



Ombudsman Reporting Tool (ORT)

Washington State Long-Term Care Ombudsman Program

Long-Term Care Ombuds Annual Report

Federal Fiscal Year 2017

October 1, 2016 - September 30, 2017

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.

2,854

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.

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Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

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

Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	859	791	8
2. Relative/friend of resident	322	309	5
3. Non-relative guardian, legal representative	13	6	0
4. Ombudsman/ombudsman volunteer	72	74	0
5. Facility administrator/staff or former staff	126	114	1
6. Other medical: physician/staff	17	17	0
7. Representative of other health or social service agency or program	28	37	0
8. Unknown/anonymous	23	28	1
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	3	11	0

Total number of cases closed during the reporting period:

2,865

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

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Part I - Cases, Complainants and Complaints

C. Complaints Received

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

4,960

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.

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Part I - Cases, Complainants and Complaints

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

	Nursing Facility	B&C, ALF, RCF, etc.
Residents' Rights		
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	13	15
2. Abuse, sexual	5	4
3. Abuse, verbal/psychological (including punishment, seclusion)	20	31
4. Financial exploitation (use categories in section E for less severe financial complaints)	10	17
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	23	24
6. Resident-to-resident physical or sexual abuse	3	17
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	13	7
9. Access by or to ombudsman/visitors	5	10
10. Access to facility survey/staffing reports/license	1	4
11. Information regarding advance directive	0	1
12. Information regarding medical condition, treatment and any changes	21	13
13. Information regarding rights, benefits, services, the resident's right to complain	20	12
14. Information communicated in understandable language	1	2
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	11	17
17. Appeal process - absent, not followed	15	3
18. Bed hold - written notice, refusal to readmit	17	13
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	229	162
20. Discrimination in admission due to condition, disability	3	3
21. Discrimination in admission due to Medicaid status	4	6
22. Room assignment/room change/intrafacility transfer	19	20
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	11	4
25. Confinement in facility against will (illegally)	20	21
26. Dignity, respect - staff attitudes	119	115
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	100	71
28. Exercise right to refuse care/treatment	16	6
29. Language barrier in daily routine	5	6
30. Participate in care planning by resident and/or designated surrogate	54	19
31. Privacy - telephone, visitors, couples, mail	27	43
32. Privacy in treatment, confidentiality	12	9
33. Response to complaints	28	30
34. Reprisal, retaliation	23	35

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35. Not Used		
E. Financial, Property (Except for Financial Exploitation)		
36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	50	88
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	14	43
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	47	62
39. Not Used		
Resident Care		
F. Care		
40. Accidental or injury of unknown origin, falls, improper handling	45	29
41. Failure to respond to requests for assistance	161	66
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	97	59
43. Contracture	1	0
44. Medications - administration, organization	124	101
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	91	49
46. Physician services, including podiatrist	54	14
47. Pressure sores, not turned	19	13
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	62	27
49. Toileting, incontinent care	62	26
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	13	7
51. Wandering, failure to accommodate/monitor exit seeking behavior	7	9
52. Not Used		
G. Rehabilitation or Maintenance of Function		
53. Assistive devices or equipment	70	34
54. Bowel and bladder training	3	0
55. Dental services	13	6
56. Mental health, psychosocial services	14	2
57. Range of motion/ambulation	15	7
58. Therapies - physical, occupational, speech	54	11
59. Vision and hearing	12	5
60. Not Used		
H. Restraints - Chemical and Physical		
61. Physical restraint - assessment, use, monitoring	1	1
62. Psychoactive drugs - assessment, use, evaluation	3	6
63. Not Used		
Quality of Life		
I. Activities and Social Services		
64. Activities - choice and appropriateness	46	65
65. Community interaction, transportation	22	46
66. Resident conflict, including roommates	44	40
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	20	8
68. Not Used		
J. Dietary		
69. Assistance in eating or assistive devices	25	8

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70. Fluid availability/hydration	16	13
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	89	91
72. Snacks, time span between meals, late/missed meals	20	10
73. Temperature	10	4
74. Therapeutic diet	27	14
75. Weight loss due to inadequate nutrition	1	9
76. Not Used		
K. Environment		
77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	36	39
78. Cleanliness, pests, general housekeeping	19	49
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	41	63
80. Furnishings, storage for residents	21	23
81. Infection control	9	5
82. Laundry - lost, condition	34	24
83. Odors	3	13
84. Space for activities, dining	1	3
85. Supplies and linens	4	4
86. Americans with Disabilities Act (ADA) accessibility	0	1
Administration		
L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)		
87. Abuse investigation/reporting, including failure to report	2	4
88. Administrator(s) unresponsive, unavailable	12	27
89. Grievance procedure (use C for transfer, discharge appeals)	1	3
90. Inappropriate or illegal policies, practices, record-keeping	6	3
91. Insufficient funds to operate	0	3
92. Operator inadequately trained	2	4
93. Offering inappropriate level of care (for B&C/similar)	2	3
94. Resident or family council/committee interfered with, not supported	1	7
95. Not Used		
M. Staffing		
96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	11	14
97. Shortage of staff	48	26
98. Staff training	15	10
99. Staff turn-over, over-use of nursing pools	5	5
100. Staff unresponsive, unavailable	52	41
101. Supervision	2	3
102. Eating Assistants	3	1
Not Against Facility		
N. Certification/Licensing Agency		
103. Access to information (including survey)	1	2
104. Complaint, response to	3	4
105. Decertification/closure	0	1
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0

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109. Transfer or eviction hearing	1	1
110. Not Used		
O. State Medicaid Agency		
111. Access to information, application	4	8
112. Denial of eligibility	6	4
113. Non-covered services	2	0
114. Personal Needs Allowance	2	2
115. Services	8	4
116. Not Used		
P. System/Others		
117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	9	5
118. Bed shortage - placement	0	0
119. Facilities operating without a license	0	2
120. Family conflict; interference	26	33
121. Financial exploitation or neglect by family or other not affiliated with facility	14	18
122. Legal - guardianship, conservatorship, power of attorney, wills	41	53
123. Medicare	11	2
124. Mental health, developmental disabilities, including PASRR	3	2
125. Problems with resident's physician/assistant	2	1
126. Protective Service Agency	0	1
127. SSA, SSI, VA, Other Benefits/Agencies	4	8
128. Request for less restrictive placement	21	8
Total, categories A through P	2,688	2,250
Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)		
129. Home care	1	
130. Hospital or hospice	5	
131. Public or other congregate housing not providing personal care	0	
132. Services from outside provider (see instructions)	16	
133. Not Used		
Total, Heading Q.	22	
Total Complaints*	4,960	
* (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.)		

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Part I - Cases, Complainants and Complaints

E. Action on Complaints

Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	2,366	1,866	20

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

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

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	1	3	0
b. Which were not resolved* to satisfaction of resident or complainant	147	141	0
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	114	119	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	116	121	2
2) other agency failed to act on complaint	4	20	0
3) agency did not substantiate complaint	43	72	0
e. For which no action was needed or appropriate	225	276	3
f. Which were partially resolved* but some problem remained	463	358	0
g. Which were resolved* to the satisfaction of resident or complainant	1,575	1,140	17

Total, by type of facility or setting	2,688	2,250	22
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Grand Total (Same number as that for total complaints on pages 1 and 7)			4,960
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** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

3. Legal Assistance/Remedies (Optional) - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.

Facility Type NF: a=0, b=0, c=0 and d=0
 Facility Type BC: a=0, b=1, c=0 and d=0
 Facility Type OT: a=0, b=0, c=0 and d=0

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

Part I - Cases, Complainants and Complaints

F. Complaint Description (Optional):

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

[Empty space for complaint description]

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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.

The Washington State Long-Term Care Ombudsman Program continued to working on issues related to transfers and discharges of residents. LTCOP participated in several different workgroups, formal and informal, provided analysis of proposed policies/solutions, shared information, provided commentary and participated in legislative activities related to the problem. Unlawful discharges and transfer and other related problems have numerous causes and barriers. Discharge and transfers continue to be one of LTCOP's top three complaint types across all licensed care settings.

a) Barriers and problems identified from different perspectives are:

1. Long-term care providers report Medicaid payments are inadequate
2. Difficult to manage behavioral symptoms related to dementia, chronic mental illness make it difficult to place resident in long-term care.
3. Difficult to find suitable low income housing, chronic homelessness issues. Criminal history or problems with paying rent make individuals difficult to find housing and get in-home care.
4. Residents left abandoned in Emergency Departments or Hospitals by long-term care facilities stating they cannot meet residents needs or safety issues. Hospitals and long-term care taking residents to homeless shelter or temporary housing.
5. Licensed LTC facilities refusing to admit or readmit LTC residents for short term rehab unless hospital or insurer can guarantee discharge plan out of the facility once resident is finished with rehab stay.
6. LTC residents not served proper written discharge notices and appeal rights.

b) Recommendations or solutions: LTCOP has participated in many of these discussions.

1. State has several plans to address homelessness, chronic mental health and behavioral health populations. Working to build more resources and distribute current resources adequately to support LTC providers to include hiring more staff, creating more community based mental health centers/supports, mobilizing mental health services to help stabilize individuals in long term care and improving communication systems between state, payors, case managers, hospitals and providers.
2. Hospitals, insurers, managed care organization and state looking to create more housing resources.
3. LTCOP advocate for better understanding of LTC resident rights. In particular issues regarding unlawful discharges and failure to allow residents return or stay in the LTC facility during appeal process.

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

Part III - Program Information and Activities

A. Facilities and Beds:

ALERT: AoA recommends that your program regularly enter into your data collection system all licensed facilities and beds in your state covered by your program and keep this information updated. In the event this is not being done in your program, the totals for Part III.A should be obtained from an outside source, such as the state licensing agency, and entered into the ORT manually.

1. How many nursing facilities are licensed in your State?	228
2. How many beds are there in these facilities?	21,972

3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.

No change

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	3,349
b) How many beds are there in these facilities?	48,568

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

Part III - Program Information and Activities

B. Program Coverage

Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.

B.1. Designated Local Entities

Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

Local entities hosted by:

Area agency on aging	7
Other local government entity	0
Legal services provider	0
Social services non-profit agency	3
Free-standing ombudsman program	0
Regional office of State ombudsman program	3
Other; specify:	0

Total Designated Local Ombudsman Entities 13

B.2. Staff and Volunteers

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

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	2.25	15.37
	Number people working full-time on ombudsman program	1	10
Paid clerical staff	FTEs	0.50	1.50
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	0	321
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	0	37,093
<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>			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	10	94

B.3. Organizational Conflict of Interest

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

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

Location of Conflict Identified at:

State Office Local Entity Both

Organizational COI:

One conflict of interest was identified and resolved collaboratively with the Olympic Area Agency on Aging. This Local Ombudsman Entity (LOE) is in a rural part of the region, a small program and agency. The agency provides long-term care case management (OAA Sec. 712(f)(2)(A)(iv)); it is responsible for eligibility determinations for the Medicaid program carried out under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (OAA Sec. 712(f)(2)(A)(vii)); and it is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facilities (CFR 1324.21(a)(9)). The LOE establishes ongoing functional eligibility for Medicaid in-home or initial residential placement and does not determine financial eligibility.

The identifying conflict is in the reporting chain of management and direct supervision of the Regional LTC Ombuds.

Steps were taken to remedy the conflicts of interests (COIs) :

1. The LOE has in place remedies such as separate branding and image from the LOE, separate programmatic policies and procedures, separate and secure LTCOP database from the host agency, and job functions are handled by a separate unit than the LTCOP.
2. Subcontracting agreements between the State LTCOP and the LOE require the LOE to follow the state and federal laws and regulations regarding "independence" between the LOE and the local program and the Office of the State LTCO providing program leadership and direction, setting policies and procedures and all other responsibilities by the State LTCO separate from the "employer" responsibilities of the LOE. The subcontracting agreements require that the LOE identify organizational and individual conflicts of interests and a remedy to COIs or removal of the COIs.
3. The LOE will remove LTCOP staff access to the "CARE" case management database. Volunteer LTCOP do not have access to the "CARE" database. When a certified ombuds seeks case management records, the ombuds will follow LTCOP standards, which require the resident's informed consent to view the records. Once permission is obtained, the ombuds will directly contact the appropriate case manager for the records and will document the request in ombudsman records.
4. Certified ombudsmen will seek supervision from their immediate supervisor. Regional LTC Ombuds will seek information and support, when needed, from the Office of the State LTC Ombuds. Should the ombuds need immediate consultation or assistance, and the State LTCO or her designees not be available, the certified ombuds can seek consult from the Executive Director of the LOE. If the Executive Director is not available, the ombudsman will go to the LOE supervisor. If the issue involves a former case management client, the LOE supervisor will recuse himself due to conflicts of interest.

For subsequent reporting years:

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

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

Part III - Program Information and Activities

C. Program Funding

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

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	\$377,191
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	\$50,523
Federal - OAA Title III provided at State level	\$28,582
Federal - OAA Title III provided at AAA level	\$54,087
Other Federal; specify:	\$0
State funds	\$1,324,201
Local; specify:	\$212,649
County general revenues, State Senior Service Act, Coummunity Services Block Grant, Private foundation grants, Private donations.	
Total Program Funding	\$2,047,233

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

Part III - Program Information and Activities

D. Other Ombudsman Activities

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

Activity	Measure	State	Local	
1. Training for ombudsman staff and volunteers	Number sessions	35	321	
	Number hours	148	1,389	
	Total number of trainees that attended any of the training sessions above (duplicated count)	339	2,138	
	3 most frequent topics for training	Abuse & Neglect		Omb. Services
		Atypicals Grant Education by State Office		Long-Term Care
		Omb. Services		Regulations
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	35	65	
3. Training for facility staff	Number sessions	4	18	
	3 most frequent topics for training	Omb. Services	Omb. Services	
		Resident Rights	Resident Rights	
		Antipsychotics	Complaint Process	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Z - Omb. Services	Z - Omb. Services	
		C - Admission, Transfer, Discharge, Eviction	F - Care	
		Q - Complaints in other than LTC	C - Admission, Transfer, Discharge, Eviction	
	Number of consultations	101	11,289	

Agency or organization which sponsors the State Ombudsman Program: Multi Service Center

5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Z - Omb. Services	Z - Omb. Services
		F - Care	F - Care
		R - Resident Rights	C - Admission, Transfer, Discharge, Eviction
	Number of consultations	491	46,572
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	5	67
	Number Board and Care (or similar) facilities visited (unduplicated)	8	470
7. Participation in Facility Surveys	Number of surveys	0	82
8. Work with resident councils	Number of meetings attended	0	662
9. Work with family councils	Number of meetings attended	0	42
10. Community Education	Number of sessions	15	138
11. Work with media	3 most frequent topics	Discharge/Transfer	Z - Omb. Services
		Resident Rights	Regulations
		Quality of Care	
	Number of interviews/discussions	4	13
	Number of press releases	2	5
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	55	10

* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."