

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; 2013 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 2013. Also enclosed is the Ombudsman Fact sheet that summarizes the data for FY13.

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](mailto:donna.delenoneuworth@maryland.gov) or Alice H. Hedt, State Long-Term Care Ombudsman at 410-767-1108, [alice.hedt@maryland.gov](mailto:alice.hedt@maryland.gov) if you would like additional information.

Sincerely,

A handwritten signature in black ink that reads "Gloria Lawlah".

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 June 2014

*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 233 Nursing Homes and 1389 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
- 146 volunteers contributing \$623,747 worth of time

**In FY13, the Long-Term Care Ombudsman Program provided:**

- 11000+ Facility visits
- 10580 Consultations to individuals
- 323 Community Ed. Sessions
- 544 Meetings with resident councils
- 2873 Complaints addressed
- 5517 Consultations to facilities
- 159 Meetings with family councils
- 267 Participation in Nursing Home surveys

**Sources of complaints:**

- Residents – 36%
- Relative/Friend – 36%
- Other – Non relative guardian, bankers, clergy, public officials, other agencies
- Anonymous – 12%
- Facility /Staff – 5%

**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. Medications- administration, organization
6. Personal Hygiene - includes nail care and oral hygiene, dressing and grooming
7. Accident or injury of unknown origin – falls, improper handling, etc.
8. Symptoms unattended, including pain
9. Exercise preference/choice and/ or civil/religious rights, individual right to smoke
10. Therapies – physical, occupational, speech



**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. Physical Abuse
5. Billing/charges-notice, approval, questionable accounting wrong or denied
6. Dignity, respect – staff attitudes
7. Exercise preference/choice and or/ civil/religious rights, individual rights to smoke
8. Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure
9. Accident or injury of unknown origin
10. Shortage of staff

**Program Improvements:**

MDoA retained independent, national experts to thoroughly examine the Ombudsman Program and offer recommendations for improvement. Since the completion of their 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),
- Establishment of a Stakeholder's Group in 2011 to provide input on barriers and strategies and a Coordination Team to provide ground level guidance,
- Certification requirements established and completed by all employed and volunteer Ombudsmen including special training sessions, exams, and on-line national curriculum in 2013/2014,
- 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
- Expansion of the volunteer component from 98 to 146 volunteers 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.
- 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 resident-centered care.

This Fact Sheet summarizes the FY13 data submitted to the Administration for Community Living.

For more information contact Alice H. Hedt, State Long-Term Care Ombudsman,  
alice.hedt@maryland.gov, 1-800-243-3425 (toll free in Maryland) or 410-767-1100

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.mdoa.state.md.us

A	B
<b>Part I - Cases, Complainants and Complaints</b>	
<b>A. Cases Opened</b>	
Provide the total number of cases opened during reporting period.	1,555
<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>	

**LONG-TERM CARE OMBUDSMAN PROGRAM**

STATE OF MARYLAND

FYI 2013 DATA SUBMITTED TO ADMINISTRATION FOR COMMUNITY LIVING (ACL)



	A	B	C	D
1	<b>Part I - Cases, Complainants and Complaints</b>			
2	<b>B. Cases Closed, by Type of Facility</b>			
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		<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.*</b>	<b>Other Settings</b>
8	<b>Complainants:</b>			
9	1. Resident	459	112	1
10	2. Relative/friend of resident	464	98	1
11	3. Non-relative guardian, legal representative	13	5	0
12	4. Ombudsman/ombudsman volunteer	35	49	0
13	5. Facility administrator/staff or former staff	46	29	0
14	6. Other medical: physician/staff	9	7	0
15	7. Representative of other health or social service agency or program	19	25	1
16	8. Unknown/anonymous	130	57	0
17	9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	9	9	0
18				
19	Total number of cases closed during the reporting period:		1,578	
20				
21	* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated			

	A	B
1	<b>Part I - Cases, Complainants and Complaints</b>	
2	<b>C. Complaints Received</b>	
3		
4	For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	2,873
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	<b>Part I - Cases, Complainants and Complaints</b>			
2	<b>D. Types of Complaints, by Type of Facility</b>			
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			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
6	<b>Residents' Rights</b>			
7	<b>A. Abuse, Gross Neglect, Exploitation</b>			
8	1. Abuse, physical (including corporal punishment)		39	24
9	2. Abuse, sexual		9	3
10	3. Abuse, verbal/psychological (including punishment, seclusion)		23	14
11	4. Financial exploitation (use categories in section E for less severe financial complaints)		16	8
12	5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)		3	4
13	6. Resident-to-resident physical or sexual abuse		5	2
14	7. Not Used			
15	<b>B. Access to Information by Resident or Resident's Representative</b>			
16	8. Access to own records		6	3
17	9. Access by or to ombudsman/visitors		6	8
18	10. Access to facility survey/staffing reports/license		1	1
19	11. Information regarding advance directive		1	1
20	12. Information regarding medical condition, treatment and any changes		43	10
21	13. Information regarding rights, benefits, services, the resident's right to complain		39	5
22	14. Information communicated in understandable language		2	0
23	15. Not Used			
24	<b>C. Admission, Transfer, Discharge, Eviction</b>			
25	16. Admission contract and/or procedure		6	8
26	17. Appeal process - absent, not followed		3	0
27	18. Bed hold - written notice, refusal to readmit		9	2
28	19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment		281	51
29	20. Discrimination in admission due to condition, disability		1	0
30	21. Discrimination in admission due to Medicaid status		1	0
31	22. Room assignment/room change/intrafacility transfer		23	1
32	23. Not Used			
33	<b>D. Autonomy, Choice, Preference, Exercise of Rights, Privacy</b>			
34	24. Choose personal physician, pharmacy/hospice/other health care provider		11	2
35	25. Confinement in facility against will (illegally)		17	13
36	26. Dignity, respect - staff attitudes		91	22
37	27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke		61	21
38	28. Exercise right to refuse care/treatment		22	3
39	29. Language barrier in daily routine		3	1
40	30. Participate in care planning by resident and/or designated surrogate		9	2
41	31. Privacy - telephone, visitors, couples, mail		23	13
42	32. Privacy in treatment, confidentiality		10	2
43	33. Response to complaints		24	9

		7	6
34. Reprisal, retaliation			
35. Not Used			
<b>. Financial, Property (Except for Financial Exploitation)</b>			
36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)		37	24
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)		17	14
38. Personal property lost, stolen, used by others, destroyed, withheld from resident		53	11
39. Not Used			
<b>Resident Care</b>			
<b>F. Care</b>			
40. Accidental or injury of unknown origin, falls, improper handling		73	17
41. Failure to respond to requests for assistance		86	10
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)		108	14
43. Contracture		2	0
44. Medications - administration, organization		85	29
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming		83	14
46. Physician services, including podiatrist		26	4
47. Pressure sores, not turned		41	2
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition		69	8
49. Toileting, incontinent care		52	6
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)		16	0
51. Wandering, failure to accommodate/monitor exit seeking behavior		6	7
52. Not Used			
<b>G. Rehabilitation or Maintenance of Function</b>			
53. Assistive devices or equipment		47	6
54. Bowel and bladder training		3	0
55. Dental services		5	0
56. Mental health, psychosocial services		2	1
57. Range of motion/ambulation		15	2
58. Therapies - physical, occupational, speech		54	0
59. Vision and hearing		7	1
60. Not Used			
<b>H. Restraints - Chemical and Physical</b>			
61. Physical restraint - assessment, use, monitoring		1	0
62. Psychoactive drugs - assessment, use, evaluation		4	2
63. Not Used			
<b>Quality of Life</b>			
<b>I. Activities and Social Services</b>			
64. Activities - choice and appropriateness		27	3
65. Community interaction, transportation		9	5
66. Resident conflict, including roommates		25	6
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)		8	0



	A	B	C	D
87		68. Not Used		
88	<b>J. Dietary</b>			
89		69. Assistance in eating or assistive devices	9	2
90		70. Fluid availability/hydration	14	0
91		71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	49	25
92		72. Snacks, time span between meals, late/missed meals	11	5
93		73. Temperature	6	2
94		74. Therapeutic diet	13	4
95		75. Weight loss due to inadequate nutrition	14	0
96		76. Not Used		
97	<b>K. Environment</b>			
98		77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise)	19	14
99		78. Cleanliness, pests, general housekeeping	24	12
100		79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	24	18
101		80. Furnishings, storage for residents	11	5
102		81. Infection control	8	4
103		82. Laundry - lost, condition	19	2
104		83. Odors	7	0
105		84. Space for activities, dining	1	1
106		85. Supplies and linens	6	2
107		86. Americans with Disabilities Act (ADA) accessibility	0	0
108				
109	<b>Administration</b>			
110	<b>L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)</b>			
111		87. Abuse investigation/reporting, including failure to report	2	1
112		88. Administrator(s) unresponsive, unavailable	8	4
113		89. Grievance procedure (use C for transfer, discharge appeals)	3	1
114		90. Inappropriate or illegal policies, practices, record-keeping	10	7
115		91. Insufficient funds to operate	0	6
116		92. Operator inadequately trained	0	0
117		93. Offering inappropriate level of care (for B&C/similar)	2	0
118		94. Resident or family council/committee interfered with, not supported	6	2
119		95. Not Used		
120	<b>M. Staffing</b>			
121		96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	2	0
122		97. Shortage of staff	18	16
123		98. Staff training	13	12
124		99. Staff turn-over, over-use of nursing pools	0	0
125		100. Staff unresponsive, unavailable	31	5
126		101. Supervision	4	2
127		102. Eating Assistants	1	1
128				
129	<b>Not Against Facility</b>			
130	<b>N. Certification/Licensing Agency</b>			
131		103. Access to information (including survey)	0	1

	A	B	C	D
132		104. Complaint, response to	2	3
133		105. Decertification/closure	0	4
134		106. Sanction, including Intermediate	0	0
135		107. Survey process	0	1
136		108. Survey process - Ombudsman participation	0	0
137		109. Transfer or eviction hearing	0	0
138		110. Not Used		
139	<b>O. State Medicaid Agency</b>			
140		111. Access to information, application	10	1
141		112. Denial of eligibility	8	2
142		113. Non-covered services	2	1
143		114. Personal Needs Allowance	1	1
144		115. Services	6	0
145		116. Not Used		
146	<b>P. System/Others</b>			
147		117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	6	1
148		118. Bed shortage - placement	2	0
149		119. Facilities operating without a license	0	6
150		120. Family conflict; interference	17	9
151		121. Financial exploitation or neglect by family or other not affiliated with facility	5	2
152		122. Legal - guardianship, conservatorship, power of attorney, wills	32	7
153		123. Medicare	3	1
154		124. Mental health, developmental disabilities, including PASRR	1	0
155		125. Problems with resident's physician/assistant	5	0
156		126. Protective Service Agency	1	0
157		127. SSA, SSI, VA, Other Benefits/Agencies	9	3
158		128. Request for less restrictive placement	38	5
159	<b>Total, categories A through P</b>		2,239	626
160				
161	<b>Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)</b>			
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)	5	
166		133. Not Used		
167	<b>Total, Heading Q.</b>		8	
168				
169	<b>Total Complaints*</b>		2,873	
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	<b>Part I - Cases, Complainants and Complaints</b>					
2	<b>E. Action on Complaints</b>					
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				<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>	<b>Other Settings</b>
6	1. Complaints which were verified:			1,543	402	7
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)			1	0	0
12	b. Which were not resolved* to satisfaction of resident or complainant			294	65	2
13	c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation			116	38	0
14	d. Which were referred to other agency for resolution and:					
15	1) report of final disposition was not obtained			77	83	0
16	2) other agency failed to act on complaint			2	4	0
17	3) agency did not substantiate complaint			75	14	0
18	e. For which no action was needed or appropriate			138	62	0
19	f. Which were partially resolved* but some problem remained			626	120	2
20	g. Which were resolved* to the satisfaction of resident or complainant			910	240	4
21						
22	<b>Total, by type of facility or setting</b>			2,239	626	8
23						
24	<b>Grand Total (Same number as that for total complaints on pages 1 and 7)</b>					2,873
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						

**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.

Few facilities in Maryland are working to implement culture change and comprehensive resident directed/centered care is rare in the state. Those facilities seeking to achieve resident centered care are primarily non profit facilities that serve a limited number of residents. Few facilities are involved with the Pioneer movement or with other national initiatives such as Advancing Excellence in America's Nursing Homes, so there is little motivation and support for changing the institutional focus to a focus on individualized care and quality of life.

Barriers in Maryland include:

- no local Culture Change Coalition
- limited involvement of facilities in LANE and Advancing Excellence activities
- consumers not understanding the importance of resident directed/center care
- no financial incentives for providing such care
- policy makers not being aware of the positive impact of culture change on residents, families, staff and providers

The State Ombudsman Program began to address these programs in FY12 and continued that effort in 2013, working in conjunction with the Maryland Department of Aging and with the 19 local ombudsman programs.

Action steps included:

- Creating four presentations by national and state experts on of different aspects of culture change to the Legislative Nursing Home and Assisted Living Oversight Committee, a mandated committee that examines long term care policy issues. The presentations focused on the financial and human benefits of a culture change model.
- Working with two retired national leaders who live in Maryland to begin a culture change coalition, holding monthly meetings that included tours of facilities, and involving a volunteer and two employed ombudsmen in the formation.
- The State Ombudsman introducing the concept of culture change to the Ombudsman Stakeholder's Group including holding a meeting in newly opened GreenHouse, Maryland's first GreenHouse facility.
- Consumer materials on resident directed care made available to ombudsmen throughout the state for distribution to facilities; ombudsmen also promoted the Webinar on Consistent Assignment to all nursing homes.
- The State Ombudsman worked with LANE participants to develop and publicize a webinar on consistent assignment.

Results:

- The Maryland Culture Change Coalition was officially formed in January 2014 with officers, vision and mission statements, and guidances for operation - the 43rd statewide culture change coalition in the country. Participants include providers, a volunteer ombudsman, two employed local ombudsmen, university faculty, social workers, the state ombudsmen, retired national leaders in long term care, and students.
- A successful webinar was held by the LANE on consistent assignment for 75+ providers.
- Policy discussions are beginning on possible financial incentives.
- The statewide Alzheimer's Commission included culture change in its recommendations for state improvements.
- There appears to be energy among providers, consumers and advocates to move Maryland facilities - assisted living as well as nursing homes - forward in utilizing culture care concepts to implement resident directed/centered care.



	A	B	C	D
1	<b>Part III - Program Information and Activities</b>			
2	<b>A. Facilities and Beds:</b>			
3	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 QRT manually.			
4	1. How many nursing facilities are licensed in your State?			233
5	2. How many beds are there in these facilities?			27,843
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?			1,389
10	b) How many beds are there in these facilities?			20,427

	A	B	C	D	E	F
1	<b>Part III - Program Information and Activities</b>					
2	<b>B. Program Coverage</b>					
3						
4	<i>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.</i>					
5						
6	<b>B.1. Designated Local Entities</b>					
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	<b>Local entities hosted by:</b>					
11	Area agency on aging			19		
12	Other local government entity			0		
13	Legal services provider			0		
14	Social services non-profit agency			0		
15	Free-standing ombudsman program			0		
16	Regional office of State ombudsman program			0		
17	Other; specify:			0		
18						
19						
20	Total Designated Local Ombudsman Entities			19		
21						
22	<b>B.2. Staff and Volunteers</b>					
23						
24	Provide numbers of staff and volunteers, as requested, at state and local levels.					
25	<b>Type of Staff</b>	<b>Measure</b>	<b>State Office</b>	<b>Local Programs</b>		
26	Paid program staff	FTEs	2.00	34.20		
27		Number people working full-time on ombudsman program	2	21		
28	Paid clerical staff	FTEs	0.30	2.00		
29	Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	1	93		
30	Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	780	21,638		
31	<i>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.</i>					
32	Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	1	51		

	A	B	C	D	
1	<b>Part III - Program Information and Activities</b>				
2	<b>D. Other Ombudsman Activities</b>				
3					
4	Provide below and on the next page information on ombudsman program activities other than work on complaints.				
5					
6	<b>Activity</b>	<b>Measure</b>	<b>State</b>	<b>Local</b>	
7	<b>1. Training for ombudsman staff and volunteers</b>	Number sessions	35	254	
8		Number hours	118	861	
9		Total number of trainees that attended any of the training sessions above (duplicated count)	707	1,393	
10		3 most frequent topics for training	Ombudsman Program Orientation	Ombudsman Program Orientation	
11			Omb Program Certification	Behaviors	
12			Advocacy Skills	Legal Issues	
13		<b>2. Technical assistance to local ombudsmen and/or volunteers</b>	Estimated percentage of total staff time	40	25
14		<b>3. Training for facility staff</b>	Number sessions	3	108
15			3 most frequent topics for training	Advancing Excellence in America's Nursing Homes	Residents' Rights
16				Ombudsman Services	Elder Abuse
17	Staffing			Caring for people with Alzheimer's Disease	
18	<b>4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)</b>	3 most frequent areas of consultation	Ombudsman Program Services	Care Issues in Long Term Care	
19			Residents' Rights	Discharge Notices	
20			Culture Change	Residents' Rights	
21		Number of consultations	16	5,501	



	A	B	C	D
22	<b>5. Information and consultation to individuals (usually by telephone)</b>	3 most frequent requests/needs	Care Issues in Long Term Care	Care Issues in Long Term Care
23			Complaint Process	Choice Options
24			Caring for Aging Parents	Assisted Living
25		Number of consultations	673	9,907
26		<b>6. Facility Coverage (other than in response to complaint) *</b>	Number Nursing Facilities visited (unduplicated)	0
27	Number Board and Care (or similar) facilities visited (unduplicated)		0	304
28	<b>7. Participation in Facility Surveys</b>	Number of surveys	0	267
29	<b>8. Work with resident councils</b>	Number of meetings attended	0	544
30	<b>9. Work with family councils</b>	Number of meetings attended	0	159
31	<b>10. Community Education</b>	Number of sessions	27	296
32	<b>11. Work with media</b>	3 most frequent topics	Ombudsman Program Services	Elder Abuse
33			Elder Abuse	Caring for Aging Parents
34			Choice Options	Long Term Care Issues
35		Number of interviews/discussions	14	19
36		Number of press releases	7	18
37	<b>12. Monitoring/work on laws, regulations, government policies and actions</b>	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%.)	30	12
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."			