Martin J. O'Malley
Governor

Anthony G. Brown
Lt. Governor

Gloria Lawlah
Secretary

MARYLAND
DEPARTMENT OF AGING
Choice, Independence and Dignity

July 21, 2014

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House, H-107
Annapolis, MD 21401 - 1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401 - 1991

RE: MSAR Article 8077, HU § 10-909, HB536/Ch 155, 2010; 2011 Annual Report for the State Long-Term Care Ombudsman Program

Dear President Miller and Speaker Busch:

Enclosed is the Annual State Long-Term Care Ombudsman Report submitted to the Administration for Community Living (ACL) that serves as the Annual Report for 2011. Also enclosed is the Ombudsman Fact sheet that summarizes the data for FY11.

The Long-Term Care Ombudsman Program continues to serve those who live in Maryland's nursing homes and assisted living facilities, protecting their rights as well as promoting quality of care and quality of life.

Please contact Donna DeLeno Neuworth, Legislative Liaison at 410-767-1097, donna.delenoneuworth@maryland.gov or Alice H. Hedt, State Long-Term Care Ombudsman at 410-767-1108, alice.hedt@maryland.gov if you would like additional information.

Sincerely,

Gloria G. Lawlah
Secretary

cc: Sarah Albert, Department of Legislative Services

301 West Preston Street • Suite 1007 • Baltimore, Maryland 21201-2374
Local: 410-767-1100 • Toll Free: 1-800-243-3425 • TTY users call via Maryland Relay
Fax: 410-333-7943 • www.aging.maryland.gov

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Long Term Care Ombudsman Program
FACT SHEET May 2012

Authority: Annotated Code of Maryland, *Title 10 – Human Services – Sections 212-214*
Older Americans Act, including the requirements of 42 U.S.C. § 3058G

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

The Ombudsman Program serves 47,000+ people in 234 Nursing Homes and 1365 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 Programs (37 FTEs) located in Area Agencies on Aging
- 122 volunteers contributing $510,409 worth of time

In FY12, the Long Term Care Ombudsman Program provided:

- 11000+ Facility visits
- 10459 Consultations to individuals
- 341 Community Ed. Sessions
- 462 Meetings with resident councils
- 2392 Complaints addressed
- 4827 Consultations to facilities
- 246 Meetings with family councils
- Participation in 246 Nursing Home surveys

Sources of complaints:

- Residents - 39%
- Relative/ Friends - 32%
- Anonymous - 8%
- Facility /Staff - 4%

Most frequent complaints handled in Nursing Homes:

1. Discharge/eviction – planning, notice, procedures, abandonment
2. Care Plan/resident assessment – inadequate, failure to follow plan or physician's orders
3. Dignity, respect- staff attitudes
4. Accident or injury of unknown origin – falls, improper handling, etc.
5. Failure to respond to requests for assistance – call bells, etc.
6. Medications- administration, organization
7. Personal Hygiene - includes nail care and oral hygiene, dressing and grooming
8. Exercise preference/choice and or/ civil/religious rights, individual rights to smoke

Most frequent complaints handled in Assisted Living Facilities:

1. Medications- administration, organization
2. Discharge/ Eviction Discharge/eviction – planning, notice, procedures, abandonment
3. Billing/charges-notice, approval, questionable accounting wrong or denied
4. Physical Abuse
5. Dignity, respect – staff attitudes
6. Exercise preference/choice and or/ civil/religious rights, individual rights to smoke
7. Equipment/building-disrepair, hazard, poor lighting, fire safety, not secure
8. Food service – quantity, quality, variation, choice, condiments, utensils, menu

Program Improvements:

MDoA retained independent, national experts to thoroughly examine the Ombudsman Program and offer recommendations for improvement. Since the completion of the report in 2009, MDoA has undertaken a significant retooling of the Long Term Care Ombudsman Program. While more work remains to be done, there has been measurable progress toward improving and enhancing this program. Accomplishments include:

- The passage of legislation submitted by the Department to align the federal and State Ombudsman statutes,
- Hiring of a new State Ombudsman and Ombudsman Specialist (a new professional position in the Office of the State Long Term Care Ombudsman),
- Orientation of all local Ombudsmen and volunteers,
- Establishment of a Stakeholder's Group to provide input on barriers and strategies and a Coordination Team to provide ground level guidance,
- State Ombudsman involvement in statewide groups addressing long term care issues,
- Implementation of a workload-based funding formula to allocate local ombudsman funds based on number of nursing homes, number of facility beds, and geographic size of the local program, and
- Development of a strategic plan that focuses on strengthening the program infrastructure in 2011/2012 and expanding the volunteer component in 2013.

State Ombudsman Goals:

1) Provide the resources needed to ensure that the Maryland Long Term Care Ombudsman Program is operated consistently with the Older American's Act provisions and to ensure consistency within and between the local ombudsman programs.
2) Advocate with and on behalf of Maryland residents who live in long term care facilities.

This Fact Sheet summarizes FY11 data submitted to the Administration on Aging. For more information contact Alice H. Hedt, State Long Term Care Ombudsman, ahedt@ooa.state.md.us, 1-800-243-3425 (toll free in Maryland) or 410-767-1100.

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Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.	1,378

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.

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.

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.

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	440	101	2
2. Relative/friend of resident	361	90	0
3. Non-relative guardian, legal representative	13	4	0
4. Ombudsman/ombudsman volunteer	98	44	1
5. Facility administrator/staff or former staff	47	7	0
6. Other medical: physician/staff	16	8	0
7. Representative of other health or social service agency or program	30	16	0
8. Unknown/anonymous	69	40	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	3	9	0

Total number of cases closed during the reporting period: 1,399

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part I - Cases, Complainants and Complaints

C. Complaints Received

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	2,392

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.

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part I - Cases, Complainants and Complaints

D. Types of Complaints, by Type of Facility

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.

Residents' Rights	Nursing Facility	B&C, ALF, RCF, etc.
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	30	22
2. Abuse, sexual	7	4
3. Abuse, verbal/psychological (including punishment, seclusion)	24	11
4. Financial exploitation (use categories in section E for less severe financial complaints)	4	3
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	20	10
6. Resident-to-resident physical or sexual abuse	10	2
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	11	4
9. Access by or to ombudsman/visitors	2	3
10. Access to facility survey/staffing reports/license	0	2
11. Information regarding advance directive	2	0
12. Information regarding medical condition, treatment and any changes	34	5
13. Information regarding rights, benefits, services, the resident's right to complain	14	10
14. Information communicated in understandable language	2	0
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	3	7
17. Appeal process - absent, not followed	8	1
18. Bed hold - written notice, refusal to readmit	8	0
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonme	343	36
20. Discrimination in admission due to condition, disability	0	0
21. Discrimination in admission due to Medicaid status	0	0
22. Room assignment/room change/intrafacility transfer	18	3
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	8	3
25. Confinement in facility against will (illegally)	14	4
26. Dignity, respect - staff attitudes	77	21
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	56	21
28. Exercise right to refuse care/treatment	18	6
29. Language barrier in daily routine	1	1
30. Participate in care planning by resident and/or designated surrogate	11	0
31. Privacy - telephone, visitors, couples, mail	14	13
32. Privacy in treatment, confidentiality	2	3
33. Response to complaints	24	2
34. Reprisal, retaliation	6	3
35. Not Used		

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

E. Financial, Property (Except for Financial Exploitation)		
36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	32	22
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	13	15
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	38	11
39. Not Used		
Resident Care		
F. Care		
40. Accidental or injury of unknown origin, falls, improper handling	77	15
41. Failure to respond to requests for assistance	74	14
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	89	17
43. Contracture	2	0
44. Medications - administration, organization	70	36
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	56	10
46. Physician services, including podiatrist	15	1
47. Pressure sores, not turned	26	5
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	38	11
49. Toileting, incontinent care	36	7
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced us	12	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	7	5
52. Not Used		
G. Rehabilitation or Maintenance of Function		
53. Assistive devices or equipment	34	2
54. Bowel and bladder training	2	0
55. Dental services	5	0
56. Mental health, psychosocial services	1	0
57. Range of motion/ambulation	11	0
58. Therapies - physical, occupational, speech	24	1
59. Vision and hearing	4	3
60. Not Used		
H. Restraints - Chemical and Physical		
61. Physical restraint - assessment, use, monitoring	5	1
62. Psychoactive drugs - assessment, use, evaluation	0	2
63. Not Used		
Quality of Life		
I. Activities and Social Services		
64. Activities - choice and appropriateness	9	10
65. Community interaction, transportation	14	10
66. Resident conflict, including roommates	26	10
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	5	1
68. Not Used		
J. Dietary		
69. Assistance in eating or assistive devices	14	3
70. Fluid availability/hydration	16	2

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71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	17	18
72. Snacks, time span between meals, late/missed meals	2	3
73. Temperature	6	1
74. Therapeutic diet	11	3
75. Weight loss due to inadequate nutrition	4	2
76. Not Used		
K. Environment		
77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noi	17	14
78. Cleanliness, pests, general housekeeping	10	11
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	24	21
80. Furnishings, storage for residents	5	4
81. Infection control	5	2
82. Laundry - lost, condition	7	0
83. Odors	7	3
84. Space for activities, dining	0	0
85. Supplies and linens	3	3
86. Americans with Disabilities Act (ADA) accessibility	0	0
Administration		
L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)		
87. Abuse investigation/reporting, including failure to report	6	1
88. Administrator(s) unresponsive, unavailable	10	5
89. Grievance procedure (use C for transfer, discharge appeals)	4	0
90. Inappropriate or illegal policies, practices, record-keeping	12	8
91. Insufficient funds to operate	3	0
92. Operator inadequately trained	1	0
93. Offering inappropriate level of care (for B&C/similar)	0	0
94. Resident or family council/committee interfered with, not supported	0	0
95. Not Used		
M. Staffing		
96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	1	2
97. Shortage of staff	9	10
98. Staff training	6	12
99. Staff turn-over, over-use of nursing pools	0	1
100. Staff unresponsive, unavailable	23	3
101. Supervision	3	2
102. Eating Assistants	0	0
Not Against Facility		
N. Certification/Licensing Agency		
103. Access to information (including survey)	0	0
104. Complaint, response to	1	1
105. Decertification/closure	0	5
106. Sanction, including Intermediate	0	0
107. Survey process	0	1
108. Survey process - Ombudsman participation	0	1
109. Transfer or eviction hearing	0	2

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

110. Not Used		
O. State Medicaid Agency		
111. Access to information, application	9	1
112. Denial of eligibility	17	3
113. Non-covered services	2	1
114. Personal Needs Allowance	0	1
115. Services	3	0
116. Not Used		
P. System/Others		
117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	3	2
118. Bed shortage - placement	0	0
119. Facilities operating without a license	0	1
120. Family conflict; interference	5	3
121. Financial exploitation or neglect by family or other not affiliated with facility	10	3
122. Legal - guardianship, conservatorship, power of attorney, wills	8	3
123. Medicare	3	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	3	0
126. Protective Service Agency	2	1
127. SSA, SSI, VA, Other Benefits/Agencies	2	6
128. Request for less restrictive placement	18	1
Total, categories A through P	1,808	579

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)	
129. Home care	1
130. Hospital or hospice	1
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	3
133. Not Used	
Total, Heading Q.	5

Total Complaints*	2,392

* (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.)

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part I - Cases, Complainants and Complaints

E. Action on Complaints

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.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	1,340	404	4

Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	2	0	0
b. Which were not resolved* to satisfaction of resident or complainant	120	40	2
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	91	29	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	97	86	1
2) other agency failed to act on complaint	6	0	0
3) agency did not substantiate complaint	67	15	0
e. For which no action was needed or appropriate	81	43	0
f. Which were partially resolved* but some problem remained	327	77	0
g. Which were resolved* to the satisfaction of resident or complainant	1,017	289	2
Total, by type of facility or setting	1,808	579	5

Grand Total (Same number as that for total complaints on pages 1 and 7 2,392

** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

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.

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part I - Cases, Complainants and Complaints

F. Complaint Description (Optional):

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.

The following complaint illustrates several trends that we have seen in Maryland ombudsman cases including:
•The Ombudsman Program is able to address very complex cases involving many facets for consideration that other programs do not have the capacity to address
•Volunteer Ombudsmen play a critical role in resident visitation and complaint resolution
•Older adults can face sudden changes in their lives that result in unplanned NH placement
•Lack of clarity in PoA results in serious issues for elders
•Residents are misdiagnosed and placed in a dementia unit when their confusion could have been from delirium or the result of a treatable illness
•Medication mismanagement impacts the resident's decision making skills leaving the resident vulnerable to well intentioned persons making decisions that are not consistent with the resident's wishes/values
•Facilities may not have carefully reviewed the documents related to the resident's legal representatives
•Concerned citizens can connect residents with ombudsman program services so that the resident's issues can be addressed

One of the more interesting cases this year involved an older adult who had been displaced during Hurricane Irene from another state. During the evacuation, the elder and life-partner of many years travelled to Maryland for safety reasons. The elder was hospitalized suddenly and placed in a nursing home setting in for rehabilitation. A family member contacted the ombudsman program stating that the nursing home had placed the resident inappropriately in a dementia unit. A citizens' advocacy group also contacted the ombudsman program through the State Ombudsman regarding inaccurate medication management during weekend hours that impacted the resident's capacity to make decisions. A family member who claimed to have PoA insisted the resident stay in this state and not return home.

The ombudsman program manager successfully advocated over the weekend for appropriate medication management so that the resident who had Parkinson's Disease could be more alert. The volunteer ombudsman assigned to the facility followed-up with a visit to the resident. Even though statements in the medical record questioned the decision making capacity of the resident, the resident was able to communicate clearly and was adamant that going back to their home in the state they had lived for many years with their life partner was their goal.

The volunteer ombudsman challenged the validity of the PoA, and the authority of the children to make any decisions regarding long term care in Maryland when the resident was clearly stating a desire to return to the home state. Ultimately, the needed two physician statements verifying incapacity for decision making could not be obtained, despite the facility's attempts to have them on record. The regulatory agency responded to a complaint, but was unable to substantiate medication management deficiencies, but did cite resident rights tags. The ombudsman intervention brought the family together for discussion with the resident. A plan was developed for the life partner to apply as the resident's representative so that aging services could be obtained in the home state. The ombudsman volunteer coached the resident, family, and the life partner in matters which would have a positive outcome that respected the resident's right to make decisions. It was determined that the "PoA" did not have the legal authority to make decisions for the resident. The facility realized that the resident did not have dementia and began to treat the resident appropriately. The resident returned to the home state, to live with the life partner and receive at-home health services.

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part II - Major Long-Term Care Issues

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.

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

STATE ISSUES

I. Lack of Mental Health Resources

a) Problem- The lack of mental health resources available in Maryland is a major systemic issue. There is a lack of mental health providers available to residents which overall affects the availability of services. While some NH and AL providers focus on residents who have mental health issues and/or are homeless, they too often do not have the expertise to provide adequate care and services.

The ombudsman program receives numerous concerns from family members who have a loved one in a facility with behavioral problems as well as from residents themselves who are very upset with the care being provided. Whether the diagnosis is dementia or rooted in a serious mental health illness, when an individual's behavior becomes too overwhelming for the staff at a facility to handle there are not many alternatives available. If challenging behaviors cannot be fixed with a medication change in the ED, most often these individuals are issued an involuntary discharge notice in hopes of seeking placement for them outside the county to a gero-psychiatric unit elsewhere. Families are then burdened with making the choice of sending their loved one hours away or trying to provide care for themselves. Many families do not have the means to provide the care to their loved one who also has serious medical needs and are left with no other choice than to send them to a more specialized facility elsewhere. Even worse, residents are sent to poor performing facilities that have openings and will take any resident with a pay source.

One reason, this population receives poor care is due to the facility not creating an individualized care plan upon admission that takes into account the mental health issues and how they affect the resident's ability to be successful at the nursing home. The LTC facility often has a difficult time delivering care that offers a strong hands -on care plan that includes more than medication therapy for mental health. The facilities also struggle with building networks outside the facility which would increase a team approach for the benefit of the resident. Lastly, the continuing education provided to staff to work with this population, needs to be enhanced which will allow the staff to stay abreast of current trends and tools in the industry

b) Possible Solutions could include: 1 - A statewide initiative to increase the number and availability of mental health providers including a "response team" that could be available around the clock to assist facilities in handling emergencies. 2 - Training on and utilization of care planning techniques focusing on the behaviors and needs of those with mental illness. 3 - Specialized facilities developed to focus on those with mental health issues including facilities that implement a full culture change model.

II. Long Term care (LTC) facilities focusing on short term rehab and limiting long term care availability

a) Problem- In several places in the state, residents (current and potential) were being told that the facility was focusing on short term rehabilitation only and not offering or going to discontinue long term care, even though the facility is dually licensed for Medicaid and Medicare recipients. This causes a sense of fear for residents and resulted in some residents being placed in facilities far from their homes. If residents are currently at the nursing home, family members wonder can if they can stay at the facility and how their care will be and what their future will hold. It also forces potential residents to narrow their long term care search as well as reduces the pool of quality long term care facilities to choose from. Because the resident/family may not know about their right to a discharge notice, there is great concern about what will happen to the resident.

It appeared that some providers were using this language especially with residents who were hard to care for or who had behavioral problems, or because the facility felt the family member was too demanding.

b) Ombudsman Solutions: The ombudsmen raised this issue with the State Ombudsman and statewide stakeholders which resulted in the Medicaid office looking into the details of the provider contracts. These contracts require facilities to request contract changes with the Maryland Health Care Commission before making significant changes. Ombudsmen were educated about this requirement and began to discuss it with facilities when residents/families said the facility implied or said that they could no longer receive typical long term care services in the future. The stakeholders' discussion of this topic brought it to the attention of the key agencies in Maryland involved in long term care. Ombudsmen now report that fewer facilities are telling residents/families that the resident cannot stay. While the changes in Medicare funding impacted the providers, the awareness across the state in the provider and ombudsman networks has certainly also impacted this practice.

III. Pressure Sores

a) Problem - Pressure sore rates in Maryland Nursing Homes are very high and ombudsman have been reporting complaints about pressure sores in assisted living facilities. There is concern about some AL providers being unable to appropriately care for level 3 AL residents who may have pressure sores.

b) Solutions - Ombudsmen have been trained by the QIO in pressure sore identification and prevention. Facilities have been encouraged by the ombudsmen and through other mechanisms to join the Advancing Excellence Campaign to address the high pressure sore rates. The QIO was asked to testify before the NH Oversight Committee to bring attention to this issue. Ombudsmen have encouraged AL providers to get training on pressure sore prevention. Consumer Fact Sheets on Pressure Sores were distributed by ombudsmen. The State Ombudsman, local ombudsmen, and stakeholders will continue to monitor this situation with a special focus on trying to impact AL facilities. The ombudsman program will continue to work on this issue systemically until the pressure sore rate declines significantly.

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part III - Program Information and Activities

A. Facilities and Beds:

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.

1. How many nursing facilities are licensed in your State?	234
2. How many beds are there in these facilities?	27,793

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.

NO CHANGE

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	1,365
b) How many beds are there in these facilities?	19,704

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part III - Program Information and Activities

B. Program Coverage

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.

B.1. Designated Local Entities

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:

Local entities hosted by:

Area agency on aging	19
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities	19

B.2. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	2.00	35.00
	Number people working full-time on ombudsman program	2	22
Paid clerical staff	FTEs	0.00	4.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	0	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer	0	0
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.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	1	121

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part III - Program Information and Activities

C. Program Funding

Provide the amount of funds expended during the fiscal year from each source for your statewide program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	$294,847
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Preventior	$76,986
Federal - OAA Title III provided at State level	$125,000
Federal - OAA Title III provided at AAA level	$172,261
Other Federal; specify:	$0
State funds	$1,307,727
Local; specify:	$414,490
County Funds	
Total Program Funding	$2,391,311

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

Part III - Program Information and Activities

D. Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complaints.

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	18	173
	Number hours	80	578
	Total number of trainees that attended any of the training sessions above (duplicated count)	610	1,840
	3 most frequent topics for training	Ombudsman Program Orientation	Ombudsman Program Orientation
		Long Term Care Issues	Behaviors
		Ethics	Legal
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	40	20
3. Training for facility staff	Number sessions	0	132
	3 most frequent topics for training		Residents' Rights
			Role of the Ombudsman
			Elder Abuse
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Residents' Rights	Care Issues in LTC
		Ombudsman Program Services	Assisted Living
		Culture Change	Discharge notices
	Number of consultations	4	4,823

Agency or organization which sponsors the State Ombudsman Program: MDOA State Wide Report FY 11

5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Care issues in LTC	Care Issues in LTC
		Caring for Aging Parents	Choice Options
		Complaint process	Assisted Living
	Number of consultations	705	9,754
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	0	227
	Number Board and Care (or similar) facilities visited (unduplicated)	0	309
7. Participation in Facility Surveys	Number of surveys	1	245
8. Work with resident councils	Number of meetings attended	0	462
9. Work with family councils	Number of meetings attended	0	246
10. Community Education	Number of sessions	15	326
11. Work with media	3 most frequent topics	Ombudsman program services	Choice Options
		residents' rights	Elder Abuse
		elder abuse	Ombudsman Service
	Number of interviews/ discussions	6	9
	Number of press releases	3	13
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%.)	20	10

* 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."