cleanliness of facility and choices of activities.
- **Administration** – Shortage of staff, staff training, and staff being unresponsive or unavailable.
- **Other** – Request for less restrictive placement; SSA, SSI, VA, other benefits; and legal – guardianship, power of attorney.

## Frequent Complaints

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

### Nursing Homes

Type of Complaint	Number of Complaints	% of All Nursing Facility Complaints
Discharge/eviction – planning, notice, procedure	100	6.6%
Failure to respond to requests for assistance	90	5.9%
Dignity, respect – staff attitudes	74	4.9%
Personal hygiene and adequacy of dressing and grooming	63	4.2%
Medication – administration, organization	58	3.8%

## Personal Care/Assisted Living/Other\*

Type of Complaint	Number of Complaints	% of All Personal Care/Other Settings* Complaints
Discharge/eviction – planning, notice, procedure	239	6.8%
Exercise preference/choice and/or civil/religious rights	35	5.8%
Personal Funds – mismanaged, access denied	34	5.6%
Dignity, respect – staff attitudes	31	5.1%
Personal property lost, stolen, used by others	30	5.0%

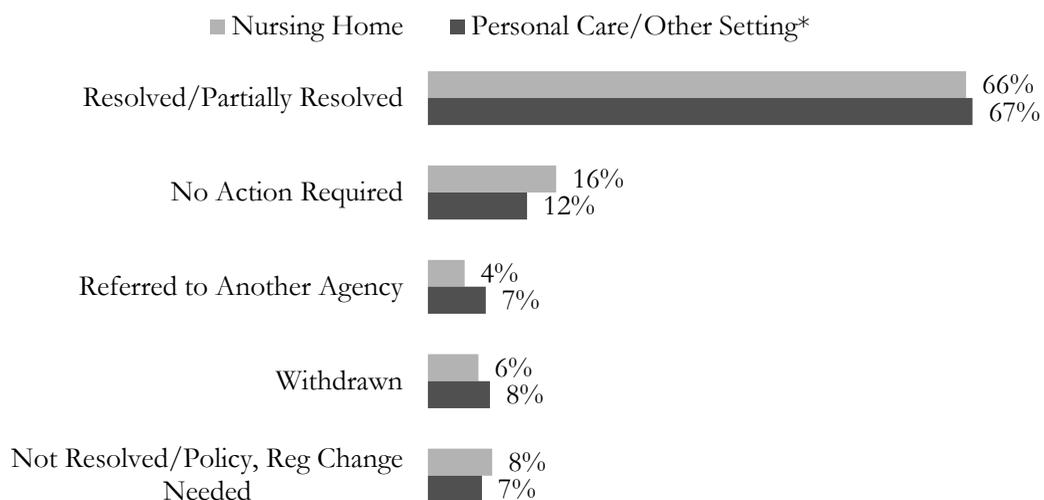
\*Other settings include: adult daily living centers, domiciliary care homes, and assisted living

## Complaint Resolution

Percentage of average total complaints resolved during this fiscal year totaled 66%. The federal definition of “resolved” complaints indicates the complaint was addressed to the satisfaction of the resident or complainant. The resolution rates include resolved and partially resolved complaints.

## Disposition of Complaints

**66% of Nursing Home Complaints Resolved or Partially Resolved**  
**67% of Personal Care/Other Settings\* Resolved or Partially Resolved**



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

## Collaboration Efforts

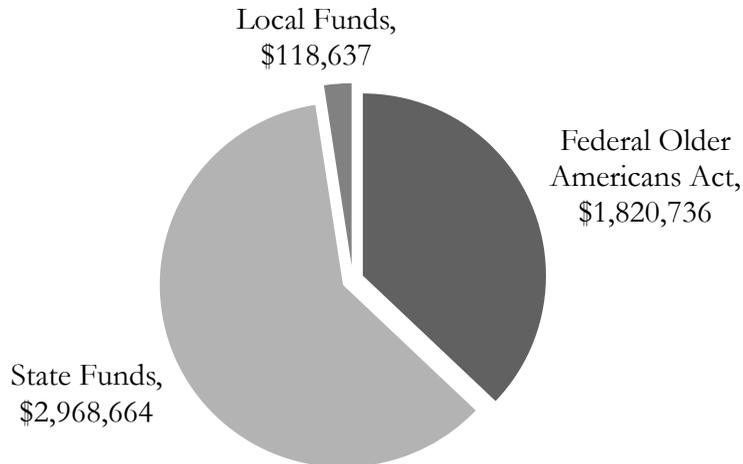
The state office collaborates with the protective services program and licensing agencies, putting emphasis on coordinating communication among local agencies to increase advocacy for individuals whose lives are impacted by resident health and safety issues, and thereby meeting an increased demand for 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 692 Act 13 notices reported to the department. To learn more, please visit the department's website at [www.aging.state.pa.us](http://www.aging.state.pa.us).

This fiscal year marked the first collaboration of the Ombudsman and Protective Services programs in the planning and provision of a combined conference. The theme of the Pennsylvania Ombudsman & Protective Services Conference was “*Creating Safety Net Communities*,” with focus on collaborating and strengthening the working relationships between protective services workers and ombudsmen across the aging network. Topics included national trends in protection and advocacy, collaboration on facility discharges, intimacy issues, substance abuse and medication misuse, supervising and motivating staff, personal safety issues, how to advocate on behalf of the LGBT community, assessing capacity, mental health issues, data reporting, guardianship, and collaboration with community partners.

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



## Summary

In a combined effort by state, local, and volunteer ombudsmen, the need to continue to advocate on behalf of individuals is key in helping bring voice to issues and concerns. The department recognizes the invaluable support and time made by the aging network, licensing agencies, community-based, and advocate and provider organizations in helping the ombudsman program advocate for individuals living in Pennsylvania. The need in strengthening these key partnerships is vital, and that also includes maintaining a visible presence in facilities. In Pennsylvania, volunteers provide a significant role in helping residents, and the need to continue our efforts in recruiting and retaining these special individuals is important to the ombudsman program. This will also include the expansion of the PEER program in the remaining counties as well as in other homes.

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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