

Long-Term Care Ombudsman Program: Complaint and Assessment Process

Ombudsman Program Mission:

- Protecting the health, safety, welfare and rights of long-term care residents.
- Resident centered advocacy.

Program Volunteers:

- 300 volunteer ombudsmen in 17 districts around the state.
- Volunteers give an average of 20 hours per month.
- Advocate for residents in assisted living facilities, nursing homes, adult family-care homes, continuing care retirement communities and similar residential facilities.

Training:

- 20 hours of certification training, including field work.
 - Must complete minimum of 10 additional hours per year.
 - Training addresses guardianships and powers of attorney, discharge rights and responsibilities, cultural sensitivity, resident's rights, confidentiality, care of residents with dementia and resident funds.

Complaint Investigations:

- Ombudsmen accept any complaint from anyone, including facility staff members.
- A case is initiated when the ombudsman contacts the resident or complainant. This must occur within 7 days after the complaint is received.
- Ombudsmen first visit the resident on whose behalf the complaint was made to assess the situation.
- Ombudsman advocacy is consensual and confidential unless permission is granted by the resident to disclose the information.
 - Records review-only with permission from resident or resident's legal representative- UNLESS (State Ombudsman consent required):
 - Resident is unable to speak for him/herself and there is no legal representative.
 - Ombudsman has reasonable cause to believe the legal representative is not acting in the resident's best interest.
 - Ombudsman cannot contact the legal representative.
- Case versus Complaint:
 - Case - each inquiry that involves one or more complaints
 - Case - "closed" after all complaints within a case require no further action and each complaint is reviewed and approved by the district ombudsman manager.
- Investigation Procedures:
 - Ombudsman interviews residents, families, facility staff, etc.
 - Makes observations.
 - Reviews records with appropriate consent.
 - Develops resolution plan that is satisfactory to the resident's wishes.
 - Advocates for resident's interests consistent with the resolution plan.
 - Cases must be closed within 90 calendar days, unless extension granted.
- Complaint Verification-the ombudsman's determination:
 - *Verified* – it is determined that the circumstances in the complaint are generally accurate.
 - *Not verified* - if it is determined that the circumstances in the complaint are not generally accurate.
- Complaint Disposition:

- When an investigation is completed, each complaint receives one of nine disposition codes:
 - 1) *Requires legislative change* (Complaint may only be resolved by change in law, regulation or policy).
 - 2) *Not resolved* (Complaint was not addressed to the satisfaction of the resident or complainant).
 - 3) *Withdrawn* (Case discontinued by the resident, complainant, ombudsman, or the resident or complainant died before final disposition).
 - 4) *Referred, no report* (Referred to other agency, no final report obtained).
 - 5) *Referred, agency failed to act.*
 - 6) *Referred, agency did not substantiate.*
 - 7) *No action needed* (The complaint required no action).
 - 8) *Partially resolved* (The complaint was addressed to some degree to the satisfaction of the resident or complainant).
 - 9) *Resolved* (The complaint was resolved to the satisfaction of the resident or complainant).
- Case Closure
 - Resident or legal representative notified.
 - Ombudsman conducts an interview with the administrator or designee to discuss findings and resolution steps.
 - May include remedial action and target dates.
 - Administrator may provide written comments within three calendar days.
 - Case documents must be submitted to District Manager within 14 calendar days.
 - Quality assurance review and acceptance by District Manager.
 - Administrator is sent a letter, may submit written comments within seven calendar days.

Administrative Assessments:

- Ombudsmen are required to visit every licensed long-term care facility in Florida at least once per year. Visits are documented in the annual assessments.
- *Before* entering the facility ombudsmen:
 - Review previous facility assessments.
 - Review recent complaints about the facility, if applicable.
 - Review AHCA complaint surveys and the last annual/biannual survey.
 - Review Artifacts of Culture Change.
- *Upon* entering the facility and *during* the assessment ombudsmen must:
 - Notify the administrator or designee that he or she is there to conduct an administrative assessment.
 - Sign in the log book.
 - Request a facility census.
 - Request resident council meeting minutes, if appropriate.
 - *Make Observations:* look for required postings and make sure they are visible and accurate; look for Culture Change initiatives the facility may have undertaken; observe staff-to-resident interactions and facility conditions.
 - Visit with multiple residents.
 - Records all observations on assessment form.
- *After* the assessment ombudsmen must:
 - Conduct an exit conference with the administrator or designee.
 - Contact the district office if a resident has a complaint or if there are issues that could not be resolved before completion of the assessment.
 - Refer issues to another agency through the district office.
 - Submits the assessment form for review