North Carolina State Long-Term Care

Ombudsman Program



Promoting quality of life and quality of care for long-term care residents.





ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

JOYCE MASSEY-SMITH, MPA •

Director, Division of Aging and Adult Services

I am pleased to submit the 2019 Annual Report of the Office of the State Long-Term Care Ombudsman Program reflecting federal fiscal year October 1, 2019 -September 30, 2020.

Pursuant to North Carolina General Statute 143B-181.18 (8), this annual report provides an updated review of the accomplishments in advocacy and direct services provided by representatives of the long-term care ombudsman program at both the state and regional levels. Also, included in the report are overviews of the statewide community advisory committees. The data within the report demonstrates our achievements toward protecting residents' rights, empowering families, educating consumers, and our commitment to quality, person-centered care for residents in long-term care facilities across North Carolina.

I welcome any questions or comments you may have about our annual report.

Sincerely,

Victor Orija, MPA

State Long-Term Care Ombudsman

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Contents

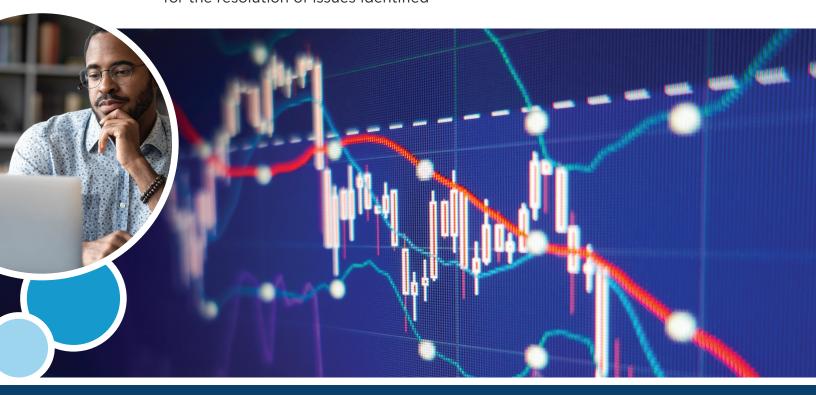
Program Purpose	4
History and Legal Basis	5
Program Structure	6
Federal Fiscal year 2020 Overview	8
Program Overview	12
Ombudsmen in Adult Care Homes	13
Ombudsmen in Nursing Homes	15
Other General Information, Technical Assistance and Training	17
Elder Abuse Awareness and Prevention Activities	19
Community Advisory Committee	21

Disclaimer: The information provided by the Office of State Long-Term Care Ombudsman Program in this report is for general information purposes only. It does not represent the positions of the state agency or other agencies in which the office or representatives of the office are organizationally located. Data and findings represent the types of problems experienced and complaints reported by residents and representatives to the Office of State Long-Term Care Ombudsman.

Program Purpose

The North Carolina Long-Term Care Ombudsman Program exists to protect resident's rights and improve the quality of care and life for residents in long-term care facilities. To accomplish this mission, the program:

- Receives and attempts to resolve complaints made by or on behalf of residents in long-term care facilities
- Provides information to the public about issues facing long-term care residents
- Works with long-term care providers to resolve issues of common concern
- Conducts in-service trainings for facilities and long-term care providers and staff on topics relevant to resident rights and quality of life
- Trains and provides technical assistance to Community Advisory Committee volunteers
- Collects and reports data regarding the number of complaints handled and other program activities
- Facilitates community education sessions on elder abuse, neglect, and exploitation
- Provides information to public agencies, legislators and others on problems impacting the rights of residents, and makes recommendations for the resolution of issues identified



History and Legal Basis

The federal Older American's Act provided the authorization for the establishment of a national Long-Term Care Ombudsman Program beginning in 1978. In following years, amendments to the Older American's Act expanded the jurisdiction and scope in each state to include both nursing homes and adult care homes. It also called for the formation of a network of volunteers to assist with complaint response and systems advocacy for long-term care residents.

In 1989, the North Carolina State Long-Term Care Ombudsman Program was codified into state law through General Statute 143B-181.15-25, which mirrored the federal mandates provided in the Older American's Act. The legislation established guidelines for both state and regional programs. The Office of State Long-Term Care Ombudsman is housed within the North Carolina Department of Health and Human Services, Division of Aging and Adult Services. The 16 regional ombudsman programs are housed within the Area Agencies on Aging across the state.

Since the Long-Term Care Ombudsman Program was established, it has undergone many changes including Final Rule (2016) and the revision of Federal Nursing Home Regulations (2016). More recently, the Program has and continues to undergo major transitions including new software development & revision of data reporting (2019) and COVID-19 restrictions (2019-20).

Effective October 1, 2019, data collection was revised to include simplifying the number of codes and data elements enabling streamlined reporting by states for the purpose of identifying and resolving significant problems and increasing reliability and accuracy of the data reported. In 2020, our program was severely impacted because of the COVID-19 pandemic which we will review throughout this report.

1965

 OAA enacted <u>https://ltcombudsman.org/library/</u> fed laws/oaa

1979

 Nursing Home Community Advisory Committees became effective through the General Assembly

1983

- Domiciliary Home (Adult Care Home) Community Advisory Committees became effective through the General Assembly
- Division of Aging created a Long-Term Care Section which included the Ombudsman Program

1989

 Ombudsman Program codified into North Carolina State Statute

2016

- Final Rule https://ltcombudsman. org/library/fed laws/ltcop-final-rule
- Revised Federal Nursing
 Home Regulations
 https://ltcombudsman.org/library/fed_laws/federal-nursing-home-regulations

2019

 Software development & Revision of National Ombudsman Reporting and Data System

2019-2020

• COVID-19 Restrictions https://ltcombudsman.org/omb support/COVID-19

Program Structure

The Office of the State Long-Term Care Ombudsman Program is housed within the Elder Rights and Special Initiatives Section of the Division of Aging and Adult Services. The Office is comprised of the state long-term care ombudsman, an ombudsman program specialist, and an ombudsman elder rights specialist. These staff manage the day-to-day program administration that includes assuring all newly hired regional ombudsmen complete the required certification and designation requirements mandated in federal and state law. The Office of the State Long-Term Care Ombudsman also provides quarterly training sessions to regional ombudsmen on a variety of aging and long-term care issues.

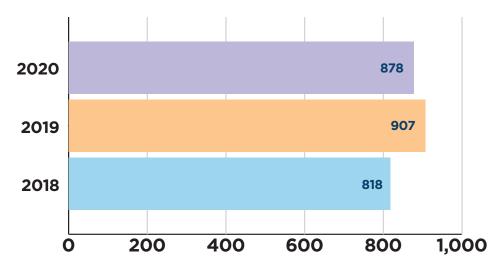
The regional ombudsman program operates out of the 16 Area Agencies on Aging. Regional ombudsmen provide advocacy and direct services to long-term care residents for the counties they serve.



- B Land of Sky Regional Council
- C Isothermal Planning & Development Commission
- D High Country Council of Governments
- E Western Piedmont Council of Governments
- F Centralina Council of Governments
- G Piedmont Triad Regional Council
- J Triangle J Council of Governments
- K Kerr-Tar Regional Council of Governments
- L Upper Coastal Plains Council of Governments
- M Mid-Carolina Council of Governments
- N Lumber River Council of Governments
- O Care Fear Council of Governments
- P Eastern Carolina Council of Governments
- Q Mid-East Commission
- R Albemarle Commission

The Community Advisory Committees are designated and certified by the state ombudsman. These volunteers provide additional support to the long-term care residents within their specified counties. They are appointed by their local board of county commissioners and are trained by regional ombudsmen. For Federal Fiscal Year 2020, there were **878 trained community advisory committee members** serving on adult care home, nursing home, or joint community advisory committees across all 100 counties in North Carolina. Over the past five years the Long-Term Care Ombudsman Program has seen a fluctuation in the number of volunteers which seems to align with some of the major changes we've encountered including Final Rule, and the change in the way in which representatives of the ombudsman program are designated, de-designated and suspended. The restrictions that COVID-19 imposed on the ability of volunteers to conduct in-person visits and attend training opportunities to enhance their skills also had a dramatic impact on the Program.

NUMBER OF CAC VOLUNTEERS, 3-YEAR COMPARISON



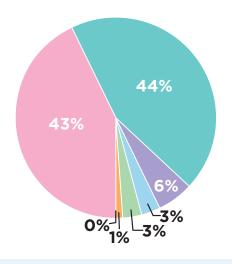
Federal Fiscal Year 2020: Overview

In Federal Fiscal Year 2020, the North Carolina Long-Term Care Ombudsman Program completed investigations of 2,027 cases containing 3,448 complaints. The most frequently addressed complaints were related to transfer/discharge, dignity/respect and medication administration.

Ombudsmen receive complaints from residents and a variety of individuals that initiate concerns on behalf of residents. The ombudsmen received complaints from 2,115 complainants in Federal Fiscal Year 2020. The breakdown of complainants is as follows.

COMPLAINANT SOURCES FFY 2020

COMPLAINANT SOURCE	COUNT	PERCENT OF TOTAL
Resident	622	35%
Resident Rep., Friend/Relative	917	52%
Ombudsman Program	90	5%
Facility Staff	45	3%
Rep. of Other Agency	70	4%
Concerned Person	27	2%
Resident/Family Council	3	<1%



Historically, residents have been the #1 complainant, but now the top complainants are from resident representatives/family/friends and other agency representatives.

YEARLY COMPARISON BY PERCENT	2019	2018
Resident	50%	51%
Relative/Friend of Resident	25%	25%
Guardian/Legal Representative	12%	12%
Ombudsman/Community Advisory Committee Member	6%	5%
Facility Staff	3%	3%
Other Medical: Physician/Staff	1%	1%
Other: Health/Social Programs	1%	2%
Unknown/Anonymous/Other	2%	
Unknown/Anonymous		1%
Other-bankers, clergy, elected officials		Less than 1%

^{*}Complainant types have been categorized slightly differently over the past few years

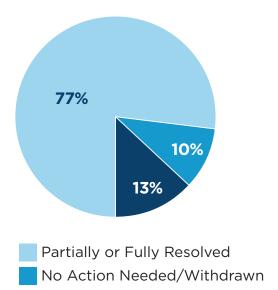
Of all 3,448 complaints that were closed in 2020, ombudsmen resolved, or at least partially resolved, 77% of complaints to the satisfaction of the resident or their representative.

Ombudsmen verify complaints through a variety of investigative techniques including interviews, record reviews, observations, and other fact-finding methods. When a complaint is verified by an ombudsman, it has been determined through investigative work that the conditions and circumstances described in the complaint are generally accurate. In 2020, 76% of the complaints received by the program were verified.

For complaints that are not able to be verified or resolved to the satisfaction of the resident and/or the complainant, ombudsmen continue to exhaust all possible advocacy strategies. This may include further educating consumers on the matter in

DISPOSITION OF COMPLAINANTS

Not Resolved



question and/or providing the contact information for other appropriate entities such as licensing and regulatory agencies for continued investigation or follow-up. Additionally, ombudsmen are responsible for making regular visits to facilities to establish rapport with residents and observe the general conditions of the facility. During FFY 2020, ombudsmen were limited from in-person access due to COVID-19 limitations. Below is a summary of the **3,296 visits** made to residents in FFY 2020.

Ombudsmen were able to verify and resolve over 75% of all complaints received.

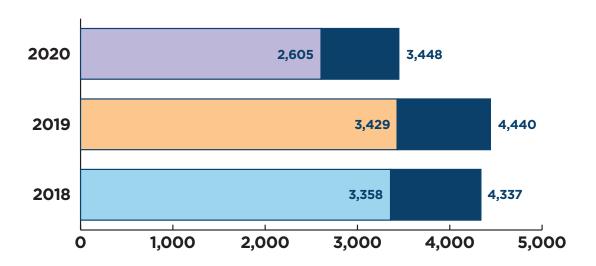
YEARLY COMPARISON BY PERCENT	2019	2018
Resolved	56%	60%
Partially Resolved	6%	6%
Not Resolved	6%	3%
Withdrawn	9%	7%
Referred to Another Agency	7%	7%
No Action Needed/Appropriate	16%	17%
Government Policy or Regulatory Change Required	0%	

 $^{^*}$ Disposition types have been categorized slightly differently over the past few years



Complaints deemed as 'verified' indicates a confirmation that most or all facts alleged by the complainant are likely to be true. Each complaint must have a verification status (verified or not verified). The number of complaints able to be verified have decreased compared to that of previous years. This decrease is considered to be the result of limited in-person access in long-term care facilities due to COVID-19 restrictions.

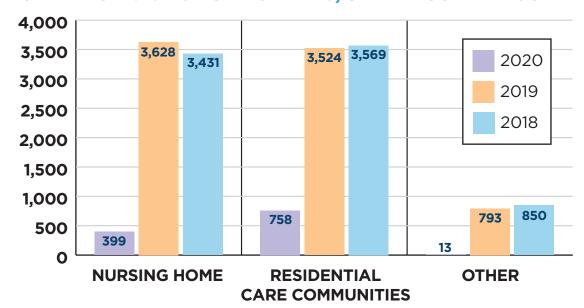
TOTAL COMPLAINTS VS. THE NUMBER OF COMPLAINTS THAT THE OMBUDSMEN WERE ABLE TO VERIFY, 3-YEAR COMPARISON



YEARLY COMPARISON BY PERCENT	2020	2019	2018
Percent of Complaints that Were Able to be Verified	75.56%	77.23%	77.43%

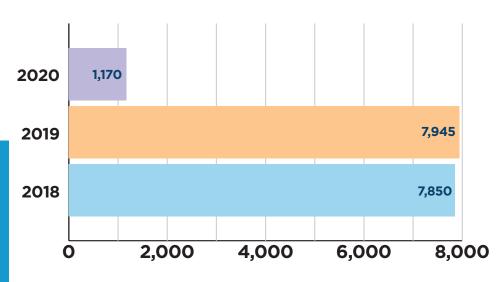
One of the changes included in the 2019 Revision of National Ombudsman Reporting and Data System included changes in the type of facility setting. In North Carolina, the ombudsman program advocates for residents of nursing homes, adult care homes and other settings. Although North Carolina still recognizes adult care home settings as assisted living facilities and family care homes, the Administration for Community Living defines Residential Care Communities (RCC) as facility types that include, but are not limited to, assisted living facilities and family care homes. These communities provide at minimum, room and board, around the clock on-site supervision, and help with personal care such as bathing and dressing or health-related services including medication management. "Other Settings" are state specific so in North Carolina, skilled nursing beds located within hospital settings would fall under the 'other settings' category.

NUMBER OF VISITS TO FACILITIES, 3-YEAR COMPARISON



TOTAL VISITS
ACROSS ALL
PROVIDER
TYPES, 3-YEAR
COMPARISON

Family Care Homes are now included in the Residential Care Community (RCC) category. RCC is a type of long-term care facility as



described in the Older Americans Act that, regardless of setting, provides at a minimum, room and board, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health-related services such as medication management. Facility types include but are not limited to: assisted living; board and care home; congregate care; enriched housing programs; homes for the aged; personal care homes; adult foster/ family homes and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state.

Other settings are those considered beyond being defined as long-term care facilities in the Older Americans Act. (i.e., snf beds in hospital settings)

2020 Program Overview

NORTH CAROLINA STATE & REGIONAL LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM

OCTOBER 1, 2019 - SEPTEMBER 30, 2020

3,448 Complaints closed by the LTC Ombudsman Program 2,115 Complainants assisted by State and Regional LTC Ombudsmen 7,922 Instances of technical assistance provided to individuals regarding long-term care issues 3,296 Resident visits made in adult care homes and nursing homes 554 Facility licensure surveys observed 98 Resident Council meetings attended 385 Community education workshops conducted 4,943 Consultations to LTC providers 167 Training sessions provided for staff in LTC facilities 826 Hours spent training community advisory committee members and new ombudsmen

YEARLY COMPARISON	2020	2019	2019
Instances of technical assistance provided to individuals regarding long-term care issues	7,922	6,288	INCREASE
Resident visits made in adult care homes and nursing homes	3,296	7,945	ALMOST 50% DECLINE
Consultations to LTC providers	4,943	2,896	ALMOST 50% INCREASE
Training sessions provided for staff in LTC facilities	167	309	DECLINE

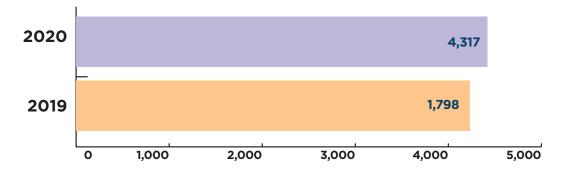
Ombudsman in Adult Care Homes

Number of Licensed Facilities	Number of Licensed Beds
1,187	40,701

In North Carolina, assisted living facilities and family care homes are classified as "adult care homes." As required by General Statute, ombudsmen are expected to visit adult care homes with seven or more residents at least quarterly and family care homes, which have two to six residents, at least annually. In FFY 2020, the ombudsman program made 1,798 visits to adult care homes which is approximately 58% less than the number of visits made to adult care homes in FFY 2019.

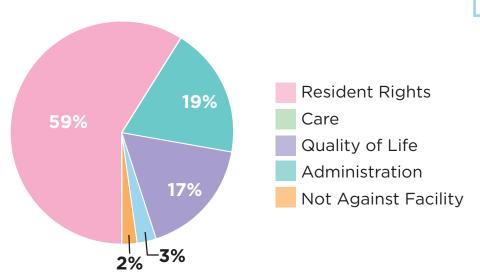
During the same period, there were 1,181 complaints handled in adult care homes by ombudsmen or 32% less than the number of adult care home complaints handled in FFY 2019. The most frequent complaints investigated by ombudsmen on behalf of residents in adult care homes were related to autonomy/choice/rights, care, and transfer/discharge. The following graphs further illustrate the categories and types of complaints received by ombudsmen.

NUMBER OF VISITS TO ADULT CARE HOMES, 2-YEAR COMPARISON



CATEGORICAL BREAKDOWN OF ADULT CARE HOME COMPLAINTS **RECEIVED BY OMBUDSMAN PROGRAM IN FFY 2020**

CATEGORY	TYPE OF COMPLAINT	# OF COMPLAINTS	TOTAL # BY CATEGORY
	Abuse, Neglect, Exploitation	42	
	Access To Information	42	
RESIDENTS RIGHTS	Admission, Transfer, Discharge	164	693
RIGHTS	Autonomy, Choice, Preference, Privacy	293	
	Financial, Property	152	
	Care	212	
RESIDENT CARE	Rehabilitation	3	218
	Restraints	3	
	Activities and Social Services	40	
QUALITY OF LIFE	Dietary	66	205
	Environment	99	
ADMINISTRATION	Oversight, Management	22	40
ADMINISTRATION	Staffing	18	40
NOT ACAINGT	Regulatory System	2	
NOT AGAINST FACILITY	Medicaid	2	25
ACILITI	Systems/Others	21	
TOTAL NURSING HOME COMPLAINTS'			



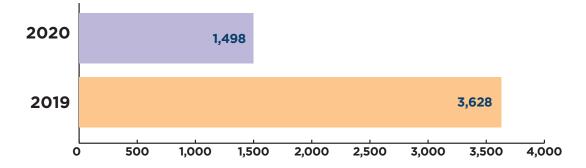
Ombudsmen in Nursing Homes

Number of Licensed Facilities	Number of Licensed Beds
437	49,662

Ombudsmen are expected to visit nursing homes at least quarterly. In FFY 2020, the ombudsmen made 1,498 visits to nursing homes which is approximately 59% less than the number of visits made to nursing homes in FFY 2019.

During the same period there were **2,245 complaints handled in nursing** homes by ombudsmen or about 17% less than the number of nursing home complaints handled in FFY 2019. The most frequent complaints investigated by ombudsmen on behalf of residents in nursing homes were related to care, autonomy/choice/rights, and transfer/discharge. The following graphs further demonstrate the categories and types of complaints received by ombudsmen.

NUMBER OF VISITS TO NURSING HOMES, 2-YEAR COMPARISON

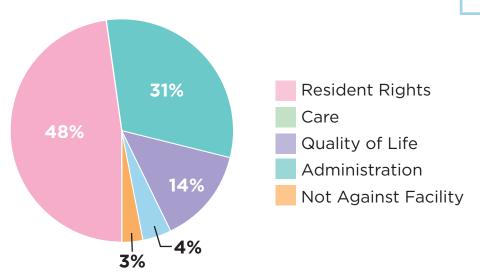


CATEGORICAL BREAKDOWN OF NURSING HOME COMPLAINTS RECEIVED BY OMBUDSMAN PROGRAM IN FFY 2020

CATEGORY	TYPE OF COMPLAINT	# OF COMPLAINTS	TOTAL # BY CATEGORY
	Abuse, Neglect, Exploitation	46	
	Access To Information	77	
RESIDENTS RIGHTS	Admission, Transfer, Discharge	380	1,084
RIGITIS	Autonomy, Choice, Preference, Privacy	407	
	Financial, Property	174	
	Care	644	
RESIDENT CARE	Rehabilitation	38	684
	Restraints	2	
	Activities and Social Services	66	
QUALITY OF LIFE	Dietary	121	319
	Environment	132	
A DMINICTD ATION	Oversight, Management	41	90
ADMINISTRATION	Staffing	48	89
NOT ACAINGT	Regulatory System	1	
NOT AGAINST FACILITY	Medicaid	28	69
TACILITI	Systems/Others	40	
TOTAL NUIDSING HOME COMPLAINTS!			

TOTAL NURSING HOME COMPLAINTS'

2,245

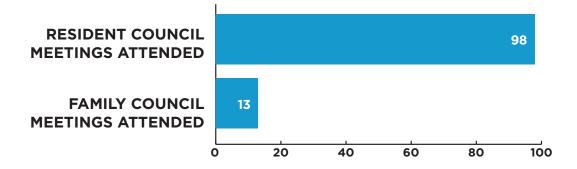


Other General Information, Technical Assistance and Training

The ombudsman program provides consultation and training to residents, families, citizens, and facility providers. Ombudsmen have in-depth knowledge of how to navigate the long-term care system which includes interactions with facilities, upholding resident rights and advocating for person-centered strategies in problem solving.

RESIDENT AND FAMILY COUNCILS

In FFY 2020, ombudsmen attended **98 resident council meetings** and **13 family council meetings**. Ombudsmen attend these meetings solely at the invitation of the groups and are typically asked to share information about the ombudsman program and resident rights when they attend.





At both the state and local levels, during FFY 2020, the ombudsman program provided **7,922 consultations** to individuals about long-term care. The most frequently requested topics included consumer requests for **lists of facilities, residents' rights, and transfer/discharge**.

PROVIDER IN-SERVICE TRAINING AND CONSULTATIONS

Ombudsmen are often called on to provide technical assistance and training to facilities about matters of resident rights, quality of life, and other aging issues. In FFY 2020, ombudsmen provided 2,896 consultations to providers about a variety of issues. The three most common areas were related to resident rights, LTC disaster procedures, and the Long-Term Care Ombudsman Program. Additionally, ombudsmen provided 167 provider inservice trainings. The most requested topics included residents' rights and aging sensitivity.

COMMUNITY EDUCATION

Ombudsmen are also called on by various civic organizations, faith groups and other community organizations to educate citizens about issues facing older adults in long-term care settings. Ombudsmen spent **830 hours** conducting **385 sessions** of community education.

Elder Abuse Awareness and Prevention Activities

National and international research shows that abuse, neglect, and exploitation of vulnerable and older adults is grossly underreported. The well-being of North Carolina's vulnerable and older adults is a shared responsibility of the community. All North Carolinians are charged under state law to report suspected abuse, neglect, or exploitation to their local county department of social services. Additionally, the Long-Term Care Ombudsman Program is responsible for initiating special projects and/or events to increase public awareness of current long-term care issues and elder abuse prevention.

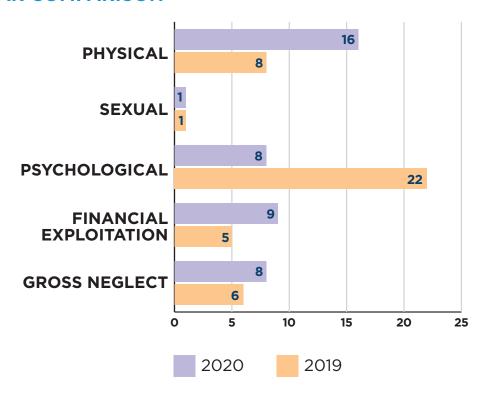
The Long-Term Care Ombudsman Program hosts a variety of community education and outreach sessions across the state specifically designed to educate people about elder abuse. In 2020, ombudsmen conducted **32 sessions** of community education and **17 sessions of provider in-service training** on elder abuse awareness, identification, and prevention. Additionally, the North Carolina Division of Aging and Adult Services made special efforts to bring awareness of elder abuse through a video which can be found using the following link: www.youtube.com/watch?v=RfSPf77 z9M

Furthermore, ombudsmen continue to seek community collaboration among agencies like long-term care providers, senior centers, faith groups and other community entities to assist with outreach efforts.

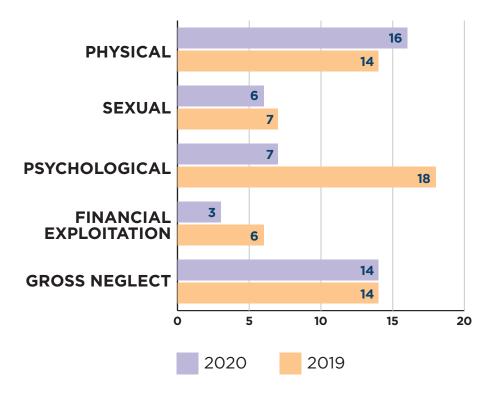
Often, the ombudsmen participate in multi-disciplinary teams that emphasize elder abuse awareness. The Office of the State Long-Term Care Ombudsman continues to oversee the SAFE in LTC Taskforce dedicated to the awareness of crimes committed in long-term care facilities.

Ombudsmen in North Carolina do not investigate allegations of abuse, neglect, or exploitation. However, they can empower and support victims of abuse by encouraging them to self-report and by connecting them with agencies such as local departments of social services, law enforcement and regulatory agencies to have their concerns appropriately addressed.

ADULT CARE HOME ABUSE COMPLAINTS, 2-YEAR COMPARISON



NURSING HOME ABUSE COMPLAINTS, 2-YEAR COMPARISON



Community advisory Committees (CAC)

Total Number of	Number of Hours	Number of Miles
CAC Volunteers	Donated by CAC	Driven by CAC
878	11,114	43,815

A total of **878 Community Advisory Committee members** served the ombudsman program in FFY 2020. Regional ombudsmen are mandated to train committee members before they are appointed by county commissioners to the committee. In accordance with Session Law 2017-103 (House Bill 248), the state ombudsman must certify and designate committee members upon completion of training by the regional ombudsmen.

For Federal Fiscal Year 2020, **778 hours** were spent on **303 training sessions** to community advisory committees. These sessions included education for new appointees as well as required ongoing annual training.

The committees spent **11,114 hours** and drove **43,815 miles** conducting resident visits and performing other mandated duties.



YEARLY COMPARISON	2020	2019
Number of Hours Donated by CAC	11,114	29,786
Number of Hours Donated by CAC	43,815	125,303
Number Hours Spent on Training Sessions	778	1,698
Number of Training Sessions	303	598



Roy Cooper, Governor, State of North Carolina

Dr. Mandy K. Cohen, Secretary, Department of Health and Human Services

Joyce Massey-Smith, MPA, Director, Division of Aging and Adult Services

Victor Orija, State Long-Term Care Ombudsman

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