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.