

Office of the State Long Term Care Ombudsman

2021 ANNUAL REPORT

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The Long Term Care Ombudsman Program 2021 Annual Report

Educating, Empowering, Advocating

Report Summary:

This report provides an overview of the Office of the State Long Term Care Ombudsman Program operations per state and federal regulations, advocacy efforts, and the focus of the program for the upcoming year.

Program Overview:

The mission of the Long Term Care Ombudsman Program (LTCOP) is to serve as an advocate and resource for older adults and persons with disabilities who live in long-term care facilities such as nursing homes, adult homes, assisted living facilities and family type homes. Ombudsmen help residents and their loved ones understand and exercise their rights in order to effectively address concerns that impact their health, safety, and quality of life. The program advocates for residents at both the individual and systems levels by: receiving, investigating, and resolving complaints made by, or on behalf of, residents; promoting the development of resident and family councils; and informing governmental agencies, providers, and the general public about issues and concerns impacting residents of long-term care facilities.

The Older Americans Act, administered by the U.S. Administration for Community Living (ACL), requires each state to establish an independent Office of the State Long Term Care Ombudsman, as defined in federal regulations. In New York State, the Office of the State Long Term Care Ombudsman is administratively housed within the New York State Office for the Aging (NYSOFA) and provides advocacy services statewide to approximately 160,000 long-term care residents in almost 1,400 facilities.

New York State LTCOP is administered through 15 regional programs consisting of 14 not-for-profit agencies and one Area Agency on Aging (map attached). Throughout the state, there are approximately 55 paid staff (full and part-time) and 240 certified volunteer ombudsmen providing advocacy services to long-term care residents. Paid program staff provide facility coverage, information and assistance to residents and families, technical assistance to the certified volunteers, and assistance with advocacy efforts at the facility, regional and state levels. Paid program staff are also responsible for the management of all volunteers, ensuring LTCOP policies and procedures are being followed and volunteers are provided with ongoing education as it relates to long-term care residents.

Role of an Ombudsman:

Certified ombudsmen, often volunteers, provide a "regular presence" in facilities. Because of this presence, they get to know residents, their needs, and the factors that make a difference in their lives.

For residents without any family or loved ones, the ombudsman may be their only social connection outside of the facility and the only person they can rely on. Ombudsmen often become a lifeline for those individuals who have no one else to turn to when they need assistance the most.

The COVID-19 pandemic continued to have an impact on in-person ombudsman access for residents. Although visitation restrictions began to lessen throughout this year, many volunteers remained uncomfortable returning to facilities in person, primarily for two reasons. First, many volunteers are older and, therefore, themselves in the vulnerable population. Also, some were caring for family members who were high risk. While paid staff also had similar concerns, all staff returned to visitation as of July 1, 2021. Even with this return, staff were encouraged to not visit multiple facilities in one day to ensure they were not putting residents at risk. Staff were also strongly encouraged to be vaccinated and there were testing requirements to be followed prior to entering facilities. With the limited in-person visitation, regional programs continued to utilize alternate means of communication, such as telephonic, email and virtual means to ensure resident and family access to an ombudsman as much as possible.

2021 Focus Issues:

NYS LTCOP is charged with addressing and resolving quality-of-life issues raised by residents of long term facilities and their families. The primary focus of program activities during 2021 included issues that arose due to the pandemic as well as fielding calls and concerns about visitation in facilities. Families continued to reach out for information and clarification on visitation guidance. LTCOP worked with facilities to ensure they were following guidance and allowing families access to their loved ones, especially surrounding compassionate care visits.

Access to Facilities

While families struggled to gain access to facilities and visit with their loved ones, LTCOP also faced similar issues gaining access to residents. As a result of efforts undertaken in 2020 to enhance LTCOP's partnership with the New York State Department of Health (DOH), LTCOP issued a letter to facilities regarding ombudsman access to residents and facilities. DOH also provided this letter to facilities to ensure residents were able to gain access to the ombudsman as per their issued guidance.

Volunteer Recruitment

While resident concerns are the priority for LTCOP, there was a continued need to recruit volunteers to support the program. To assist in more efficient training of volunteers, LTCOP spent much of this year developing a new certification training for all ombudsmen. In prior years, trainings were offered approximately twice a year in each region, which made it difficult to keep prospective volunteers engaged while they waited for a training. The new certification training is uniform across the state, allowing for in-person, virtual, or hybrid models. This innovation also allowed for the training of new ombudsmen from multiple regions simultaneously which can greatly reduce the time that prospective volunteers must wait to be trained. Having a uniform training also ensures all new ombudsmen are provided with a comprehensive and detailed manual to ensure they are able to complete the mission of the program.

Involuntary Discharge

In 2018, LTCOP identified facility-initiated or involuntary discharges as a concern and worked with multiple agencies to create a taskforce to evaluate this issue and develop strategies to address it. The taskforce includes a variety of stakeholders, in conjunction with LTCOP, such as Area Agencies on Aging (AAAs), advocacy organizations, the New York State Office of Children and Family Services' (OCFS) Adult Protective Services (APS), and legal service organizations.

While involuntary discharges have always been a focus of LTCOP, the pandemic brought about new challenges. To better serve residents and families, LTCOP entered into a partnership with the Center for Elder Law and Justice (CELJ) to provide assistance with discharge issues. CELJ provided trainings to ombudsmen related to discharge concerns, such as resident rights in discharge and insurance coverage for residents, along with assistance managing discharge cases. CELJ also developed materials for LTCOP to provide to residents and families to educate them on their rights related to discharge.

Advocacy Efforts:

An area of focus in the regulations is the designation of LTCOP as a distinct and separate entity, allowing the office to independently engage in systems advocacy and make recommendations that improve the quality of care in long-term care facilities and quality of life for residents. In 2021, much like 2020, LTCOP engaged with legislators frequently to discuss how the pandemic was impacting long-term care residents and their families. There were several legislative bills proposed during this year that LTCOP was monitoring, analyzing and commenting on as it related to the impact on residents.

When engaging with legislators, LTCOP discussed increased financial resources needed by the program to improve access by residents to ombudsman services.

Long Term Care Ombudsman FFY 2021 Data:

In FFY 2021, NYS LTCOP:

- Investigated 6,208 complaints throughout New York State.
- Responded to 42,062 requests for information and assistance about long-term care questions and issues from residents, caregivers, facility staff and the general public.
- Conducted 106 community education sessions on residents' rights and long-term care issues.
- Volunteers contributed 16,825 hours of service in support of advocacy on behalf of long-term care residents.

• Due to visitation restrictions, as a result of the COVID-19 pandemic, no facilities received regular visitation and the program relied on alternate means of communication, such as telephonic, email and virtual means of access.

Certified ombudsmen assist residents with many issues such as:

- Violations of residents' rights or dignity, including visitation concerns.
- Physical, verbal, or mental abuse, deprivation of services necessary to maintain residents' physical and mental health, or unreasonable confinement.
- Poor quality of care, including inadequate personal hygiene and slow response to requests for assistance.
- Improper transfer or discharge of residents.
- Inappropriate use of chemical or physical restraints.

Attached is a breakdown of the complaints received by each LTCOP regional program and a summary of program activities.

Focuses for 2022:

The Office of the State Long Term Care Ombudsman has identified areas of concern in long-term care facilities inclusive of visitation and quality-of-care issues, which were again the most common complaints from residents and families. LTCOP will continue to address these concerns with DOH and provide information to legislators regarding the issues raised by residents and families to work toward improvements in the quality of life of residents.

LTCOP will focus on the impact of recently enacted legislation, with a primary focus on the below:

S.4893 Rivera/A.5684 Gottfried (Chapter Law 102 of the Laws of 2021)

Requires that LTCOP be notified of any applications for ownership transfers of nursing homes, or applications for new ownership, requiring comment from the program related to these transfers.

S.3058 Rivera/A.3919 Hevesi (Chapter 80 of the Laws of 2021)

LTCOP will be required to receive notices of discharge of nursing home residents and requires the local regional LTCOP programs to review such notices.

S.2507-C Budget Bill/A.3007-C Budget Bill Health Article VII (Chapter 57 of the Laws of 2021)

Provision in the New York State Budget which requires DOH to send LTCOP a notice whenever DOH is going to exclude revenues when calculating the minimum amount spent on staffing.

LTCOP is also working on developing a new Policy and Procedure Manual for program operations within the agency, with a goal of implementation for the FFY 2023 program year.

All regional programs will continue efforts to increase the quality of care and quality of life for all longterm care residents. At both the statewide and regional level, the program will focus on ways to increase access to ombudsman services and educate the public on the quality of advocacy services that can be offered.

For additional information, contact the New York State Long Term Care Ombudsman Program at 1-855-582-6769 or visit the New York State Ombudsman Program website: <u>www.ltcombudsman.ny.gov</u>.

Claudette Royal New York State Long Term Care Ombudsman



Summary of Completed Activities FFY 2021

Region-Counties Served	Facility Visits	Information and Assistance to Individuals (other)	Information and Assistance to Facility Staff	Work with Resident Councils	Work with Family Councils	Participation in Facility Surveys	Training Sessions for Facility Staff	Community Education	Number of Active Volunteers	Average Hours Provided Per Week Per Volunteer
Region 01-Suffolk County	1,212	3,097	1,180	113	16	12	1	2	36	2.69
Region 02-Nassau County	241	1,079	633	59	0	1	0	1	20	1.14
Region 03-Bronx, Kings, New York, Queens, Richmond Counties	167	5,836	1,110	15	22	6	0	29	30	.84
Region 04-Putnam, Rockland, Westchester Counties	127	965	281	8	42	0	0	0	21	.61
Region 05-Columbia, Dutchess, Greene, Orange, Sullivan, Ulster Counties	325	2,334	521	22	6	8	2	7	11	1.82
Region 06-Albany, Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington Counties	325	1,059	516	22	4	6	5	2	13	1.01
Region 07-Clinton, Essex, Franklin Counties	263	2,205	932	60	47	8	0	39	7	1.62
Region 08-Jefferson, Lewis, St. Lawrence Counties	77	221	94	8	4	4	0	6	0	0
Region 09- Herkimer, Madison, Oneida, Otsego Counties	256	633	300	29	6	2	0	6	10	.99
Region 10-Cayuga, Cortland, Onondaga, Oswego Counties	636	3,169	1,093	23	12	8	3	2	8	3.04
Region 11-Broome, Chenango, Delaware, Tioga Counties	61	1,069	152	15	0	3	1	5	8	.54
Region 12-Chemung, Schuyler, Tompkins Counties	149	663	210	24	2	9	2	1	3	1.84
Region 13-Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, Yates Counties	554	4,744	2,232	57	2	14	1	5	46	1.21
Region 14-Allegany, Steuben Counties	100	911	622	14	0	6	0	0	2	.94
Region 15-Cattaraugus, Chautauqua, Erie, Niagara Counties	478	2,794	1,423	51	4	12	45	1	25	.96
Statewide Totals:	4,971	30,779	11,299	520	167	99	60	106	240	1.37

**Region 8 does not utilize volunteers at this time

Definitions:

Region-Counties Served: Each Long Term Care Ombudsman Program is identified with a region number and provides services to facilities in the counties listed.

Facility Visits: The total number of visits provided to all facilities within the region. These visits may be routine visits or related to a specific complaint received by the program.

Information and Assistance to Individuals (other): The total number of contacts with individuals where information was provided to anyone who is not a staff in a facility. The types of information provided may include, but is not limited to services provided by an ombudsman, choosing a nursing home, resident rights, long term care facility regulations, or legal resources. These contacts may be provided in person, over the phone, email, or any other communication method and includes residents, families, and members of the community.

Information and Assistance to Facility Staff: The total number of facility staff provided information regarding issues that impact residents by the ombudsman program.

Work with Resident Councils: The total number of Resident Council interactions with an ombudsman. This may include meeting with council leadership, training the council, and/or attending a council meeting (both in-person and virtually).

Work with Family Councils: The total number of Family Council interactions with an ombudsman. This may include meeting with council leadership, training the council, and/or attending a council meeting (both in-person and virtually).

Participation in Facility Surveys: The total number of ombudsman participation in both standard Department of Health (DOH) surveys and complaint surveys. Survey participation may include pre-survey information to surveyors, sharing ombudsman-related reports, and participation in facility exit conferences.

Training Sessions for Facility Staff: The total number of formal training sessions to facility staff conducted by an ombudsman. Topics may include but are not limited to, the role of an ombudsman in a facility and resident rights.

Community Education: Ombudsman attendance at health fairs, community events, and general presentations given to organizations or groups in the community.

Number of Active Volunteers: The total number of volunteers who performed ombudsman-related duties in the year. Duties may include facility visitation, providing information and assistance or participating in required continuing education trainings.

Average Hours provided per week per Volunteer: The average hours per week donated by all volunteers in a region.



LTCOP Complaints FFY 2021 (10/01/20-09/30/21)

LTCOP Regional Map can be found at the end of the document

Statewide	e: Total Co	mplaints b	y Region												
Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1103	361	560	393	269	360	659	59	325	340	177	211	728	126	590	6,261

Total Complaints by National Ombudsman Reporting System (NORS) Category Code:

Abuse, Gr	oss Negleo	ct, Exploita	ation (Code	e A): serio	us complai	ints of will	ful mistrea	atment of	residents l	by facility s	staff, resid	ent repres	sentative/	family/frie	end,
other resi	other residents or an outside individual. Includes physical, sexual, or psychological abuse, financial exploitation, or gross neglect.														
Region															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
7	3	23	18	6	20	12	5	26	7	4	10	20	11	15	187

Access to	Informatio	on (Code E	3): complai	nts agains	t the facili	ty regardir	ng access t	to informa	tion made	by or on l	behalf of t	he residen	t. Includes	access to	records,
language	or commu	nication b	arriers, an	d willful in	terference	e with om	oudsman d	duties.							
Region															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
51	29	23	11	10	12	12	4	13	9	11	3	30	12	40	270

Admissior	n, Transfer	, Discharg	e, Eviction	(Code C):	complaint	s against t	he facility	involving	issues rega	arding Adr	nission, Tr	ansfer, Dis	scharge an	d/or Evicti	on.
Includes a	ppeal pro	cess and re	oom issue	s.											
Region	egion Region Total														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
74	18	45	37	15	30	19	3	24	16	12	11	41	2	77	424

Autonomy, Choice, Rights (Code D): complaints involving facility staff failure to honor and promote a resident's right or preferences. Includes choice of health
care, living in less restrictive setting, dignity and respect, privacy, response to complaints, retaliation, visitors, resident or family council participation, or any
other rights and preferences.

Region	Total														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
306	92	130	84	67	81	95	13	63	107	50	51	125	39	96	1,399

Financial, Property (Code E): complaints involving facility staff mismanagement of residents' funds and property or billing problems. Includes incorrect billing and charges and loss or mismanagement of personal property. Region Total 2 8 9 10 12 13 14 15 1 4 5 6 11 3 7 56 27 34 27 23 7 51 2 22 23 15 18 43 10 40 398

Care (Code F): complaints involving facility staff failure to provide care including, poor quality care, planning and delivery. Includes accidents and falls, response to requests for assistance, care planning, medications, personal hygiene, access to health-related services, symptoms unattended, incontinence care, assistive devices or equipment, rehabilitation services physical restraints, chemical restraints, and infection control.

Region	Total														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
298	89	118	119	83	137	263	18	105	109	52	40	243	27	139	1840

Activities, Community Integration and Social Services (Code G): complaints involving activities, community integration or social services. Includes lack of choice of activities, transportation, conflict resolution between residents, and lack social services.

	Region	Total														
L	T	2	2	4	5	0	/	0	9	10	11	12	15	14	15	
	59	17	59	22	7	8	20	5	15	17	6	32	20	8	9	304

Dietary (Code H): complaints regarding food service, assistance. Includes choice, quantity and quality of food, assistance with dining or ensuring hydration, and therapeutic or special diets.

Region	Total														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
49	21	31	19	8	13	50	4	18	10	4	7	32	5	28	299

Environm	ent (Code	I): compla	ints involv	ing the ph	ysical envi	ronment o	of the facil	ity, includi	ing the res	ident's sp	ace. Includ	les room o	r water te	mperature	es,
ventilatio	ventilation concerns, building structure, supplies, storage, furnishings, building and grounds accessibility, housekeeping, laundry, and pest abatement.														
Region															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
70	22	19	18	3	9	49	3	12	13	8	4	30	4	33	297

Facility Po	olicies, Pro	cedures ar	nd Practice	es (Code J)	: complain	ts regardi	ng acts of	commissic	on or omis	sion by fac	ility leade	rship/own	ers includi	ing: admin	istrators,
resident r	resident managers, etc. Includes administrative oversight, fiscal management, and staffing.														
Region															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
84	17	43	14	29	26	82	2	9	27	5	18	60	5	61	482

Complaints about an Outside Agency (non-facility) (Code K): complaints involving decisions, policies, actions or inactions by the programs and agencies listed															
below; including private and public benefits. Includes regulatory/licensing agency, Medicaid, Managed care, Medicare, Veteran's Affairs, or private insurance.															
Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
14	5	8	3	5	1	2	0	2	0	4	3	22	0	4	73

System: Others (non-facility) (Code L): complaints including resident representative or family conflict which interferes with resident decision making,															
complaints regarding services from an outside provider, barriers to requests to transition to a community setting.															
Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Region	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
35	21	27	21	13	16	4	0	16	2	6	14	62	3	48	288

