State of Delaware

Office of the State Long Term Care Ombudsman

ANNUAL REPORT

Federal Fiscal Year 2011

DELAWARE HEALTH AND SOCIAL SERVICES

OFFICE OF THE SECRETARY

www.dhss.delaware.gov
1-800-223-9074

The Long Term Care Ombudsman Program is funded by the U.S. Administration on Aging through the Older Americans Act

Annual Report
State of Delaware
Office of the State Long Term Care Ombudsman
Federal Fiscal Year 2011

New Castle

Delaware Health and Social Services

Office of Cabinet Secretary

Main Administration Building, First Floor

1901 N. DuPont Highway

New Castle, Delaware 19720

(302) 255-9390 or (800) 223-9074

(302) 255-4445 (fax)

www.dhss.delaware.gov

Kent/Sussex Counties

Milford State Service Center

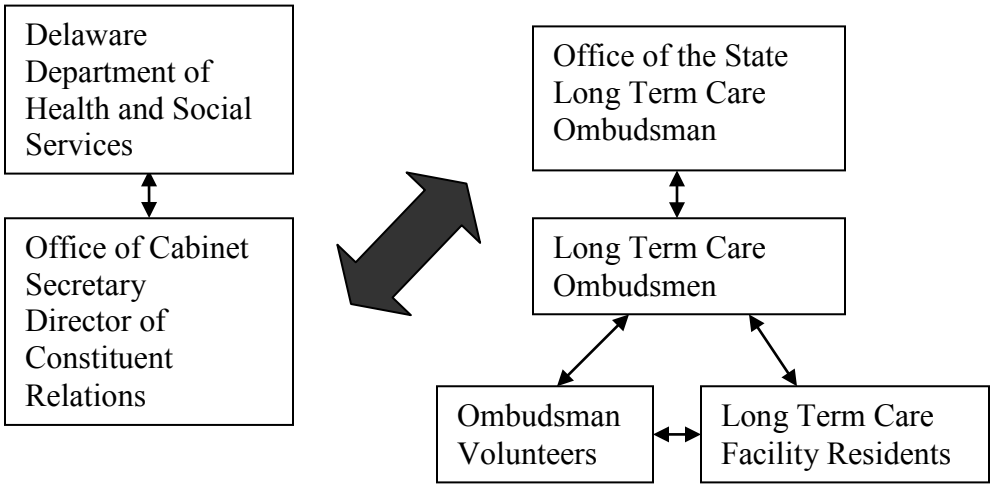
18 North Walnut Street

Milford, Delaware 19963

(302) 424-7310 or (800) 223-9074

(302) 422-1346 (fax)

Administration
Office of the State Long Term Care Ombudsman



STAFF
Office of the State Long-Term Care Ombudsman Program

VICTOR ORIJA
State Long-Term Care Ombudsman

BONNIE CRONEY
Long-Term Care Ombudsman, New Castle

JOANNE HENDRICK
Long-Term Care Ombudsman. New Castle

BEVERLY MORRIS
Long-Term Care Ombudsman, New Castle

KAREN LAZAR
Long-Term Care Ombudsman, Milford

GAIL WEINBERG
Home & Community-Based Services Ombudsman

VOLUNTEER SERVICES COORDINATORS (2)
VOLUNTEERS

March 29, 2012

Dear friends of long term care residents:

We are pleased to present the combined 2010-2011 Summary of Delaware's Long Term Care Ombudsman Program and the Ombudsman Reporting Tool Report.

The Long Term Care Ombudsman Program is responsible for advocating for the rights of all residents in long term care and related facilities. We strive to fulfill this responsibility every day by providing prompt and fair resolution of resident rights, complaints and by advocating for public policy initiatives to enhance the quality of care for residents. Our activities are coordinated with the Division of Long Term Care Residents Protection, the Office of the Attorney General, Office of the Public Guardian, Delaware Health Care Facilities Association (DHCFA), Delaware Aging Network (DAN), Delaware Nursing Home Residents' Quality Assurance Commission, and other stakeholders to provide a blanket of protections for the rights of long term care residents.

In 2010, we added the position of the Home and Community Based Services Ombudsman to advocate for the rights of clients who receive home and community-based services.

January 1, 2011 witnessed two notable changes. Three state-owned long-term care facilities were transferred to the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). The purpose was to improve access to services as the needs of the residents of the facilities are similar to the needs of those served in the community. To avoid a conflict of interest, the Ombudsman's Program transitioned to the Office of The Cabinet Secretary. Senate Bill 102 of June 30, 2011 approved the transition. The State Long-Term Care Ombudsman now reports to The Director of Constituent Relations Kathleen Weiss.
My sincere appreciation for her leadership and support throughout the transition. Also, my sincere gratitude to Bill Love, Director, Division of Services for Aging and Adults with Physical Disabilities for his leadership and guidance when I reported to him.

This report reflects the efforts of all the agencies involved as well as our dedicated Ombudsman staff, Volunteer Ombudsmen, residents of long-term care facilities, families, advocates, and stakeholders who present a voice for the residents of long term care facilities and community-based service clients. These caring and compassionate individuals are advocates and also help alleviate loneliness and isolation of residents by simply visiting the residents to talk, listen, and be a friend.

We hope that this report will be informative and helpful to you as you work to improve the quality of life of our fellow Delawareans who need long term care. Please contact us if we can be of assistance.

Sincerely,
Victor Orija, MPA
State Long Term Care Ombudsman

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ACCOMPLISHMENTS
OF THE OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN
DURING FEDERAL FISCAL YEAR 2011

•Made 1,053 visitations to state long term care facilities.
•Served 7,381 residents of long term care facilities.
•Visited 50 nursing homes, 29 assisted living facilities, and 104 board and care homes.
•Received 501 complaints on behalf of long term care facility residents.
•Verified 430 (86%) of the complaints that were received.
•Witnessed the execution of 246 Advance Health Care Directives.
•Resolved 462 (92%) of the complaints (73% fully and 19% partially).
•Major complainants were facility staff 42%, residents and clients 22%, relatives and friends 20%, public officials 10%, ombudsman 3%, others 3%.
•Major complaints were related to residents' rights 40%, resident care 20%, System/others 21%, quality of life 7%, and others 12%.
Note: In Systems/Others, 70% were related to family conflicts and 17% were related to guardianship and surrogate decision makers]
•46 community education sessions were conducted in the community and/or in long term care facilities.
•Promoted quality improvement in long term care facilities. Notable were Advancing Excellence in America's Nursing Home Campaign and Culture Change.
•Continued the intensive schedule of visitation to board and care homes.
•Volunteers donated 5,264 hours of service.
•Commented on state and federal legislation affecting long term care residents.
•Participated on the Policy and Law Committee of the State Council for Persons with Disabilities.
•Presented Residents Rights to a group of new Assistant Directors of Nursing. Session was sponsored by the survey and licensing division.
• The Home and Community-Based Services Ombudsman program received 82 complaints and successfully resolved most of them.
• Co-sponsored the annual Residents' Rights Rally in October 2011. 250 residents from across the state gathered at the Dover Sheraton Hotel to celebrate Residents Rights.
• Sponsored media publicity for "Own Your Own Long-Term Care Planning" campaign.
• Sponsored media publicity for Older Americans Month.
• Sponsored media publicity for World Elder Abuse Day.
• Supported the annual statewide CNA training conference.
•Participated on Money Follows the Person Steering Committee.
•Participated on the subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities, and Delaware Legislature's Ad Hoc Task Force ion Long Term Care Housing.
•Regular participant in the deliberations of the Delaware Nursing Home Residents Quality Assurance Commission.
•Improved our capacity to monitor data associated with complaints about long term care facility practices and care. We analyze trend data and seek improvements.
• Participated in Medicaid and waiver preparation for transition to managed care to be

effective April 1, 2012.

MISSION AND HISTORY
DELAWARE'S LONG TERM CARE OMBUDSMAN PROGRAM

PHILOSOPHY: All residents of long term care facilities are entitled to be treated with dignity, respect and recognition of their individual needs and differences.

VISION: All long term care residents will have the highest possible quality of life. Their individual choices and values will be honored and supported in all care environments.

Mission

For the past 30 years, Ombudsman programs have been advocating for residents rights. Delaware's Ombudsman Program began in 1976.

The Long Term Care Ombudsman Program (LTCOP) in Delaware is mandated by state and federal laws to protect the health, safety, welfare and rights of residents of nursing homes and related institutions. The program investigates complaints on behalf of residents and their families, and includes a community-based corps of Volunteer Ombudsmen.

History

The Long Term Care Ombudsman Program in Delaware traces its origin to an innovative federal program established in 1972. The program was made permanent and codified in law through amendments to the Older Americans Act (OAA) of 1975, which enabled state agencies on aging and other public and private not-for-profit organizations to assist with the promotion and development of Ombudsman services for residents of nursing homes. By 1978, the OAA mandated the expenditure of funds for an Ombudsman at the state level to receive, investigate, and act on complaints by older individuals who are residents of long term care facilities.

In 1976, Delaware's Division of Aging, now the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) established the Patient Rights Unit. On September 7, 1984, the Patient Rights Unit was officially mandated by the Secretary of Delaware Health and Social Services to investigate grievances of residents of long term care facilities pursuant to Delaware law.

Delaware's Ombudsmen have been investigating complaints in long term care facilities for 30 years. In 1979, the program received a total of 53 complaints. In 2011, the Ombudsman Program investigated 501 complaints. Upon the creation in 1999 of the Division of Long Term Care Residents Protection (DLTCRP) within the Department of Health and Social Services, the Ombudsman Program ceased to take the lead on abuse, neglect and financial exploitation cases, and became the primary agency responsible for investigations of residents' rights and quality of care. This was a significant change in our mission, and significantly changed our operations. In 2000, the DLTCRP and the Ombudsman Program signed a Memorandum of Agreement establishing a process for complaint referrals between

both agencies. In 2008, the Epilogue Language created the position of the Home and Community-Based Services Ombudsman. Position was staffed in 2010.

LONG TERM CARE OVERVIEW

In Delaware, the aging of the population is more pronounced than it is for the country as a whole. Although the United States' population of those aged 65 and older is expected to double (increasing by 104.2 percent between 2000 and 2030, or from almost 35 million to almost 71.5 million), the U.S. Census Bureau expects Delaware's senior citizen population to increase at an even greater rate – by 133.8 percent, or from just over 100,000 in 2000 to over 230,000 in 2030, an increase of over 130,000.

The Delaware Population Consortium, which produces population projections for the state, projects an increase in the 65-and-older population of 134,226 – or 129.4 percent – for the years 2000 (103,724) and 2030 (237,950), consistent with the Census Bureau projections.

The need for long term care services is likely to grow as well. As the demand for long term care services continues to rise, the demand on institutions and community-based healthcare providers to offer more care will also increase. Although admissions have risen significantly in the past ten years, so have discharges. As a result, the nursing home population from year to year has been relatively stable. In fact, the number of licensed nursing home beds has only increased by 1.3% since 1991. Furthermore, occupancy rates in nursing homes have not changed significantly in the past decade, averaging around 86% since1991.

2008 Delaware Population Projections Summary Table
Total Projected Population, 2000 - 2030

Area	2000	2008	2010	2015	2020	2025	2030
State of Delaware	786,431	875,953	896,880	943,924	986,296	1,023,707	1,058,158
Kent County	127,108	155,299	159,980	169,356	177,817	184,748	190,867
New Castle County	501,860	532,057	539,587	556,766	571,201	583,285	594,978
Sussex County	157,463	188,597	197,313	217,802	237,278	255,674	272,313

(Source: Delaware Population Consortium Annual Population Projections, October 31, 2008, Version 2008.0)

The following information for the cost of care in Delaware is included in the Genworth 2011 Cost of Care Survey:

Cost of Care in Delaware

HOMEMAKER SERVICES HOURLY RATES (Licensed)

Minimum Hourly Rate	Maximum Hourly Rate	Median Hourly Rate	Median Annual Rate	Five-Year Annual Growth
$19.00	$22.00	$20.00	$45,760	1%

HOME HEALTH AIDE SERVICES HOURLY RATES (Licensed)

Minimum Hourly Rate	Maximum Hourly Rate	Median Hourly Rate	Median Annual Rate	Five-Year Annual Growth
$19.00	$25.00	$21.00	$46,904	0%

ADULT DAY HEALTH CARE DAILY RATES

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$50.00	$87.00	$75.00	$19,500	N/A

ASSISTED LIVING FACILITY MONTHLY RATES (One Bedroom/Single Occupancy)

Minimum Monthly Rate	Maximum Monthly Rate	Median Monthly Rate	Median Annual Rate	Five-Year Annual Growth
$2,000	$7,081	$4,626	$55,506	6%

NURSING HOME DAILY RATES (Semi-Private Room)

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$200	$258	$230	$83,950	5%

NURSING HOME DAILY RATES (Private Room)

Minimum Daily Rate	Maximum Daily Rate	Median Daily Rate	Median Annual Rate	Five-Year Annual Growth
$215	$277	$247	$89,973	5%

Source: Genworth 2011 Cost of Care Survey
Percentage increase in median annual rate represents the compound annual inflation rate for surveys conducted from 2005 to 2011. Genworth surveyed long-term care service providers across the country. Survey included 437 regions that cover all Metropolitan Statistical Areas defined for the 2010 U.S census.

Annual rates are based on the daily fee multiplied by 365 days. This data, in conjunction with other data, should be helpful in planning for long term care.

Population Projections - State of Delaware
Persons Aged 60+, 75+, and 85+

Year	Population Projections Persons Aged 60+	Percent Change From Year 2000
2000	134,400	NA
2005	153,578	14.3
2010	179,608	33.6
2015	208,831	55.4
2020	243,728	81.4
2025	276,689	105.9
2030	296,739	120.8

***

Year	Population Projections Persons Aged 75+	Percent Change From Year 2000
2000	45,463	NA
2005	54,048	18.9
2010	60,127	32.3
2015	64,807	42.6
2020	73,328	61.3
2025	88,056	93.7
2030	104,067	128.9

***

Year	Population Projections Persons Aged 85+	Percent Change From Year 2000
2000	10,575	NA
2005	13,802	30.5
2010	17,425	64.8
2015	19,940	88.6
2020	21,533	103.6
2025	22,964	117.2
2030	26,824	153.7

Source:
Delaware Population Consortium, Annual Population Projections
September 23, 2003, Version 2003.0

OMBUDSMAN REPORTING TOOL (ORT) REPORT

STATE OF DELAWARE
ANNUAL OMBUDSMAN REPORT TO THE
U.S. ADMINISTRATION ON AGING
FISCAL YEAR 2011

Submitted by
Division of Services for Aging and Adults with Physical Disabilities
Delaware Health and Social Services

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.	441

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.

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.

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.

Complainants:	**Nursing Facility**	**B&C, ALF, RCF, etc.***	**Other Settings**
1. Resident	31	8	65
2. Relative/friend of resident	74	13	5
3. Non-relative guardian, legal representative	0	0	1
4. Ombudsman/ombudsman volunteer	14	2	0
5. Facility administrator/staff or former staff	119	68	11
6. Other medical: physician/staff	2	5	0
7. Representative of other health or social service agency or program	4	0	0
8. Unknown/anonymous	0	0	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	35	10	0

Total number of cases closed during the reporting period: 467

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

Part I - Cases, Complainants and Complaints

C. Complaints Received

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received: 583

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.

Part I - Cases, Complainants and Complaints

D. Types of Complaints, by Type of Facility

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.

Residents' Rights	**Nursing Facility**	**B&C, ALF, RCF, etc.**
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	2	1
2. Abuse, sexual	0	0
3. Abuse, verbal/psychological (including punishment, seclusion)	1	0
4. Financial exploitation (use categories in section E for less severe financial complaints)	1	0
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	3	1
6. Resident-to-resident physical or sexual abuse	0	0
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	4	0
9. Access by or to ombudsman/visitors	0	0
10. Access to facility survey/staffing reports/license	0	0
11. Information regarding advance directive	8	1
12. Information regarding medical condition, treatment and any changes	5	0
13. Information regarding rights, benefits, services, the resident's right to complain	2	2
14. Information communicated in understandable language	0	0
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	2	0
17. Appeal process - absent, not followed	0	0
18. Bed hold - written notice, refusal to readmit	1	0
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	34	17
20. Discrimination in admission due to condition, disability	0	0
21. Discrimination in admission due to Medicaid status	0	0
22. Room assignment/room change/intrafacility transfer	18	3
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	0	0
25. Confinement in facility against will (illegally)	4	3
26. Dignity, respect - staff attitudes	8	3

27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	20	12
28. Exercise right to refuse care/treatment	9	0
29. Language barrier in daily routine	0	0
30. Participate in care planning by resident and/or designated surrogate	1	1
31. Privacy - telephone, visitors, couples, mail	5	2
32. Privacy in treatment, confidentiality	0	0
33. Response to complaints	1	0
34. Reprisal, retaliation	9	5
35. Not Used		

E. Financial, Property (Except for Financial Exploitation)

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	9	4
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	3	0
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	3	1
39. Not Used		

Resident Care

F. Care

40. Accidental or injury of unknown origin, falls, improper handling	3	0
41. Failure to respond to requests for assistance	4	2
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	31	7
43. Contracture	0	0
44. Medications - administration, organization	9	3
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	4	1
46. Physician services, including podiatrist	0	0
47. Pressure sores, not turned	1	0
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	4	0
49. Toileting, incontinent care	4	0
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	0	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	4	2
52. Not Used		

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment	3	2
54. Bowel and bladder training	0	0
55. Dental services	2	1
56. Mental health, psychosocial services	2	1
57. Range of motion/ambulation	1	0
58. Therapies - physical, occupational, speech	4	2
59. Vision and hearing	0	0
60. Not Used		

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring	0	0
62. Psychoactive drugs - assessment, use, evaluation	0	0
63. Not Used		

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness	2	1
65. Community interaction, transportation	2	1
66. Resident conflict, including roommates	5	1
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	0	0
68. Not Used		

J. Dietary

69. Assistance in eating or assistive devices	3	0
70. Fluid availability/hydration	3	0
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	3	2
72. Snacks, time span between meals, late/missed meals	1	1
73. Temperature	0	0
74. Therapeutic diet	1	0
75. Weight loss due to inadequate nutrition	1	1
76. Not Used		

K. Environment

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	2	0
78. Cleanliness, pests, general housekeeping	2	0
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	3	0
80. Furnishings, storage for residents	0	0
81. Infection control	0	0
82. Laundry - lost, condition	2	0
83. Odors	0	0
84. Space for activities, dining	0	0
85. Supplies and linens	0	0
86. Americans with Disabilities Act (ADA) accessibility	0	0

Administration

L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)

87. Abuse investigation/reporting, including failure to report	0	0
88. Administrator(s) unresponsive, unavailable	2	1
89. Grievance procedure (use C for transfer, discharge appeals)	0	0
90. Inappropriate or illegal policies, practices, record-keeping	0	0
91. Insufficient funds to operate	0	0

92. Operator inadequately trained	0	0
93. Offering inappropriate level of care (for B&C/similar)	1	0
94. Resident or family council/committee interfered with, not supported	2	0
95. Not Used		

M. Staffing

96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	2	0
97. Shortage of staff	0	0
98. Staff training	0	0
99. Staff turn-over, over-use of nursing pools	1	0
100. Staff unresponsive, unavailable	1	0
101. Supervision	1	0
102. Eating Assistants	0	0

Not Against Facility

N. Certification/Licensing Agency

103. Access to information (including survey)	0	0
104. Complaint, response to	0	0
105. Decertification/closure	0	0
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0
110. Not Used		

O. State Medicaid Agency

111. Access to information, application	1	0
112. Denial of eligibility	3	1
113. Non-covered services	1	0
114. Personal Needs Allowance	0	0
115. Services	0	0
116. Not Used		

P. System/Others

117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	7	0
118. Bed shortage - placement	3	2
119. Facilities operating without a license	0	0
120. Family conflict; interference	55	19
121. Financial exploitation or neglect by family or other not affiliated with facility	8	2
122. Legal - guardianship, conservatorship, power of attorney, wills	8	8
123. Medicare	3	1
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	0	0

126. Protective Service Agency	0	0
127. SSA, SSI, VA, Other Benefits/Agencies	1	2
128. Request for less restrictive placement	21	2
Total, categories A through P	380	121

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)

129. Home care	82
130. Hospital or hospice	0
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	0
133. Not Used	
Total, Heading Q.	82

Total Complaints*	583

* (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.)

Part I - Cases, Complainants and Complaints

E. Action on Complaints

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.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	327	103	82

Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.

2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	0	0	0
b. Which were not resolved* to satisfaction of resident or complainant	6	1	0
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	2	2	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	0	0	0
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	11	2	0
e. For which no action was needed or appropriate	11	4	0

f. Which were partially resolved* but some problem remained	81	16	3
g. Which were resolved* to the satisfaction of resident or complainant	269	96	79
Total, by type of facility or setting	380	121	82

Grand Total (Same number as that for total complaints on pages 1 and 7)	583

** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

Part II - Program Information and Activities

A. Facilities and Beds:

1. How many nursing facilities are licensed in your State?	50
2. How many beds are there in these facilities?	5,216

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.

No change

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	137
b) How many beds are there in these facilities?	2,165

Part II - Program Information and Activities

B. Program Coverage

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.

B.1. Designated Local Entities

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:

Local entities hosted by:

Area agency on aging	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities	0

B.2. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	7.00	0.00
	Number people working full-time on ombudsman program	7	0
Paid clerical staff	FTEs	0.00	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	49	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	5,264	0
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.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	0

C. Program Funding

Provide the amount of funds expended during the fiscal year from each source for your statewide program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	$83,748
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention	$25,163
Federal - OAA Title III provided at State level	$224,071
Federal - OAA Title III provided at AAA level	$0.0
Other Federal; specify:	$0.0
State Funds	
State funds	$156,492
Local; specify:	$
Total Program Funding	$489,474

Part II - Program Information and Activities

D. Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complaints.

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	43	0
	Number hours	265	0
	Total number of trainees that attended any of the training sessions above (duplicated count)	456	0
	3 most frequent topics for training	Communicable diseases in long term care facilities AND how to respond to these situations.	
		How to resolve complaints	
		AoA, Ombudsman 's Data, CMS, Federal and State Regulations, Residents' Rights and current Long-Term Care challenges.	

2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	31	0
3. Training for facility staff	Number sessions	47	0
	3 most frequent topics for training	Safe Discharge	
		MDS 3.0 and Nursing Home Transition Issues	
		Residents' Rights and Care Plan	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Residents' Rights Issues	
		Safe Discharge and Transition / MDS 3.0	
		Residents' Rights and Care Plan	
	Number of consultations	443	0
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Care Plan Issues	
		Residents' Rights Issues	
		Discharge	
	Number of consultations	473	
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	50	0
	Number Board and Care (or similar) facilities visited (unduplicated)	137	0
7. Participation in Facility Surveys	Number of surveys	31	0

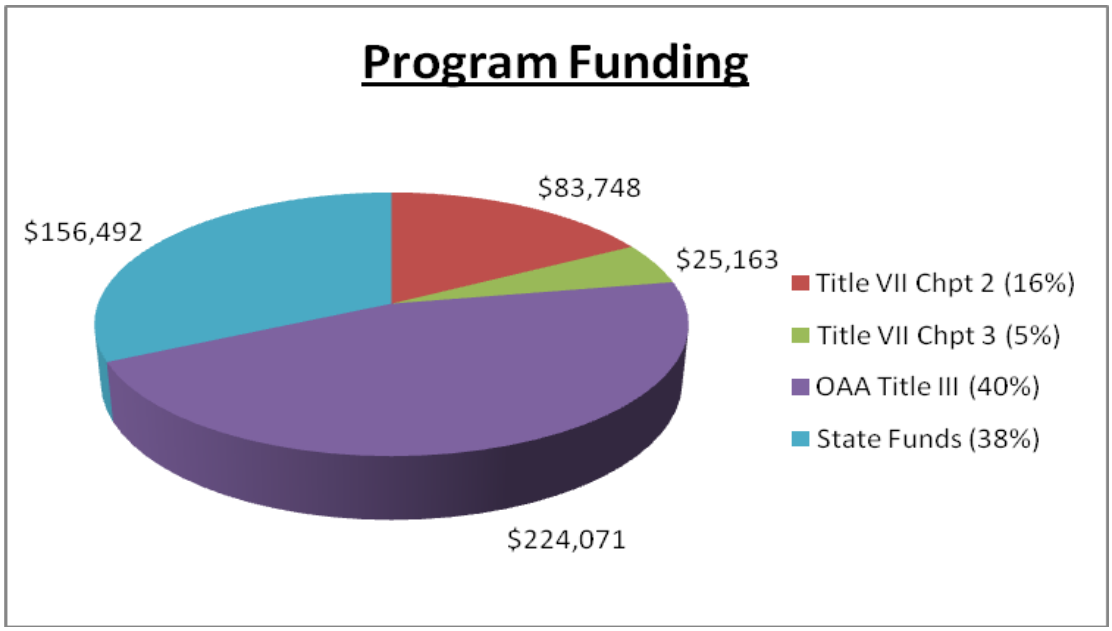
8. Work with resident councils	Number of meetings attended	49	0
9. Work with family councils	Number of meetings attended	16	0
10. Community Education	Number of sessions	46	0
11. Work with media	3 most frequent topics	Residents Rights	
		Role of the State Long-Term Care Ombudsman's Office	
		Long-Term Care Planning	
	Number of interviews/ discussions	7	0
	Number of press releases	23	0
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%.)	10	0

* 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."

BUDGET AND EXPENDITURES

The Ombudsman Program also receives an annual allocation from the U.S. Administration on Aging (AoA) to support its operations. AoA funding sources included Title VII and Title III. In addition, we received state funds. Funding supported six full-time positions for the Long Term Care Ombudsman Program and two contracted part-time Volunteer Services Coordinators. Apart from staff support, funds were directed towards training, outreach for abuse prevention, and community awareness.

Operational funds are the lifeblood of the program and empower the program to fund new initiatives, recruit volunteers, and sustain an effective outreach capability. Since 1996, the Ombudsman Program has experienced an increase in Title VII appropriations for its operations. Increased funding has enabled the program to reach out to more residents and families and help to recruit potential volunteers.



Total Program Funding $489,474.00

PROGRAM OPERATIONS

What is an Ombudsman?
The word "Ombudsman" is Swedish and means "one who speaks on behalf of another."
The Ombudsman is an ***advocate*** *for residents of long term care facilities (nursing homes and residential care facilities).*

Role of the Long Term Care Ombudsman

Office of the Long Term Care Ombudsman
(42 U.S.C. 3058f, Title VII, Sec. 712)
712(a) "A state agency shall, in accordance with this section establish and operate an Office of the State Long Term Care Ombudsman and carry out through the Office of State Long Term Care Ombudsman."
Del. Code Title 16 §1150 - §1156.Office of the Long-Term Care Ombudsperson.

A. Identify, investigate, and resolve complaints that are made by, or on behalf of residents and relate to action, inaction, or decision that may adversely affect that health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of providers, or representatives of providers, of long term care service; public agencies; or health and social service agencies;
B. Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
C. Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A) or services described in subparagraph (B);
D. Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
E. Represent the interests of the resident before governmental agencies and seek administrative, legal and other remedies to protect the health, safety, welfare, and rights of the residents:
F. Provide administrative and technical assistance to entities in participating in the program;
G. Analyze, comment on, and monitor the development and implementation of Federal, State, and local law regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long term care facilities and services in the State; recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and facilitate public comment on the laws, regulations, policies, and actions;
H. Provide for training for representatives of the office; promote the development of citizen organizations, to participate in the program; and provide technical support for the development of the resident and family councils to protect the well-being and rights of residents; and
I. Carry out other activities as appropriate."

The Year in Review

In Delaware, there are 50 nursing homes that provide care for 5,216 residents. In addition, there are 29 assisted living facilities serving 2,013 residents. An additional 104 licensed rest (family care) homes are located throughout the state, providing long term care to 277 seniors and persons with disabilities.

Type of Facility	Number of Facilities	Number of Beds
Nursing Homes	50	5,216
BC & RC	104	277
Assisted Living	29	1,888

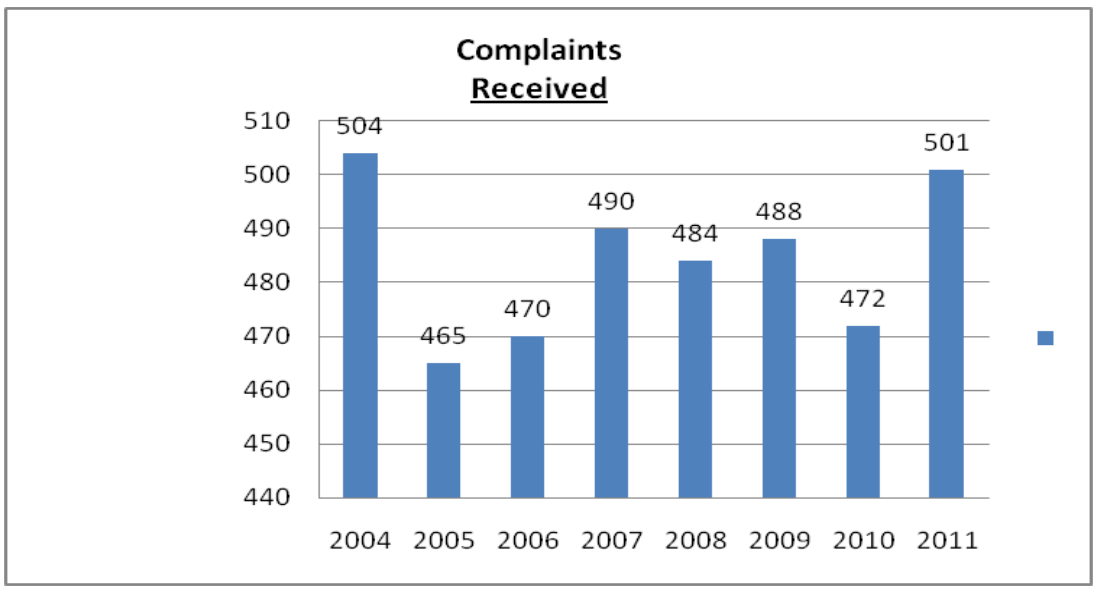
Assisted living regulations were strengthened in 2009 to add more safeguards for residents in long term care. An important addition was the "Uniform Assessment Instrument." This tool was designed to ensure that applicants interested in assisted living were qualified, met eligibility standards, and received the appropriate level of care.

Most Frequent Complaints

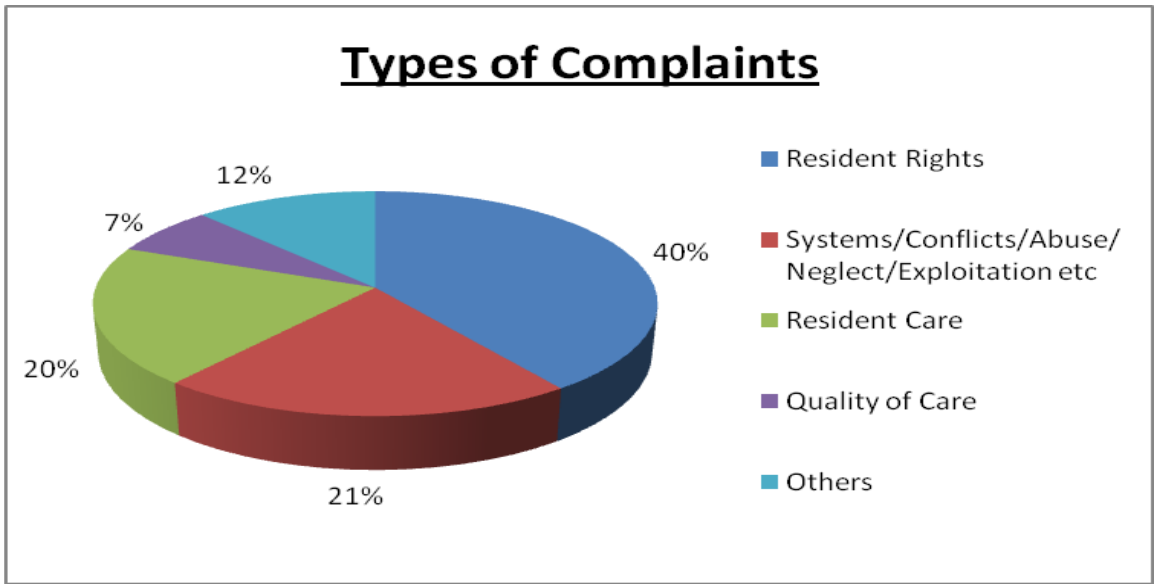
The Long Term Care Ombudsman Program investigated and resolved 501 complaints during Fiscal Year 2011. Ombudsman staff works closely with residents, families, and facility staff to offer guidance and correct substantiated complaints In addition, the program witnessed 246 Advance Directives and provided many in-service training sessions and outreach. The program accomplished this with four full-time Long Term Care Ombudsmen, and a State Long Term Care Ombudsman.

Data analysis and trending indicate that complaints are increasing in complexity. Hence, some cases take longer to resolve.

Most of the complaints involved discharge, care plan, family conflict, resident conflict, resident rights and billing errors.

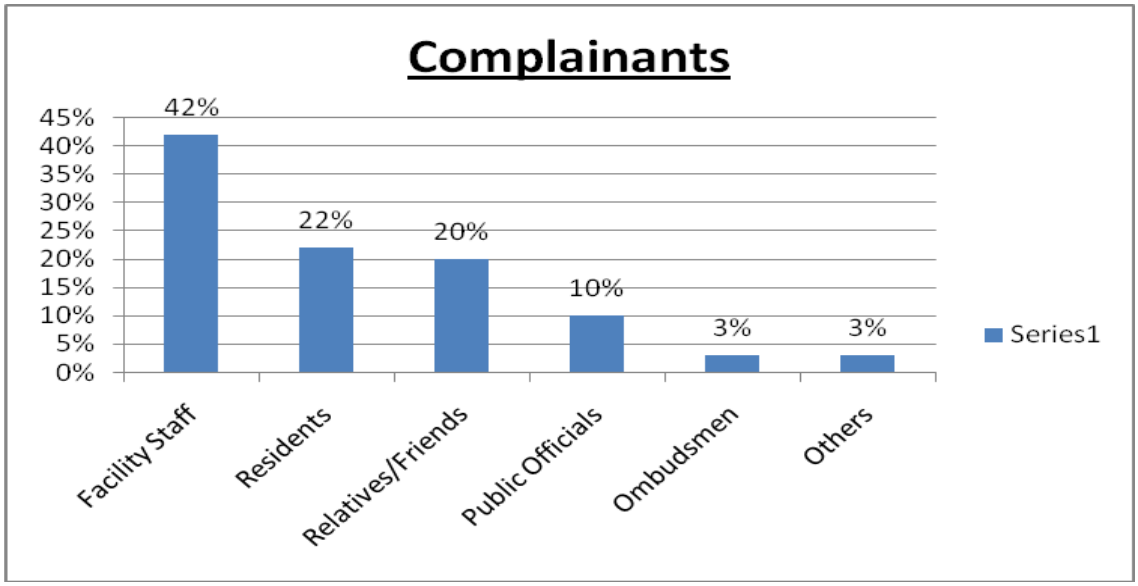


Types of Complaints



Above are the types of complaints that were received in 2011.

Complainants



There are nine categories of "complainants" who referred complaints on behalf of residents to the Ombudsman in 2011.

82 Complaints were received by the **Home and Community-Based Services** (HCBS) Ombudsman between **April** 2011 and **September** 2011. Complainants were hcbs clients.

Home and Community-Based Complaints

	April	May	June	July	Aug	Sept
I & R	4	3	7	5	12	3
Exploitation	2	0	1	0	0	0
Care / Care Plan	2	0	0	0	1	2
Housing	3	5	2	0	0	1
Respite	1	0	0	0	0	0
Mediation	4	2	0	4	3	2
Care Giver Issue	1	0	0	0	0	0
Waiver Service	1	0	0	0	0	0
DME	1	1	0	0	0	0
Guardianship	1	0	1	0	0	0
Billing	1	0	0	0	0	0
Others	0	0	1	2	0	3

Below is the Age Distribution of Complainants

	April	May	June	July	Aug	Sept
20-29 yrs	2	0	1	2	4	0
30-39	2	0	0	0	1	1
40-49	0	2	1	0	0	0
50-59	6	2	2	0	4	4
60-69	5	5	4	3	2	2
70-79	1	2	1	4	4	2
80-89	4	0	1	2	1	2
90+	1	0	2	0	0	0

Gender Type of Complainants		
	Female	Male
April	11	10
May	6	5
June	10	2
July	9	2
Aug	8	8
Sept	7	4

Public Awareness and Outreach

Legislation and Advocacy

Participated in national and state level conferences on aging, long term care issues, and home and community-based services..
Commented on proposed federal regulations on long-term care, elder protection, and home and community-based service initiatives.
Member of Policy and Law Sub-Committee on State Council for Persons with Physical Disabilities.
Member of subcommittees of The Governor's Commission on Community-Based Alternatives for Persons with Disabilities. Subcommittees include: Employment and Workforce Development, Healthcare, Housing, and Transportation.
Steering Committee member of Money Follows The Person..

Volunteer Recruitment and Coordination

Fielded 49 volunteers who provided 5,264 hours of service.
Witnessed 246 Advance Health Care Directives.
Made 147 interventions on behalf of residents.
Continued to explore the possibility of expanding volunteers' advocacy role.

Outreach

Community outreach and training on the role of the Ombudsman.
Community outreach and training on Residents' Rights.
Community outreach and training on home and community-based services (hcbs) and the rights of clients receiving those services, and the responsibilities of providers.
Promoted Resident Councils and Family Councils.
Made presentations to student groups in area institutions of higher learning.
Made presentations to groups of Certified Nursing Assistants (CNAs) and supported their annual statewide CNA conference/training..
Celebrated the annual Resident's Rights Week; Governor's Proclamation.
Attended the 10th Annual Residents' Rights Rally.
Media releases about Long Term Care Planning, Residents' Rights, Older Americans Month, and World Elder Abuse Awareness Day.

Training and Education

Participated in state, regional, and national quality training activities.
Participated in national and state advocacy training.
Provided statewide bi-monthly training for volunteers.
Provided training on long term care issues for staff of long term care facilities, and state unit on aging staff.
Provided training on home and community=based services and the role of the ombudsman..
Participated in cross-agency training on prevention of elder abuse, exploitation, and dealing with difficult behavior.

Inter-agency Coordination
Participated in Delaware Nursing Home Residents' Quality Assurance Commission meetings.
Participated in the State Council for Physical Disabilities Policy and Law Subcommittee.
Attended Quality Improvement Initiative training events sponsored by the Division of Long Term Care Residents Protection.
Collaborated with Senior Medicare Patrol staff to train staff and volunteers on Medicare and healthcare fraud prevention.

Ad Campaign:
A series of professionally designed advertisements to promote the Long Term Care Ombudsmen Program and its advocates.
Table Top Display:
Panels that include information and graphics for various target audiences.
Nursing Home Poster:
For statewide placement. This will be available in English and Spanish.
Senior Citizen Newspaper:
Delaware's statewide monthly newspaper for seniors and caregivers with a circulation of 80,000 copies includes frequent articles about the Ombudsman Program and its services.
See Attachment A

Publications
Program brochures are available at the division website www.dhss.delaware.gov to inform the general public about the Long Term Care Ombudsman Program and its services.

The Long Term Care Ombudsman Program published and disseminated a guide for nursing home residents to promote awareness of rights and help with self-initiated advocacy efforts. Effort is on-going to translate residents' rights into the Spanish language. A poster of rights for long term care facilities is another way of reaching our diverse population.

Location
The program operates out of two offices, one located on the DuPont Highway in New Castle, serving the city of Wilmington and New Castle County. The other office is located in Milford, and serves both Kent and Sussex Counties. In addition, we rely on our Volunteer Ombudsmen to assist with being our eyes and ears in long term care facilities by visiting residents and assisting with interventions to correct problems as they arise. This proactive approach helps to resolve issues early.

In our complaint handling, the Ombudsman respects the resident, the complainant, and their confidentiality. The complaint resolution focuses on the resident's stated wishes.
A **complaint** is defined as information that requires an action or inaction. Also, it could adversely affect the health, safety, welfare, or rights of residents of long term care facilities.

Routine Visit to Facilities
Ombudsmen routinely visit facilities and residents to ensure that they are visible and accessible to the residents, their families, and facility staff. In this respect, they are available for consultation.

Resident and Family Councils
On invitation, Ombudsmen attend resident and family council meetings. They answer questions and where appropriate, are available to help establish these councils. The residents and their families must have a voice in the care of residents. As such, we have renewed our efforts to re-energize Resident and Family Councils by offering our services and letting them know that we are available to speak at council meetings, and willing to offer suggestions on issues.

Inter-agency Coordination
Ombudsmen worked closely with regulatory, advocacy, social services, law enforcement and appropriate agencies to ensure that long term care facility residents are accorded their rights. Specifically, we refer all cases of abuse, neglect, mistreatment, and financial exploitation to the Division of Long Term Care Residents Protection.

Program Impact/Outcomes
Ombudsmen work closely with the families of residents and facility staff to resolve each complaint by identifying the basis of the complaint, making recommendations, and referring violations of regulations to the state Division of Long Term Care Residents Protection. Ombudsmen respond to each resident's concern in person, interview staff, and review records during the course of an investigation. Resolution is made based on findings.

Quality Indicators - Delaware vs. National Average
Nursing homes in Delaware compare favorably with most states, with an average of 4.2 hours per patient day (ppd), while the national average was 3.9 ppd, according to the Centers for Medicare and Medicaid Services (CMS). Adequate staffing is important in assuring sufficient care for residents. Delaware has more survey findings per facility at 13.3, while the national average is 7.0.

	Delaware	National Average
Staffing+	4.2 ppd	3.9 ppd
Survey Findings+ Source: OIG/OSCAR 2007	13.3	7.0
Complaints with LTCOP/Bed Source: FY08 NORS data	0.07	0.09

	ADL	Pain	Bed Sore	Rest-raint	Depre-ssion	Incon-tinence	Restr-icted Move-ment	Ambul-ation	Urina-ry Tract Infecti-on (UTI)
US avg	14%	4.0%	10%	3.0%	15%	51%	4%	11%	9%
DE avg	12%	3.0%	13%	0%	12%	53%	5%	9%	10%

Source: CMS-Nursing Home Compare, January 1, 2010 through September 30, 2010. See explanations below. Data fluctuates quarterly. Generally, lower percentage is better.

ADL- Activities of Daily Living. Shows the percent of residents whose need for help doing basic daily tasks has increased from the last time it was checked. These activities include feeding oneself, transferring from one chair to another, changing positions while in bed, and going to the bathroom alone.

Pain - Shows the percent of residents who were reported to have moderate to severe pain during the assessment period. Pain can be caused by a variety of medical conditions. Checking for pain and pain management is very complex.

Bed sore - Shows the percent of residents with a high risk of getting pressure sores, or who get a pressure sore in the nursing home. A resident has a high risk for getting a pressure sore if in a coma, if unable to get needed nutrients or cannot move or change position without assistance.

Restraint – Shows the percent of residents in the nursing home who were physically restrained daily during the assessment period, A physical restraint is any device, material, or equipment attached or adjacent to a resident's body that the individual cannot remove easily, which keeps a resident from moving freely or prevents the resident normal access to the body.

Depression – Shows the percent of residents who have become more depressed or anxious in the nursing home since their last assessment.

Incontinence – Shows the percent of residents who often loose control of their bowels or bladder. It is based on residents who have a low risk such as severe dementia (memory loss) or limited ability to move around.

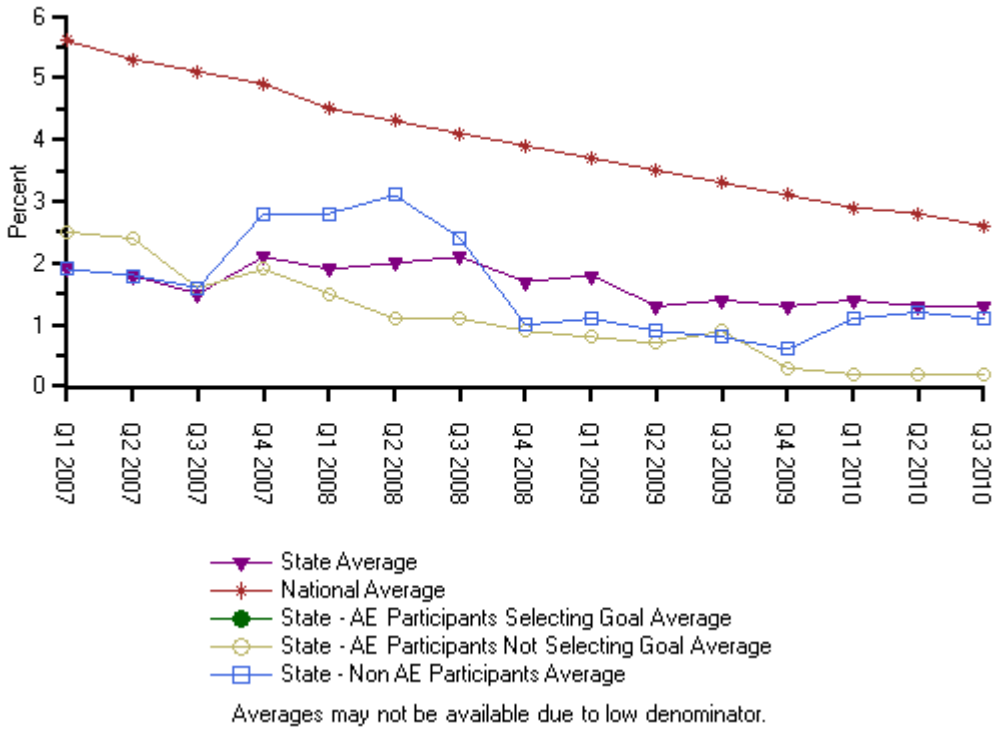
Restricted movement – Shows the percent of residents who spent most of their time in bed or a chair in their room during the assessment period. This restriction could be due to a decline in physical activity, muscle loss, joint stiffness, fear of injury, worsening illness, or depression.

Ambulation – Shows the percent of residents whose ability to move about, either by walking or using a wheelchair, in their room and hallway near their room, worsened since the last assessment.

Urinary Tract Infection (UTI) – Shows the percent of residents who had an infection in their urinary tract anytime during the 30 days before their most recent assessment.
2010 from nhqi-star.org/star.index

For each data below, state participant data include all nursing homes currently registered with a valid Medicare or Medicaid provider number.

The trend report below shows **Physical Restraint** scores for Delaware and the nation over time:



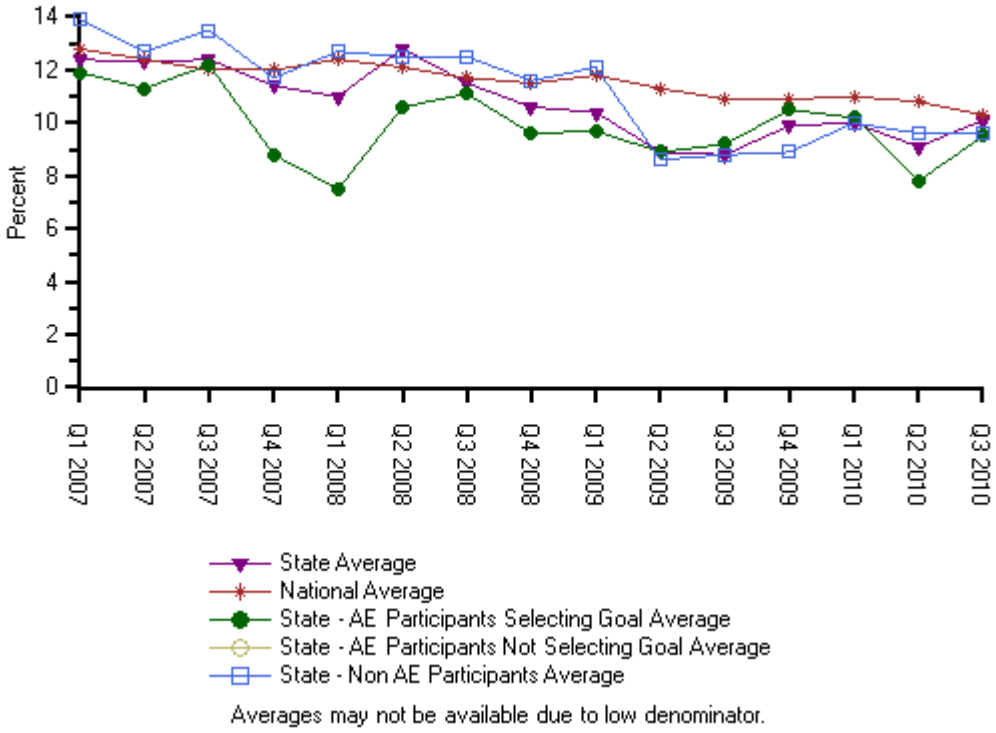
Year	Quarter	State Average	National Average	State AE Participants Selecting Goal Average	State AE Participants Not Selecting Goal Average	State Non AE Participants Average
2007	1	1.9	5.6		2.5	1.9
2007	2	1.8	5.3		2.4	1.8
2007	3	1.5	5.1		1.6	1.6
2007	4	2.1	4.9		1.9	2.8
2008	1	1.9	4.5		1.5	2.8
2008	2	2.0	4.3		1.1	3.1
2008	3	2.1	4.1		1.1	2.4
2008	4	1.7	3.9		0.9	1.0
2009	1	1.8	3.7		0.8	1.1
2009	2	1.3	3.5		0.7	0.9
2009	3	1.4	3.3		0.9	0.8

2009	4	1.3	3.1		0.3	0.6
2010	1	1.4	2.9		0.2	1.1
2010	2	1.3	2.8		0.2	1.2
2010	3	1.3	2.6		0.2	1.1

State participant data include all nursing homes currently registered with a valid Medicare or Medicaid provider number

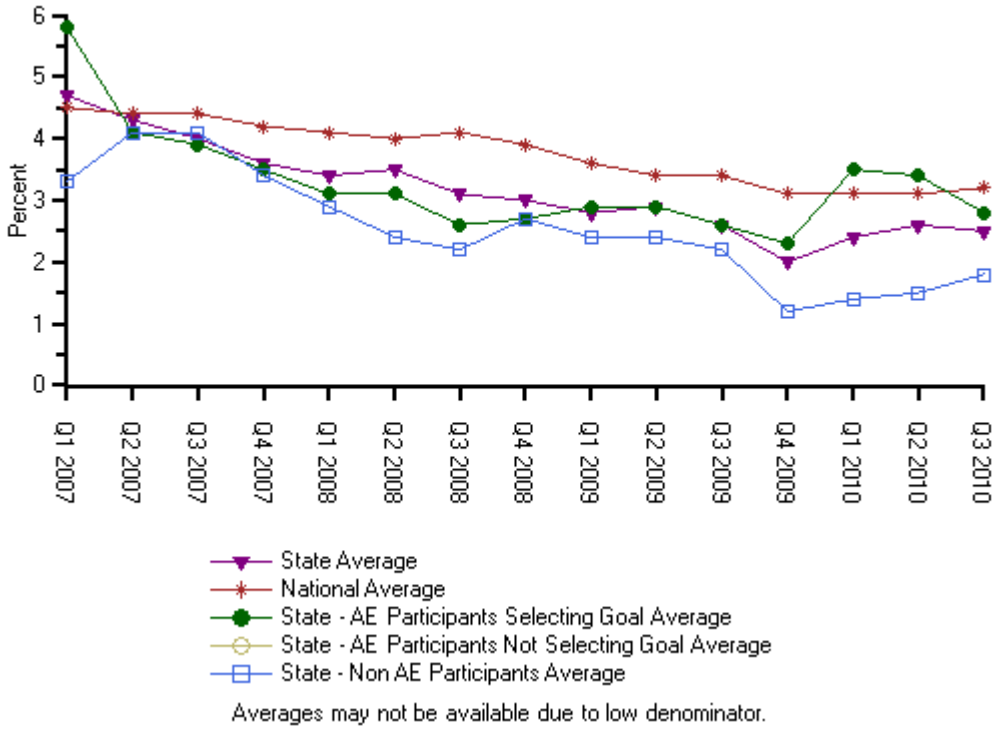
As with Nursing Home Compare, there is a lag of approximately five months between the end of the quarter and the public release of that quarter's Quality Measure (QM) scores. The approximate timeframes for updates on this website are: Quarter 1 (January – March) scores are posted in August; Quarter 2 (April – June) scores are Posted in November; Quarter 3 (July – September) scores are posted in February; and Quarter 4 (October – December) scores are posted in May.

High Risk Pressure Ulcers -(DE)



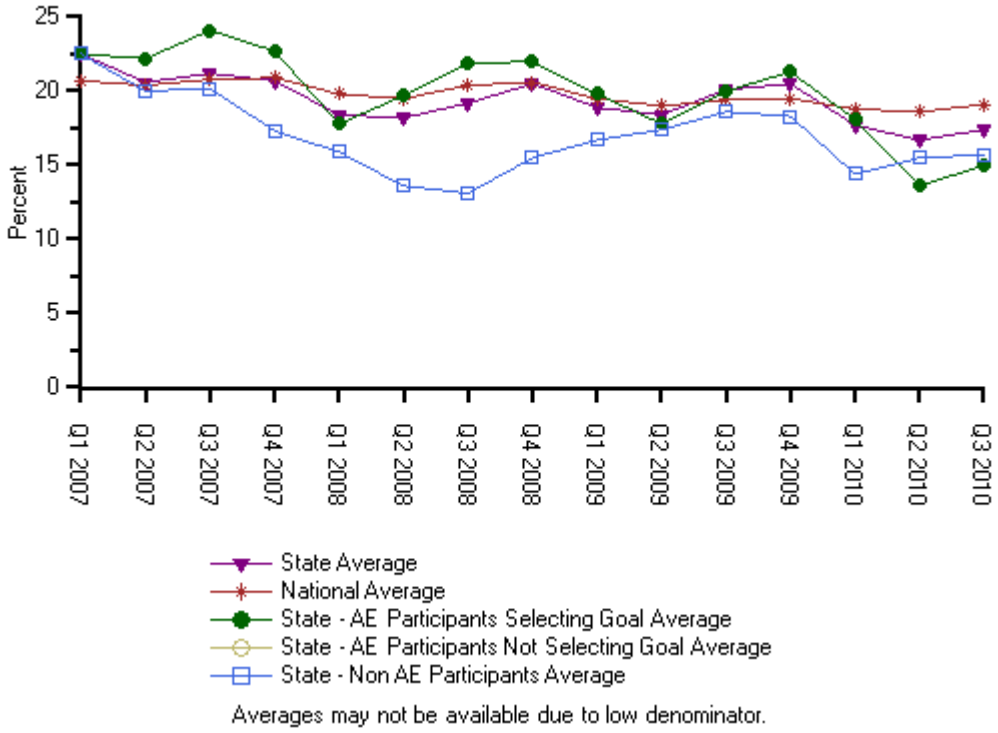
Year	Quarter	State Average	National Average	State AE Participants Selecting Goal Average	State AE Participants Not Selecting Goal Average	State Non AE Participants Average
2007	1	12.4	12.8	11.9		13.9
2007	2	12.3	12.4	11.3		12.7
2007	3	12.4	12.0	12.2		13.5
2007	4	11.4	12.0	8.8		11.7
2008	1	11.0	12.4	7.5		12.7
2008	2	12.8	12.1	10.6		12.5
2008	3	11.5	11.7	11.1		12.5
2008	4	10.6	11.5	9.6		11.6
2009	1	10.4	11.8	9.7		12.1
2009	2	8.9	11.3	8.9		8.6
2009	3	8.8	10.9	9.2		8.8
2009	4	9.9	10.9	10.5		8.9
2010	1	10.0	11.0	10.2		10.0
2010	2	9.1	10.8	7.8		9.6
2010	3	10.1	10.3	9.5		9.6

Chronic Care Pain -(DE)



Year	Quarter	State Average	National Average	State AE Participants Selecting Goal Average	State AE Participants Not Selecting Goal Average	State Non AE Participants Average
2007	1	4.7	4.5	5.8		3.3
2007	2	4.3	4.4	4.1		4.1
2007	3	4.0	4.4	3.9		4.1
2007	4	3.6	4.2	3.5		3.4
2008	1	3.4	4.1	3.1		2.9
2008	2	3.5	4.0	3.1		2.4
2008	3	3.1	4.1	2.6		2.2
2008	4	3.0	3.9	2.7		2.7
2009	1	2.8	3.6	2.9		2.4
2009	2	2.9	3.4	2.9		2.4
2009	3	2.6	3.4	2.6		2.2
2009	4	2.0	3.1	2.3		1.2
2010	1	2.4	3.1	3.5		1.4
2010	2	2.6	3.1	3.4		1.5
2010	3	2.5	3.2	2.8		1.8

Post Acute Care Pain -(DE)



Year	Quarter	State Average	National Average	State AE Participants Selecting Goal Average	State AE Participants Not Selecting Goal Average	State Non AE Participants Average
2007	1	22.5	20.7	22.5		22.5
2007	2	20.6	20.4	22.2		20.0
2007	3	21.2	20.8	24.1		20.2
2007	4	20.7	20.9	22.7		17.3
2008	1	18.4	19.8	17.8		15.9
2008	2	18.2	19.5	19.7		13.6
2008	3	19.2	20.4	21.9		13.1
2008	4	20.5	20.6	22.0		15.5
2009	1	18.9	19.5	19.8		16.7
2009	2	18.4	19.0	17.8		17.4
2009	3	20.1	19.4	20.0		18.6
2009	4	20.5	19.5	21.3		18.3
2010	1	17.7	18.8	18.1		14.4
2010	2	16.7	18.6	13.6		15.5
2010	3	17.4	19.1	15.0		15.7

VOLUNTEER OMBUDSMAN CORPS

The State Long-Term Care Ombudsman and staff express their hearth-felt appreciation to the members of the Volunteer Ombudsman Corps for their dedication to the well-being of the state's long-term care residents during 2011. As a group, these caring and compassionate Delawareans volunteered 5,264 hours to the program.

Volunteer Recruitment

The Ombudsman Program is continuously looking for volunteers. We are dedicated to protecting the dignity and rights of elders and persons with disabilities who reside in our long-term care facilities.

Ombudsman Volunteer Visitors are trained to listen to the concerns and problems of long term care residents. Key volunteer attributes include compassion, respect, positive attitude, ability to communicate effectively, and availability
The Long Term Care Ombudsman Program conducts volunteer training classes each year. Volunteers receive a 15-hour training program. They are recruited by a statewide multimedia outreach campaign that includes media releases, brochures, public service announcements, and civic group presentations. In addition, the division's website, www.dhss.delaware.gov/dsaapd, offers an online application for people interested in volunteering. Also, we work closely with the Retired and Senior Volunteer Program (RSVP) and other community-based organizations to promote volunteer opportunities.

After our initial training program, volunteers enter an orientation phase of their training. In addition, they participate in bi-monthly trainings to keep volunteers up to speed on the latest developments in long term care. Each Volunteer Ombudsman must have excellent communication skills to establish and nurture relationships with residents of long term care facilities. In addition, individuals must be effective advocates and knowledgeable in residents' rights as well as current practices in long term care facilities. Volunteers are our eyes and ears in a facility, and they make a real difference in the lives of those living in nursing homes and assisted living facilities. With additional training, a Certified Volunteer Ombudsman may assist the Ombudsman staff by investigating and working to resolve complaints in some instances.

In the near future, the initial 15-hour training may be revised to embrace the current and actual need of a volunteer. Again, this will resemble some of the best practices by other Ombudsmen across the country.

To accommodate volunteers, we are contemplating weekend training. The age range of volunteers is about 45 to 84 years. The challenge is to target new recruits. Our current cadre is dedicated and hard working, but we must look to the future when they will decide to retire from active volunteerism.

Volunteer Retention
Delaware's Volunteer Ombudsman Program believes that building successful, trusting relationships with residents is not only the foundation of good advocacy, but also is a key to volunteer retention. When volunteers establish meaningful, rewarding contacts within a facility, they are more likely to fulfill their volunteer responsibilities and many will contribute well beyond what is asked of them. To retain volunteers and recognize their achievements and service-above-self dedication, the Ombudsman Program:
• Sponsors an annual recognition event to award service pins and recognize achievement;
• Provides professional training and experience;
• Reimburses volunteers for mileage;
• Provides ongoing and active communication and training with a Volunteer Services Coordinator.

Historically, our volunteers have been "Friendly Visitors." Friendly Visitors make a real impact on residents, some of which may seem isolated by virtue of not having any relative or friend to visit. Many residents need a caring heart and a warm hand to help them feel connected to their community. In fact, almost 40% of residents do not receive regular visitations. In the past, there was a discussion that the "friendly visitor" role should be expanded to include assisting Long Term Care Ombudsman Program staff with complaint investigation. This has not materialized because of the shrinking volunteer pool. It's more important to increase the number of "friendly visitors" than to expand the role of the current pool of volunteers. In bigger states where full time state employees cannot cover the huge territory, volunteer ombudsmen are certified to investigate complaints related to quality of care and residents' rights.

Ombudsman Volunteers
The Ombudsman's Volunteer Coordinator manages volunteer activities. "Volunteer Visitors" visit residents in long term care facilities. When Volunteer Visitors learn of complaints they request that the full time Ombudsman contact the complainant to handle the investigation and resolution.

Equipping Volunteers to Communicate and Interact
In order to build relationships, volunteers must communicate well. Consequently, communications is a crucial training goal. New training materials prepare and encourage volunteers to communicate with residents who can show little or no response to their presence or with those who are maladjusted, depressed or have dementia. Success stories of interactions are shared at bi-monthly, in-service meetings. Shy or hesitant volunteers gain confidence to reach out when hearing what others are accomplishing.

Quality of Care/Staffing

This paragraph was included in a previous report. However, it is being repeated because staffing and quality of care are essential to quality of life in a facility.

Staffing has long been held to be a crucial link to quality of care (Harrington.) In Delaware, the Ombudsman program has strongly supported minimum staffing legislation, and continues to do so. A slight correlation can be found (-0.30) between staffing and survey findings. As staffing increases, survey findings decline (LTCOP report 2004). It's important to understand that staffing regulations are not a panacea, and that other factors must be in place to ensure that quality of care improves in our nursing homes. These factors include: culture change, training, pay, leadership, quality improvement initiatives, and public and private accountability. Consequently, we continue to support minimum staffing, but after analyzing the relationship between staffing and survey findings, more should be done to enhance provider quality, staff retention, and improved benefits for direct support staff.

Quality Management and Culture Change

Making long term care institutions into communities requires a new perspective on service delivery. Historically, nursing homes operated under a medical model which limited options for residents and created an environment which did not embrace or promote feedback. Residents of nursing homes felt they did not have a voice in their treatment. New service delivery models have been introduced and transformed long term care.

One such program is the Culture Change concept. It is similar to some of its predecessors such as the Eden Alternative, Pioneer, and Well Spring. It is opening nursing homes up to the community. This quality management practice transforms a nursing home from an institution into a home by using modern methods of participatory management, infusing the building with plants and animals to humanize the facility, and creating a program that encourages customer feedback. In Delaware, twelve nursing homes voluntarily participated in this initiative at the beginning. Others have continued to experiment with the concept.

The Quality Insights Organization of Delaware, The Alzheimer's Association of Delaware, the Delaware Health Care Facilities Association, Delaware Pain Management Initiatives, Inc. have collaborated with the Long Term Care Ombudsman Program to sponsor the Advancing Excellence in Nursing Homes Campaign. 22 nursing homes are participating in the campaign. In addition to participation by a nursing home, every nursing home stakeholder is encouraged to participate. A stakeholder can participate as a LANE (Local Area Networks for Excellence) or as a consumer. There are 10 LANES, and 4 consumers participating. For further information about the campaign, visit www.nhqualitycampaign.org.

Advancing Excellence in America's Nursing Homes is an on-going, coalition-based campaign focused on how we care for elderly and disabled citizens. This voluntary campaign, which began in September 2006, and is on Phase 2 since October 2009, will:

- Monitor key indicators of nursing home care quality
- Promote excellence in care-giving for nursing home residents
- Acknowledge the critical role nursing home staff have in providing care

Campaign Goals (Advancing Excellence website)

Goal 1 - Staff Turnover: Nursing homes will take steps to minimize staff turnover in order to maintain a stable workforce to care for residents.

Goal 2 - Consistent Assignment: Being regularly cared for by the same caregiver is essential to quality of care and quality of life. To maximize quality, as well as resident and staff relationships, the majority of nursing homes will employ "consistent assignment" of CNAs.

Goal 3 - Restraints: Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

Goal 4 - Pressure Ulcers: Nursing home residents receive appropriate care to prevent and appropriately treat pressure ulcers when they develop.

Goal 5 - Pain: Nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain. Objectives for long stay and short stay are slightly different.

- Goal 5A: Long stay (longer than 90 days) nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

- GOAL 5B: People who come from a hospital to a nursing homes for a short stay will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

Goal 6 - Advance Care Planning: Following admission and prior to completing or updating the plan of care, all nursing home residents will have the opportunity to discuss their goals for care including their preferences for advance care planning with an appropriate member of the healthcare team. Those preferences should be recorded in their medical record and used in the development of their plan of care.

Goal 7 - Resident/Family Satisfaction: Nursing home staff will assess resident and family experience of care and incorporate this information into their quality improvement activities.

Goal 8 - Staff Satisfaction: Nursing home administrators will assess staff satisfaction with their work environment at least annually and upon separation and incorporate this information into their quality improvement activities.

Advancing Excellence in America's Nursing Homes – Delaware Profile

In 2008, the Long-Term Care Ombudsman Program advocated for residents' rights and promoted quality of care in Delaware's long term facilities. The State Long Term Care Ombudsman worked on national board issues as a member of the National Association of State Ombudsman Programs. We also worked closely with CMS, Quality Insights of Delaware, Culture Change, Advancing Excellence in America's Nursing Homes, Delaware Division of Long Term Care Residents Protection, and renowned speakers to promote initiatives on improving quality of care in Delaware's long term care facilities. Phase 1 of the Advancing Excellence in America's Nursing Homes concluded in October 2009. Phase 2 of the Campaign started almost immediately. 6.454 (41.1%) of America's nursing homes are currently participating in Phase 2 of the campaign.

	National Avg	Delaware
% of NHs enrolled	47.4%	46.7%
Pressure Ulcers*	10.0%	13.0%
Restraints*	3.0%	0.0%
Chronic Pain*	4.0%	3.0%
Acute Pain*	19.1%	17.4%

*Advancing Excellence Campaign Website. Data from 09/10 **Lower is better**

We continue to evaluate the use of the program effectiveness tools and develop training to assist us in the use of these tools. We provided resources on specific topics which impact long term care residents; for example, discharge, transfer, and relocation. In improving our awareness of the issues related to transfer trauma and relocation and impact on long term care residents, we educated some facility staff about similar issues. In recent years, national trends dictate that Ombudsmen and facility staff must be adequately equipped to handle such trauma.

The Long Term Care Ombudsman Program continues to utilize several national and organizational resources to improve skills and training.

Emergency Preparedness

After Hurricane Katrina and the disaster in the Gulf region, long term care facilities and community agencies renewed efforts for emergency preparedness.

Every facility is required to revisit their preparedness plans, and drills. Procedures should focus on the safety of facility residents. A good emergency preparedness plan should include:

How to provide adequate and accessible transportation;
Role clarification for staff pre-and-post evacuation;
How to provide complete information about individual evacuees to the host long term care facilities upon admission;
How to provide good communication to families about their loved ones;
How to provide long term care residents with access to the Federal Emergency Management Agency, Red Cross, and other disaster response services.

Also, we are involved in the Department's Risk Management Preparedness, and the Continuity of Operations Planning (COOP) Program which assesses readiness for operations during a disaster.

Residents' Rights Week

Residents' Rights Week originated in 1981 at an annual meeting of the National Citizens Coalition on Nursing Home Reform. In 2010, we renewed our commitment and our dedication to the 34 resident rights that protect and preserve the rights of older persons to be fully informed about their care, to participate in their care, to make independent choices, to privacy, to dignity, to stay in their home, and to make complaints when necessary and appropriate.

The Long Term Care Ombudsmen focused on promoting residents' rights. It was the tenth annual Residents' Rights Week. We joined about 250 residents, facility staff, advocates, and others to celebrate the event. The Deputy Cabinet Secretary, Department of Health and Social Services Henry Smith, III represented Governor Jack Markell and Cabinet Secretary Rita Landgraf. He read The Governor's Proclamation.

Promoting Quality of Care

- Implemented program to adopt national standards/best practices.
- Worked with the Centers for Medicare/Medicaid Services and Quality Improvement Organizations to develop and monitor quality standards in nursing homes.
- Ombudsmen Fighting for Residents' Rights/Public Outreach.
- Celebrated Annual Residents' Rights Week.
- Continued to work on various subcommittees about issues: Nursing Home Staffing, Psychiatric Care, Long Term Care, Home and Community-Based Services, and Nursing Home Diversion.
- Reviewed some of our publications for content and effectiveness.
- Translated some brochures into Spanish.

Improvement Opportunities

(1) The Long Term Care Ombudsman Program continues to encourage consumers to check facility staffing at each facility by referring them, their families and friends to the Medicare.gov web page, as well as encouraged to pose questions that are related to quality of care and resident-rights to the facilities and their staff..
(2) Psychiatric Care in Long Term Care: We continued to dialog with sister agencies and stakeholders about ways to explore and enhance psychiatric services in Delaware, and how to enhance and improve access to mental health services for residents in nursing homes. Since the closure of Carvel Building at the Delaware Psychiatric Center and the Delaware vs. U.S Department of Justice's Settlement(DOJ) in late 2010, the state has embarked on an aggressive plan to improve access to home and community transition and other services which include access to mental and behavioral services.
(3) Cost of Care: We participated on the Governor's Commission on Community Based Alternatives for Persons with Disabilities, offering input on how to expand care options and scope of community services to residents in long term care seeking less restrictive and more integrated settings, when appropriate. Improving the scope of available community services will enable citizens of Delaware to age in place. The ranking obtained in AARP's Long Term Care Support Services (LTSS) has become another driving force similar to the DOJ Settlement, towards improvement of and access to services.
(4) Also, we participated on the Workforce Development subcommittee of the Governor's Commission offering input on how to make the direct support profession more attractive to potential employees. Direct Support Professionals (DSPs) include CNAs in long-term care facilities, and professionals who provide care in home community-based settings. Subcommittee continues to offer input on how to provide competitive benefits and career lattice to DSPs as to make profession more attractive and thus retain staffing. Below is a table of current compensation.

Hourly Rate	DSP Private Entry Wage	DSP State Entry Wage	Wage % Diff State vs. Private Entry	DSP Private Average Wage	DSP State Average Wage	Wage % Diff State vs. Private Average
AGGREGATE (National)	$ 8.53	$ 12.13	42%	$ 9.85	$ 15.48	57%
DELAWARE	$ 9.33	$ 10.00	7%	$ 10.55	$ 11.25	7%

*2008 Wage Study by ANCHOR

Policy Recommendations

1. Personal Needs Allowance: DHSS should examine the $44.00 Personal Needs Allowance for nursing home residents and plan for an increase as soon as the economic climate permits.
2. Sex Offender Notification: Residents of long-term care facilities must be notified when a registered sex offender is living in the same facility and may put their safety at risk.
3. Scope of Mental Health Services: Scope of mental health services for residents of long-term care facilities should be enhanced to ensure that residents receive the appropriate level of care based on their diagnosis.
4. Enhance the depth of dementia training for long-term care staff and other direct support professionals.
5. Assisted Living Contracts: Work towards the implementation of a standardized contract document for use by all assisted living facilities. Residents should have the right to be fully informed in writing, and orally prior to, at the time of admission, and during their stay of services available at the facility and cost of related services.
6. Equalize the benefits of direct support professionals in the private and public sectors.

APPENDIX A

The outreach communications appeared in the state's LIFESTYLE55 Senior publication with a monthly circulation of 80,000 copies.

Page sponsored by DHSS Division of Services for Aging and Adults With Physical Disabilities

celebrating

RESIDENTS' RIGHTS

Residents' Rights Month
October 2011

Spotlight on residents of Long-Term Care facilities

Please join us for our
10th Annual Residents' Rights Rally
Tuesday, October 4, 2011

Sheraton Dover Hotel
Sauvignon Champagne Room
1570 North Dupont Highway
Dover, Delaware 19901
1pm – 3pm

For More Information, contact
State Long-Term Care Ombudsman
1-800-223-9074 or
sandyd@qualityage.net
302-684-2755

WELCOME HOME

Creating Connections Between Residents and the Community • Residents' Rights Month 2011
An Initiative of the National Consumer Voice for Quality Long-Term Care

Residents' Rights Month: October 2011

National Long-Term Care Residents' Rights Month is a time to focus on and celebrate awareness of dignity, respect and the value of individuals living in long-term care facilities. This year's theme was selected to call attention to the fact residents of long-term care facilities are still an important and valuable part of our local communities.

www.theconsumervoice.org

The National CONSUMER VOICE for Quality Long-Term Care

DELAWARE HEALTH AND SOCIAL SERVICES
Delaware State Long Term Care Ombudsman Program 1.800.223.9074

Funded by the U.S Administration on Aging through the Older Americans Act

Delaware Aging and Disability Resource Center (800) 223-9074

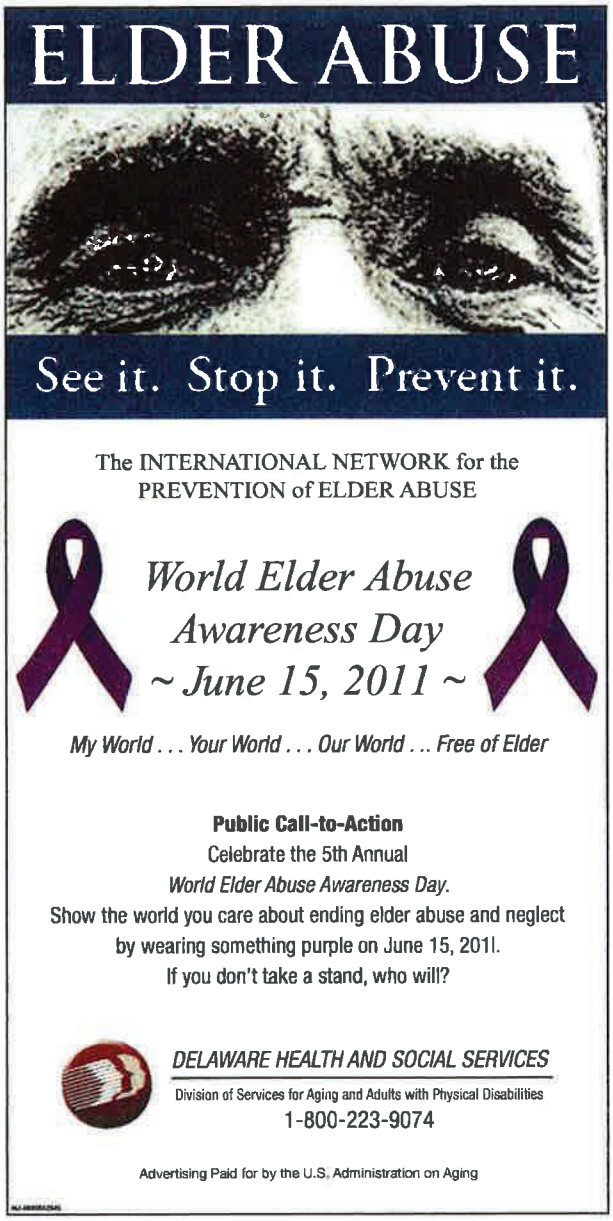
DELAWARE HEALTH AND SOCIAL SERVICES
Division of Services for Aging and Adults with Physical Disabilities
www.dhss.delaware.gov/dsaapd

e-mail DelawareADRC @state.de.us

2010 Residents' Rights Rally

October 3 – 9, 2010 was the National Long-Term Care Residents' Rights Week. In Delaware, it was celebrated during a rally held at the Sheraton Dover Hotel on October 5, 2010. The Rally was attended by 175 long-term care facility residents from across the state, and was co-sponsored by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and Activities for Geriatric Enrichment (AGE). Delaware's Attorney General Beau Biden was the keynote speaker.

Residents' Rights Week was established to acknowledge the contributions and sacrifices that many long-term care residents have made to better their communities. The Federal 1987 Nursing Home Reform Act (OBRA '87 and DE Code Title 16 § 1121 mandate residents' rights.



DSAAPD Has a New Home and Community Based Services Ombudsman

Gail Weinberg, MSW, has joined DSAAPD as the Home Community Based Services Ombudsman. Gail will be the primary advocate for customers who receive home community-based services from providers who are licensed to provide services in Delaware. Gail comes to us from the Victims Compensation Assistance Program in the Delaware Department of Justice, where she was an Investigator. Gail has extensive work experience in long-term care, home community-based services, a psychiatric institution, and the Massachusetts Department of Mental Health. She can be reached at the Delaware Division of Services for Aging and Adults with Physical Disabilities 1-800-223-9074.

Living a Brain Healthy Lifestyle: Feed Your Spirit

Do you want to learn ways to keep your brain healthy? The 3rd annual ***Living a Brain Healthy Lifestyle*** conference in Sussex County, will be held on **Thursday, April 28**, 1-5 p.m., at the East Coast Garden Center's Cordrey Center, 30366 Cordrey Road, in Millsboro.

This conference is sponsored by a partnership with Anne Camasso, University of Delaware Cooperative Extension family and consumer science agent in Sussex County, MaryAnn Hook of the Retired and Senior Volunteer Program (RSVP), Linda Forte of Delaware Technical and Community College's Adult + program and Jamie Magee with the Georgetown Branch of the Alzheimer's Association.

Sessions on gardening, nutrition and health and laughter will be presented. Interactive displays highlighting gardening, technology, birding, and nutrition as well as informational tables on RSVP, Roads Scholars, and brain games from the Alzheimer's Association will also be available.

Refreshments will be provided. The program is free but pre-registration is required. Doors open at 12:30 for sign-in. To register please call: 302-856-5618.

Directions: Route 24 north; turn right on Mt. Joy Road (by Royal Farms), then turn left on to Cordrey Road, East Coast Garden Center is ¾ of a mile on the left. The Cordrey Center is toward the back and on the right. Parking is available.

Caring, Compassionate Volunteers Needed

Delaware Long Term Care Ombudsman Program

Program Description

This program is responsible for advocating the rights of all residents in long term care and related facilities in Delaware. Our activities are coordinated with the Division of Long Term Care Residents Protection, the Office of the Attorney General, the Office of the Public Guardian and others that protect the rights of nursing home residents.

The program's Volunteer Ombudsmen are friendly visitors, trained in resident rights, advocacy, and they have big hearts. They visit elderly and disabled residents in nursing homes in their communities and alleviate the loneliness and isolation felt by some residents.

Volunteer Ombudsman Requirements

Persons over age 18 are eligible. There is no restriction based on income, education, disabilities, race, religion or gender. Applicants must not ever have been listed on the Adult Abuse Registry.

Volunteer Ombudsman applicants must complete a 15-hour initial training program and attend continuing education classes 3-4 times a year. Volunteers are assigned to a facility close to their home and asked to visit regularly. Each volunteer decides how many hours he or she can give to the program. Some give one hour a week, some give 6 hours a week, and some give more. It is a highly individualized program. A one-year commitment is requested.

Delaware Money Management Program

Program Description

This program offers money management assistance to help low-income seniors and adults with physical disabilities who have difficulty budgeting, paying routine bills, and keeping track of financial matters.

The program's goal is to promote and prolong independent living for persons who do not have friends or relatives able or willing to help and are at risk of losing their independence due to the inability to manage their money.

The Delaware Money Management Program is sponsored by our division in partnership with AARP Delaware.

Insurance coverage of client funds is provided by AARP. Volunteers only work from one designated account with a $3,500 limit. Volunteer activity and client accounts are monitored on a monthly basis.

Page sponsored by DHSS Division of Services for Aging and Adults With Physical Disabilities

Abuse is Ageless.

Report Elder Abuse.

1-800-223-9074

DELAWARE HEALTH AND SOCIAL SERVICES

Division of Services for Aging and Adults with Physical Disabilities

Delaware's Volunteer Ombudsman Program:

Improving the quality of life for residents of long term care facilities

Most of us would agree that having a few good friends and our personal relationships make our lives more complete. They give meaning to our existence and fulfill deep human needs.

Carter Catlett Williams of the Pioneer Network, a group that works to change the culture of nursing homes, says "Relationships are not only the heart of long term care; they are the heart of life, and life should continue wherever we live."

Volunteering in a nursing home brings life to those who are still part of our community, but are often out of sight and forgotten because many find a nursing home an uncomfortable place to visit. Consider the following statistics: approximately two million Americans live in nursing homes; only 16 percent have a living spouse; and 13 percent never have visitors at all.

Volunteer Ombudsmen are friendly visitors and they make life better for those who reside in Delaware's long term care facilities. This group of individuals trained in resident rights and armed with big hearts, visit disabled and elderly residents in nursing homes in their own communities.

A listening ear

These advocates give a voice to residents and families who may have concerns they cannot handle themselves. Turning a listening ear to problems ranging from cold coffee to more serious issues, they seek to alleviate the loneliness and isolation felt by residents. Last year they gave over 9,400 hours to visitations with individual Delaware residents in nursing homes and assisted living facilities. They love what they do. Their lives are enriched. They make a difference.

Volunteer Ombudsmen complete a 15-hour initial training program and then attend continuing education classes 3-4 times per year. They are assigned to a facility close to their home and asked to visit regularly. Each volunteer decides how many hours he or she can give to the program. Some give 1 hour per week, some give 6 hours per week, and some give more. It is a highly individualized program and a one-year commitment is requested. Many volunteers stay longer and average 5-6 years in the program. Several are now entering their 9th and 10th years as visitors and advocates. Why do they stay? Because it is rewarding! The relationships are enriching. Volunteers often say, "I get back much more than I give!"

Meaningful relationships

Volunteer Ombudsmen often can help bring about a profound change in the lives of "their" residents by providing meaningful relationships instead of isolation. Sometimes a volunteer may just pop their head in and say "hello" and hold a hand for a few minutes. Sometimes they just listen. Often they will encourage and many times they are a voice for residents who may not be able to advocate for themselves.

Experience the program

If you have ever wanted to visit a nursing home, but were afraid to try, we now have a solution to your dilemma. The Volunteer Ombudsman Program has added a "shadowing" component to its basic program. You can now "shadow" an experienced volunteer during his or her visit in the field. You will get a chance to be charmed by this incredible group of people who are unique and interesting and longing for companionship. Experience the program firsthand in your community; see if it fits your interests.

Become an advocate

We could easily forget this part of our community, overlook their rights, and forget their needs. The care, concern, training and professionalism of Delaware's Volunteer Ombudsmen help assure dignity, respect, and quality of life for the disabled and elderly in long term care facilities in your community.

For information about volunteer opportunities with Delaware's Long Term Care Ombudsman Program, call 1-800-223-9074 or visit www.dhss.delaware.gov/dsaapd.

Page sponsored by DHSS Division of Services for Aging and Adults With Physical Disabilities

Nursing Home Residents' Rights are Protected in Delaware

CARE

You have the right:

.. to receive considerate, respectful, and appropriate care, treatment and services.
.. to receive reasonable continuity of care.
.. to choose a personal attending physician.
.. to not be transferred or discharged out of a facility except for medical reasons, your own welfare or the welfare of other residents; or for non-payment of justified charges.
..You will be given 30 days advance notice, except where the situation is deemed an emergency.

DIGNITY

You have the right:

.. to respect and privacy.
.. to be free from restraints.
.. to privacy in your room.
.. to privacy in visits by your spouse.
.. to retain and use your own clothing and personal possessions.
.. to not have to perform a service for the facility.

CHOICE

You have the right:

.. to make choices regarding activities, schedules, health care and other aspects of your life.
.. to participate in an ongoing program of activities.
.. to participate in social, religious and community activities.

RESPECT

You have the right:

.. to receive from the administrator and staff a timely, courteous and reasonable response to requests or grievances – in writing, if requested.
.. to associate or communicate the others without restriction.
.. to manage your own financial affairs.
.. to recommend changes or present grievances to the facility staff, the Long Term Care Ombudsman or others.
.. to be fully informed of all rights and responsibilities.
.. to be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food and deprivation of sleep.
.. to receive notice before your room or roommate is changed, except in emergencies, and to have the facility honor requests for a room or roommate whenever possible.
.. to exercise your rights as citizen of the State and the United States of America.

INFORMATION

You have the right:

.. to receive, prior to or at the time of admission, a written statement of the services provided.
.. to receive a written itemized statement of charges and services.
.. to receive from the attending physician complete and current information concerning your diagnosis, treatment and prognosis.
.. to inspect all records pertaining to you.
.. to have the facility place at your bedside, the name, address, and phone number of the physician responsible for your care.
.. to receive, in writing, information regarding any relationship the facility has with other healthcare or relate institutions or service providers.
.. to examine the most recent survey of the facility.
.. to receive information from agencies acting as client advocates and be afforded the opportunity to contact those agencies.
.. to request information regarding minimum acceptable staffing levels as it relates to your care.
.. to request the names and positions of staff members providing care to you.
.. to request an organizational chart outlining the facility's chain of command for purposes of making requests and asserting grievances.

If a resident is adjudicated incompetent or determined to be incompetent by his or her attending physician, or is unable to communicate, his or her rights shall devolve to his or her next of kin, guardian or representative.

Would you like a copy of the full version of these rights as they appear in Delaware Code?

Do you want to register a complaint?
Your Long Term Care Ombudsman can help.
Call: 1-800-223-9074

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Services for Aging and Adults with Physical Disabilities
www.dhss.delaware.gov/dsaapd