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Case and Complaints Summary

Complaint Type by Facility Type

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Case and Complaints Summary

Total number of cases closed: **1367**

Totals Cases per Complainant by Facility Setting

Complainant	Nursing Facility	Residential Care Community	Other	Total per complainant
Resident	430	371	1	802
Resident representative, friend, family	158	190	0	348
Ombudsman program	24	31	0	55
Facility staff	37	37	0	74
Representative of other agency or program	18	24	1	43
Concerned person	2	12	0	14
Resident or family council	3	8	0	11
Unknown	9	11	0	20
Total per facility type	**681**	**684**	**2**	**1367**

Total number of complaints: **2765**

Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	49	88	0	137
B. Access to Information	38	33	0	71
C. Admission, transfer, discharge, eviction	135	133	0	268
D. Autonomy, choice, rights	259	311	1	571
E. Financial, property	42	101	0	143
F. Care	550	334	0	884
G. Activities and community integration and social services	55	62	0	117
H. Dietary	78	99	0	177
I. Environment	59	78	0	137
J. Facility policies, procedures and practices	57	81	0	138
K. Complaints about an outside agency (non-facility)	21	23	0	44
L. System and others (non-facility)	31	46	1	78

Complaint Verifications

Verification Status	Nursing Facility	Residential Care Community	Other	Total
Verified	1305	1315	2	2622
Not Verified	69	74	0	143

Complaint Dispositions

Disposition Status	Nursing Facility	Residential Care Community	Other	Total
Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	1115	1107	1	2223
Withdrawn or no action needed by the resident, resident representative or complainant	143	170	1	314
Not resolved to the satisfaction of the resident, resident representative or complainant	116	112	0	228

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Complaint Types by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	49	88	0	137
A01. Abuse: physical	15	13	0	28
A02. Abuse: sexual	2	1	0	3
A03. Abuse: psychological	5	26	0	31
A04. Financial exploitation	6	25	0	31
A05. Gross neglect	21	23	0	44
B. Access to Information	38	33	0	71
B01. Access to information and records	27	27	0	54
B02. Language and communication barrier	10	5	0	15
B03. Willful interference	1	1	0	2
C. Admission, transfer, discharge, eviction	135	133	0	268
C01. Admission	5	10	0	15
C02. Appeal process	8	13	0	21
C03. Discharge or eviction	102	98	0	200
C04. Room issues	20	12	0	32
D. Autonomy, choice, rights	259	311	1	571
D01. Choice in health care	8	17	0	25
D02. Live in less restrictive setting	35	36	1	72
D03. Dignity and respect	108	88	0	196
D04. Privacy	12	20	0	32
D05. Response to complaints	40	45	0	85
D06. Retaliation	13	20	0	33
D07. Visitors	13	27	0	40
D08. Resident or family council	4	7	0	11
D09. Other rights and preferences	26	51	0	77
E. Financial, property	42	101	0	143
E01. Billing and charges	18	66	0	84
E02. Personal property	24	35	0	59

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
F. Care	550	334	0	884
F01. Accidents and falls	10	25	0	35
F02. Response to requests for assistance	89	39	0	128
F03. Care planning	64	45	0	109
F04. Medications	55	82	0	137
F05. Personal hygiene	62	33	0	95
F06. Access to health related services	41	24	0	65
F07. Symptoms unattended	75	43	0	118
F08. Incontinence care	23	12	0	35
F09. Assistive devices or equipment	58	14	0	72
F10. Rehabilitation services	65	9	0	74
F11. Physical restraint	0	2	0	2
F12. Chemical restraint	1	2	0	3
F13. Infection control	7	4	0	11
G. Activities and community integration and social services	55	62	0	117
G01. Activities	12	26	0	38
G02. Transportation	12	9	0	21
G03. Conflict resolution	14	24	0	38
G04. Social services	17	3	0	20
H. Dietary	78	99	0	177
H01. Food services	42	55	0	97
H02. Dining and hydration	20	31	0	51
H03. Therapeutic or special diet	16	13	0	29
I. Environment	59	78	0	137
I01. Environment	17	24	0	41
I02. Building structure	2	11	0	13
I03. Supplies, storage and furnishings	18	5	0	23
I04. Accessibility	7	11	0	18
I05. Housekeeping, laundry and pest abatement	15	27	0	42
J. Facility policies, procedures and practices	57	81	0	138
J01. Administrative oversight	27	49	0	76
J02. Fiscal management	0	7	0	7
J03. Staffing	30	25	0	55

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
K. Complaints about an outside agency (non-facility)	21	23	0	44
K01. Regulatory system	2	3	0	5
K02. Medicaid	15	11	0	26
K03. Managed care	2	0	0	2
K04. Medicare	1	6	0	7
K05. Veterans Affairs	1	1	0	2
K06. Private Insurance	0	2	0	2
L. System and others (non-facility)	31	46	1	78
L01. Resident representative or family conflict	9	26	0	35
L02. Services from outside provider	13	15	1	29
L03. Request to transition to community setting	9	5	0	14

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Complaint Examples

	Nursing Facility Example	Residential Care Community Example	Optional Complaint Example
Facility type	Nursing Facility	Residential Care Community	N/A
Description	In this example the resident is removed from Medicare Part A coverage by the facility, terminating his daily therapy treatment plan. While in the facility, the resident experiences repeated falls and skin tears to his arms and legs. The resident also develops blisters on his feet which cause him pain when he walks interfering with his ability to do therapy. Relaying his situation to the facility is not impactful. The wife and the resident's attending doctor advocate for the resident to continue restorative therapy, until his wounds heal. But the facility is not responsive to his situation. The facility removes the resident from PT, proceeds to terminate his Medicare part A benefits, and demands full payment up front at the rate of $500 per day. The wife appeals the denial. She calls the ombuds initially to express concerns about his care. She wants only information and consultation, and does not want ombudsman advocacy, initially. Later about two months into the resident's stay and during the appeal she reaches out to the ombuds again for assistance. The ombuds refers the client to a private injury attorney regarding the allegations of lack of care, the falls and injuries to the resident. The ombuds also suggests contacting KEPRO which is the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for Washington state and 28 other states. As a BFCC-QIO, KEPRO helps people who are on Medicare - and their families and caregivers - to file quality of care complaints and hospital discharge and skilled service termination appeals.	This case involves a resident living in an adult family home (AFH) who contacted the program for assistance with interpersonal conflict, medication management, respect and autonomy complaints with the AFH provider. The resident was unlawfully discharged after they complained to the program and to the state licensing oversight entity. The presenting complaint was that the resident was non-compliant in taking his medication. A dispute over medication administration between the resident and their provider resulting in the resident removing their medication from the provider's control, and hiding it in their room. The prescribed medication treated a latent communicable disease. At the same time the ombudsman was contacted, the complainant also contacted the State licensing entity. It was decided that the resident would go to the hospital for testing and treatment if needed. The resident was cleared by the hospital and was readmitted into the adult family home. After a few days, the resident reported not feeling well and asked to go to the ER. But once the resident was ready for release and stable the AFH refused to readmit the resident.	N/A
Complaint topic	Care	Admission, Transfer, Discharge, Eviction	N/A
Complaint type	Accidents and falls	Discharge or eviction	N/A
Verification	Verified	Verified	N/A
Disposition	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	Not resolved to the satisfaction of the resident, resident representative or complainant	N/A
Disposition narrative	The case is closed. The resident passed away four months after admission in to the nursing home. The spouse completed several Medicare appeal processes through KEPRO resulting in a favorable appeal decision. The appeal awarded the resident's estate a $58,000 refund from the nursing home. The facility should have reinstated the resident's therapies and should have re-instated him back onto Medicare Part A benefits. It has been nearly two months since the decision and the facility has not yet issued the refund.	The resident was sent back to the adult family home (AFH) after their second hospitalization. At this point the ombudsman was informed by the state complaint investigator that the resident had a latent communicable disease. As a result the ombudsman reported possible exposure to the State LTC Ombudsman and their employer. The ombudsman also contacts her doctor and local health department for guidance on how she should safely proceed. During this time the ombudsman program attempts to contact the AFH provider for information related to the status of the resident and the resident's health issues. The AFH provider never returns the multiple messages left by the ombudsman. The following first business day, the ombudsman is told by the state licensing entity that the resident was returned to the AFH after 24 hours at the hospital. The AFH refused the resident to enter the home. The resident was left to sleep on the home's porch for three nights. On the fourth night, a friend of the resident offered their couch as a temporary place to sleep. To date the program has not been able to locate or reach the resident. A stop placement enforcement action was placed on the Adult Family Home. Final disposition of the citation is unknown at the time of this report. The facility has the ability to file a legal appeal to the citation. But the resident, a vulnerable adult, has no right to appeal an eviction because HCBS settings in Washington State do not have discharge appeal rights. These settings are not covered by the state's landlord tenant act.	N/A

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System Issues

	System Issue 1	System Issue 2	System Issue 3 *(Optional)*
System issue topic	C - Admission, Transfer, Discharge, Eviction	F - Care	H - Dietary
Problem description	In Washington State there are no rules promulgated for discharge appeal rights for HCBS settings. This leads to residents who believe they are being evicted unlawfully without access to a third party legal process such as an administrative law hearing. It also leads to residents leaving facilities unprepared and not in an safe and orderly fashion because they do not know that the state is granting hearings to those who request one. The State LTC Ombuds asked the State Unit on Aging (ALTSA/RCS) to write rules for hearing rights, but was denied on the basis that the department believes it lacks the authority to the write rules. This leaves many long-term care residents in the dark about the fact the state is hearing cases and sometimes finding for the resident. These leaves those who believe their discharge is outside the law, and they have little to no voice to express their side to an impartial administrative law judge, similar to the process afford nursing homes. The State LTC Ombuds petitioned for rule-making in collaboration with Seattle University School of Law and other key legal and advocacy organizations in Washington State. The petitioned was denied. An appeal was filed with Governor's office last year, at this time, and denied on the same basis. However, the Governor did agree that residents should have appeal rights, and the State LTC Ombudsman Program was encouraged to seek legislation. Without appeal rights, some long-term care residents continue to be evicted/discharged illegally, and without a third party to weigh in on the facts. Some residents are experiencing homelessness once discharged from long-term care facilities. The ombuds receives calls regularly from hospitals and emergency rooms looking for assistance in getting long-term residents back into their facilities. Some of these callers indicate that the residents have returned to baseline, or improved but yet their facilities still refuse to consider them for readmission. Individuals who have behavioral disturbances or complex medical needs are at highest risk for being evicted. This includes individuals with intellectual/developmental disabilities, persons with cognitive limitations due to brain injury, Alzheimer's disease or related disorders and persons who have chronic mental illness. In other examples, hospital discharge planners state that the hospital agreed to take the resident/patient only because the facility agreed to readmit the resident post stay. But the hospital takes the position that the agreement was broken, not because the resident's needs could not be met by the facility.	Inadequate staffing types and levels with negative impacts on resident safety, well-being, and quality of life. Pervasive staffing problems throughout the system regardless of license type.	Poor food quality, availability and appropriate general diabetic diets in assisted living facilities. ALF residents have had increasing complaints about the lack of food available, the poor quality of the food/meals, lack of snacks, lack of or no or inappropriate diabetic diets. Also, complaints about food preferences not being honored. Some have significant food issues such as acid indigestion, GERD, dairy allergies not be honored. Several complaints about no diabetic menu or diet being served. Overserving of carbs-based entrees and smaller portions of lean protein. Alternatives being offered and communication systems about alternatives, menu and documentation/solicitation of resident preferences/choice in ALFS are inadequate.
Barriers description	The first major barrier to appeal rights is differences in interpretation about existing State Residents Rights law- RCW 70.129- between the state's long-term care licensing and state unit on aging, and the state's Medicaid agency. The state Medicaid agency Office of Administrative Hearings grants HCBS residents hearing rights. They have been doing so in an increasing manner over the last decade. In the cases where Administrative Law Judges have denied hearing rights, upon appeal the highest level of the courts have overturned these decisions. The Washington State Unit on Aging disagrees with the interpretation of current statute. Although there are legal remedies to a client/resident who refuses to pay and/or refuses to leave a facility, the providers have issue with these remedies. The state unit on aging notes that the state currently lacks the ability to always relocate residents who are "difficult" to place in a timely manner.	Inconsistent enforcement of existing laws and rules by state licensing. Empathy by state licensing to the providers to are not maintaining appropriate staffing levels because of market competition. Sometimes providers are issued citations, and sometimes they are issued a "consultation" which does not generate a SOD and only if there is no harm. But State LTCOP is unclear as to how many consultations are allowed by the state licensing entity on the same topic before there is progressive enforcement. State licensing and case management report hiring of new staff and training. Home and Community-based services (HCS) a part of the Department of Health and Social Services, conducts CARE assessments for Medicaid Eligibility in licensed long-term care, provides care planning, and assists with the placement of residents, was understaffed due to the pandemic and workforce shortages. The state has been working to address these vacancies.	Corporate and management of facilities slashing food budgets causing menus to be abandoned. Practices needed during the pandemic continued to be used inappropriately. One example is that during the pandemic there were food chain interruptions causing facility kitchens to modify their menus. But in some ALFS post-pandemic, we continue to see the abandonment of posted menus with other foods. Alternatives are not clearly and consistently offered to all residents in a building. Diabetic diets in community-based settings are not always offered even though state law requires a "dietary manual" approved by a registered dietician. Snacks not available or are given only on requests which means some residents are unaware that snacks are available upon request, or they do not know how to ask for it, or cannot ask.
Issue status	Ongoing issue from last fiscal year	Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year.	Ongoing issue from last fiscal year
Affected setting	Nursing Facility Residential Care Community	Nursing Facility Residential Care Community	Residential Care Community
Resolution strategies	Provided information to public or private agency Provided Information to legislator or legislative staff Recommended changes to laws, regulations, policies or actions through written or oral testimony. Provided leadership or participated on a task force Provided information to the media Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information Legal action where an Ombudsman program initiates legal action	Provided information to public or private agency Recommended changes to laws, regulations, policies or actions through written or oral testimony. Provided educational forums; facilitated public comment on laws, regulations, policies or actions	Provided information to public or private agency Provided Information to legislator or legislative staff Provided information to the media Provided educational forums; facilitated public comment on laws, regulations, policies or actions
Resolution description	The resolution will require the Washington State Legislature passing laws that will give HCBS settings discharge appeal rights through the state's Office of Administrative Hearings- the same as nursing home residents have right now. And pass laws that will require the state make rules that give vulnerable long-term care residents eviction protections and appeal rights, and require community based settings to comport. The session runs from January to early March (scheduled) 2024.	The state's nursing home staffing standard law was rolled back as of October 2023 (one month after this report). The law has a 3.4 HPRD requirement for nursing homes and 24/7 RN coverage for certain nursing homes. The facilities can request an exception to the policy on the 24/7 RN coverage. They receive progressive fining on the 3.4 minimum direct care services. I believe the unraveling of pandemic waivers will be helpful in getting proper staffing and staffing levels into most of the nursing homes in our state. Remedies for other settings not addressed.	Ongoing issue that needs deeper discussion with stakeholders but anticipate there will need to be legislation at some point.

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Organizational Structure

Office of state LTCO location Within a private, non-profit agency

Local Ombudsman Entity Location	Number of Ombudsman
Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA.	6
Social services non-profit agency, with 501(c)(3) status, other than AAA	5
Legal services provider	0
Stand-alone local Ombudsman entity - a non-profit agency with 501(c)(3) status – the only program is the local Ombudsman entity	0
Total number of entities	11

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Organizational Conflicts of Interest

Conflict of Interest Type	Location	Remedy

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Staff and Volunteers

Office of State Ombudsman Staff

Total staff	3	
Total full-time equivalent (FTE)	3	
Total state volunteer representatives	0	
Total hours donated by state volunteers representatives	0	Hours
Total other volunteers (not representatives)	8	

Local Ombudsman Entity Staff

Total staff	27	
Total full-time equivalent (FTE)	22	
Total local volunteer representatives	154	
Total hours donated by local volunteer representatives	19,427	Hours
Total local volunteers (not representatives)	70	

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Funds Expended

Funds Expended from OAA Sources

Item	Amount
Federal - OAA Title VII, Chapter 2, Ombudsman	$587,454
Federal - OAA Title VII, Chapter 3	$70,542
OAA Title III - State level	$127,548
OAA Title III - AAA level	$103,809
Other Federal Sources	
Total other Federal funds expended	$110,360
Other State Sources	
State General Funds	
Total other State funds expended	$1,748,904
Other Local Sources	
Local government, Private grants/funds, Other state funds expended at local (but not statewide) level, Other	
Total other Local funds expended	$258,540

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Facility - Number and Capacity

Licensed Nursing Facilities

Total number	228
Total resident capacity	19829

Residential Care Communities

Total number	4803
Total resident capacity	51595

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Facility - Residential Care Community Information

RCC type	RCC type definition	Minimum RCC capacity	Maximum RCC capacity
Assisted Living Facilities	These facilities in a community setting are licensed to care for seven or more residents. The assisted living facility (ALF) provides room and board and help with activities of daily living. Some ALFs provide limited nursing services; others may specialize in serving people with mental health problems, developmental disabilities, or dementia (Alzheimer's disease). •The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement. •The assisted living facility must provide each resident with the following basic services, consistent with the resident's assessed needs and negotiated service agreement: (a) Activities - Arranging for activities in accordance with Washington State WAC 388-78A-2180; (b) Housekeeping - Providing a safe, clean and comfortable environment for each resident, including personal living quarters and all other resident accessible areas of the building; (c) Laundry - Keeping the resident's clothing clean and in good repair, and laundering towels, washcloths, bed linens on a weekly basis or more often as necessary to maintain cleanliness; (d) Meals - Providing meals in accordance with Washington State WAC 388-78A-2300; and (e) Nutritious snacks - Providing nutritious snack items on a scheduled and nonscheduled basis, and providing nutritious snacks in accordance with Washington State WAC 388-78A-2300. (3) The assisted living facility must: (a) Provide care and services to each resident by staff persons who are able to communicate with the resident in a language the resident understands; or (b) Make provisions for communications between staff persons and residents to ensure an accurate exchange of information. (4) The assisted living facility must ensure each resident is able to obtain individually preferred personal care items when: (a) The preferred personal care items are reasonably available; and (b) The resident is willing and able to pay for obtaining the preferred items. •An assisted living facility means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with Chapter 388-78A WAC to seven or more residents after July 1, 2000. An assisted living facility that is licensed for three to six residents prior to or on July 1, 2000, may maintain its assisted living facility license as long as it is continually licensed as an assisted living facility.	7	
Adult Family Homes	Adult Family Homes (AFH) must be licensed before provider can provide personal care, special care, room and meals for two to six adults, unrelated to provider, in their home. •An AFH is a residential home licensed to care for two to six adults not related by blood or marriage to the person or persons providing the services. •The AFH provides room and meals, laundry, supervision, assistance with activities of daily living and personal care. Some homes provide nursing or other special care. •A licensed AFH is generally at a residential home address. •An adult family home is a single family residence, a duplex unit, or other type of dwelling for one or two families [per IRC #R101]. Each unit must have: oSeparate staffing; oSeparate call systems; oSeparate living quarters; oSeparate addresses; oEither a fire wall or floor separating the two units; and oNo internal door in common. The following is a partial list of some things the provider must do. •Know and comply with all AFH applicable laws and rules; •Meet the assessed care needs and preferences for each resident which may include, but is not limited to: oAssisting with personal hygiene, dressing, bathing, toileting, body care, walking and moving from one spot to another, oProviding nutritious meals, oOffering activities other than television, oProviding medication assistance or administration, and oProviding supervision to residents with challenging behaviors or at risk of falls; •Be responsible for the care and services provided to residents 24 hours a day whether the provider is on site or not; •Screen and hire responsible, dependable and qualified staff members; •Ensure that staffing is adequate to meet all resident needs at all times (24 hours a day, seven days a week); •Provide staff orientation and ongoing staff support and training; •Maintain adult family home records such as individual resident records, staffing records, accounting, income tax and payroll records; and •Ensure that each resident is protected from oabandonment, overbal, sexual, physical, and mental abuse, oexploitation and financial exploitation, oneglect, and oinvoluntary seclusion.		
Enhanced Services Facilities	Enhanced Services Facilities (ESF): Licensed residential facility will provide a community placement option for individuals whose complicated personal care and behavioral challenges do not rise to a level that requires an institutional setting. Individuals are referred to an ESF if they are coming out of state and community psychiatric hospitals or have no other placement option due to their complex behavior, medical, chemical dependency and/or mental health needs. ESFs use high staffing ratios, with a strong focus on behavioral interventions, to offer effective services to their residents. These facilities offer behavioral health, personal care services and nursing, at a level of intensity that is not generally provided in other licensed long-term care settings. In order to serve ESF residents, provider must be a licensed ESF provider and be contracted with the Home and Community Services (HCS) Division. Successful ESF applicants will have experience providing personal care to Medicaid clients with highly complex personal care and behavioral challenges • The Contractor must have a current Enhanced Services Facility (ESF) license. • The Contractor must have demonstrated experience and ability providing services and supports in a community based setting to adults with complex behavioral and personal care needs. • The Contractor must have a demonstrated ability to provide (or arrange) for all required staff trainings •One toilet and handwashing sink for every four residents; •At least one bathing unit for every four residents; •Access to at least one bathing device for immersion; and •Access to at least one roll-in shower on each resident care unit.		

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Program Activities

Certifications and Training

Certification training hours	36	Hours
Training hours required to maintain certification	18	Hours
Number of new individuals completing certification training	115	

Ombudsman Program Activities

Information and assistance to individuals	28765
Community education	238

Ombudsman Program Activities - Facilities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff	15	5
Information and assistance to staff	1539	3560
Number of facilities that received one or more visits	179	1575
Number of visits for all facilities	3057	7527
Number of facilities that received routine access	42	150
Total participation in facility survey	98	73
Resident council participation	216	246
Family council participation	2	37

State and Local Level Coordination Activities

Area agency on aging programs, Aging and disability resource centers, Adult protective services programs, Protection and advocacy systems, Facility and long-term care provider licensure and certification programs, The State Medicaid fraud control unit, State and local law enforcement agencies, Courts of competent jurisdiction, The State legal assistance developer and legal assistance programs

Other Coordination Activities: State Developmental Disabilities Ombudsman Program, Northwest Justice Legal Aid, Behavioral health Advocate (formerly known as Behavioral Health Ombuds)

Describe any state or local level coordination and leadership activities with the entities listed, as applicable.