



Ombudsman Reporting Tool (ORT)

Washington State Long-Term Care Ombudsman Program

Long-Term Care Ombuds Annual Report

Federal Fiscal Year 2019

October 1, 2018 - September 30, 2019

	A	B
1	Part I - Cases, Complainants and Complaints	
2	A. Cases Opened	
3		
4	Provide the total number of cases opened during reporting period.	2,270
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	Part I - Cases, Complainants and Complaints			
2	B. Cases Closed, by Type of Facility			
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	Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
8				
9	1. Resident	768	590	10
10	2. Relative/friend of resident	254	251	1
11	3. Non-relative guardian, legal representative	6	9	
12	4. Ombudsman/ombudsman volunteer	118	45	
13	5. Facility administrator/staff or former staff	96	93	
14	6. Other medical: physician/staff	9	8	
15	7. Representative of other health or social service agency or program	15	18	
16	8. Unknown/anonymous	21	18	
17	9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	2	6	1
18				
19	Total number of cases closed during the reporting period:		2,339	
20				
21	* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated			

	A	B
1	Part I - Cases, Complainants and Complaints	
2	C. Complaints Received	
3		
4	For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	4,204
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	Part I - Cases, Complainants and Complaints		
2	D. Types of Complaints, by Type of Facility		
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		Nursing Facility	B&C, ALF, RCF, etc.
6	Residents' Rights		
7	A. Abuse, Gross Neglect, Exploitation		
8	1. Abuse, physical (including corporal punishment)	18	12
9	2. Abuse, sexual	4	3
10	3. Abuse, verbal/psychological (including punishment, seclusion)	35	34
11	4. Financial exploitation (use categories in section E for less severe financial complaints)	13	17
12	5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	15	9
13	6. Resident-to-resident physical or sexual abuse	5	5
14	7. Not Used		
15	B. Access to Information by Resident or Resident's Representative		
16	8. Access to own records	7	13
17	9. Access by or to ombudsman/visitors	4	5
18	10. Access to facility survey/staffing reports/license	1	1
19	11. Information regarding advance directive	2	1
20	12. Information regarding medical condition, treatment and any changes	37	10
21	13. Information regarding rights, benefits, services, the resident's right to complain	14	11
22	14. Information communicated in understandable language	4	1
23	15. Not Used		
24	C. Admission, Transfer, Discharge, Eviction		
25	16. Admission contract and/or procedure	11	12
26	17. Appeal process - absent, not followed	5	1
27	18. Bed hold - written notice, refusal to readmit	4	8
28	19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	269	119
29	20. Discrimination in admission due to condition, disability	8	3
30	21. Discrimination in admission due to Medicaid status	1	2
31	22. Room assignment/room change/intrafacility transfer	30	15
32	23. Not Used		
33	D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
34	24. Choose personal physician, pharmacy/hospice/other health care provider	8	5
35	25. Confinement in facility against will (illegally)	16	19
36	26. Dignity, respect - staff attitudes	116	85
37	27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	90	71
38	28. Exercise right to refuse care/treatment	19	11
39	29. Language barrier in daily routine	2	2
40	30. Participate in care planning by resident and/or designated surrogate	31	19
41	31. Privacy - telephone, visitors, couples, mail	30	38
42	32. Privacy in treatment, confidentiality	13	13
43	33. Response to complaints	28	35
44	34. Reprisal, retaliation	20	16

A	B	C	D
5		Nursing Facility	B&C, ALF, RCF, etc.
45	35. Not Used		
46	E. Financial, Property (Except for Financial Exploitation)		
47	36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	58	83
48	37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	24	29
49	38. Personal property lost, stolen, used by others, destroyed, withheld from resident	51	46
50	39. Not Used		
51			
52	Resident Care		
53	F. Care		
54	40. Accidental or injury of unknown origin, falls, improper handling	30	18
55	41. Failure to respond to requests for assistance	115	61
56	42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	72	58
57	43. Contracture	2	
58	44. Medications - administration, organization	96	95
59	45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	79	50
60	46. Physician services, including podiatrist	28	12
61	47. Pressure sores, not turned	17	4
62	48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	65	30
63	49. Toileting, incontinent care	43	9
64	50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	6	4
65	51. Wandering, failure to accommodate/monitor exit seeking behavior	7	12
66	52. Not Used		
67	G. Rehabilitation or Maintenance of Function		
68	53. Assistive devices or equipment	74	18
69	54. Bowel and bladder training	2	
70	55. Dental services	11	2
71	56. Mental health, psychosocial services	16	7
72	57. Range of motion/ambulation	11	3
73	58. Therapies - physical, occupational, speech	57	4
74	59. Vision and hearing	13	4
75	60. Not Used		
76	H. Restraints - Chemical and Physical		
77	61. Physical restraint - assessment, use, monitoring	6	4
78	62. Psychoactive drugs - assessment, use, evaluation	4	3
79	63. Not Used		
80			
81	Quality of Life		
82	I. Activities and Social Services		
83	64. Activities - choice and appropriateness	52	49
84	65. Community interaction, transportation	25	33
85	66. Resident conflict, including roommates	41	23
86	67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	22	6
87	68. Not Used		

A	B	C	D
5		Nursing Facility	B&C, ALF, RCF, etc.
88	J. Dietary		
89	69. Assistance in eating or assistive devices	15	7
90	70. Fluid availability/hydration	9	6
91	71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	59	60
92	72. Snacks, time span between meals, late/missed meals	13	6
93	73. Temperature	7	12
94	74. Therapeutic diet	18	10
95	75. Weight loss due to inadequate nutrition	4	8
96	76. Not Used		
97	K. Environment		
98	77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	16	23
99	78. Cleanliness, pests, general housekeeping	24	23
100	79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	39	35
101	80. Furnishings, storage for residents	20	12
102	81. Infection control	6	3
103	82. Laundry - lost, condition	27	8
104	83. Odors	6	10
105	84. Space for activities, dining	1	
106	85. Supplies and linens	6	6
107	86. Americans with Disabilities Act (ADA) accessibility	3	4
108			
109	Administration		
110	L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)		
111	87. Abuse investigation/reporting, including failure to report	3	3
112	88. Administrator(s) unresponsive, unavailable	10	18
113	89. Grievance procedure (use C for transfer, discharge appeals)	4	3
114	90. Inappropriate or illegal policies, practices, record-keeping	6	6
115	91. Insufficient funds to operate	1	1
116	92. Operator inadequately trained		2
117	93. Offering inappropriate level of care (for B&C/similar)	7	4
118	94. Resident or family council/committee interfered with, not supported	2	4
119	95. Not Used		
120	M. Staffing		
121	96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	12	6
122	97. Shortage of staff	36	36
123	98. Staff training	11	15
124	99. Staff turn-over, over-use of nursing pools	2	3
125	100. Staff unresponsive, unavailable	50	32
126	101. Supervision	6	5
127	102. Eating Assistants	1	1
128			
129	Not Against Facility		
130	N. Certification/Licensing Agency		
131	103. Access to information (including survey)		
132	104. Complaint, response to	1	3

A	B	C	D
5		Nursing Facility	B&C, ALF, RCF, etc.
133	105. Decertification/closure	8	
134	106. Sanction, including Intermediate		
135	107. Survey process		
136	108. Survey process - Ombudsman participation		
137	109. Transfer or eviction hearing	1	
138	110. Not Used		
139	O. State Medicaid Agency		
140	111. Access to information, application	6	
141	112. Denial of eligibility	3	6
142	113. Non-covered services	2	
143	114. Personal Needs Allowance	5	7
144	115. Services	7	10
145	116. Not Used		
146	P. System/Others		
147	117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	5	6
148	118. Bed shortage - placement	1	1
149	119. Facilities operating without a license		
150	120. Family conflict; interference	14	20
151	121. Financial exploitation or neglect by family or other not affiliated with facility	13	14
152	122. Legal - guardianship, conservatorship, power of attorney, wills	24	30
153	123. Medicare	10	2
154	124. Mental health, developmental disabilities, including PASRR		3
155	125. Problems with resident's physician/assistant	2	
156	126. Protective Service Agency	1	1
157	127. SSA, SSI, VA, Other Benefits/Agencies	7	6
158	128. Request for less restrictive placement	13	8
159	Total, categories A through P	2,434	1,752
160			
161	Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)		
162	129. Home care	2	
163	130. Hospital or hospice	8	
164	131. Public or other congregate housing not providing personal care		
165	132. Services from outside provider (see instructions)	8	
166	133. Not Used		
167	Total, Heading Q.	18	
168			
169	Total Complaints*	4,204	
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	Part I - Cases, Complainants and Complaints					
2	E. Action on Complaints					
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			Nursing Facility	B&C, ALF, RCF, etc.	Other Settings	
6	1. Complaints which were verified:		2,217	1,511	17	
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)		11			
12	b. Which were not resolved* to satisfaction of resident or complainant		132	120	1	
13	c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation		49	78		
14	d. Which were referred to other agency for resolution and:					
15	1) report of final disposition was not obtained		105	103	2	
16	2) other agency failed to act on complaint		31	4	1	
17	3) agency did not substantiate complaint		48	25		
18	e. For which no action was needed or appropriate		162	196	3	
19	f. Which were partially resolved* but some problem remained		373	304	1	
20	g. Which were resolved* to the satisfaction of resident or complainant		1,523	922	10	
21						
22	Total, by type of facility or setting		2,434	1,752	18	
23						
24	Grand Total (Same number as that for total complaints on pages 1 and 7)				4,204	
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=1, b=0, c=1 and d=1 Facility Type BC: a=0, b=0, c=0 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	
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	<p>During the last fiscal year, the number of long-term care facility closures increased. Most of the closures were nursing homes, but also of note were one assisted living that specialized in serving the chronically mentally ill, and the elimination of long-term care beds in critical access hospitals located in rural Washington state. In the last ten years, approximately 15 nursing homes have closed. The majority of the nursing homes pin financial reasons for closure. Two homes closed due to advance age of the owners, the need for expensive building renovations and the desire to sell the properties. Low Medicaid reimbursement rates was stated as to the primary reason for financial problems. A few facilities also closed due to poor management decisions and also cited low Medicaid reimbursement as contributing to closure.</p> <p>Finding new homes were particularly challenging for Medicaid residents as finding appropriate long-term care settings near their community of choice became more difficult as Medicaid beds were scarce. This was not strictly a rural area problem for Medicaid residents. Residents living in the downtown corridor of downtown Seattle- also faced limited choice when their Seattle based nursing home closed. Some of the residents transferred to a "special focus" facility in the downtown Seattle area. This facility is now in process of closure after being in receivership due to poor quality of care and loss of certification by CMS. More homes have closed since the end of the fiscal year, and there are more anticipated to close this calendar year.</p> <p>The LTC Ombudsman Program is working with state lawmakers, elected officials and provider groups to address the immediate issue of low Medicaid reimbursement rates. Washington State reimbursement rate does not meet 2019 costs. We provide ombuds services to the residents and their family members during the closures. Ombuds services include routine complaint finding and resolution, providing education about resident rights, explain closure, monitor for concerns and answer questions, identify residents with special needs, and provide advocacy. Ombuds also provide education to facility staff about closure, and the importance to monitor residents for signs of "transfer trauma" and other negative impacts. We try to follow-up with each resident who has transferred to a new long-term care facility. Our resources are limited and with the number of closures happening, the ombudsman program is having to further prioritize our work.</p>

A	B	C	D
1	Part III - Program Information and Activities		
2	A. Facilities and Beds:		
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?		223
5	2. How many beds are there in these facilities?		20,987
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?		3,437
10	b) How many beds are there in these facilities?		50,589

A	B	C	D	E
1	Part III - Program Information and Activities			
2	B. Program Coverage			
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.1. Designated Local Entities			
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	Local entities hosted by:			
11	Area agency on aging		7	
12	Other local government entity		0	
13	Legal services provider		0	
14	Social services non-profit agency		3	
15	Free-standing ombudsman program		0	
16	Regional office of State ombudsman program		3	
17	Other; specify:		0	
18				
19				
20	Total Designated Local Ombudsman Entities		13	
21				
22	B.2. Staff and Volunteers			
23				
24	Provide numbers of staff and volunteers, as requested, at state and local levels.			
25	Type of Staff	Measure	State Office	Local Programs
26	Paid program staff	FTEs	3.25	20.30
27		Number people working full-time on ombudsman program	2	12
28	Paid clerical staff	FTEs	0.50	1.50
29	Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	0	368
30	Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	0	32,860
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	10	96
33				
34	B.3. Organizational Conflict of Interest			
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 §1324.21and 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 entitie s, where applicable, write that none were identified.			
37				
38	Location of Conflict Identified at:	State		
39				
40	I certify that have reviewed the organization conflicts of interest in my state Ombudsman program and report no changes in organization conflicts or the remedies previously implemented.			
41				
42	For subsequent reporting years:			
43	No 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	Part III - Program Information and Activities		
2	C. Program Funding		
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		\$364,908
7	Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention		\$0
8	Federal - OAA Title III provided at State level		\$46,653
9	Federal - OAA Title III provided at AAA level		\$51,231
10	Other Federal; specify:		\$332,000
11	Victim of Crime Assistance		
12	State funds		\$1,705,191
13	Local; specify:		\$266,126
14	County general revenues, State Senior Service Act, Community Services Block Grant, Private foundation grants, Private donations.		
15			
16	Total Program Funding		\$2,766,109

	A	B	C	D
1	Part III - Program Information and Activities			
2	D. Other Ombudsman Activities			
3				
4	Provide below and on the next page information on ombudsman program activities other than work on complaints.			
5				
6	Activity	Measure	State	Local
7		Number sessions	221	668
8		Number hours	636	2,409
9		Total number of trainees that attended any of the training sessions above (duplicated count)	346	4,122
10	1. Training for ombudsman staff and volunteers		VOCA-Victims of Crime Assistance	Omb. Services
11		3 most frequent topics for training	Omb. Services	VOCA-Victims of Crime Assistance
12			HB1402	Complaint Process
13	2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	35	65
14		Number sessions	6	34
15			VOCA-Victims of Crime Assistance	Omb. Services
16	3. Training for facility staff	3 most frequent topics for training	Resident Rights	VOCA-Victims of Crime Assistance
17				Discharge-Eviction-Transfer-Admission
18			C - Admission, Transfer, Discharge, Eviction	Z - Omb. Services
19	4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Z - Omb. Services	F - Care
20			Resident Rights	C - Admission, Transfer, Discharge, Eviction

	A	B	C	D
6	Activity	Measure	State	Local
21		Number of consultations	112	9,580
22			C - Admission, Transfer, Discharge, Eviction	Z - Omb. Services
23	5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Resident Rights	F - Care
24			Z - Omb. Services	C - Admission, Transfer, Discharge, Eviction
25		Number of consultations	103	41,741
26	6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	0	71
27		Number Board and Care (or similar) facilities visited (unduplicated)	0	463
28	7. Participation in Facility Surveys	Number of surveys	0	225
29	8. Work with resident councils	Number of meetings attended	104	993
30	9. Work with family councils	Number of meetings attended	0	78
31	10. Community Education	Number of sessions	18	602
32			Resident Rights	Aging
33		3 most frequent topics	LTC Ombuds Services	Long-Term Care
34	11. Work with media		Involuntary discharges and hospital dumping	
35		Number of interviews/discussions	4	4
36		Number of press releases	4	4

	A	B	C	D
6	Activity	Measure	State	Local
37	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%.)	50	10
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."			