Tennessee Long-Term Care Ombudsman Program

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TENNESSEE
LONG-TERM CARE
OMBUDSMAN

This presentation will cover:

- The Basics of the Ombudsman Program
- The LTCOP-- by the numbers & geography
- Resident Rights in Long-Term Care
- Elder Abuse
- Volunteer Ombudsman Representatives (VORs)

TENNESSEE LONG-TERM CARE OMBUDSMAN

What is an Ombudsman?

Lars Augustin Mannerheim
(1749-1835) was the first
Swedish *justitieombudsman*

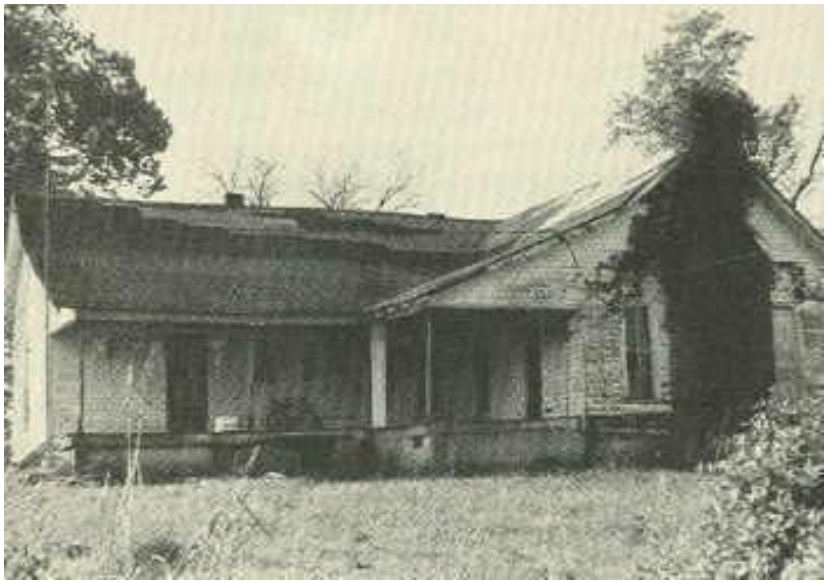
- The word ***Ombudsman*** is taken from an Old Norse word that essentially means “representative”.

- The use of the term ***Ombudsman*** began in Sweden when the office of the was established as a supervisory agency, independent of the executive office, to safeguard the rights of citizens.

What is an Ombudsman?

- Swedish for the word “representative of the people.”
- Ombudsmen are advocates for residents of licensed long-term care facilities.
- Work to ensure **residents’ rights**-- done through *resident-directed activities*
- Resolve concerns for residents involving abuse, neglect, & financial exploitation.
- Collaborate with organizations & agencies to resolve concerns, e.g.:
  - Centers for Medicare & Medicaid Services (CMS)
  - Department of Health- Healthcare Facilities Commission
  - Tennessee Bureau of Investigation (TBI)
  - Adult Protective Services (APS)
  - TennCare & their Commissioner’s Designee
  - Legal Aid & other Legal Assistance programs
  - Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA)

History of the Long-Term Care Ombudsman Program



Henderson County Poor Farm

Lincoln County Poor Farm

Prior to 1965: Poor Farms

History of the Long-Term Care Ombudsman Program

- **1972** Five nursing home Ombudsmen Demonstration Project
- **1978** Older Americans Act amendments
- **1981** Duties expanded
- **1987** Older Americans Act amendments

President Johnson handing the pen that signed the Older Americans Act to a woman who came to watch the signing.

Program Requirements Under the Older Americans Act

- Identify, investigate, and resolve complaints.
- Provide information to residents and facilities.
- Provide technical support for the development of resident and family councils.
- Encourage culture change and a “resident-first” environment.
- Advocate for changes to improve residents’ quality of life and care.
- Ensure that residents have regular and timely access to the LTCO Program.
- Represent resident interests.

State LTCO Program

53 State Long-Term Ombudsman Programs

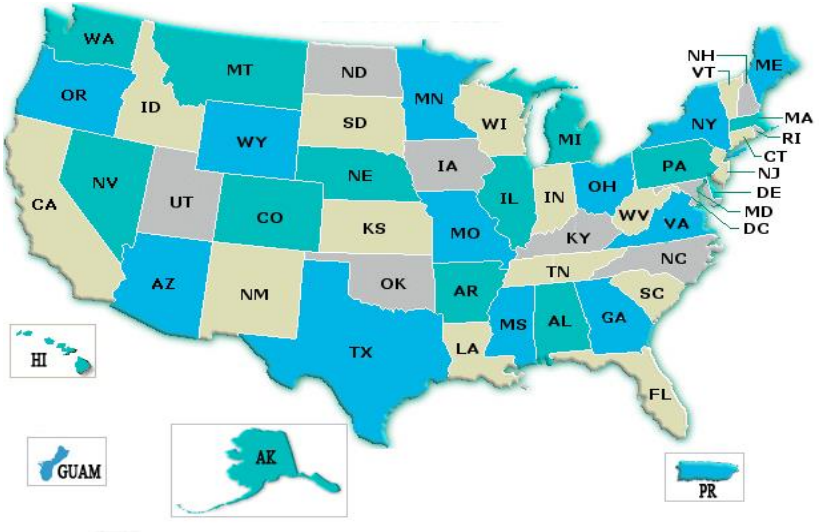
53 State Long-Term Care Ombudsmen

District (or local) Long-Term Care Ombudsmen

574 District programs

Volunteer Ombudsmen Representatives

Over10,000 certified volunteers in 2022



About the Tennessee Long-Term Care Ombudsman Program-- **BY THE NUMBERS**

- 16 FT staff, 4 PT staff +/-200 volunteers work for our program throughout the state

- **Count of licensed long-term care facilities in the state of Tennessee:**
  - **315 SNFs, or skilled nursing facilities commonly known as 'nursing homes'**
  - 415 ACLFs, or Assisted Care Living Facilities, known as 'assisted livings'
  - 100+ RHAs, or Residential Homes for the Aged

- 61,000+ : TOTAL NUMBER OR RESIDENTS IN **LICENSED** LONG-TERM CARE in the state of TN as of our ACL in January 2021

- The Tennessee LTCOP is housed at TCAD, or **Tennessee Commission on Aging and Disability** and works statewide through AAADs & other contracted agencies.

Tennessee LTCO Program

Federal

- Administration for Community Living (ACL)

State

- Tennessee Commission on Aging & Disability (TCAD)

Local

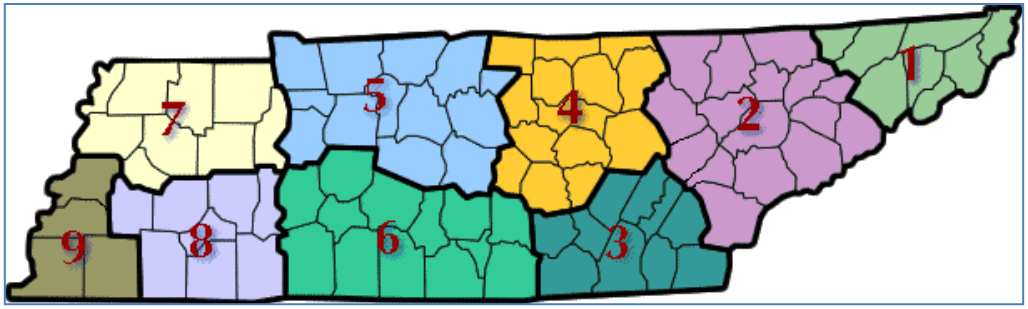
- Area Agency on Aging & Disability (AAAD)

Contractors

- Local Programs

Tennessee LTCO Program

- The State is divided into NINE Area Agency on Aging and Disability (AAAD) districts
- One or more District Ombudsmen (DLTCO) per AAAD District (three in the Greater Nashville area)
- Volunteer Ombudsmen Representatives (VORs) in each district



Role of a Long-Term Care Ombudsman

- Traditionally, the role of the Ombudsman is as an impartial, neutral mediator who receives complaints, determines facts, and seeks a resolution of the complaint.

- The Long-Term Care Ombudsman serves as an ***advocate*** **on behalf of long-term care residents**.

- Long-Term Care Ombudsmen represent the interest of residents and the Ombudsman's actions are directed by the resident.

Tennessee LTCO Program

Long Term Care Ombudsmen visit residents in:

- Nursing homes, assisted care living facilities, board and care homes, and homes for the aged.

- In some states, the LTCO Program also visits individuals that receive long-term care services in their own homes (HBCS) (but not in Tennessee).

Tennessee LTCO Program

This number will route the caller to his/her local Ombudsman. If they are calling with an out of state number it will route to the State Ombudsman.

In the facility box there will be the contact information for the District Ombudsman that covers that facility.

Tennessee LTCO Program

Who Can Use an Ombudsman's Services?

- Residents of any nursing home, assisted living or residential home for the aged.
- A family member or friend of a nursing home resident
- A nursing home administrator, employee, clergy member or the general public who has a concern about a resident
- Any individual or citizen's group interested in the welfare of residents
- Individuals and families who are considering long-term care placement

What do I do if I see a problem with the care my loved one is receiving?

1. Contact your District Long-Term Care Ombudsman (DLTCO) Program to begin a complaint investigation for a resident in a licensed long-term care facility.

2. Be sure that the appropriate person is making contact- resident, POA, Public Guardian, conservator, etc.

3. Tell the DLTCO your concern(s) and provide them with consent.

4. The DLTCO will work to resolve concerns involving the rights of residents included but not limited to: neglect, abuse, sexual exploitation, facility-initiated discharges, appeals, Medicare/Medicaid issues (if possible).

Residents of Long-Term Care Facilities have RIGHTS!!

It is their home after all…

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Right to a Dignified Existence

- Be treated with consideration, respect, and dignity, recognizing each resident's individuality
- Freedom from abuse, neglect, exploitation, and misappropriation of property
- Freedom from physical or chemical restraints
- Quality of life is maintained or improved
- Exercise rights without interference, coercion, discrimination, or reprisal
- A homelike environment, and use of personal belongings when possible
- Equal access to quality care
- Security of possessions

Right to Self-Determination

- Choice of activities, schedules, health care, and providers, including attending physician
- Reasonable accommodation of needs and preferences
- Participate in developing and implementing a person-centered plan of care that incorporates personal and cultural preferences
- Choice about designating a representative to exercise his or her rights
- Organize and participate in resident and family groups
- Request, refuse, and/or discontinue treatment

Right to be Fully Informed of

- The type of care to be provided, and risks and benefits of proposed treatments
- Changes to the plan of care, or in medical or health status
- Rules and regulations, including a written copy of residents' rights
- Contact information for the long-term care ombudsman program and the state survey agency
- State survey reports and the nursing facility's plan of correction
- Written notice before a change in room or roommate
- Notices and information in a language or manner he or she understands (Spanish, Braille, etc.)

TENNESSEE LONG-TERM CARE OMBUDSMAN

Right to Raise Grievances

- Present grievances without discrimination or retaliation, or the fear of it
- Prompt efforts by the facility to resolve grievances, and provide a written decision upon request
- To file a complaint with the long-term care ombudsman program or the state survey agency

Right of Access to

- Individuals, services, community members, and activities inside and outside the facility
- Visitors of his or her choosing, at any time, and the right to refuse visitors
- Personal and medical records
- His or her personal physician and representatives from the state survey agency and long-term care ombudsman program
- Assistance if sensory impairments exist
- Participate in social, religious, and community activities

Rights Regarding Financial Affairs

- Manage his or her financial affairs
- Information about available services and the charges for each service
- Personal funds of more than $100 ($50 for residents whose care is funded by Medicaid) deposited by the facility in a separate interest-bearing account, and financial statements quarterly or upon request
- Not be charged for services covered by Medicaid or Medicare

TENNESSEE LONG-TERM CARE OMBUDSMAN

Right to Privacy

- Regarding personal, financial, and medical affairs
- Private and unrestricted communication with any person of their choice
- During treatment and care of personal needs

Rights During Discharge/Transfer

- Right to appeal the proposed transfer or discharge and not be discharged while an appeal is pending
- Receive 30-day written notice of discharge or transfer that includes: the reason; the effective date; the location going to; appeal rights and process for filing an appeal; and the name and contact information for the long-term care ombudsman
- Preparation and orientation to ensure safe and orderly transfer or discharge
- Notice of the right to return to the facility after hospitalization or therapeutic leave

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Tennessee LTCO Program

Top 5 Complaints in Nursing Homes

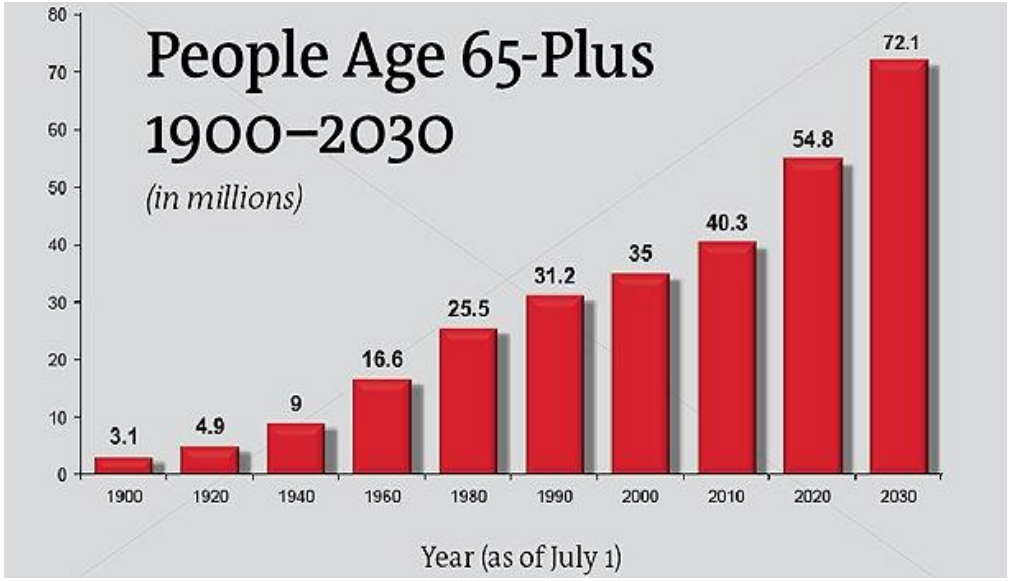
1. Improper eviction or inadequate discharge/planning
2. Unanswered requests for assistance
3. Lack of respect for residents, poor staff attitudes
4. Quality of life, specifically resident/roommate conflict
5. Administration and organization of medications

Tennessee LTCO Program

Top 5 Complaints in Assisted Living Facilities & Resident Homes for the Aged

1. Quality, quantity, variation and choice of food
2. Administration and organization of medications
3. Inadequate or no discharge/eviction notice or planning
4. Lack of respect for residents, poor staff attitudes
5. Building or equipment in disrepair or hazardous

Population Shift



- The aging population across the nation is growing as Baby Boomers turn 65 at a rate of approximately 8,000 to 10,000 per day.
- In Tennessee, in 2012, U.S. Census Bureau reported that there were 619,841 households with individuals ages 65 and older.

Rise in Crimes Against the Elderly

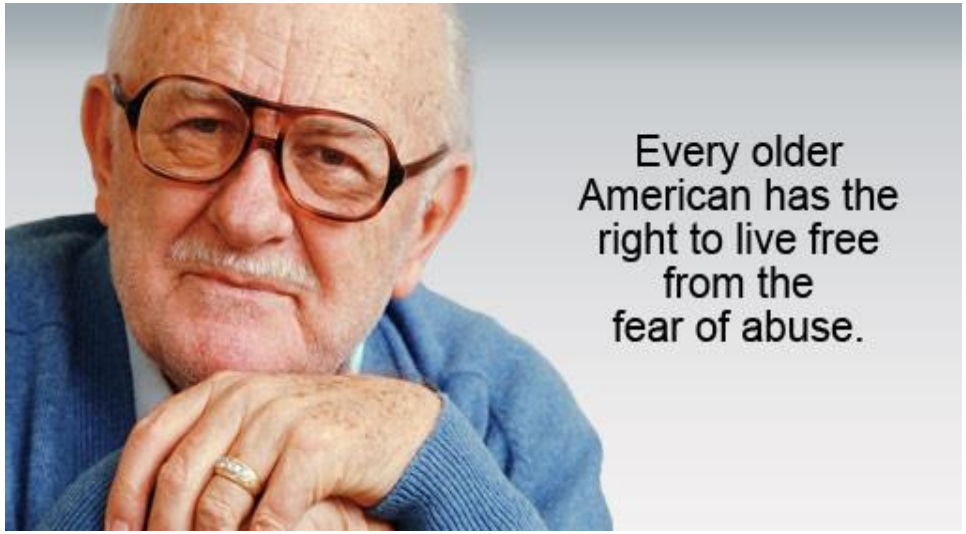
- In a 2012 report, Crimes Against the Elderly (2009-2011), TBI reports that the elderly have steadily increased as targets of crime.

- Overall, the number of elderly victims increased by 7%. It is expected that these totals will continue to go up as the Baby Boomers turn 65+.

How is Elder Abuse Defined?

- Generally, elder abuse is defined as any knowing, intentional, or negligent act that causes harm or serious risk of harm to a vulnerable adult--physically, mentally, emotionally, or financially.

- The term is quite broad and encompasses many different types of mistreatment.



How is Elder Abuse defined in Tennessee?

In Tennessee, elder abuse or neglect is defined as the commission of an act to cause:

- Physical Pain
- Physical Injury
- Mental Anguish
- Deprivation of Services
- Emotional Trauma
- Inappropriate/Unreasonable Confinement, by the caregiver of an adult who is unable to protect him/herself.

Who is covered by Tennessee Elder Abuse laws?

In Tennessee, under the Adult Protection Services Act,

- "Adult" means a person eighteen (18) years of age or older,
- Who because of a mental or physical disability or advanced age,
- Are unable to manage his/her own resources, carry out the activities of daily living or protect him/herself from neglect, hazardous or abusive situations without assistance from others; and
- Who has no available, willing, and responsibly able person for assistance.

"Advanced age" means sixty (60) years of age or older.

Elder Abuse Incidence…

Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million elders who are abused each year.

Elder Abuse Incidence…

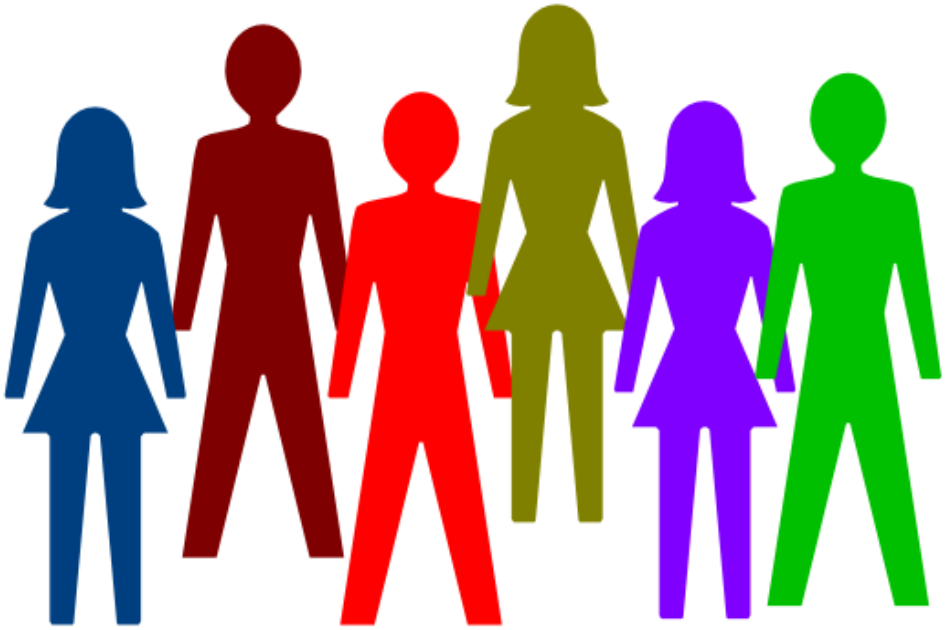
It is estimated that for every report of abuse….

23.5 cases go UNREPORTED!

Common Characteristics of Elder Abuse Victims

- 80+ years old
- Cognitively impaired
- Male or Female
- Physically or Psychologically Aggressive

Victims are also from all….



- Races
- Genders
- Sexual orientations
- Countries of origin

It is VERY important not to paint a picture of a "typical victim" in one's head.

In which setting does elder abuse most commonly happen?

A. Nursing Home (or other LTC facility)

B. Hospital

C. At home in the community

D. Adult Day Care Center

In which setting does elder abuse most commonly happen?

Risk Factors Among Care Givers

Among caregivers, significant risk factors for elder abuse are:

- ❑ Inability to cope with stress (lack of training, lack of resilience)
- ❑ Limited staffing (overworked)
- ❑ Depression, which is common among caregivers
- ❑ Lack of support from other caregivers
- ❑ Caregiver's perception that taking care of the elder is burdensome (task oriented instead of acknowledging the resident as a person)
- ❑ Substance abuse

Risk Factors Among Elders

Several factors concerning elders themselves, while they don't excuse abuse, influence whether they are at greater risk for abuse:

- ❑ The intensity of an elderly person's illness or dementia
- ❑ Social isolation; i.e., the elder and caregiver are alone together much the time
- ❑ Medical problems, psychotropic drugs, pain medications
- ❑ The elder's own tendency toward verbal or physical aggression

Red Flags

- Caregivers with inadequately treated mental health and/or substance abuse.
- Caregivers that feel burdened, angry and/or resentful.
- Caregivers tasked providing care for a resident who may be forgetful.
- Caregivers tasked providing care for a resident who may be physically combative and/or verbally abusive.

Signs of Elder Abuse

- ❑ Pressure sores
- ❑ Poor Nail Care
- ❑ Burns/Restraint marks
- ❑ Poor hygiene
- ❑ Low weight
- ❑ Over or under medicated
- ❑ Bruising
- ❑ Dehydration
- ❑ Broken Bones
- ❑ Sudden change in behavior
- ❑ Fearful, suspicious
- ❑ Changes in income, expenses and/or bills

Signs of Elder Abuse: Social Support Status Clues

- The elder's calls are screened and/or the elder does not have access to a telephone
- The elder is isolated, e.g., the elder is told that he or she is ill and needs to remain in their room
- The elder reports money is disappearing from his/her account (financial exploitation)
- Elder is not permitted to attend activities and/or social gatherings

The Agencies Working to Make a Difference

Reporting Elder Abuse

All Tennesseans are Mandated Reporters!

If you see something suspicious it is your duty to report it.

TN Department of Human Services

Adult Protective Services
888-APS-TENN
https://reportadultabuse.dhs.tn.gov/

TENNESSEE LONG-TERM CARE OMBUDSMAN

Long Term Care Ombudsman
877-236-0013
https://www.tn.gov/aging/topic/district-long-term-care-ombudsman

Resources

AAAD	1-866-836-6678
TN Adult Protective Services	1-888-277-8366
Long-Term Care Ombudsmen	1-877-236-0013
TBI Medicaid Fraud Control Unit	615-744-4000
TN Department of Commerce and Insurance, Consumer Affairs	615-741-4737
TN Department of Mental Health	1-866-797-9470
TN Health Facilities Commission Facility Licensure Complaints	1-877-287-0010

My Advice: NETWORK!!!

Tennessee LTCO Program

Teresa Teeple

State Long-Term Care Ombudsman

Tennessee Commission on Aging and Disability
502 Deaderick Street, 9th Floor, Andrew Jackson
Nashville, Tennessee 37243-0860
Phone: 615-837-5112
Toll Free Number: 1-877-236-0013
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9111 Cross Park Dr., Suite D-100
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Volunteer Ombudsman Representatives, or VORs

Volunteer Program Requirements

Becoming a VOR

- Application completed by caring adult over 21 with reliable transportation
- Background & Elder Abuse Registry Check
- Seven (7) Hours of Asynchronous Learning w/ Exam
- 16-18 Hours of Classroom Training (Live or Virtual)
- 10 Hours of Shadowing in SNF Facility
- Certification by SLTCO
- Receipt of badge, VOR materials, and PPE*
- VOR is registered in database & assigned facilities

Remaining a VOR

- Fulfill the time commitment and reporting requirements
- Monthly Training/Meeting within the District
- Bi-annual meeting held statewide*
- Remain free of conflicts of interest
- Expect to spend 1-3 hours per week doing this work for a 6-12 month commitment

Thank You!

QUESTIONS, COMMENTS, CONCERNS?