

NEW YORK STATE
Office of the State
Long Term Care
Ombudsman

Collaborating with the Long Term Care Ombudsman Program

Educating, Empowering, Advocating

October 30, 2024

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Goals for Today

- Mission and values of the Long Term Care Ombudsman Program (LTCOP)
- Administration and Structure of LTCOP
- Role and Responsibilities of Certified Ombudsman (paid staff and volunteers)
- Collaboration with NYSARC

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Ombudsman Program Mission

To serve as an advocate and resource for
older adults and persons with disabilities who
live in long-term care facilities

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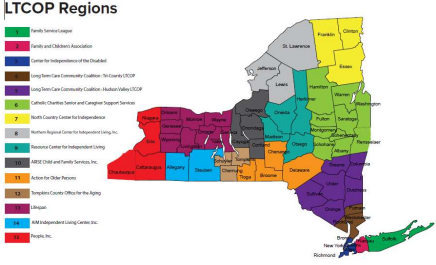
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Administration of the LTCOP Program


- The Older Americans Act, administered by the Administration on Community Living (ACL), requires each state to establish an independent Office of the State Long Term Care Ombudsman.
 - In **New York**, the program is administratively housed within the State Office for the Aging (NYSOFA) and provides advocacy services through a network of regional programs.
 - The NYS LTCOP has 3 Assistant State Ombudsmen who supervise all regional programs and who are overseen by both a Senior Assistant State Ombudsman and the New York State Ombudsman.
 - To manage the 15 regional LTCOP Programs from the State LTCOP Office, each ASO is individually assigned to 5 separate regional LTCOP Programs.
 - Each regional ombudsman program has a designated ombudsman coordinator who recruits, trains and supervises a corps of volunteers that provide a regular presence in nursing homes and adult care facilities.

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LTCOP Regions




- 1 Family Service League
- 2 Family and Children's Association
- 3 Center for Independence of the Disabled
- 4 Long Term Care Ombudsman Council - Hudson Valley LTCOP
- 5 Long Term Care Ombudsman Council - Hudson Valley LTCOP
- 6 Catholic Charities Senior and Long-Term Program Services
- 7 North Country Center for Independence
- 8 North Country Center for Independence Living, Inc.
- 9 Rockwood Center for Independent Living
- 10 ABC Care and Family Services, Inc.
- 11 Action for Older Persons
- 12 Long-Term Care Office for the Aging
- 13 Alzheimer's
- 14 NYS Independent Living Center, Inc.
- 15 People, Inc.



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LTCOP by the Numbers


- Approximately 1,400 Long Term Care Facilities
- Over 160,000 beds
- Includes Skilled Nursing Facilities, Adult Care Facilities and Family Type Homes
- Approximately 95 Full Time and Part Time Staff Statewide
- Approximately 180 Certified Volunteer Ombudsmen



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Certified Ombudsman Requirements


- All Ombudsmen (staff and volunteers) must complete a 36-hour certification training
- All Ombudsmen (staff and volunteers) must complete 18 Continuing Education credit hours each program year.
- Volunteers commit to 2-4 hours weekly in a facility



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Ombudsman Program Values


- Resident-Centered Focus
- Confidentiality
- Accessibility
- Prevention
- Resident Empowerment & Autonomy
- Complaint Resolution
- Objectivity



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LTCOP and DOH: Similar, but Different

- Both DOH and LTCOP are oversight entities for long term care facilities.
 - DOH looks at whether a facility is meeting regulatory standards and can issue citations for non-compliance. LTCOP looks at any expression of dissatisfaction which may or may not be regulatory in nature.
- DOH and LTCOP have a presence in facilities.
 - DOH visits to facilities are for inspections (i.e., annual or complaint). LTCOP visits are more frequent with the purpose of developing a rapport and trusting relationship with residents, provide education and information to residents/families and staff, as well as addressing concerns.
- Both agencies receive and investigate complaints.
 - DOH assesses regulatory compliance. LTCOP looks at possible causes for a problem and works with a facility to resolve the issue before regulatory action from DOH becomes necessary.



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- **The LTCOP's primary focus is to be resident-centered at all times.**
 - The resident is always the first person with whom an Ombudsman must discuss any complaints or concerns.
 - A resident's wishes always remain the focus and priority of any action taken by an Ombudsman
 - Residents with guardianship in place-work with the guardian



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Why do facilities work with ombudsmen, what makes the ombudsman program unique?


- Under the Older Americans Act (OAA), facilities must cooperate with Ombudsman programs, providing access to residents, records, and necessary information.
- Facilities are obligated to protect resident rights and address complaints promptly and effectively.
- Working with Ombudsmen helps long term care facilities improve the quality of care and resident well-being by addressing issues and implementing best practices.
- Cooperation with Ombudsmen is a requirement for facilities participating in Medicare and Medicaid programs, ensuring they remain in compliance with regulations.

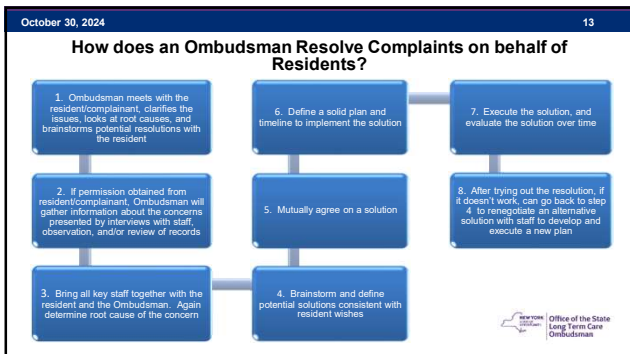


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Ombudsman Duties

- Identify, investigate, and resolve complaints made by, or on behalf of residents
- Inform residents about services provided by the Ombudsman program, and how to access these services
- Engage in Systems Advocacy initiatives, representing the interests of residents before governmental agencies and community organizations
- Promote and provide technical support for the development of resident and family councils to protect the well-being and rights of residents.



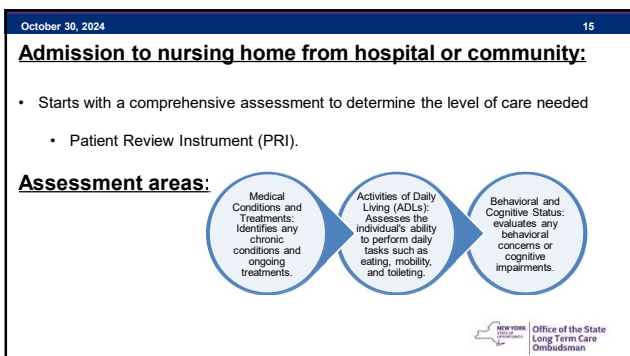


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Coordination with LTCOP

- Aging service providers or any advocacy organizations can refer residents and family members.
- Situations can involve difficulty with nursing homes, adult homes or assisted living facilities
- Other situations: hospitalized, facility not permitting return

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Admission from the Community with Managed Care:
 The PRI can be completed by the MLTC nurse, they will assist in coordinating with coordinating nursing home admission to facilities in their network

Admission from the Community without Managed Care:
 The PRI can be completed by registered nurses from certified home health agencies in the individual's home or community settings. The PRI would be submitted to facilities by the individual/family/designated representative. Cost may be out of pocket if they do not have Medicaid

Admission from the Hospital:
 Hospital discharge planner completes the PRI, then submits to facilities of choice. Thereafter coordinates transfer to the accepting nursing home.




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Tools for choosing a long-term care facility:

Long Term Care Ombudsman
 The Long-Term Care Ombudsman Program (LTCOP) can assist you in making an informed decision about choosing a nursing home.

How the Ombudsman Can Assist

- **Information and Resources:** Ombudsmen can provide information about the quality of care, services, and resident satisfaction at various nursing homes. They can direct you to resources like the New York State Nursing Home Profiles and other comparison tools.
- **Guidance on Questions to Ask:** They can suggest important questions to ask when visiting potential nursing homes, such as inquiries about staffing levels, resident activities, and care plans.
- **Understanding Rights and Regulations:** Ombudsmen can help you understand the rights of nursing home residents and the regulations that facilities must follow.




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Websites to compare nursing homes:

Medicare Compare/Center for Medicare & Medicaid Services (CMS)
Care Compare: www.medicare.gov/care-compare/

You can search for nursing homes by typing in a name or location and then narrow down the results by distance, overall ratings, and other criteria. Medicare Compare uses a 5-star rating system based on health inspections, staffing, and quality measures. It also includes information on penalties and COVID-19 data. This tool allows you to compare nursing home ratings across the country.




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Websites to compare nursing homes: con't

New York State Department of Health:
NYS Health Profiles: Nursing Homes

You can search by clicking on nursing homes, using the drop-down menu, search by region, name, specialty services or bed type. Select multiple nursing homes to view a side-by-side comparison of the selected nursing homes in New York State. The site provides detailed information on the quality of care, quality of life, safety measures, preventive care practices along with inspection reports and complaints.



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Understanding nursing and staffing levels on NYS Profiles and Medicare Compare:

CMS Standards: CMS recommends at least **3.48 hours of care per resident per day**, including 0.55 hours from a registered nurse (RN) and 2.45 hours from a nurse aide (NA).

New York State Standards: New York State requires a minimum of 3.5 hours of care per resident per day, with at least 2.2 hours from Certified Nurse Aides (CNAs) and 1.1 hours from Licensed Practical Nurses (LPNs) or Registered Nurses (RNs).

In addition, NYS requires an **RN be on-site 24 hours a day, seven days a week.**

Adequate staffing directly impacts the quality-of-care residents receive, higher staffing levels generally mean more personalized and attentive care, promoting better health outcomes and resident satisfaction.



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Understanding Inspection Reports on NYS Profiles

Inspection Summary:


Begin by reviewing the most recent inspection summary for an **overview of the nursing home's performance**, it includes the overall rating (1 to 5 stars). Types of inspections include *annual* routine checks, *complaint* for reported issues, and *follow-up* to ensure previous problems have been corrected.

Deficiencies and Violations:

These are categorized by **severity** (how serious the issue is) and **scope** (how widespread it is). Severity levels include **immediate jeopardy** (risk of serious harm or death), **actual harm** (harm has occurred), and **potential for harm** (risk but no harm yet). No harm deficiencies pose no current risk. Consider **the number of deficiencies**, as a higher count may signal broader systemic issues.

Areas of Noncompliance:

Common areas include **resident care** (medication, hygiene, nutrition), **staffing** (levels, training, qualifications), and **safety and sanitation** (cleanliness, hazards). Review for any **resident rights violations**, such as privacy or dignity concerns. Review the facility's **plan of correction** and the **timeline** for addressing these issues to ensure timely resolution.




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Take a Tour!


What should you look for?

- **Cleanliness** – look for clean floors, walls and common areas, be aware of any unpleasant smells which can indicate housekeeping concerns or delays in resident care.
- **Living spaces** – are the rooms shared (number of residents in room) or private, are there lounges, outdoor spaces for residents?
- **Specialized services** – do they provide memory care with trained staff, offer physical, occupational and/or speech therapy, does the therapy equipment appear to be in good condition?



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- **Resident life** – ask to see activity calendar, is there a variety of activities that cater to different interests and abilities and offered at different times of the day. Are residents engaged in activities or socializing with others?
- **Dining** – ask to see the menu, if possible, observe a meal, does the food look nutritious and appealing, is the environment promote a positive dining experience, are residents being assisted if needed? Ask whether the facility can accommodate any special dietary needs and/or preferences.
- **Staff** – observe staff and resident interactions, are they friendly and respectful, readily available and responsive to resident's needs, do the residents look well cared for, dressed appropriately?




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Admission to nursing home from hospital – patient is ready to be discharged from hospital

Key information:

1. Once in the nursing home, "patients" are now referenced as **"residents"**.
2. Nursing homes offer both **short-term rehabilitation and long-term care services**.
3. Patient/family member/legal representative should **prepare a list of preferred facilities** and **provide it to the hospital discharge planner** as quickly as possible to avoid placement in a undesired facility.
4. The hospital discharge planner will send the PRI to preferred nursing home listing provided by the patient/family member/legal representative. If accepted, **they will facilitate transportation to the nursing home**.




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How to promote a smooth and supportive adjustment


Essential Information to Share with Facility:

- **Medical:** Provide detailed information about the resident's medical history, current conditions, medications taken in the community, and any specific medical needs.
- **Dietary Needs:** Provide information on specific dietary requirements, including any allergies, restrictions, or preferences, and note any special feeding techniques or assistance required during meals.
- **Daily Routine:** Share the resident's preferred daily routine, including wake-up and bedtimes, meal preferences, and personal care routines.



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- **Social:** Share details on the resident's social preferences, including hobbies, interests, and preferred activities (e.g., watching sports, listening to music). Indicate whether they prefer individual or group interactions and provide contact information for important people in their life.
- **Behavior:** Describe the resident's typical behavior, including any challenging behaviors and effective management strategies. Identify triggers for anxiety or distress, along with calming techniques, and provide details on communication preferences and abilities (verbal, non-verbal, or use of communication devices).



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Questions to Ask at the Nursing Home

- What personal items are residents allowed to bring to personalize their rooms? Ask about bringing in personal decorations like photos, books, or artwork to promote a "home like environment." Can residents bring their own bedding?
- Are there any restrictions on the types or sizes of items that can be brought in?
- How are personal items tracked and stored to ensure they are not lost or damaged? Is an inventory taken at the time of admission, who is responsible for inventorying, is a copy provided?
- Are there any guidelines for bringing electronic devices or entertainment items? Can they bring a radio, tablet, or headphones?
- When will the care plan be scheduled?



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- Are residents provided with a tv in their room? Do residents have a telephone in their room? Are there any fees associated? If the resident does not have telephone, how can you reach the resident?
- Obtain contact information for pertinent staff: assigned physician, social worker, rehab, Director of Nursing, and unit phone number.
- If there is an urgent need to transfer, what hospital would the resident be transferred to? Provide the hospital of preference to be noted in the medical record.
- Copy of activity calendar and dietary menu and who to contact to inform of preferences.
- A breakdown of costs, including what is covered by insurance, Medicaid, or other funding sources.




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Educate the Facility About the Guardian's Role

Request to meet with staff: such as the facility administrator, nursing staff, and social workers. Explain role as guardian, responsibility for making decisions on behalf of the resident, particularly regarding medical care, financial matters, and personal well-being.

Legal Documents: Share copies of legal documents that establish your guardianship, such as court orders or power of attorney. Provide your contact information as the primary point of contact for any emergencies or important updates.

Involvement: Express your desire to be involved in all care plan meetings and major decisions regarding the resident's care.




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How Ombudsmen Can Assist

A Long-Term Care Ombudsman can be a valuable ally for guardians of residents with developmental disabilities in nursing homes.

Advocacy: Ombudsmen advocate for the rights and well-being of residents. They can help ensure that the residents' needs and preferences are respected and met by the nursing home staff. Working with an Ombudsman strengthens the guardian's ability to advocate for the residents, ensuring their rights and needs are prioritized.

Complaint Resolution: They investigate and resolve complaints made by or on behalf of residents. This includes issues related to care quality, resident rights, and facility conditions.




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Complaint resolution (continued): Ombudsmen have extensive knowledge of long-term care regulations and best practices, providing guardians with expert guidance on how to address issues and advocate for lasting resolutions.

Regular Visits: Ombudsmen conduct regular visits to nursing homes to monitor conditions and ensure residents have access to their services. Knowing that there is a dedicated advocate working to protect the residents' interests can provide guardians with peace of mind and reduce stress.

Improved Quality of Care: By addressing complaints and advocating for systemic changes, Ombudsmen help improve the overall quality of care in nursing homes.



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Example Complaint and Ombudsman Intervention

Scenario: A guardian, Jane, is concerned about a resident, Mr. Smith, who resides in a nursing home. Jane has noticed several issues:

Mr. Smith has not received his medications on time, leading to health complications. Mr. Smith has been left unattended for long periods, resulting in falls and injuries. The facility has not been maintaining Mr. Smith's personal hygiene, leading to skin infections.

Steps Taken by the Ombudsman


- 1. Initial Contact:** Jane contacts the Long-Term Care Ombudsman Program to report her concerns. She provides detailed information about the issues and the impact on the resident's health and well-being.
- 2. Investigation:** The Ombudsman visits the nursing home to observe the conditions and speak with Mr. Smith, Jane, and the nursing home staff. The Ombudsman reviews Mr. Smith's medical records and care plans to verify the reported medication errors and neglect.



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- 3. Meeting:** The Ombudsman requests a care plan meeting with the nursing home administration, Jane, Mr. Smith and relevant staff members to discuss the findings. During the meeting, the Ombudsman advocates for Mr. Smith's rights and ensures that Jane's concerns are addressed.
- 4. Resolution Plan:** The nursing home agrees to implement a corrective action plan, which includes additional training for staff on proper medication administration and resident care. Regular checks to ensure Mr. Smith receives timely medications and proper hygiene care. Establishing a clear communication protocol between the nursing home staff and Jane to keep her informed about Mr. Smith's care.
- 5. Follow-Up:** The Ombudsman conducts follow-up visits to ensure the nursing home is adhering to the corrective action plan. Jane reports improvements in Mr. Smith's care and the Ombudsman continues to monitor the situation to prevent future issues.


Outcome: Through the Ombudsman's intervention, Mr. Smith's care improves significantly. The nursing home staff become more attentive, and Jane feels reassured that Mr. Smith is receiving the care he needs.



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Discharges


- Discharge Planning starts upon admission
- Facility social workers are required to ask a newly admitted resident upon admission about their desires or preferences to return to the community.
- They are required to help residents attain that goal with a process of discharge planning and should be working with the guardian if one is in place
- For rehab residents this process should be on-going throughout their stay
- LTCOP should be contacted upon admission to assist throughout the process for individuals



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Returning to the Community from Rehab

- Facilities have an obligation to ensure a safe, appropriate discharge home with services in place needed to assure that individual can thrive in a home-based setting.
- LTCOP can assist in situations where residents are being told they have to go home on a certain date and do not feel ready, or do not feel it is safe to do so because of the living situation.
- LTCOP programs can benefit from knowing the kinds of services and supports agencies offer in the community home




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Involuntary Discharges

When a resident is being discharged, whether voluntarily or facility-initiated (involuntary), the facility:

- Must provide written notice to resident/designated representative
- Timing: 30 days in most cases (not emergency)
- Must provide copy of notice to LTCOP
- Must propose a safe and appropriate discharge location in the notice
- Notice must contain information on resident right to appeal




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Involuntary Discharges (cont.)

Per regulation there are 6 appropriate reasons for a facility-initiated or involuntary discharge

- Necessary for the resident's needs and resident needs cannot be met in the facility
- Appropriate because resident's health has improved sufficiently that they no longer need the services of the facility
- Safety of individuals is endangered due to the clinical or behavioral status of the resident
- Health of individuals in the facility would otherwise be endangered
- Resident has failed, after reasonable and appropriate notice, to pay for (or to have paid) under Medicare or Medicaid at the facility
- The facility ceases to operate

The resident has a right to appeal every one of these reasons with Ombudsman assistance!




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Types of Involuntary Discharges: “Transfer” to Another Facility

- Generally, this is inappropriate
- Often involve long distance transfers and/or to a lower quality facility
- Reason for discharge is usually resident no longer needs this level of care or cannot meet the needs of residents

Note: Residents have the right to request transfer back or request closer facilities be considered before transfer occurs



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Types of Involuntary Discharges: “Hospital Dumping”

“Hospital dumping” is when a resident is hospitalized, medically stable for return and the facility refuses to take the resident back

If a resident is medically stable and the needs have not significantly changed, a facility must accept a resident back to the first available bed

- A facility must take a resident back when they are ready to leave the hospital, unless they have one of 6 specified grounds for discharge under the law and provide a discharge notice to the resident.
 - Even in these situations, it may still be inappropriate

Residents/designated representatives in this situation should work with the hospital social worker to contact the NYS DOH nursing home complaint hotline and report an inappropriate discharge. LTCOP should be notified and can assist with advocating for their return to their nursing home.



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Resident Appeal Process

- Residents/Guardians have the right to appeal any notice of discharge to NYS DOH
- Residents/Guardians have the right to remain at the facility pending outcome of appeal hearing
- Ombudsman assist with appeals process

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The NYS LTCOP Poster

Ombudsman provide all facilities with this poster to be visibly accessible to all residents, employees or other person(s), to make them aware that they may file complaints with, or provide information, to a long-term care Ombudsman.

Office of the State Long Term Care Ombudsman

EDUCATING EMPOWERING ADVOCATING

Ombudsmen help residents understand and exercise their rights to good care in an environment that promotes and protects their dignity and quality of life

www.ltcombudsman.ny.gov

Call locally... or 1-855-LTCOP NY (563-6769)

Office of the State Long Term Care Ombudsman

Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long-term care system. Each state has an Office of the State Long Term Care Ombudsman, headed by a full-time State Long Term Care Ombudsman, who directs the program statewide. Professionally trained and certified staff and volunteers in this program are designated by the NYS Long Term Care Ombudsman across the state as representatives to directly serve residents and their representatives in long-term care facilities.

The NYS Ombudsman Program is an effective resource to older adults and persons with disabilities who live in long-term care facilities, inclusive of nursing home, assisted living and other licensed adult care facilities. It is an advocacy program that promotes and protects the health, safety, welfare and rights of long-term care residents. Ombudsmen, through education, empowerment, and advocacy, help residents understand and exercise their rights to good care in an environment that promotes and protects their dignity and quality of life.

The core mission of the Ombudsman Program is to receive, investigate and assist in resolution of complaints made by or on behalf of residents in long-term care facilities. Additionally, Ombudsmen can support and promote the development of resident and family councils within facilities as well as inform governmental agencies, the public, local issues and concerns impacting residents of long-term care facilities. Ombudsmen advocate on the behalf of residents and can be accessed whenever a resident or their representative needs assistance with concerns within a long-term care facility. All matters shared with Ombudsman Program staff or volunteers are kept confidential unless permission is granted to share concerns with others.

Ombudsmen respond to a variety of issues about long-term care including:

- Resident care
- Environmental concerns
- Discipline, transfer, admission concerns
- Personal and quality of care concerns
- Quality of life issues


For information or assistance, please utilize the attached page to contact your local regional ombudsman office, or contact the State office at:

Office of the New York State Long Term Care Ombudsman Program
2 Empire State Plaza
Albany, NY 12223
1-855-582-6769
www.ltcombudsman.ny.gov

Long Term Care Ombudsman Program Directory

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| <p>LIFE LINK Long Term Care Ombudsman Program Albany, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Warren, Washington Counties 1500 South Clinton Ave Suite 13 Rochester, NY 14618 585-227-5434</p> <p>Long Term Care Ombudsman Program - Tri County LTC Ombudsman Program Putnam, Rockland, Westchester Counties 10 South Street Cortlandt, NY 10516 845-405-1495</p> <p>NYS Ombudsman Program - Independence Cattaraugus, Chautauque, Hamilton, Warren, Yates Counties 12001 100-66-1172</p> <p>JARIC Child and Family Services Chemung, Cortland, Otsego Counties 630 Johns St Syracuse, NY 13203 315-471-1122</p> <p>Family and Children's Advocates Herkules County 377 Oak Street, 8th Floor Geneva, NY 11453 518-466-9176</p> | <p>Catholic Charities Senior and caregiver Support Services Albany, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Warren, Washington Counties 1402 Erie Boulevard, 2nd floor Schenectady, NY 12305 518-372-5967</p> <p>Long Term Care Community Coalition Hudson Valley LTC Ombudsman Program Columbia, Dutchess, Greene, Otsego, Sullivan, Ulster Counties 82 Washington, NY 12014 518-531-1400</p> <p>NYS Ombudsman Program - Independence Jefferson, Lewis, 12, Lorraine, Otsego Counties 210 Columbia St 107 Watkinsville, NY 13601 518-536-7132</p> <p>Accredited Adult Respite Services Broome, Chemung, Delaware, Schoharie Counties 200 Plaza Dr., Suite B Vestal, NY 13852 607-722-1251</p> <p>AIM Independent Living Center Albany, Schoharie Counties 271 E. First Street Cortland, NY 13830 607-868-8228</p> | <p>Center for Independence of the Disabled New York Broome, Hamilton, Herkules, Otsego, Schoharie Counties 1010 Avenue of the Americas Suite 200 New York, NY Brook, Manhattan & Richmond 212-512-2901 King, Queens: 212-812-2911</p> <p>Tompkins County Office for the Aging The Aging Center 218 W. State Street King State St Ithaca, NY 14850 607-274-5480</p> <p>Advocacy for Independent Living LIFE at RCL Herkules, Madison, Oneida, Otsego Counties 131 Geneva St 1370 Box 210 Utica, NY 13502 315-222-1872</p> <p>Family and Children's Advocates Schoharie County 144 Duane Street Bathurst, NY 13706 614-438-8158</p> | <p>People Inc. Cattaraugus, Chemung, Erie, Madison Counties 2142 Main St., 2nd Floor Buffalo, NY 14214 716-815-9222</p> |
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