



Larry Hogan | Governor Boyd K. Rutherford | Lt. Governor Rona E. Kramer | Secretary

August 3, 2022

The Honorable Larry Hogan
State House
100 State Circle
Annapolis, Maryland 21401

The Honorable Bill Ferguson
President
Senate of Maryland
State House, H-107
Annapolis, Maryland 21401

The Honorable Adrienne A. Jones
Speaker
Maryland House of Delegates
State House, H-101
Annapolis, Maryland 21401

RE: Report required Human Services § 10-909 HB 536/Ch. 155, 2010; FY2018 The State Long-Term Care Ombudsman Annual Report

Dear Governor Hogan, President Ferguson, and Speaker Jones:

Please find attached the Maryland Department of Aging's The State Long-Term Care Ombudsman Annual Report for fiscal year 2018 pursuant to Human Services § 10-909 HB 536/Ch. 155, 2010.

Do not hesitate to contact Alexandra Baldi, Legislative Liaison, at alexandra.baldi@maryland.gov or (410) 767-1102 with any questions.

Very truly yours,

Rona E. Kramer
Secretary

cc: Sarah Albert, Department of Legislative Services

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor



Rona E. Kramer
Secretary

DEPARTMENT OF AGING

Long-Term Care Ombudsman Program FACT SHEET October 2019

Authority: Annotated Code of Maryland, Human Services Article, Title 10, Subtitle 9;
Older Americans Act, including 42 U.S.C. § 3058g

Protecting the rights and promoting the wellbeing of residents of long-term care facilities

The Ombudsman Program serves 50000+ people in 230 Nursing Homes and 1,553 Assisted Living Facilities through:

- The Office of the State Long-Term Care Ombudsman at the Maryland Department of Aging with a State Ombudsman and Ombudsman Specialist
- 19 Local Offices (32.9 FTEs) located in Area Agencies on Aging
- 126 volunteers (85 designated) donating over 9000 hours

In FY18, the Long-Term Care Ombudsman Program provided:

- | | |
|---------------------------------------|---|
| • 5564 Quarterly Facility visits | • 3712 Complaints addressed |
| • 5302 Consultations to individuals | • 2295 Consultations to facilities |
| • 162 Community Ed. Sessions | • 96 Meetings with family councils |
| • 627 Meetings with resident councils | • 162 Participation in facility surveys |

Sources of complaints:

- | | |
|--|-----------------------|
| • Residents – 39% | • Anonymous – 2% |
| • Relative/Friend – 40% | • Facility/Staff – 9% |
| • Other – Non relative guardian, bankers, clergy, public officials, other agencies | |

Most frequent complaints handled in Nursing Homes:

1. Discharge/eviction – planning, notice, procedures, abandonment
2. Failure to respond to requests for assistance – call bells, etc.
3. Care plan/resident assessment – inadequate, failure to follow plan or physician's orders
4. Dignity, respect – staff attitudes
5. Medications – administration, organization
6. Personal Hygiene – includes nail care and oral hygiene, dressing and grooming
7. Accidents or injury of unknown origin, falls, improper handling
8. Symptoms unattended, including pain, pain not managed, no notice to others of change in condition
9. Exercise preference/choice and/or civil/religious rights, individual's right to smoke and , Assistive devices or equipment
10. Food service – quantity, quality, variation, choice, condiments, utensils, menu

Most frequent complaints handled in Assisted Living Facilities:

1. Discharge/ Eviction Discharge/eviction – planning, notice, procedures, abandonment
2. Medications- administration, organization
3. Dignity, respect – staff attitudes
4. Care plan/resident assessment – inadequate, failure to follow plan or physician's orders
5. Accidents or injury of unknown origin, falls, improper handling, Dignity, respect – staff attitudes
6. Cleanliness, pests, general housekeeping
7. Food service – quantity, quality, variation, choice, condiments, utensils, menu and Personal property lost, stolen, used by others, destroyed, withheld from resident
8. Exercise preference/choice and/or civil/religious rights, individual's right to smoke and Failure to respond to requests for assistance – call bells, etc
9. Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure

Program Information:

The Long-Term Care Ombudsman Program provides individual and systemic advocacy for those who live in nursing home and assisted living facilities. Federal and State laws guide the Program and give it its authority.

The Ombudsman Program works throughout the state and country to protect the rights and promote the wellbeing of residents who are oftentimes medically fragile, vulnerable, and isolated.

All ombudsmen must complete orientation and training, and be free of any conflict of interest. Volunteer ombudsmen are also mentored by an experienced ombudsman to conduct facility visits and receive additional training to resolve complaints before becoming designated.

Ombudsmen throughout the state respond to grievances with the goal to resolve them at the lowest possible level based on the wishes/needs of the resident. Ombudsmen seek to empower residents, their family members, and resident representatives to better understand the long-term care system and address their issues using a variety of strategies. Ombudsmen may act with or on behalf of residents. Actions taken by ombudsmen are guided by the resident or resident representative.

Confidentiality is central to ombudsman work. No names or identifying information are released without permission.

Ombudsmen are proactive, working to prevent neglect, abuse and to promote residents' rights. They provide staff training, educational forums, work with resident and family councils, and are involved in local, county and statewide discussions that address policies related to long-term care.

State Ombudsman Goals:

- 1) Provide the resources needed to ensure that the Maryland Long-Term Care Ombudsman Program is operated consistently with Older American's Act provisions and operating consistently within and between the local ombudsman programs.
- 2) Advocate with and on behalf of Maryland residents who live in long-term care facilities.
- 3) Promote quality of care and quality of life for residents including those with dementia through training, consultations, highlighting successful practices, and public policies that support person-centered care.

This Fact Sheet summarizes the FY18 (October 1, 2017 – September 30, 2018) data submitted to the Administration for Community Living. For more information, contact Stevanne Ellis, State Long-Term Care Ombudsman, stevanne.ellis@maryland.gov, or 1-800-243-3425 (toll free in Maryland) or 410-767-2161.

	A	B
1	Part I - Cases, Complainants and Complaints	
2	A. Cases Opened	
3		
4	Provide the total number of cases opened during reporting period.	1,976
5		
6	<i>Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.</i>	

	A	B	C	D
1	Part I - Cases, Complainants and Complaints			
2	B. Cases Closed, by Type of Facility			
3				
4	Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.			
5	<i>Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.</i>			
6				
7	Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
8				
9	1. Resident	496	131	0
10	2. Relative/friend of resident	523	115	0
11	3. Non-relative guardian, legal representative	15	7	0
12	4. Ombudsman/ombudsman volunteer	17	12	0
13	5. Facility administrator/staff or former staff	107	35	0
14	6. Other medical: physician/staff	13	12	0
15	7. Representative of other health or social service agency or program	23	22	0
16	8. Unknown/anonymous	19	18	0
17	9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	15	19	
18				
19	Total number of cases closed during the reporting period:		1,599	
20				
21	* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated			

	A	B
1	Part I - Cases, Complainants and Complaints	
2	C. Complaints Received	
3		
4	For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	3,712
5		
6		
7	<i>Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.</i>	

A	B	C	D
1	Part I - Cases, Complainants and Complaints		
2	D. Types of Complaints, by Type of Facility		
3			
4	Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.		
5		Nursing Facility	B&C, ALF, RCF, etc.
6	Residents' Rights		
7	A. Abuse, Gross Neglect, Exploitation		
8	1. Abuse, physical (including corporal punishment)	36	15
9	2. Abuse, sexual	11	2
10	3. Abuse, verbal/psychological (including punishment, seclusion)	24	18
11	4. Financial exploitation (use categories in section E for less severe financial complaints)	12	18
12	5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	12	8
13	6. Resident-to-resident physical or sexual abuse	14	4
14	7. Not Used		
15	B. Access to Information by Resident or Resident's Representative		
16	8. Access to own records	14	6
17	9. Access by or to ombudsman/visitors	4	1
18	10. Access to facility survey/staffing reports/license	0	1
19	11. Information regarding advance directive	2	1
20	12. Information regarding medical condition, treatment and any changes	69	15
21	13. Information regarding rights, benefits, services, the resident's right to complain	50	16
22	14. Information communicated in understandable language	4	0
23	15. Not Used		
24	C. Admission, Transfer, Discharge, Eviction		
25	16. Admission contract and/or procedure	7	5
26	17. Appeal process - absent, not followed	10	0
27	18. Bed hold - written notice, refusal to readmit	6	1
28	19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	386	103
29	20. Discrimination in admission due to condition, disability	1	0
30	21. Discrimination in admission due to Medicaid status	2	1
31	22. Room assignment/room change/intrafacility transfer	27	0
32	23. Not Used		
33	D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
34	24. Choose personal physician, pharmacy/hospice/other health care provider	13	3
35	25. Confinement in facility against will (illegally)	13	7
36	26. Dignity, respect - staff attitudes	123	29
37	27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	79	23
38	28. Exercise right to refuse care/treatment	22	5
39	29. Language barrier in daily routine	4	1
40	30. Participate in care planning by resident and/or designated surrogate	15	6
41	31. Privacy - telephone, visitors, couples, mail	28	17
42	32. Privacy in treatment, confidentiality	4	1
43	33. Response to complaints	23	4
44	34. Reprisal, retaliation	10	4
45	35. Not Used		
46	E. Financial, Property (Except for Financial Exploitation)		

A	B	C	D
5		Nursing Facility	B&C, ALF, RCF, etc.
47	36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	35	17
48	37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	36	15
49	38. Personal property lost, stolen, used by others, destroyed, withheld from resident	60	24
50	39. Not Used		
51			
52	Resident Care		
53	F. Care		
54	40. Accidental or injury of unknown origin, falls, improper handling	90	26
55	41. Failure to respond to requests for assistance	171	23
56	42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	140	28
57	43. Contracture	1	0
58	44. Medications - administration, organization	120	36
59	45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	102	18
60	46. Physician services, including podiatrist	40	10
61	47. Pressure sores, not turned	50	6
62	48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	80	18
63	49. Toileting, incontinent care	72	6
64	50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	8	1
65	51. Wandering, failure to accommodate/monitor exit seeking behavior	5	8
66	52. Not Used		
67	G. Rehabilitation or Maintenance of Function		
68	53. Assistive devices or equipment	79	8
69	54. Bowel and bladder training	0	1
70	55. Dental services	13	0
71	56. Mental health, psychosocial services	3	4
72	57. Range of motion/ambulation	14	1
73	58. Therapies - physical, occupational, speech	62	1
74	59. Vision and hearing	7	0
75	60. Not Used		
76	H. Restraints - Chemical and Physical		
77	61. Physical restraint - assessment, use, monitoring	5	2
78	62. Psychoactive drugs - assessment, use, evaluation	3	1
79	63. Not Used		
80			
81	Quality of Life		
82	I. Activities and Social Services		
83	64. Activities - choice and appropriateness	26	9
84	65. Community interaction, transportation	17	8
85	66. Resident conflict, including roommates	22	9
86	67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	26	1
87	68. Not Used		
88	J. Dietary		
89	69. Assistance in eating or assistive devices	26	3
90	70. Fluid availability/hydration	20	1
91	71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	77	24

A	B	C		D	
		Nursing Facility		B&C, ALF, RCF, etc.	
5					
92	72. Snacks, time span between meals, late/missed meals	8		6	
93	73. Temperature	7		3	
94	74. Therapeutic diet	22		3	
95	75. Weight loss due to inadequate nutrition	13		1	
96	76. Not Used				
97	K. Environment				
98	77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	18		12	
99	78. Cleanliness, pests, general housekeeping	39		25	
100	79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	34		19	
101	80. Furnishings, storage for residents	11		7	
102	81. Infection control	8		2	
103	82. Laundry - lost, condition	24		4	
104	83. Odors	8		2	
105	84. Space for activities, dining	0		0	
106	85. Supplies and linens	9		2	
107	86. Americans with Disabilities Act (ADA) accessibility	5		4	
108					
109	Administration				
110	L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)				
111	87. Abuse investigation/reporting, including failure to report	1		1	
112	88. Administrator(s) unresponsive, unavailable	9		6	
113	89. Grievance procedure (use C for transfer, discharge appeals)	6		3	
114	90. Inappropriate or illegal policies, practices, record-keeping	9		13	
115	91. Insufficient funds to operate	0		0	
116	92. Operator inadequately trained	0		0	
117	93. Offering inappropriate level of care (for B&C/similar)	1		1	
118	94. Resident or family council/committee interfered with, not supported	0		1	
119	95. Not Used				
120	M. Staffing				
121	96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	7		1	
122	97. Shortage of staff	31		8	
123	98. Staff training	13		10	
124	99. Staff turn-over, over-use of nursing pools	3		1	
125	100. Staff unresponsive, unavailable	39		11	
126	101. Supervision	3		6	
127	102. Eating Assistants	1		0	
128					
129	Not Against Facility				
130	N. Certification/Licensing Agency				
131	103. Access to information (including survey)	0		0	
132	104. Complaint, response to	0		0	
133	105. Decertification/closure	0		3	
134	106. Sanction, including Intermediate	1		1	
135	107. Survey process	0		0	
136	108. Survey process - Ombudsman participation	0		0	
137	109. Transfer or eviction hearing	2		0	
138	110. Not Used				

	A	B	C	D
5			Nursing Facility	B&C, ALF, RCF, etc.
139	O. State Medicaid Agency			
140		111. Access to information, application	10	3
141		112. Denial of eligibility	7	3
142		113. Non-covered services	1	0
143		114. Personal Needs Allowance	2	0
144		115. Services	4	2
145		116. Not Used		
146	P. System/Others			
147		117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	1	2
148		118. Bed shortage - placement	1	0
149		119. Facilities operating without a license	0	2
150		120. Family conflict; interference	14	14
151		121. Financial exploitation or neglect by family or other not affiliated with facility	5	5
152		122. Legal - guardianship, conservatorship, power of attorney, wills	13	9
153		123. Medicare	5	2
154		124. Mental health, developmental disabilities, including PASRR	1	1
155		125. Problems with resident's physician/assistant	2	2
156		126. Protective Service Agency	0	0
157		127. SSA, SSI, VA, Other Benefits/Agencies	12	6
158		128. Request for less restrictive placement	21	4
159	Total, categories A through P		2,866	835
160				
161	Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)			
162		129. Home care	1	
163		130. Hospital or hospice	2	
164		131. Public or other congregate housing not providing personal care	0	
165		132. Services from outside provider (see instructions)	8	
166		133. Not Used		
167	Total, Heading Q.		11	
168				
169	Total Complaints*		3,712	
170				
171	* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)			

	A	B	C	D	E	F
1	Part I - Cases, Complainants and Complaints					
2	E. Action on Complaints					
3						
4	Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.					
5				Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
6	1. Complaints which were verified:			2,182	617	0
7						
8	<i>Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.</i>					
9						
10	2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:					
11		a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section) <input type="checkbox"/>		2	2	0
12		b. Which were not resolved* to satisfaction of resident or complainant <input type="checkbox"/>		261	72	0
13		c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation <input type="checkbox"/>		214	92	0
14		d. Which were referred to other agency for resolution and: <input type="checkbox"/>				
15		1) report of final disposition was not obtained		52	76	0
16		2) other agency failed to act on complaint		1	1	0
17		3) agency did not substantiate complaint		23	6	0
18		e. For which no action was needed or appropriate <input type="checkbox"/>		347	94	0
19		f. Which were partially resolved* but some problem remained <input type="checkbox"/>		655	170	11
20		g. Which were resolved* to the satisfaction of resident or complainant		1,311	322	0
21						
22	Total, by type of facility or setting			2,866	835	11
23						
24	Grand Total (Same number as that for total complaints on pages 1 and 7)					3,712
25						
26	<i>* Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.</i>					
27						
28	3. Legal Assistance/Remedies (Optional) - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.					
29						
30						

1	Part I - Cases, Complainants and Complaints
2	F. Complaint Description (Optional):
3	
4	Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.
5	
6	<p>A resident with a history of a traumatic brain injury (TBI) and a stroke received an involuntary discharge letter from a nursing home. The discharge notice was issued because the facility's administrator stated that the resident continued to violate the smoking policy. Neurological deficits made it difficult for the resident to write and speak clearly and affected the resident's memory and overall cognition. A family member was involved and had been looking for several months for a facility that had programs for younger individuals with a history of a neurological diagnosis. The family believed that their loved one was not intentionally "a rule-breaker," but due to this brain injury, the resident developed, "an automatic rebellious side." The resident and family wanted to stay at the facility until the Maryland traumatic brain injury waiver process was completed.</p> <p>The ombudsman requested both a mediation and hearing to the Office of Administrative Hearings to advocate for the resident's right to stay at the facility. Planning was done with the resident, the family, the nursing home's social worker and traumatic brain injury waiver employees assisting in this case. The goal was discharge to a traumatic brain injury group home.</p> <p>Before the involuntary discharge letter hearing, the ombudsman was informed that the resident had been approved for the brain injury waiver and was being transferred to a traumatic brain injury group home. After the planned discharge, the resident's family member said the resident was very happy to have a private room in a "better setting for his needs." Timing was important in the sequence of events and partnering with agencies on the behalf of the resident. It is a privilege to assist and empower residents to make choices and improve their quality of care and life in many ways including a successful discharge. Follow-up phone calls made by the ombudsman to the resident and the family. The resident is doing well, and is pleased with the new home.</p>

	A
1	Part II - Major Long-Term Care Issues
2	<p>A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem and barriers to resolution, and b) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State. Examples of major long-term care issues may include facility closures, planning for alternatives to institutional care, transition of residents to less restrictive settings, etc.</p>
3	
4	<p>Substance use disorder is a rapidly growing public health problem in our state. Most long-term care facilities do not have on-site treatment programs, policies, or person-centered planning processes for the assessment and development of services related to substance use disorder. Nursing home and assisted living residents have a right to quality care and access to services regardless of their diagnosis.</p> <p>Providing care to residents with substance use disorders can be complex especially if the facility staff has little or no specialized substance use disorder training. The facilities need staff training, protocols for treatment, and involvement with an interdisciplinary team with expertise in substance use disorders and mental health to safeguard residents from the negative health outcomes associated with substance use disorders.</p> <p>Statewide training should be required for all long-term care providers and staff to increase their knowledge of the correlation between substance use and mental health issues. This training should include person-centered assessment and planning, treatment options, and an interdisciplinary team approach. This training should discuss the importance of care plan meetings. Care plan meetings should include the resident, significant others, and the interdisciplinary team to help the resident have successful outcomes and to reach individualized goals.</p> <p>Long-term care facilities should receive reimbursement for specialized care units, staff, and counseling for this specialized population of residents. It is further recommended that the treatment be connected to community programs to assist residents with their transition home. This will hopefully lead to the prevention of negative outcomes for long-term care residents including decreasing readmission rates to the hospital.</p>

	A	B	C	D
1	Part III - Program Information and Activities			
2	A. Facilities and Beds:			
3	<p>ALERT: AoA recommends that your program regularly enter into your data collection system all licensed facilities and beds in your state covered by your program and keep this information updated. In the event this is not being done in your program, the totals for Part III.A should be obtained from an outside source, such as the state licensing agency, and entered into the ORT manually.</p>			
4	1. How many nursing facilities are licensed in your State?			230
5	2. How many beds are there in these facilities?			27,902
6	3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.			
7	no change			
8				
9		a) How many of the board and care and similar adult care facilities described above are regulated in your State?		1,553
10		b) How many beds are there in these facilities?		22,872

	A	B	C	D	E
1	Part III - Program Information and Activities				
2	B. Program Coverage				
3					
4	Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.				
5					
6	B.1. Designated Local Entities				
7					
8	Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:				
9					
10	Local entities hosted by:				
11		Area agency on aging		19	
12		Other local government entity			
13		Legal services provider			
14		Social services non-profit agency			
15		Free-standing ombudsman program			
16		Regional office of State ombudsman program			
17		Other; specify:			
18					
19					
20	Total Designated Local Ombudsman Entities			19	
21					
22	B.2. Staff and Volunteers				
23					
24	Provide numbers of staff and volunteers, as requested, at state and local levels.				
25		Type of Staff	Measure	State Office	Local Programs
26		Paid program staff	FTEs	2.00	32.90
27			Number people working full-time on ombudsman program	2	24
28		Paid clerical staff	FTEs	0.00	2.00
29		Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	1	84
30		Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	110	9,567
31	Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.				
32		Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	41
33					
34	B.3. Organizational Conflict of Interest				
35					

	A	B	C	D	E
36	Provide a description of any organizational conflicts of interest identified and steps taken by the State agency and the Ombudsman to remedy or remove identified conflicts; indicate (a) the type of conflict as described in 45 CFR §1324.21and Section 712 (f)(2)of the Older Americans Act; or a brief description of other conflicts of interest that may impact the effectiveness and credibility of the work of the Office (b) indicate if the conflict was at the State Office or at a local Ombudsman entity or both (c) provide a description of steps taken to remedy or remove each conflict of interest. If no conflicts were identified among the state Office or local Ombudsman entitie s, where applicable, write that none were identified.				
37					
38	Location of Conflict Identified at:		State & Local		
39					
40	I certify that have reviewed the organization conflicts of interest in my state Ombudsman program and report no changes in organization conflicts or the remedies previously implemented				
41					
42	For subsequent reporting years:				
43	Yes	I certify that I have reviewed the organization conflicts of interest in my state Ombudsman program and report no changes in organization conflicts or the remedies previously implemented			

	A	B	C	D
1	Part III - Program Information and Activities			
2	C. Program Funding			
3				
4	Provide the amount of funds expended during the fiscal year from each source for your statewide program:			
5				
6	Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman			\$290,505
7	Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention			\$78,087
8	Federal - OAA Title III provided at State level			\$125,000
9	Federal - OAA Title III provided at AAA level			\$226,799
10	Other Federal; specify:			\$0
11				
12	State funds			\$1,438,985
13	Local; specify:			\$915,454
14	county funds			
15				
16	Total Program Funding			\$3,074,830

	A	B	C	D
1	Part III - Program Information and Activities			
2	D. Other Ombudsman Activities			
3				
4	Provide below and on the next page information on ombudsman program activities other than work on complaints.			
5				
6	Activity	Measure	State	Local
7		Number sessions	22	117
8		Number hours	140	1,752
9		Total number of trainees that attended any of the training sessions above (duplicated count)	844	818
10	1. Training for ombudsman staff and volunteers		ombudsman services	ombudsman services
11		3 most frequent topics for training	ombudsman training and regulations	advocacy
12			advocacy	regulations
13	2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	40	10
14		Number sessions	2	47
15			ombudsman services	resident's rights
16	3. Training for facility staff	3 most frequent topics for training	resident's rights	elder abuse/adult protections
17			regulations	ombudsman services
18			ombudsman services	care issues in long-term care
19	4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	care issues in long-term care	discharge notices/discharge issues
20			care planning/service planning	behaviors
21		Number of consultations	17	2,278

	A	B	C	D
6	Activity	Measure	State	Local
22			ombudsman services	ombudsman services
23	5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	care issues in long-term care	care issues in long-term care
24			licensing and regulations/survey	discharge notices/discharge issues
25		Number of consultations	197	5,115
26	6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	0	230
27		Number Board and Care (or similar) facilities visited (unduplicated)	0	1,161
28	7. Participation in Facility Surveys	Number of surveys	1	161
29	8. Work with resident councils	Number of meetings attended	0	627
30	9. Work with family councils	Number of meetings attended	2	94
31	10. Community Education	Number of sessions	6	156
32			ombudsman services	care issues in long-term care
33		3 most frequent topics		elder abuse/financial exploitation
34	11. Work with media			ombudsman services
35		Number of interviews/discussions	1	10
36		Number of press releases	0	16
37	12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	35	5

	A	B	C	D
6	Activity	Measure	State	Local
38	* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."			