

Martin J. O'Malley
Governor

Gloria Lawlah
Secretary



Anthony G. Brown
Lt. Governor

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; 2012 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
2012. Also enclosed is the Ombudsman Fact sheet that summarizes the data for FY12.

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,

A handwritten signature in black ink that reads "Gloria G. Lawlah". The signature is written in a cursive, flowing style.

Gloria G. Lawlah
Secretary

cc: Sarah Albert, Department of Legislative Services

Martin J. O'Malley
Governor



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DEPARTMENT OF AGING

Long Term Care Ombudsman Program FACT SHEET May 2013

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 1369 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 (36 FTEs) located in Area Agencies on Aging
- 140 volunteers contributing \$542,136 worth of time

In FY12, the Long Term Care Ombudsman Program provided:

- 11000+ Facility visits
- 10533 Consultations to individuals
- 282 Community Ed. Sessions
- 514 Meetings with resident councils
- 2332 Complaints addressed
- 5087 Consultations to facilities
- 154 Meetings with family councils
- Participation in 199 Nursing Home surveys

Sources of complaints:

- Residents – 38.4%
- Relative/ Friends - 31%
- Other – Non relative guardian, bankers, clergy, public officials, other agencies
- Anonymous – 10%
- Facility /Staff – 6%

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. Failure to respond to requests for assistance – call bells, etc.
5. Personal Hygiene - includes nail care and oral hygiene, dressing and grooming
6. Medications- administration, organization
7. Symptoms unattended, including pain
8. Accident or injury of unknown origin – falls, improper handling, etc.
9. Pressure sores

Most frequent complaints handled in Assisted Living Facilities:

1. Discharge/ Eviction Discharge/eviction – planning, notice, procedures, abandonment
2. Medications- administration, organization
3. Food service – quantity, quality, variation, choice, condiments, utensils, menu
4. Dignity, respect – staff attitudes
5. Care Plan/Resident Assessment – inadequate, failure to follow
6. Exercise preference/choice and or/ civil/religious rights, individual rights to smoke
7. Cleanliness
8. Physical Abuse
9. Shortage of staff; Staff turnover

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 in 2010,
- Hiring of a 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 and Local 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 focused on strengthening the program infrastructure in 2011/2012 and expanding the volunteer component and designating ombudsmen in 2013.

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.

This Fact Sheet summarizes FY12 data submitted to the Administration for Community Living. 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.

Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.

1,253

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: Maryland Dept of Aging Ombudsman

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	401	98	0
2. Relative/friend of resident	321	80	0
3. Non-relative guardian, legal representative	20	2	0
4. Ombudsman/ombudsman volunteer	41	24	0
5. Facility administrator/staff or former staff	60	22	0
6. Other medical: physician/staff	15	6	0
7. Representative of other health or social service agency or program	23	37	1
8. Unknown/anonymous	97	35	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	4	10	0

Total number of cases closed during the reporting period: 1,297

* 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: Maryland Dept of Aging Ombudsman

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:

2,332

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: Maryland Dept of Aging Ombudsman

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.

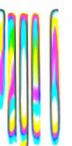
Residents' Rights	Nursing Facility	B&C, ALF, RCF, etc.
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	32	15
2. Abuse, sexual	14	1
3. Abuse, verbal/psychological (including punishment, seclusion)	18	6
4. Financial exploitation (use categories in section E for less severe financial complaints)	5	11
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	6	6
6. Resident-to-resident physical or sexual abuse	9	2
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	11	1
9. Access by or to ombudsman/visitors	7	2
10. Access to facility survey/staffing reports/license	0	1
11. Information regarding advance directive	2	1
12. Information regarding medical condition, treatment and any changes	34	9
13. Information regarding rights, benefits, services, the resident's right to complain	16	1
14. Information communicated in understandable language	1	1
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	14	7
17. Appeal process - absent, not followed	5	0
18. Bed hold - written notice, refusal to readmit	8	2
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonme	225	37
20. Discrimination in admission due to condition, disability	3	0
21. Discrimination in admission due to Medicaid status	0	1
22. Room assignment/room change/intrafacility transfer	25	2
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	6	2
25. Confinement in facility against will (illegally)	17	4
26. Dignity, respect - staff attitudes	75	25
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	39	23
28. Exercise right to refuse care/treatment	12	3
29. Language barrier in daily routine	1	2
30. Participate in care planning by resident and/or designated surrogate	10	4
31. Privacy - telephone, visitors, couples, mail	19	11
32. Privacy in treatment, confidentiality	8	0
33. Response to complaints	10	5
34. Reprisal, retaliation	8	7
35. Not Used		

Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

E. Financial, Property (Except for Financial Exploitation)		
36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	31	13
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	13	9
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	36	10
39. Not Used		
Resident Care		
F. Care		
40. Accidental or injury of unknown origin, falls, improper handling	57	13
41. Failure to respond to requests for assistance	74	10
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	84	24
43. Contracture	4	0
44. Medications - administration, organization	67	32
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	69	7
46. Physician services, including podiatrist	17	7
47. Pressure sores, not turned	43	4
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	58	11
49. Toileting, incontinent care	30	12
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	10	1
51. Wandering, failure to accommodate/monitor exit seeking behavior	2	4
52. Not Used		
G. Rehabilitation or Maintenance of Function		
53. Assistive devices or equipment	36	4
54. Bowel and bladder training	1	0
55. Dental services	4	0
56. Mental health, psychosocial services	7	1
57. Range of motion/ambulation	13	1
58. Therapies - physical, occupational, speech	31	0
59. Vision and hearing	4	0
60. Not Used		
H. Restraints - Chemical and Physical		
61. Physical restraint - assessment, use, monitoring	3	2
62. Psychoactive drugs - assessment, use, evaluation	7	2
63. Not Used		
Quality of Life		
I. Activities and Social Services		
64. Activities - choice and appropriateness	15	6
65. Community interaction, transportation	9	7
66. Resident conflict, including roommates	22	3
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	9	0
68. Not Used		
J. Dietary		
69. Assistance in eating or assistive devices	8	1
70. Fluid availability/hydration	14	2

Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	31	26
72. Snacks, time span between meals, late/missed meals	7	1
73. Temperature	3	0
74. Therapeutic diet	11	2
75. Weight loss due to inadequate nutrition	12	2
76. Not Used		
K. Environment		
77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise)	13	10
78. Cleanliness, pests, general housekeeping	24	22
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	17	12
80. Furnishings, storage for residents	7	4
81. Infection control	6	4
82. Laundry - lost, condition	14	0
83. Odors	7	3
84. Space for activities, dining	0	0
85. Supplies and linens	16	4
86. Americans with Disabilities Act (ADA) accessibility	3	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	7	1
88. Administrator(s) unresponsive, unavailable	3	4
89. Grievance procedure (use C for transfer, discharge appeals)	2	0
90. Inappropriate or illegal policies, practices, record-keeping	10	2
91. Insufficient funds to operate	1	0
92. Operator inadequately trained	1	1
93. Offering inappropriate level of care (for B&C/similar)	1	1
94. Resident or family council/committee interfered with, not supported	4	1
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	16	14
98. Staff training	7	14
99. Staff turn-over, over-use of nursing pools	1	2
100. Staff unresponsive, unavailable	12	9
101. Supervision	3	6
102. Eating Assistants	1	1
Not Against Facility		
N. Certification/Licensing Agency		
103. Access to information (including survey)	0	0
104. Complaint, response to	2	0
105. Decertification/closure	0	5
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0



Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

110. Not Used		
O. State Medicaid Agency		
111. Access to information, application	8	0
112. Denial of eligibility	10	3
113. Non-covered services	1	0
114. Personal Needs Allowance	2	0
115. Services	5	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	2	1
118. Bed shortage - placement	0	0
119. Facilities operating without a license	0	2
120. Family conflict; interference	16	8
121. Financial exploitation or neglect by family or other not affiliated with facility	9	3
122. Legal - guardianship, conservatorship, power of attorney, wills	16	5
123. Medicare	2	1
124. Mental health, developmental disabilities, including PASRR	3	0
125. Problems with resident's physician/assistant	3	0
126. Protective Service Agency	1	0
127. SSA, SSI, VA, Other Benefits/Agencies	5	3
128. Request for less restrictive placement	21	2
Total, categories A through P	1,765	554
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	2	
130. Hospital or hospice	7	
131. Public or other congregate housing not providing personal care	0	
132. Services from outside provider (see instructions)	4	
133. Not Used		
Total, Heading Q.	13	
Total Complaints*	2,332	
* (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: Maryland Dept of Aging Ombudsman

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:	1,366	348	7

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)	0	1	0
b. Which were not resolved* to satisfaction of resident or complainant	146	46	4
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	89	33	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	78	71	0
2) other agency failed to act on complaint	5	2	0
3) agency did not substantiate complaint	36	17	0
e. For which no action was needed or appropriate	132	55	4
f. Which were partially resolved* but some problem remained	424	89	1
g. Which were resolved* to the satisfaction of resident or complainant	855	240	4

Total, by type of facility or setting	1,765	554	13
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Grand Total (Same number as that for total complaints on pages 1 and 7)			2,332
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** 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: Maryland Dept of Aging Ombudsman

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.

Please see the Issue Description for additional information related to this case.

Problem: Resident with mental illness experiences violations of rights and poor care
Resolution: On-going ombudsman support and involvement during NH stay and discharge procedures resulted in the identification of the resident's disease and appropriate placement.
Outcome: Resident is receiving the care needed at the end of life in a supportive environment

A mentally ill resident was admitted under Medicare Part A to an urban nursing home. This resident experienced a host of adjustment and physical health problems during her stay at the nursing facility. Her mental health condition irritated the staff causing them to discount her complaints of pain and fear of suffocation. The facility discharged this resident because "Your health has improved sufficiently so that you no longer need the services provided by the facility." The resident was discharged prior to her appeal hearing to an unlicensed facility that was unable to meet her needs and was then admitted to a local hospital several days later. She stated she went to the hospital because she was in an unsafe living environment and she continued to have the same physical complaints she voiced while at the long term care facility. After examinations and tests, it was determined she is in the end stages of COPD and now resides at a hospice facility.

This resident was followed by the LTCO Program because she maintained contact with the program while awaiting an appeal hearing and we continued to advocate for her to return to the facility that inappropriately discharged the resident. Resident was incorrectly told having filed an appeal to her notice did not allow her to stay pending the hearing. However, the resident knew if the assigned legal representation was successful in appealing the discharge and denial of her level of care, she must be given the first available bed but she felt powerless after business hours to stand up to the nursing facility staff without an advocate.

This resident received LTCO advocacy services throughout the hospitalization and subsequent discharge to a hospice facility; the LTCO Program was the only trusted constant in the resident's life during this period of time. Although the nursing facility agreed to allow resident to return pending the hearing it was determined by resident and the supportive hospital staff that a hospice facility would better meet her needs.

Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

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	\$327,823
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Preventior	\$86,454
Federal - OAA Title III provided at State level	\$125,000
Federal - OAA Title III provided at AAA level	\$114,385
Other Federal; specify:	\$0
<input type="text"/>	
State funds	\$1,534,623
Local; specify:	\$641,074
county	
<input type="text"/>	
Total Program Funding	\$2,829,359

Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

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	23	205	
	Number hours	113	635	
	Total number of trainees that attended any of the training sessions above (duplicated count)	642	2,317	
	3 most frequent topics for training	Ombudsman Program Orientation		Ombudsman Program Orientation
		Long Term Care Issues		Behaviors
		Advocacy		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	74	
	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 Long Term Care	
		Ombudsman Program Services	Discharge Notices	
		Culture Change	Residents' Rights	
	Number of consultations	11	5,076	

Agency or organization which sponsors the State Ombudsman Program: Maryland Dept of Aging Ombudsman

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
		Caring for Aging Parents	Choice Options
		Complaint Process	Assisted Living
	Number of consultations	698	9,835
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	0	232
	Number Board and Care (or similar) facilities visited (unduplicated)	0	268
7. Participation in Facility Surveys	Number of surveys	0	199
8. Work with resident councils	Number of meetings attended	0	514
9. Work with family councils	Number of meetings attended	0	154
10. Community Education	Number of sessions	17	265
11. Work with media	3 most frequent topics	Ombudsman Program Services	Choice Options
		Residents' Rights	Elder Abuse
		Elder Abuse	Ombudsman Services
	Number of interviews/discussions	11	21
	Number of press releases	1	12
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%.)	25	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."