

Larry Hogan  
Governor

Rona E. Kramer  
Secretary



Boyd K. Rutherford  
Lt. Governor

## DEPARTMENT OF AGING

August 13, 2018

The Honorable Thomas V. Mike Miller, Jr.  
President of the Senate  
State House, H-107  
Annapolis, MD 21401 - 1925

The Honorable Michael E. Busch  
Speaker of the House of Delegates  
State House, H-101  
Annapolis, MD 21401 - 1925

RE: MSAR #8077, HU § 10-909, HB536/Ch 155, 2010; 2015 - 2017 Annual Reports  
for the State Long-Term Care Ombudsman Program

Dear President Miller and Speaker Busch:

The Maryland Department of Aging respectfully submits the Annual State Long-Term Care Ombudsman Report required under Human Services Article § 10-909 for 2015 - 2017. The reports include the Ombudsman Fact sheets that summarize the data for FY 2015 - 2017 as well as the data summary data reports submitted to the federal Administration for Community Living for the same years.

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 Stevanne Ellis, State Long-Term Care Ombudsman at 410 767-2161 or [stevanne.ellis@maryland.gov](mailto:stevanne.ellis@maryland.gov) with any questions.

Very truly yours,

A handwritten signature in black ink that reads 'Bonnie Glick'.

Bonnie Glick  
Deputy Secretary

Enclosures

cc: Sarah Albert, Department of Legislative Services

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Governor

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## DEPARTMENT OF AGING Long-Term Care Ombudsman Program FACT SHEET June 2018

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

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

### **The Ombudsman Program serves 49,000+ people in 226 Nursing Homes and 1,509 Assisted Living Facilities through:**

- The Office of the State Long-Term Care Ombudsman at the Maryland Department of Aging with a State Ombudsman and Ombudsman Specialist
- 19 Local Offices (34 FTEs) located in Area Agencies on Aging
- 167 volunteers (100 designated) donating over 11,000 hours

### **In FY17, the Long-Term Care Ombudsman Program provided:**

- 3984 Quarterly Facility visits
- 8109 Consultations to individuals
- 277 Community Ed. Sessions
- 639 Meetings with resident councils
- 4238 Complaints addressed
- 3735 Consultations to facilities
- 78 Meetings with family councils
- 228 Participation in facility surveys

### **Sources of complaints:**

- Residents – 44%
- Relative/Friend – 34%
- Other – Non relative guardian, bankers, clergy, public officials, other agencies
- Anonymous – 6%
- Facility/Staff – 6%

### **Most frequent complaints handled in Nursing Homes:**

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

## 10. Pressure Sores, not turned

### **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. Accidents or injury of unknown origin, falls, improper handling, Dignity, respect – staff attitudes
5. Exercise preference/choice and/or civil/religious rights, individual's right to smoke
6. Personal Hygiene – includes nail care and oral hygiene, dressing and grooming
7. Personal funds – mismanaged, access/information denied, deposits and other money not returned, Cleanliness, pests, general housekeeping
8. Equipment/building – disrepair, hazard, poor lighting, fire safety, not secure
9. Abuse, physical (including corporal punishment)
10. Failure to respond to requests for assistance – call bells, etc

### **Program Information:**

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

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

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

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

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

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

### **State Ombudsman Goals:**

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

**This Fact Sheet summarizes the FY17 (October 1, 2016 – September 30, 2017) data submitted to the Administration for Community Living. For more information, contact Stevanne Ellis, State Long-Term Care Ombudsman, [stevanne.ellis@maryland.gov](mailto:stevanne.ellis@maryland.gov), or 1-800-243-3425 (toll free in Maryland) or 410-767-1100.**

	A	B
1	<b>Part I - Cases, Complainants and Complaints</b>	
2	<b>A. Cases Opened</b>	
3		
4	Provide the total number of cases opened during reporting period.	2,013
5		
6	<i>Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.</i>	

	A	B	C	D
1	<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>Complainants:</b>	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.*</b>	<b>Other Settings</b>
8				
9	1. Resident	644	181	2
10	2. Relative/friend of resident	532	118	0
11	3. Non-relative guardian, legal representative	17	0	0
12	4. Ombudsman/ombudsman volunteer	18	31	0
13	5. Facility administrator/staff or former staff	70	35	0
14	6. Other medical: physician/staff	12	10	0
15	7. Representative of other health or social service agency or program	38	48	0
16	8. Unknown/anonymous	86	32	0
17	9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	9	6	0
18				
19	Total number of cases closed during the reporting period:		1,889	
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:	4,238
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)	34	22
9	2. Abuse, sexual	11	6
10	3. Abuse, verbal/psychological (including punishment, seclusion)	22	13
11	4. Financial exploitation (use categories in section E for less severe financial complaints)	13	13
12	5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	18	3
13	6. Resident-to-resident physical or sexual abuse	4	3
14	7. Not Used		
15	<b>B. Access to Information by Resident or Resident's Representative</b>		
16	8. Access to own records	10	3
17	9. Access by or to ombudsman/visitors	5	2
18	10. Access to facility survey/staffing reports/license	2	0
19	11. Information regarding advance directive	2	1
20	12. Information regarding medical condition, treatment and any changes	66	18
21	13. Information regarding rights, benefits, services, the resident's right to complain	28	8
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	10	9
26	17. Appeal process - absent, not followed	5	1
27	18. Bed hold - written notice, refusal to readmit	6	3
28	19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	394	89
29	20. Discrimination in admission due to condition, disability	2	1
30	21. Discrimination in admission due to Medicaid status	3	1
31	22. Room assignment/room change/intrafacility transfer	33	5
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	15	3
35	25. Confinement in facility against will (illegally)	10	11
36	26. Dignity, respect - staff attitudes	140	29
37	27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	106	28
38	28. Exercise right to refuse care/treatment	15	8
39	29. Language barrier in daily routine	2	0
40	30. Participate in care planning by resident and/or designated surrogate	12	4
41	31. Privacy - telephone, visitors, couples, mail	18	13
42	32. Privacy in treatment, confidentiality	6	4

	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
43		33. Response to complaints	37	10
44		34. Reprisal, retaliation	13	3
45		35. Not Used		
46	<b>E. Financial, Property (Except for Financial Exploitation)</b>			
47		36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	39	20
48		37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	25	24
49		38. Personal property lost, stolen, used by others, destroyed, withheld from resident	78	16
50		39. Not Used		
51				
52	<b>Resident Care</b>			
53	<b>F. Care</b>			
54		40. Accidental or injury of unknown origin, falls, improper handling	91	29
55		41. Failure to respond to requests for assistance	164	21
56		42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	156	14
57		43. Contracture	3	1
58		44. Medications - administration, organization	156	51
59		45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	134	27
60		46. Physician services, including podiatrist	41	7
61		47. Pressure sores, not turned	83	3
62		48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	118	18
63		49. Toileting, incontinent care	69	9
64		50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	15	3
65		51. Wandering, failure to accommodate/monitor exit seeking behavior	9	1
66		52. Not Used		
67	<b>G. Rehabilitation or Maintenance of Function</b>			
68		53. Assistive devices or equipment	91	12
69		54. Bowel and bladder training	0	0
70		55. Dental services	12	1
71		56. Mental health, psychosocial services	6	2
72		57. Range of motion/ambulation	24	0
73		58. Therapies - physical, occupational, speech	80	3
74		59. Vision and hearing	12	0
75		60. Not Used		
76	<b>H. Restraints - Chemical and Physical</b>			
77		61. Physical restraint - assessment, use, monitoring	4	0
78		62. Psychoactive drugs - assessment, use, evaluation	4	2
79		63. Not Used		
80				
81	<b>Quality of Life</b>			
82	<b>I. Activities and Social Services</b>			
83		64. Activities - choice and appropriateness	29	9
84		65. Community interaction, transportation	22	8



	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
85		66. Resident conflict, including roommates	51	10
86		67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	15	0
87		68. Not Used		
88		<b>J. Dietary</b>		
89		69. Assistance in eating or assistive devices	27	1
90		70. Fluid availability/hydration	28	5
91		71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	101	36
92		72. Snacks, time span between meals, late/missed meals	20	10
93		73. Temperature	22	2
94		74. Therapeutic diet	15	2
95		75. Weight loss due to inadequate nutrition	14	2
96		76. Not Used		
97		<b>K. Environment</b>		
98		77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	31	17
99		78. Cleanliness, pests, general housekeeping	67	25
100		79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	40	23
101		80. Furnishings, storage for residents	18	4
102		81. Infection control	5	2
103		82. Laundry - lost, condition	31	6
104		83. Odors	16	1
105		84. Space for activities, dining	5	1
106		85. Supplies and linens	16	0
107		86. Americans with Disabilities Act (ADA) accessibility	1	6
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	5	1
112		88. Administrator(s) unresponsive, unavailable	11	8
113		89. Grievance procedure (use C for transfer, discharge appeals)	4	2
114		90. Inappropriate or illegal policies, practices, record-keeping	5	10
115		91. Insufficient funds to operate	0	6
116		92. Operator inadequately trained	1	1
117		93. Offering inappropriate level of care (for B&C/similar)	0	0
118		94. Resident or family council/committee interfered with, not supported	3	1
119		95. Not Used		
120		<b>M. Staffing</b>		
121		96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	7	7
122		97. Shortage of staff	64	11
123		98. Staff training	13	17
124		99. Staff turn-over, over-use of nursing pools	3	6
125		100. Staff unresponsive, unavailable	47	12
126		101. Supervision	7	4
127		102. Eating Assistants	4	0

	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
128				
129	<b>Not Against Facility</b>			
130	<b>N. Certification/Licensing Agency</b>			
131		103. Access to information (including survey)	0	0
132		104. Complaint, response to	2	2
133		105. Decertification/closure	2	0
134		106. Sanction, including Intermediate	0	1
135		107. Survey process	0	0
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	14	3
141		112. Denial of eligibility	8	2
142		113. Non-covered services	3	0
143		114. Personal Needs Allowance	3	0
144		115. Services	7	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	5	0
148		118. Bed shortage - placement	0	0
149		119. Facilities operating without a license	0	8
150		120. Family conflict; interference	15	11
151		121. Financial exploitation or neglect by family or other not affiliated with facility	8	12
152		122. Legal - guardianship, conservatorship, power of attorney, wills	23	8
153		123. Medicare	4	0
154		124. Mental health, developmental disabilities, including PASRR	0	1
155		125. Problems with resident's physician/assistant	4	0
156		126. Protective Service Agency	1	0
157		127. SSA, SSI, VA, Other Benefits/Agencies	7	4
158		128. Request for less restrictive placement	29	5
159	<b>Total, categories A through P</b>		3,341	891
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	0	
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)	4	
166		133. Not Used		
167		<b>Total, Heading Q.</b>	6	
168				
169	<b>Total Complaints*</b>		4,238	
170				

	A	B	C	D
5		<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>	
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:			2,426	570	3
7						
8	<i>Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.</i>					
9						
10	2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:					
11	a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section) <input type="checkbox"/>			0	1	0
12	b. Which were not resolved* to satisfaction of resident or complainant <input type="checkbox"/>			364	88	0
13	c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation <input type="checkbox"/>			250	90	0
14	d. Which were referred to other agency for resolution and: <input type="checkbox"/>					
15	1) report of final disposition was not obtained			67	79	0
16	2) other agency failed to act on complaint			2	1	0
17	3) agency did not substantiate complaint			37	15	0
18	e. For which no action was needed or appropriate <input type="checkbox"/>			230	105	0
19	f. Which were partially resolved* but some problem remained <input type="checkbox"/>			906	187	1
20	g. Which were resolved* to the satisfaction of resident or complainant			1,485	325	5
21						
22	<b>Total, by type of facility or setting</b>			3,341	891	6
23						
24	<b>Grand Total (Same number as that for total complaints on pages 1 and 7)</b>					4,238
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	Facility Type NF: a=8, b=4, c=13 and d=1 Facility Type BC: a=4, b=7, c=1 and d=0 Facility Type OT: a=0, b=0, c=0 and d=0					

1 **Part I - Cases, Complainants and Complaints**2 **F. Complaint Description (Optional):**

3

4

Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

5

During a non-complaint related visit to an assisted living facility, multiple residents informed the ombudsman that there was a lack of food in the facility. The ombudsman discussed this issue with the staff, and the staff member confirmed that she had not gone to the grocery store, and that there was not enough food for the next meal. In addition, the ombudsman observed that the facility was over census with more residents living at the facility than was allowed by the facility's current license.

The ombudsman referred these concerns to the regulatory agency. The facility was determined to over their license capacity, and was informed that the residents had to immediately be relocated. The ombudsman assisted the residents through this process by providing them with information about the relocation, discussing their rights in this type of situation, and providing them with information to make an informed decision. Because this was an emergency relocation, the residents did not have time to make the choices about moving that they would have been able to make if given more time. In this case and in other cases, the residents moved to a new facility without having the opportunity to visit it first.

The ombudsman visited the residents after the relocation to see that their needs were being addressed and that they were adjusting as well as could be expected.

6

1 **Part II - Major Long-Term Care Issues**

2 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.

3

4 Delay in Call Bell Response to Address the Needs of Residents

Residents in Maryland long-term care facilities continue to have concerns about call bells not being answered by staff timely. Many residents state that they are waiting anywhere from 20 minutes to an hour for a call bell to be answered and at times the staff will turn the call bell off, and tell the resident that they will be back after they finish providing care to another resident or that they will go get someone else to help them.

Barriers

There are many barriers that cause the delay of response time:

1. The staffing levels are not sufficient to answer call bells promptly. The staffing ratio is often less in the evening and on the overnight shifts.
2. Many residents have complex medical issues and limited ability to provide assistance with their own care. Consequently, multiple staff members will be needed to provide the care for a single resident.
3. Facilities often have staff turnover and ratios of one staff member caring for over ten residents.
4. Facilities may use temporary or agency staff that are not familiar with the policies of the facility or the residents.
5. Staff persons are only willing to provide care to 'their assigned residents'.

Recommended Changes

The Ombudsman Program offers the following suggestions to decrease the call bell response times and calm the anxiousness felt by residents who may not know when their care needs will be addressed.

1. All staff should answer call bells and other requests for assistance to ensure that the resident's needs are addressed promptly.
2. Each resident should have an individualized care plan, and the staff schedule should be developed according to the residents' needs not by a ratio alone.
3. Many facilities serve as a training setting for nursing students and aides. Facility staff should utilize this extra support to help answer the call bells of residents. This will allow needs to be addressed quicker and provide even more teaching opportunities for the students as they handle different request.
4. Ombudsman will continue to educate residents and families that it is their right to have timely responses to call lights. Each facility should have a policy and procedure related to answering call bells timely, and share that policy with each resident and their family. For instance, if a staff member does not answer the light within ten minutes, then the supervisor can be called by the resident or the resident should call the nurses' station or receptionist.
5. Facility staff should meet with residents and their families regularly to discuss care needs, resident preferences, and to address concerns.
6. If the lack of response time remains a consistent problem, the resident or ombudsman can make a formal complaint with the regulatory agency to be investigated.

4

	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 ORT manually.			
4	1. How many nursing facilities are licensed in your State?			226
5	2. How many beds are there in these facilities?			27,618
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?			1,509
10	b) How many beds are there in these facilities?			21,819

	A	B	C	D	E
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	34.45
27			Number people working full-time on ombudsman program	2	24
28		Paid clerical staff	FTEs	0.30	2.50
29		Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	1	100
30		Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	280	11,744
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	0	67
33					
34	<b>B.3. Organizational Conflict of Interest</b>				
35					



	A	B	C	D	E
36		Provide a description of any organizational conflicts of interest identified and steps taken by the State agency and the Ombudsman to remedy or remove identified conflicts; indicate (a) the type of conflict as described in 45 CFR §1324.21 and Section 712 (f)(2) of the Older Americans Act; or a brief description of other conflicts of interest that may impact the effectiveness and credibility of the work of the Office (b) indicate if the conflict was at the State Office or at a local Ombudsman entity or both (c) provide a description of steps taken to remedy or remove each conflict of interest. If no conflicts were identified among the state Office or local Ombudsman entities, where applicable, write that none were identified.			
37					
38	Location of Conflict Identified at:		Both		
39					
40		No change since FY16			
41					
42	For subsequent reporting years:				
43	Yes	I certify that I have reviewed the organization conflicts of interest in my state Ombudsman program and report no changes in organization conflicts or the remedies previously implemented			

A	B	C	D
1	<b>Part III - Program Information and Activities</b>		
2	<b>C. Program Funding</b>		
3			
4	Provide the amount of funds expended during the fiscal year from each source for your statewide program:		
5			
6	Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman		\$273,372
7	Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention		\$78,087
8	Federal - OAA Title III provided at State level		\$125,000
9	Federal - OAA Title III provided at AAA level		\$173,579
10	Other Federal; specify:		\$0
11			
12	State funds		\$1,401,056
13	Local; specify:		\$885,476
14	county funds		
15			
16	<b>Total Program Funding</b>		\$2,936,570

	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		Number sessions	21	159
8		Number hours	121	1,261
9		Total number of trainees that attended any of the training sessions above (duplicated count)	716	1,916
10	<b>1. Training for ombudsman staff and volunteers</b>		Omb. Services	Omb. Services
11		3 most frequent topics for training	Ombudsman Program Orientation	Ombudsman Program Orientation
12			Ombudsman Training and Certification/Designation	Ombudsman Training and Certification/Designation
13	<b>2. Technical assistance to local ombudsmen and/or volunteers</b>	Estimated percentage of total staff time	35	18
14		Number sessions	3	55
15			Omb. Services	Resident Rights
16	<b>3. Training for facility staff</b>	3 most frequent topics for training		Elder Abuse/Adult Protections
17				Communications
18			Assisted Living	Care Issues in LTC
19	<b>4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)</b>	3 most frequent areas of consultation	Licensing & Regulatory Svcs (OHCQ)/survey	Ombudsman Services

	A	B	C	D
6	Activity	Measure	State	Local
20			Ombudsman Services	Discharge notices and discharges
21		Number of consultations	7	3,735
22			Ombudsman Services	Ombudsman Services
23	<b>5. Information and consultation to individuals (usually by telephone)</b>	3 most frequent requests/needs	Care Issues in LTC	Care Issues in LTC
24			Licensing & Regulatory Svcs (OHCQ)/survey	Assisted Living
25		Number of consultations	161	8,109
26	<b>6. Facility Coverage (other than in response to complaint) *</b>	Number Nursing Facilities visited (unduplicated)	0	220
27		Number Board and Care (or similar) facilities visited (unduplicated)	0	776
28	<b>7. Participation in Facility Surveys</b>	Number of surveys	2	228
29	<b>8. Work with resident councils</b>	Number of meetings attended	0	639
30	<b>9. Work with family councils</b>	Number of meetings attended	0	78
31	<b>10. Community Education</b>	Number of sessions	13	277
32				Aging
33		3 most frequent topics		Ombudsman Services
34	<b>11. Work with media</b>			Elder Abuse/Financial Exploitation
35		Number of interviews/discussions	0	9
36		Number of press releases	0	20

	A	B	C	D
6	Activity	Measure	State	Local
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%.)	40	7
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."			