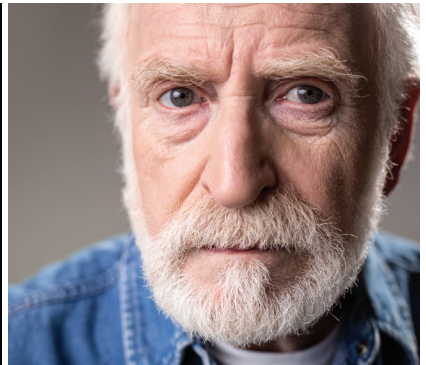


North Carolina

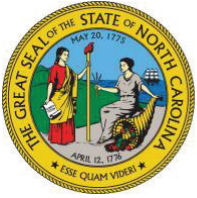
# State Long-Term Care Ombudsman Program

2017 Annual Report



*Promoting quality of life and quality of  
care for long-term care residents.*





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**MANDY COHEN, MD, MPH** • Secretary

**JOYCE MASSEY-SMITH, MPA** •  
Director, Division of Aging and Adult Services

I am pleased to submit the 2017 Annual Report of the Office of the State Long Term Care Ombudsman Program reflecting federal fiscal year Oct. 1, 2016 – Sept. 30, 2017.

Pursuant to North Carolina General Statute 143B-181.18 (8), this annual report provides an updated review of the accomplishments in advocacy and direct services provided by representatives of the long-term care ombudsman program at both the state and regional level. Also, included in the report are overviews of the statewide community advisory committees. The data within the report demonstrates our achievements toward protecting residents' rights, empowering families, educating consumers and our commitment to quality, person-centered care for residents in long-term care facilities across North Carolina.

I welcome any questions or comments you may have about our annual report.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor Orija".

Victor Orija, MPA  
State Long-Term Care Ombudsman

**DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES**

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# Program Purpose

The North Carolina Long-Term Care Ombudsman Program exists to protect resident's rights and improve the quality of care and life for residents in long-term care facilities. To accomplish this mission, the program:

- ◆ Receives and attempts to resolve complaints made by, or on behalf of, residents in long-term care facilities
- ◆ Provides information to the public about issues facing long-term care residents
- ◆ Works with long-term care providers to resolve issues of common concern
- ◆ Conducts in-service training on topics relevant to resident rights and quality of life for facilities, and long-term care providers and staff
- ◆ Trains and provides technical assistance to community advisory committee volunteers
- ◆ Collects and reports data regarding the number of complaints handled, and other program activities
- ◆ Facilitates community education sessions on elder abuse, neglect and exploitation
- ◆ Provides information to public agencies, legislators and others on problems impacting the rights of residents, and makes recommendations for the resolution of issues identified

## History and Legal Basis

The federal Older American's Act provided the authorization for the establishment of a national long-term care ombudsman program beginning in 1978. In the following years, amendments to the Older American's Act expanded the jurisdiction and scope in each state to include both nursing homes and adult care homes. It also called for the formation of a network of volunteers to assist with complaint response and systems advocacy for long-term care residents.

In 1989, the North Carolina State Long-Term Care Ombudsman Program was codified into state law through General Statute 143B-181.15-25, which mirrored the federal mandates provided in the Older American's Act. The legislation established guidelines for both state and regional programs. The Office of State Long-Term Care Ombudsman is housed within the Department of Health and Human Services, Division of Aging and Adult Services. The 16 Regional Ombudsman Programs are housed within the Area Agencies on Aging across the state.

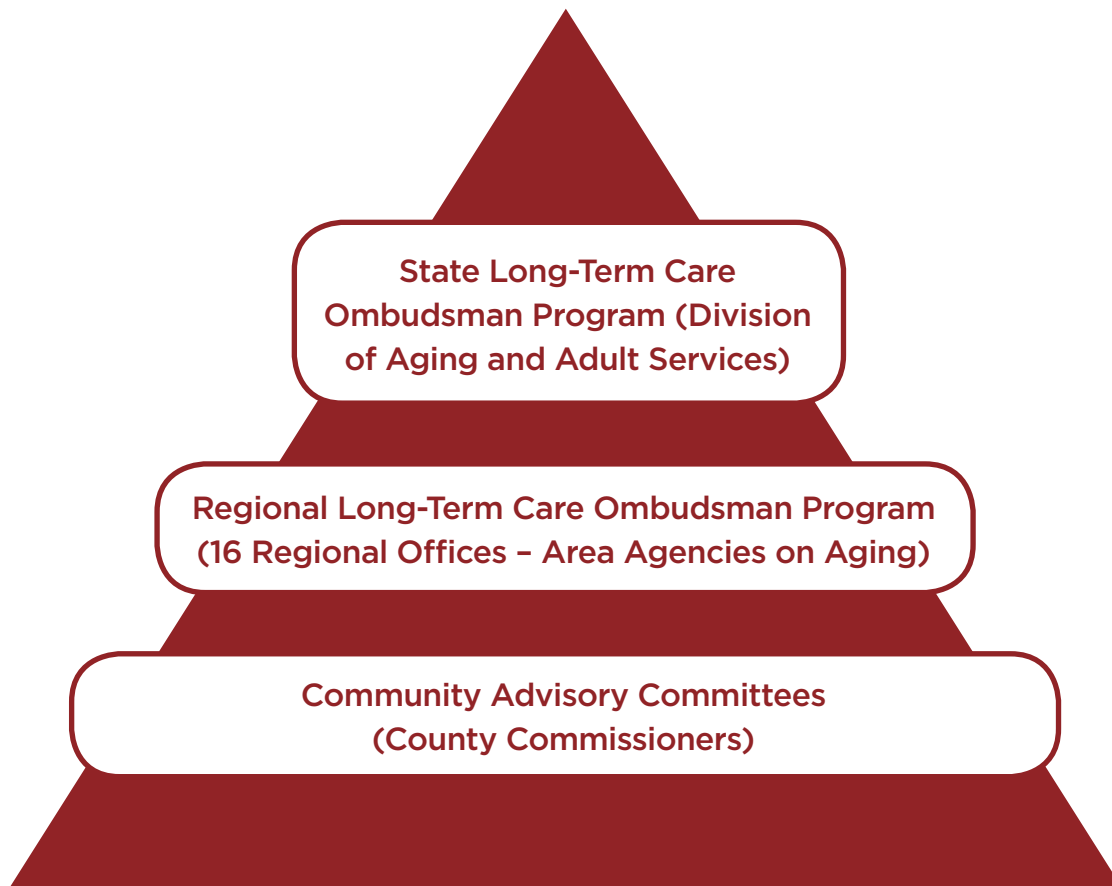
## Program Structure

The Office of the State Long-Term Care Ombudsman Program is housed within the Elder Rights and Special Initiatives Section of the Division of Aging and Adult Services. The Office is comprised of the State Long-Term Care Ombudsman, an Ombudsman Program Specialist, and an Ombudsman Elder Rights Specialist. These staff manage the day-to-day program administration that includes assuring all newly hired Regional Ombudsmen complete the required certification and designation requirements mandated in federal and state law. The Office of the State Long-Term Care Ombudsman also provides quarterly training sessions to Regional Ombudsmen on a variety of aging and long-term care issues.



The Regional Ombudsman Program operates out of the 16 local Area Agencies on Aging. Regional Ombudsmen provide advocacy and direct services to long-term care residents for the counties in their region.

The Community Advisory Committees are designated and certified by the State Ombudsman. These volunteers provide additional support to the long-term care residents within their specified counties. They are appointed by their local board of county commissioners and are trained by Regional Ombudsmen. For Federal Fiscal Year 2017, there were 987 trained community advisory committee members serving on adult care home, nursing home or joint community advisory committees across all 100 counties in North Carolina.

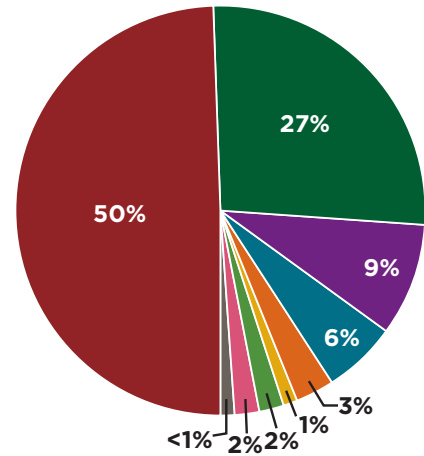


# Federal Fiscal Year 2017: Overview

In Federal Fiscal Year 2017, the North Carolina Long-Term Care Ombudsman Program closed 2,084 cases containing 4,350 complaints. The most frequently addressed complaints were related to transfer/discharge, dignity/respect and medication administration.

Ombudsmen receive complaints from a variety of individuals that initiate concerns on behalf of residents. The ombudsmen received complaints from 2,031 complainants in Federal Fiscal Year 2017. The breakdown of complainants is as follows:

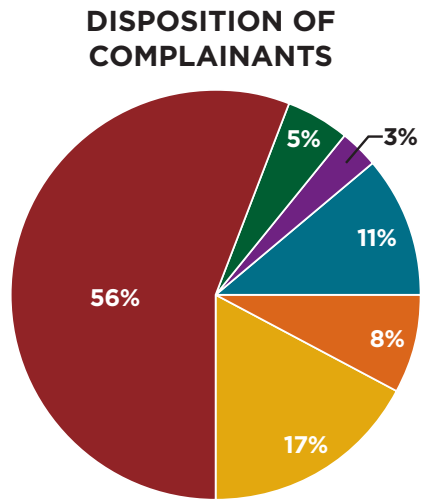
**COMPLAINANT SOURCES  
FFY 2017**



COMPLAINANT TYPE	FFY 2017 COUNT	PERCENT OF TOTAL
Resident	1015	50%
Relative/friend of resident	551	27%
Guardian/legal representative	179	9%
Ombudsman/CAC Member	129	6%
Facility staff	60	3%
Other medical: physician/staff	15	1%
Other health/social programs	35	2%
Unknown/anonymous	39	2%
Other-bankers, clergy, elected officials	8	Less than 1%

Of all 4,350 complaints that were received in 2017, ombudsmen were able to resolve, or at least partially resolve, 61 percent of complaints to the satisfaction of the resident or their representative.

DISPOSITION OF COMPLAINANTS	PERCENT
Resolved	56%
Partially Resolved	5%
Not Resolved	3%
Withdrawn	11%
Referred to Another Agency	8%
No Action Needed/Appropriate	17%

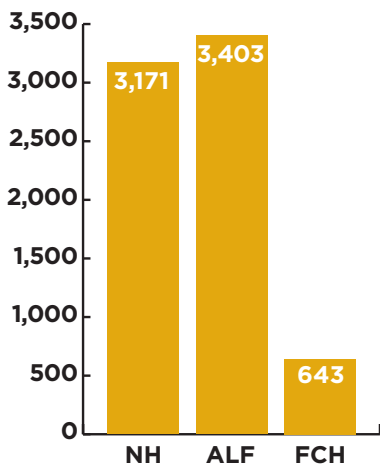


Ombudsmen verify complaints through a variety of investigative techniques including interviews, record reviews, observations, and other fact-finding methods.

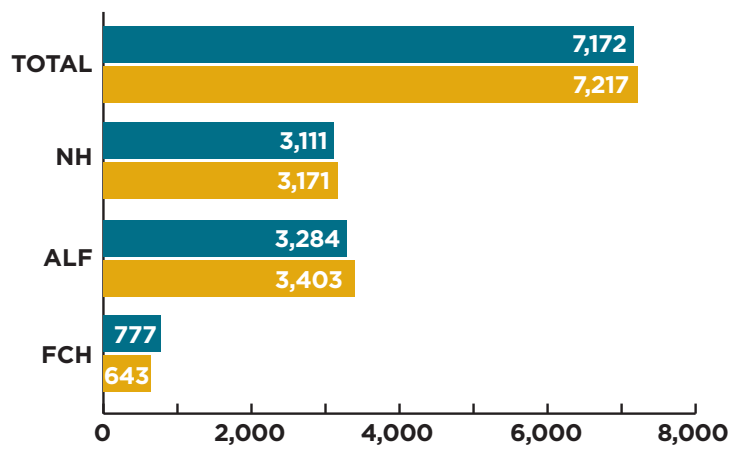
When a complaint is verified by an ombudsman, it has been determined through investigative work that the conditions and circumstances described in the complaint are generally accurate. **In 2017, 77 percent of the complaints received by the program were verified.**

In addition to addressing complaints, ombudsmen make regular visits to facilities to establish rapport with residents and observe the general conditions of the facility. Below is a summary of the **7,217 visits** made to residents in Federal Fiscal Year 2017.

**NUMBER OF VISITS TO FACILITIES FFY 2017**



**TWO YEAR COMPARISON NUMBER OF VISITS TO FACILITIES FFY 2016-FFY 2017**



NH: Nursing Home • ALF: Assisted Living Facility • FCH: Family Care Home

■ 2016 ■ 2017



# 2017 Program Overview

## North Carolina State & Regional Long-Term Care (LTC) Ombudsman Program • Oct. 1, 2016 – Sept. 30, 2017

- 4,350** Complaints received by the LTC Ombudsman Program
- 2,031** Complainants assisted by State and Regional LTC Ombudsmen
- 5,785** Instances of technical assistance provided to individuals regarding long-term care issues
- 7,217** Resident visits made in adult care homes and nursing homes
- 642** Facility licensure surveys observed
- 109** Resident Council meetings attended
- 575** Community education workshops conducted
- 2,747** Consultations to LTC providers
- 313** Training sessions provided for staff in LTC facilities
- 1,665** Hours spent training community advisory committee members and new ombudsmen

# Ombudsmen in Adult Care Homes

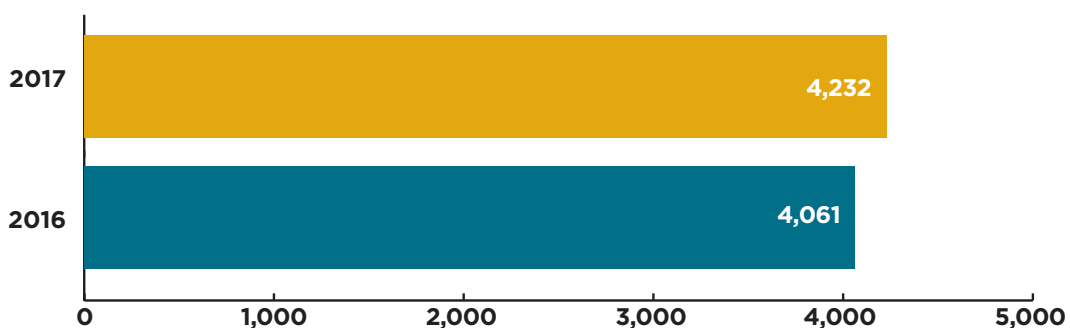
## Adult Care Homes

Number of Licensed Facilities	Number of Licensed Beds
1,250	43,284

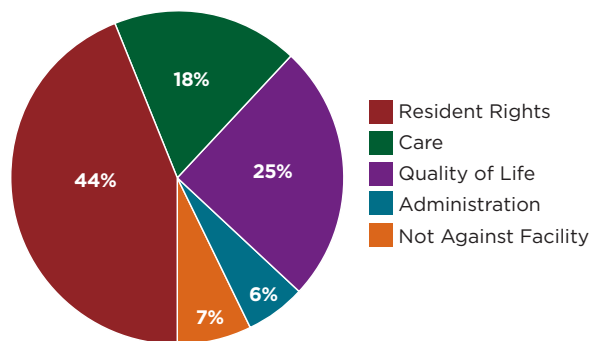
In North Carolina, assisted living facilities and family care homes are classified generally as “adult care homes.” As required by General Statute, ombudsmen are expected to visit adult care homes with seven or more residents quarterly and family care homes, which have between two and six residents, annually. **In Federal Fiscal Year 2017, the ombudsman program made 4,232 visits to adult care homes.**

During Federal Fiscal Year 2017, there were a **total of 1,805 complaints handled in adult care homes by ombudsmen.** The most frequent complaints investigated by ombudsmen on behalf of residents in adult care homes were related to **transfer/discharge, dignity/respect/staff attitudes and medication administration.** The following graphs further illustrate the categories and types of complaints received by ombudsmen.

### NUMBER OF VISITS TO ADULT CARE HOMES TWO YEAR COMPARISON



## Categorical Breakdown of Adult Care Home Complaints Received by Ombudsman Program in 2017



CATEGORY	TYPE OF COMPLAINT	NUMBER OF COMPLAINTS	TOTAL NUMBER BY CATEGORY
Resident Rights	Abuse, neglect, exploitation	65	801
	Access to information	68	
	Admission, transfer, discharge	156	
	Autonomy, choice, preference, privacy	339	
	Financial, property	173	
Resident Care	Care	273	325
	Rehabilitation, Maintenance of Function	50	
	Restraints	2	
Quality of Life	Activities and Social Services	107	446
	Dietary	129	
	Environment	210	
Administration	Policies, Procedures, Attitudes, Resources	22	109
	Staffing	87	
Not Against Facility	Certification/Licensure Agency	12	124
	State Medicaid Agency	21	
	Systems/Others	91	
<b>Total Adult Care Home Complaints</b>			<b>1,805</b>

# Ombudsmen in Nursing Homes

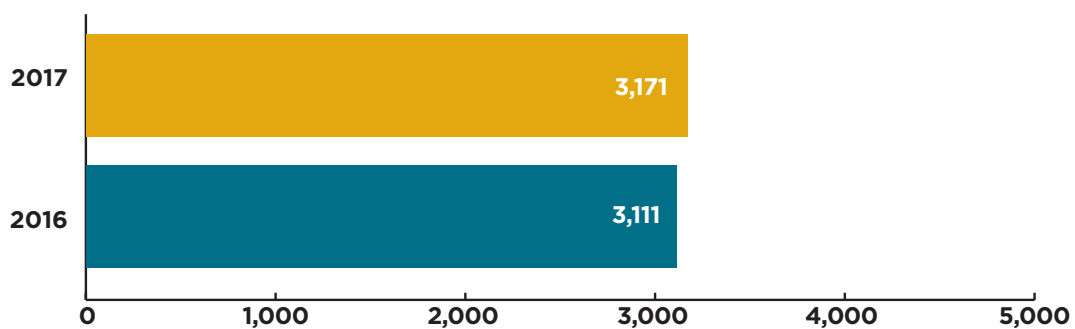
## Nursing Homes

Number of Licensed Facilities	Number of Licensed Beds
420	45,943

Ombudsmen are expected to visit nursing homes at least quarterly. In Federal Fiscal Year 2017, the ombudsmen made 3,171 visits to nursing homes.

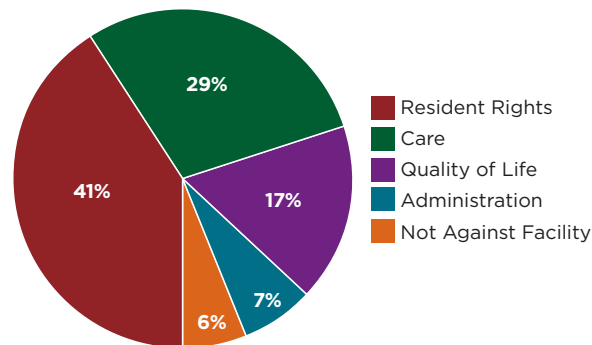
In Federal Fiscal Year 2017 there were a total of 2,545 complaints handled in nursing homes by ombudsmen. The most frequent complaints investigated by ombudsmen on behalf of residents in nursing homes were related to transfer/discharge, dignity/respect/staff attitudes and failure to respond to requests for assistance. The graphs shown further demonstrate the categories and types of complaints received by ombudsmen.

NUMBER OF VISITS TO NURSING HOMES TWO YEAR COMPARISON





## Categorical Breakdown of Nursing Home Complaints Received by Ombudsman Program in 2017



CATEGORY	TYPE OF COMPLAINT	NUMBER OF COMPLAINTS	TOTAL NUMBER BY CATEGORY
Resident Rights	Abuse, neglect, exploitation	84	1,055
	Access to information	91	
	Admission, transfer, discharge	294	
	Autonomy, choice, preference, privacy	441	
	Financial, property	145	
Resident Care	Care	608	740
	Rehabilitation, Maintenance of Function	126	
	Restraints	6	
Quality of Life	Activities and Social Services	76	436
	Dietary	187	
	Environment	173	
Administration	Policies, Procedures, Attitudes, Resources	26	171
	Staffing	145	
Not Against Facility	Certification/Licensure Agency	23	143
	State Medicaid Agency	15	
	Systems/Others	105	
<b>Total Adult Care Home Complaints</b>			<b>2,545</b>

## Trending Grievance: Transfer/Discharge

One trend that was identified by the program in Federal Fiscal Year 2017 was related to transfer/discharge. The transfer and discharge of residents remains an issue for long-term care in North Carolina, within nursing homes and adult care homes. Some discharges result from resident behaviors, non-payment or when facilities are unwilling to re-admit residents. However, residents have rights during the transfer/discharge process, and there are also rules and regulations that a facility must follow when transferring or discharging a resident. For example, a facility can only transfer or discharge a resident for the following reasons:

- i. The transfer or discharge is necessary for the resident's welfare and the residents' needs cannot be met in the facility
- ii. The transfer or discharge is appropriate because the residents' health has improved sufficiently so the resident no longer needs the services provided by the facility
- iii. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident
- iv. The health of individuals in the facility would otherwise be endangered
- v. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility
- vi. The facility ceases to operate

Before a facility transfers or discharges a resident, the facility must — Notify the resident and the resident's representative(s) of the transfer or discharge, and the reasons for the move in writing at least 30 days before the resident is transferred or discharged. Notice must be made as soon as possible before transfer or discharge when —

- i. The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section

- ii. The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section
- iii. The residents' health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section
- iv. An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section
- v. A resident has not resided in the facility for 30 days

In all cases, and upon the residents' request, regional ombudsmen are available to advocate for residents to ensure the protection of their rights and can assist with the discharge hearing process.



## Ombudsmen in Action: Restoration of Competency

A Regional Ombudsman was contacted by Mr. J, a resident of a nursing home. Mr. J expressed his desire to have his competency restored. Three years prior, Mr. J was in an unfortunate condition, and admitted that he needed a guardian during that time. He was assigned a guardian through the Department of Social Services in the county where he lived. Mr. J explained to the ombudsman the stark difference in his condition at the beginning of his need for a guardian versus his current condition. Since the assignment of a guardian, Mr. J's health and situation had improved tremendously. He was able to manage himself, conduct multiple Bible studies at the facility in which he resided, engage in regular visits with family and friends, and was able to go out into the community and participate at a local high school assisting students.

Upon the first visit with Mr. J, the Regional Ombudsman spoke to him at length about the competency restoration process and advised him that she could not complete the documents for him, but could help explain the process and ensure that he understood what was required. Mr. J understood, so he and the ombudsman began the process by contacting the county Department of Social Services to meet with Mr. J's current guardian and explain his desire to restore competency. At that time, they were notified that the Department of Social Services had no desire to relinquish the guardianship. Mr. J worked diligently to complete the necessary paperwork to file with the clerk of courts, including documents from his physicians and psychologist, who were all in agreement that his competency should be restored.

Once the paperwork was filed, a hearing date was set. The Regional Ombudsman attended the hearing with the resident, along with additional staff from the facility, who were all in support of his competency restoration.

During the court proceedings, Mr. J acknowledged that he had worked to find suitable housing for independent living within the community but needed support from his guardian to secure this. The guardian had denied him any

support and continued to state that they felt he was not competent at that time. During the first appearance in court, the Department of Social Services convinced the court that since the original statements from physicians were not notarized, they were not valid, which prevented the documents from being allowed during the court proceedings. Without this information, the court determined that his competency would not be restored. Mr. J was very upset and discouraged.

However, Mr. J did not give up, and he worked closely with the staff at his facility and the Ombudsman Program to look for alternatives. Through their hard work, it was discovered that Mr. J had a friend who was willing to serve as his guardian and would allow him a little more freedom to live independently in the community. With this information, they petitioned the court to re-assign guardianship from the Department of Social Services to his friend. The Regional Ombudsman attended the second court hearing with Mr. J, where they successfully obtained transfer of guardianship to his friend. Since the re-assignment, Mr. J has been able to move out into the community and is now working with the courts to restore full competency, with the expectation of a successful transition to independence.

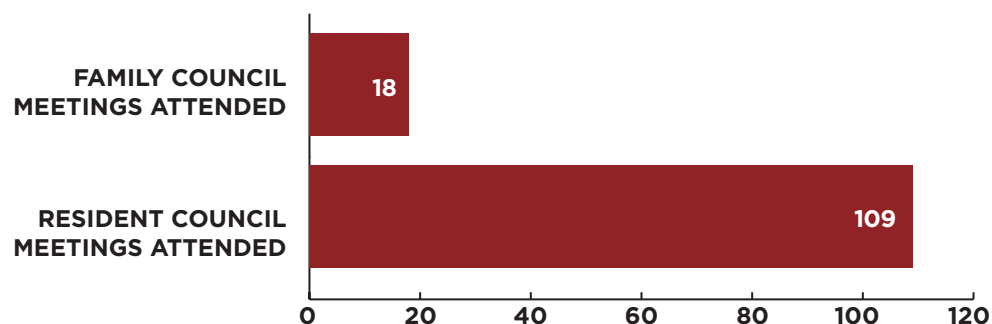
Mr. J stated that without the ombudsman's assistance and direction he never would have been able to get as far as he has in his competency restoration. This case is still ongoing, but no longer with the assistance of the ombudsman since Mr. J has successfully moved out of the long-term care facility. The resident remains in contact with the Regional Ombudsman and keeps her updated on his progress. This case lasted over six months with hundreds of hours of time and effort. The end-result, however, was improved quality of life and the hope of successful restoration of competency for Mr. J.

## Other General Information, Technical Assistance and Training

Another important service provided by the ombudsman program to residents, families, citizens and facility providers is consultation and training. Ombudsmen have in-depth knowledge of how to navigate the system, which includes long-term care, resident rights and advocating for person-centered strategies in problem solving.

### Resident and Family Councils

In Federal Fiscal Year 2017, ombudsmen attended **109 resident council meetings and 18 family council meetings**. Ombudsmen attend these meetings solely at the invitation of the groups, and are typically asked to share information about the ombudsman program and resident rights when they attend.



### Consultation to Residents and Families

At both the state and local level, during Federal Fiscal Year 2017, the ombudsman program provided a total of **5,785 consultations to individuals about long-term care**. The most frequently requested topics were related to consumers **requesting lists of facilities, how to select a facility and resident rights**.

## Provider In-Service Training and Consultations

Ombudsmen are often called on to provide technical assistance and training to facilities about matters of resident rights, quality of life, and other aging issues. In Federal Fiscal Year 2017, ombudsmen provided a total of **2,747 consultations to providers** about a variety of issues. The three most common areas were related to **resident rights, transfer/discharge** and **dealing with difficult resident behaviors**. Additionally, ombudsmen provided 313 provider in-service trainings. The most commonly requested topics were related to **resident rights** and **aging sensitivity**. These trainings reached **5,416 facility staff members**.

## Community Education

Ombudsmen are also called on by various civic organizations, faith groups, and other community organizations to educate citizens about issues facing older adults in long-term care settings. The most frequently requested topics of community education in Federal Fiscal Year 2017 were **elder abuse awareness prevention activities, aging sensitivity training, and the Ombudsman Program**. Regional Ombudsmen spent **2,450 hours** conducting **575 sessions** of community education.



# Elder Abuse Awareness and Prevention Activities

The Long-Term Care Ombudsman Program hosts a variety of community education and outreach sessions across the state specifically designed to educate people about elder abuse. In 2017, ombudsmen conducted **127 sessions of community education** on elder abuse awareness, identification, and prevention. These sessions reached **7,200 community members**.

In addition to these education sessions, ombudsmen seek community collaboration among agencies like long-term care providers, senior centers, faith groups and other community entities to assist with outreach efforts. Often, the ombudsmen participate in multi-disciplinary teams that emphasize elder abuse awareness. The state office continues to oversee the SAFE in LTC Taskforce dedicated to the awareness of crimes committed in long-term care facilities.

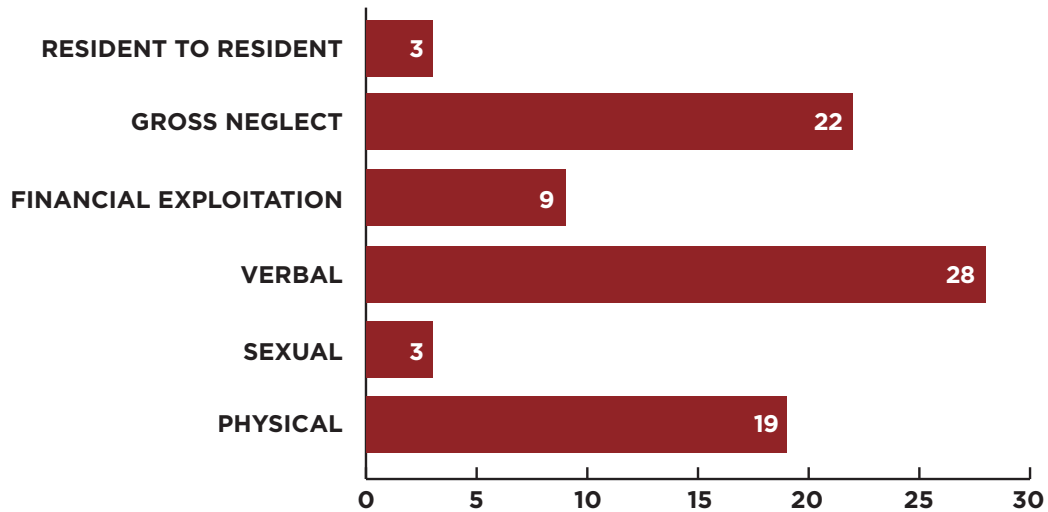
Ombudsmen conducted a total of **30 sessions of provider in-service training** on elder abuse awareness, reaching **801 facility staff members**.

An additional **28 training sessions** were provided to community advisory committees on elder abuse awareness. These sessions reached a total of **126 volunteers**.

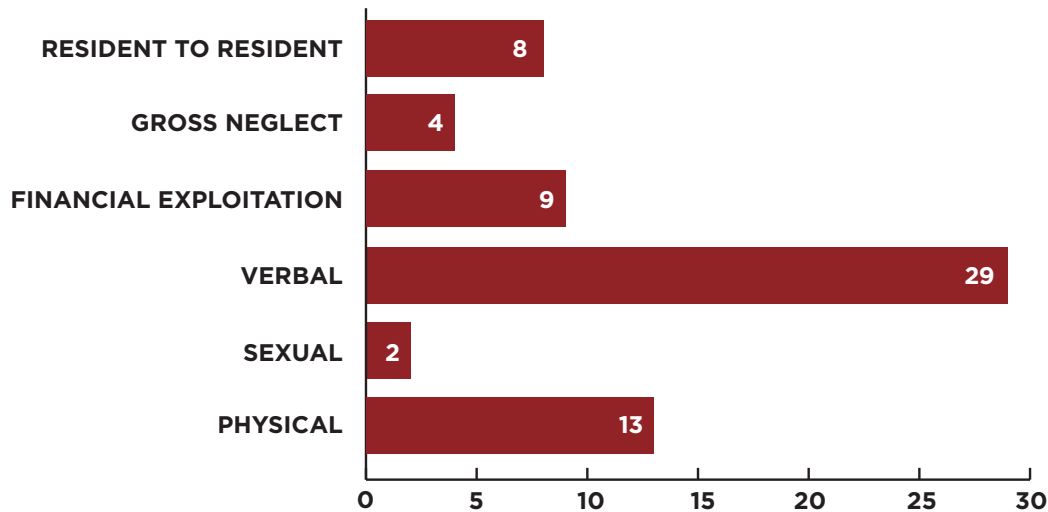
Ombudsmen in North Carolina do not investigate allegations of abuse, neglect or exploitation. However, they can empower and support victims of abuse by encouraging them to self-report and by connecting them with agencies such as local departments of social services, law enforcement and regulatory agencies to have their concerns appropriately addressed.



### FFY 2017 NURSING HOME ABUSE COMPLAINTS



### FFY 2017 ADULT CARE HOME ABUSE COMPLAINTS



## Community Advisory Committees (CAC)

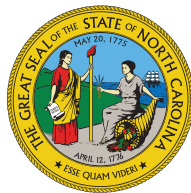
Total Number of CAC Volunteers	Number of Hours Donated by CAC	Number of Miles Driven by CAC
987	29,876	125,303

Close to 1,000 Community Advisory Committee members served the Ombudsman Program in Federal Fiscal Year 2017. Regional ombudsmen are mandated to train committee members before they are appointed by county commissioners to the committee. In accordance with Session Law 2017-103 (House Bill 248), the State Ombudsman must certify and designate committee members upon completion of training by the Regional Ombudsmen.

For this fiscal year, **1,639 hours** were spent on **578 training sessions** to community advisory committees. A total of **2,862 individuals** attended these sessions, which included education for new appointees, as well as required ongoing annual training.

The committees spent **29,876 hours** and drove **125,303 miles** conducting resident visits and performing other mandated duties.





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Aging and  
Adult Services

Roy Cooper, Governor, State of North Carolina

Dr. Mandy K. Cohen, Secretary, Department of Health and Human Services

Joyce Massey-Smith, MPA, Director, Division of Aging and Adult Services

Victor Orija, State Long-Term Care Ombudsman

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