

Florida's Long-Term Care
OMBUDSMAN PROGRAM

Our 2 cents is no small change



ANNUAL REPORT 2006-2007



Florida's Long-Term Care Ombudsman Program

Florida's Long-Term Care Ombudsman Program is a volunteer-based organization seeking to improve the quality of life of vulnerable elders who live in licensed long-term care facilities, including nursing homes, assisted living facilities and adult family care homes.

The program's mission is "To protect the health, safety, welfare, and human and civil rights of long-term care facility residents by investigating and resolving complaints; promoting the enforcement of laws and regulations; and advising and recommending policy to state and federal governments on long-term care issues."

An "ombudsman" is a citizen representative who advocates on behalf of others to resolve specific issues and concerns. Florida's Long-Term Care Ombudsman Program does just that for the more than 150,000 elders living in long-term care facilities. By directly responding to the concerns of residents, ombudsmen advocate for one of Florida's most treasured resources.

For more than 30 years, the program has sought to improve the quality of life of Florida's elders by providing free services, from investigating complaints and aiding in the development of family councils to educating long-term care residents about their rights and performing annual inspections of Florida's long-term care facilities.

The Long-Term Care Ombudsman Program was created under the Older Americans Act, which was originally passed in 1965. It was amended in 1978 and required states to create an Office of the State Ombudsman, headed by a state ombudsman. The Office of State Long-Term Care Ombudsman was enacted in Florida by Section 400.0063, Florida Statutes, and is headed by the state long-term care ombudsman, who provides leadership for the ombudsman program.

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Commitment to Service



From the State Ombudsman, **Brian Lee**

This year the Long-Term Care Ombudsman Program reached new heights in its advocacy on behalf of residents in long-term care settings by accomplishing the following:

- Volunteer ombudsmen sparked a grassroots advocacy initiative that resulted in sponsorship of critical legislation that will prevent inappropriate discharging of assisted living facility residents.
- The program unveiled a new logo and public awareness campaign, "Our 2 Cents is No Small Change," to provide a voice to residents who are often overlooked or forgotten and bring visibility to issues that are important to them.
- The program broadened its outreach efforts by sponsoring statewide town hall forums to solicit feedback from consumers on approaches that can be undertaken to improve the quality of life and care for residents.
- Program staff and volunteers completed a comprehensive organizational analysis that outlines a strategic blueprint for progressive advocacy services the program can build on for years to come.
- The program launched a new website (<http://ombudsman.myflorida.com>) that equips residents, families, facility staff and administration, and consumers with pertinent long-term care information.
- The program collaborated with the Department of Elder Affairs to update the Florida Administrative Code specific to the program's responsibility and authority to advocate on behalf of long-term care residents.

This report represents only a snapshot of our team's hard work and perseverance to improve conditions for residents. This report is dedicated to the hundreds of volunteers and staff who dedicate numerous hours in defense of residents' rights. Without them, we would not succeed. A special thanks to those volunteers who serve in various leadership positions. We appreciate your support in assisting the program in fulfilling its federal and state obligations to residents and your fellow ombudsmen. Finally, I am especially grateful to the State Council and its leadership. Don Hering, State Chair, and Farrell Groves, Vice-Chair, were instrumental in cementing a spirit of collaborative advocacy that propelled the program's systems advocacy to unparalleled heights. I personally look forward to building on this past year's successes as we continually evolve toward reaching our full potential as advocates for one of Florida's most vulnerable – and treasured – populations.



From the State Council Chair, **Don Hering**

In the pages that follow are names and pictures of individuals from every background imaginable -- individuals with skill sets representing a plethora of disciplines that are also reflected in the backgrounds of the residents for whom they advocate. Even though the skill sets are diverse, the common denominator found in the volunteer ombudsmen and the program's staff is the tenacity and determination to adhere to quality standards. This, in an ever-changing atmosphere that suggests, "If you can't meet the standards, lower them." It is this never-ending quest for not only

maintaining standards but also enhancing them that has led to the state council's first foray into legislative issues.

This year, the council members identified key issues that, if enacted, would have the potential to make an immediate impact on residents' lives. These issues included discharge protections for assisted living facility residents similar to the rights nursing home residents currently enjoy, and background screening for non-direct care staff in nursing homes and assisted living facilities. White papers were designed and ombudsmen across the state

took the cause as private citizens to their legislators. As further evidence of their passion and commitment, they succeeded in gaining the support of a State Senator and a State Representative.

In the pursuit of solid advocacy on behalf of Florida's long-term care facility residents, in addition to spending many hours accomplishing the tasks described above, these individuals have not wavered in their efforts to complete 100 percent of all assessments as required by statute and resolve complaints with consistent quality.

Residents' Rights

Upon admission to a licensed nursing home, assisted living facility or adult family care home, all residents are provided a special set of federal and state mandated residents' rights. Each resident has the right to:

- Civil and religious liberties.
- Private and uncensored communication.
- Present grievances and recommend changes in policies and services free from restraint, interference, coercion, discrimination or reprisal. This right includes access to ombudsmen and other advocates.
- Participate in social, religious and community activities that do not interfere with the rights of others.
- Manage his/her own financial affairs.
- Retain and use personal clothing and possessions.
- Receive adequate and appropriate health care consistent with established and recognized standards.
- Be treated courteously, fairly, and with the fullest measure of dignity and recognition of individuality and privacy.
- Be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints except those ordered by resident's physician.
- Reasonable opportunity to exercise and go outdoors at regular and frequent intervals.
- Thirty days' notice of relocation or termination of residency for nursing homes and adult family care home residents, and 45 days' notice for assisted living facility residents.



Residents of nursing homes are afforded additional rights pertaining to the refusal of medication and treatment with knowledge of the consequences and prior notification of room changes. Residents of assisted living facilities and adult family care homes are given additional rights pertaining to sharing a room with a spouse and reasonable opportunities to exercise and go outdoors at regular and frequent intervals.

Complete summaries of residents' rights are available on the Long-Term Care Ombudsman Program's Web site, <http://ombudsman.myflorida.com>, or by calling the program toll-free at **1-888-831-0404**.



Statewide Accomplishments

Ombudsmen and staff work diligently and consistently on multiple local and statewide projects to increase the program's effectiveness. From providing training for long-term care facility staff to focusing personal efforts on community outreach and public education, the program strives to reach even beyond the range of its daily operations to truly make a difference.

Strategic Planning

In 2006, the program employed a national consulting firm to perform an intensive analysis of its operational structure and processes, as well as its advocacy, training,

communication and outreach efforts. From that analysis, a strategic plan was developed in 2007 to serve as a blueprint for the program's future, with an eye toward strengthen-

ing advocacy efforts and streamlining operational processes to maximize efficiency and provide an even higher caliber of service to Florida's vulnerable population.

Visibility

The program unveiled a new public awareness campaign this year to raise its public visibility and better reflect its mission in a compelling way. Building upon the philosophy that the ideas and opinions of long-term care residents and their loved ones are important, the program adopted the phrase "Our 2 Cents Is No Small

Change" as the campaign's cornerstone. A new logo was introduced, the program's newsletter was reintroduced with more content for volunteers, outreach materials were updated to be more eye-catching and memorable, and the program's Web site was redesigned for easier access and navigation. Most notably, a statewide set of town hall forums were planned to solicit public input about long-term care

facilities' care provision in Florida, with the intent of spreading the word about the program's services while promoting the meetings. In a display of dedication, the state ombudsman professionally wrapped his personal vehicle with the campaign message to drive to the eight town hall meetings planned for the upcoming year and display it prominently to promote the program whenever possible.

Media Outreach

The program maintained its focus on public awareness through media outreach in 2006-2007. Ombudsmen from various councils participated in radio, television and print interviews to inform the

public about the program's services. Ombudsmen and staff wrote articles for the news media to help increase the program's visibility and express the need for additional volunteers. A new set of public service

announcements produced in 2006 aired statewide in 2007, and the program enjoyed a considerable amount of positive press coverage throughout the year, raising awareness of its services to elders.



Community Outreach

Ombudsmen and staff across the state conducted community outreach through participation in health fairs and festivals, presentations at local senior centers and involvement in various community events. They answered questions about the program and provided pertinent information and recruitment materials to members of their local communities at every available opportunity.

In-Service Training Opportunities

Through in-service trainings and presentations, ombudsmen provided facility staff and community groups with information about residents' rights, the Long-Term Care Ombudsman Program's services and other relevant issues affecting the health, safety and well being of Florida's long-term care facility residents.

Operation Spot Checks

Multiple district councils participated in Operation Spot Check activities, working with facilities to improve residents' quality of life. The spot checks were conducted under the auspices of local State Attorney offices in concert with other agencies.

Assessment Blitzes

As part of its mandate, the program performs annual assessments of every licensed long-term care facility in Florida to ensure the health, safety and welfare of residents. Miami-Dade County alone contains approximately one-quarter of the state's long-term care facilities; as such, the workload of local volunteers is remarkable. This year, volunteers and staff from various councils and the program's headquarters donated their time and energy to perform several assessment blitzes to assist the North Dade council in reaching its goal of 100 percent completion of assessments.

2007 Golden Choices Award Honorees

Serving as leaders within their local councils, the following 12 volunteer ombudsmen exhibit a vibrant blend of excellence, compassion and generosity. Their continued service helps the program identify and resolve individual and statewide issues important to improving the quality of life and care for residents; as such, they were honored with Golden Choices awards by the Department of Elder Affairs in 2007.

Marie Brand
Lady Lake

Joseph Quinn
Jacksonville

June Seibert
New Smyrna Beach

Lorraine Domanski
Hudson

Douglas Mohl
Parrish

Geraldine Osanga
Sarasota

William Hartmann
Hypoluxo

Robert Yates
Miami

Marcia Reynolds
Pensacola

Jerome Conger
Tallahassee

JoAnna Emerson
Micanopy

Robert James
Eustis



Key Advocacy Efforts

Every year, in addition to their community education and resident empowerment efforts, our ombudsmen tirelessly dedicate themselves to two primary endeavors: complaint investigations and administrative assessments. The total number of assessments and investigations completed during this reporting period (October 2006 through September 2007) reflects the ombudsmen's successful ability to protect, defend and advocate for residents.

Long-Term Care Facilities and Administrative Assessments

Long-term care facilities in Florida fall into one of three categories: nursing homes (685 facilities; 82,549 beds; 4,648 complaints), assisted living facilities (2,413 facilities; 75,516 beds; 2,909 complaints) and adult family care homes (434 facilities; 1,873 beds; 60 complaints). There are 3,532 long-term

care facilities in the state of Florida, with 159,938 beds. Administrative assessments are mandated by 400.0073, F.S. and are conducted annually. Administrative assessments focus on the rights, health, safety and welfare of residents. The ombudsman's responsibility is to ensure that the facility

is meeting the needs of the residents in compliance with state statute and federal law.

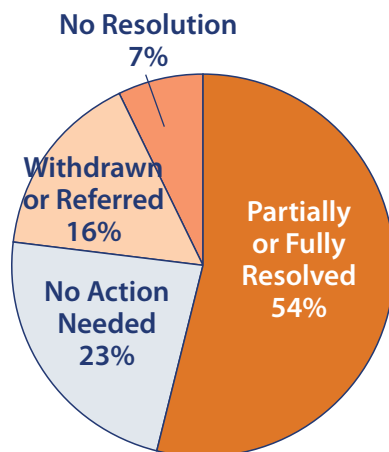
This year, ombudsmen completed a total of 3,198 assessments statewide, reflecting 91 percent of the licensed long-term care facilities in Florida.

Complaint Investigations

In 2006-2007, Florida's long-term care ombudsmen completed a total of 7,617 complaint investigations. Often, a single complaint may affect more than one resident; in fact, an entire wing or

population of a long-term care facility may be affected. For example, a complaint filed by one resident regarding the quality of food served at a facility may affect the entire resident population.

According to data gathered throughout the year, the program served 55,669 long-term care facility residents from October 2006 through September 2007 through complaint investigations.



COMPLAINT RESOLUTIONS

Complaint Resolution

Complaint investigations may result in any number of outcomes, including recommendations to resolve the issue, notifying another agency when appropriate or making recommendations on

policy changes to appropriate agencies. Ombudsmen continually strive for the highest level of resolution possible, keeping in mind that residents' rights are the foundation of the program.

Range of Complaints

Ombudsmen investigate a wide variety of complaints each year. Complaints regarding a long-term care facility, its employees, providers of long-term care services, public or private agencies,

guardians, representative payees and other agencies or persons who are in a position of ensuring residents' rights may be investigated by the program's volunteers.

Specific complaints range from privacy, dignity and care issues to improper medication administration and discharge planning procedures.

Top 10 Complaints in Assisted Living Facilities & Adult Family Care Homes

| Complaint | # |
|--|-----|
| 1. Menu/Food - quantity, quality, choice | 178 |
| 2. Medications - administration, organization | 158 |
| 3. Billing/charges - notice, approval | 107 |
| 4. Shortage of staff | 105 |
| 5. Equipment/Buildings - disrepair, hazardous | 102 |
| 6. Dignity, respect | 101 |
| 7. Discharge/eviction- planning, notice, procedure | 94 |
| 8. Cleanliness, pests, general housekeeping | 89 |
| 9. Personal funds - mismanaged, access denied | 86 |
| 10. Personal property – lost, stolen or destroyed | 83 |

Top 10 Complaints in Nursing Homes

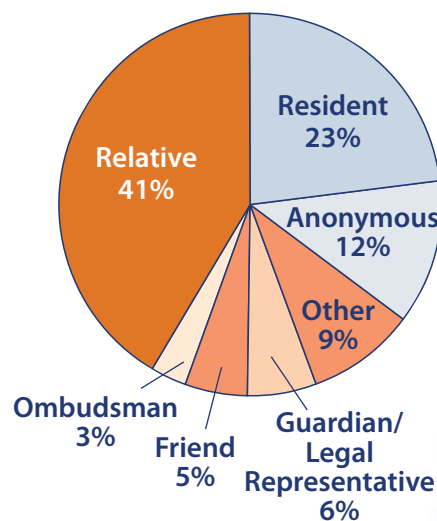
| Complaint | # |
|---|-----|
| 1. Discharge/eviction- planning, notice, procedure | 216 |
| 2. Medications - administration, organization | 194 |
| 3. Personal hygiene (includes oral hygiene) | 169 |
| 4. Injury of unknown origin; falls; improper handling | 164 |
| 5. Symptoms unattended | 157 |
| 6. Personal property - lost, stolen, destroyed | 154 |
| 7. Call lights, response to requests for assistance | 133 |
| 8. Staff Attitudes | 129 |
| 9. Dignity, Respect | 128 |
| 10. Care: Other | 119 |

Origin of Complaints

Complaints may be made by any person or group concerned about the rights, care and treatment of long-term care facility residents and, in fact, are received from many sources. Although most complaints in 2006-2007 were called in by relatives of long-term care facility residents (41 percent), concerns were also reported by residents themselves (23 percent) and their guardians or legal representatives (six percent). Friends of residents, facility staff, medical person-

nel, other agency staff and even ombudsmen also filed complaints.

Even though complaints are confidential as required by federal and state law, approximately 12 percent of complainants preferred to remain anonymous this year, citing fear of retaliation as the primary reason. The Long-Term Care Ombudsman Program continues to educate callers regarding their protection from retaliation as specified in state law.



Advocacy In Action

The program's volunteers and staff share a deep commitment to public service, providing a voice for long-term care facility residents who might otherwise go unheard. This dedication to civic duty is the driving force behind the thousands of hours these advocates dedicate to Florida's frailest seniors. The program keeps a constant line of communication open with those they serve in order to make informed recommendations to policymakers and others who can affect residents' quality of life and care.

Improving Program Services

After conducting an intensive analysis of its operational structure, advocacy efforts, training methods, and communication practices, the program drafted a strategic plan in 2007 to serve as a blueprint for the program's continuing improvement. Resulting goals included the strengthening of overall advocacy efforts and the streamlining of day-to-day operational processes, the objective being to maximize efficiency and provide an even higher caliber of service to Florida's vulnerable population. The program narrowed its strategic plan down to 11 key recommendations, some of which were already being implemented by the end of the federal fiscal year. The recommendations were as follows:

1. The State Ombudsman and Legal Advocate should be registered as lobbyists so they can be unencumbered in fulfilling systems advocacy responsibilities.
2. The organization's structure should be modified to enhance the program's effectiveness in the areas of customer service, administration, advocacy, communication, retention and training.
3. Ombudsman visitation to facility residents through complaint investigations and administrative assessments should be increased.
4. The program should routinely audit case and assessment quality at all levels.
5. The program should develop agreements or memoranda of understanding with key agencies and programs, especially with regulatory agencies, Adult Protective Services and the Statewide Advocacy Council.
6. Ombudsmen should increase their interaction with resident councils to provide greater support, education, advocacy and access to ombudsman services.
7. Ombudsmen should increase their interaction with family councils to provide support, education, advocacy and access to ombudsman services.
8. The State Ombudsman should develop a range of potential roles in the program to better utilize the expertise of volunteers.
9. The program should reinstate the publication of its state-wide newsletter.
10. The State Ombudsman should, at least annually in each district, publicly recognize ombudsmen for outstanding casework or long tenure in the program.
11. The State Ombudsman and the State Training Specialist should work with the State Council to continue its train-the-trainer sessions to sharpen training skills and assist with maintaining consistency.

Providing a Voice

This year, to advance the philosophy that the ideas and opinions of long-term care residents and their loved ones are important, the program prepared to launch its "Our 2 Cents Is No Small Change" campaign, built upon a statewide set of town hall forums. These forums were

planned to take place in federal fiscal year 2007-2008 to solicit public input about long-term care facilities' care provision in Florida, after which all comments gathered would be incorporated into a report to be submitted to policymakers and the public prior to the 2009 Legislative Session. As a



Department of Elder Affairs Secretary E. Douglas Beach, Ph.D., far right, and program staff and volunteers gather around the state ombudsman's vehicle on display at the State Capitol last fall

display of the program's dedication to the effort, the state ombudsman commissioned his personal vehicle professionally wrapped in the campaign's message, with the intention of

driving it to each of the eight town hall meetings planned for the upcoming year and providing the program with added visibility throughout the state.

Recommending Change

The program convened a workgroup this year with key partners to provide recommendations for improving care for assisted living facility and adult family care home residents. The workgroup's comments included the following:

Discharge Protection

Florida should develop and implement an administrative appeal process for residents so they may challenge involuntary discharges. Facilities should be required to notify the agency and the ombudsman program whenever a discharge notice is given to a resident.

Assisted Living Facility Licenses

Limited nursing services and extended congregate care licenses should be reworked and consolidated to reflect the current population within assisted living facilities.

Limited Mental Health

Limited mental health residents should receive appropriate levels of care based upon their individualized diagnosis. The grouping of younger mental health residents and elders into one setting does not promote ideal services, provide opportunities for adequate socialization, or ensure the highest quality of life.

Administrative Penalties

Administrative penalties for class I citations should be levied and collected immediately, similar to "Immediate Jeopardy" deficiencies imposed on nursing homes.

Annual Surveys

The legislature and the executive branch should allocate positions and funding necessary and require the agency to conduct annual (instead of biennial) surveys of all assisted living facilities.

Limitations on Residence Size

There should be no distinction of standard of care for facilities with fewer than 17 residents. Florida should ensure compliance consistency throughout the statute so the expectation of services is clear for consumers.

Background Screening

All direct and non-direct care staff and administration should be required to undergo a Level I background screen prior to employment. Once employed, staff and administration should have a Level II background screen completed within the first 90 days of employment.

Training

Training requirements should be increased for facility staff who work with residents who require services for Alzheimer's Disease or other dementia related disorders, mental health conditions, medication administration, etc.

Medication Administration

Training hours should be increased for facility staff in relation to medication administration. Medication distribution and administration errors continue to be the highest unresolved issue that the ombudsman program investigates in assisted living facilities.

Contracts

The agency should develop a standardized contract to be used 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 in the facility and of related charges for such services. Florida should eliminate binding arbitration agreements from all assisted living facility contract language; specify services to be provided at no extra charge to residents; and specify what it means to move to a higher level of care using activities for daily living as a premise.

Nursing Home Diversion

The legislature and the executive branch should appropriate additional slots for the diversion program to meet the high demand for this program.

Pharmacy Services

Residents should have the freedom to purchase medications from the provider of their choice.

Grievance Policy

Assisted living facilities should have a uniform grievance policy so residents are able to express concerns and grievances freely without the fear of retaliation. The facility should notify the ombudsman program of any identified grievances so residents may have an advocate available to assist them with their concerns.

Emergency Management Plan

Along with the county emergency coordinating office, the Agency for Health Care Administration should review and approve the facility's emergency management plan.

Emergency Plan Implementation

Facilities should be required to provide residents/legal representatives a copy of the emergency management plan upon admittance to the facility, or whenever there is change within the plan. Facility administration should be required to provide residents with training on the emergency plan/facility evacuation plan on annual basis through the resident group.

Residents' Rights

Residents should have the right to organize and participate in resident groups in the facility and the right to have the resident's family meet in the facility with the families of other residents.



2007 Ombudsmen of the Year

This year, the best and brightest ombudsmen throughout the state were honored with the distinction of "Ombudsman of the Year" as nominated and voted upon by their fellow volunteers in each council. These advocates each spent hundreds of hours this past year, helping some of Florida's frailest elders by responding personally to their concerns.



Arlyne Lewis & Dan Reiter

Broward County
Little did Pembroke Pines resident and retired nurse Arlyne Lewis know upon

joining the Broward County council that her outstanding work would earn her the council's "Ombudsman of the Year" honor three years in a row.

Lewis, 72, began volunteering as a long-term care ombudsman after an ad in the local newspaper caught her eye. She shares her "Ombudsman of the Year" title with fellow council member Dan Reiter, also 72. Both moved from New York to Pembroke Pines, both are Golden Choices award recipients and both have been ombudsmen since 2001.



Dan Reiter – along with his wife of 32 years, Charlotte – does everything he can to give a voice to a population that too often goes unheard.

"You have to have the ability to appreciate the aging community and appreciate their concerns," says Reiter. "There's such a great number of elderly with families out of state, and they need someone to speak up for them."



Willie Simpson

East Central Florida

Eighteen years ago, Willie Simpson

joined the East Central Florida council to make a difference in the lives of facility residents. A former social worker, Simpson had an invaluable understanding of long-term care facilities and wanted to put that knowledge to the best use.

Her 23 years of experience at HRS (Health and Rehabilitative Services) directly affected her desire to advocate for long-term care facility residents. Simpson often exceeds the program's 20 hour-per-month service requirement, setting aside other things she enjoys, such as reading.



Lesli Watkins

First Coast

When Jacksonville resident Lesli Watkins retired from a nursing career of more

than 30 years, she looked for ways to use her health care experience to give back to the community. When she read about the ombudsman program in a local newspaper, Watkins seized the opportunity to volunteer with the First Coast district council.

"I hope to effect change in the manner the residents are treated. I would like to see the facility become the resident's home," she says. "Not just a place where they live." Watkins also serves as the First Coast district representative on the program's State Council.

She thrives on what she feels is her duty to see that the residents of nursing homes and assisted living facilities in her area were treated with the respect they deserve. Lesli is a mother of two and grandmother of four and enjoys traveling.



Mary Wells & Ed Schultz

First Coast South

DeLand resident Mary Wells, who loves personal

interaction with the elderly and their "beautiful stories," was armed with the desire to care for individuals in the same age range as her own parents and initially sought to volunteer for the program in 2001.

"I would want my parents to be treated with love and respect, so now I can give other parents the same care," says the mother of two and former dietician. Once a teacher, Wells has extensive experience in caring for people in need, at one time serving as a dietician in a 400-bed hospital and the head of dietetics in a rehabilitation center.



Ed Schultz, who began volunteering for the program one year before Wells, had experienced firsthand the treatment of a

friend in a long-term care facility and felt compelled to become a volunteer advocate with the program in 2000. His passion is to offer aid to residents who are targets of abuse. Ed initiated a program of showing videos at local facilities to educate families and residents about residents' rights and abuse from the resident's perspective.



Doyce Hayth

Mid & South Pinellas

When Clearwater resident, Doyce Hayth saw the

program advertised on her local news station, she knew she wanted to join the team. This past year, she greatly increased the membership on her council almost single-handedly.

Having had the difficult experience of placing her mother in a nursing home in another state, she wanted to help Florida's long-term care facility residents who found themselves in similar situations.

In addition to her time as a volunteer, Doyce also co-leads a bible study group in her neighborhood.



Dawn McCullers

North Central Florida

In 2001, after retiring from her position as the activities director at a long-term care facility, Dawn McCullers wanted to find a way to continue serving facility residents. She found just such an opportunity in the North Central Florida council.

"I saw firsthand what [an ombudsman's] role was and I wanted to continue after retirement to be involved in serving residents," she says. Along with her duties as an ombudsman, the mother of four and self-proclaimed Gators fan enjoys reading and being involved in her church. She knows from her experience as an activities director that a little ingenuity can go a long way.

"I love to see how caring and creativity can enhance the lives of and give a voice to facility residents," she said.



Anne Manning

Northwest Florida

Upon retiring from a 30-year career as a health care professional, Anne

Manning wanted to serve as a voice for individuals she felt were compromised by health and age.

She states, "Perhaps the most compelling reason for my being an ombudsman is knowing there are some elderly people in health care facilities who are fearful that if something happens to them, they have no family or friends, no one who will come, call visit or help. I can! I will! I care!"

With her husband of 50 years, she enjoys serving seniors through the ombudsman program and other avenues. She teaches a senior Sunday school class, coordinates a senior adult ministry and "Senior Pace Setters" activities at her local church.



Laretha Brown

North Dade

Upon retiring from a 31-year career in elementary education,

Laretha Brown was looking for a rewarding volunteer opportunity that would allow her to spend time helping others. During a short-term rehabilitative period in a health care facility, she realized she needed to advocate for herself in order to get the care she needed, while others around her were not able to speak up for themselves. It was then that she discovered the program and applied to join its ranks in 2004.

"The council fits me to a tee," she said. "The work isn't demanding, but it's intense, and it offers me the opportunity to do something with my life while helping someone."



Delores McCarthy

Palm Beach County

Delores McCarthy never imagined she would celebrate

2007 Ombudsmen of the Year

her tenth year of retirement as "Ombudsman of the Year" for the Palm Beach County council.

Shortly after retiring from a long nursing career, McCarthy began searching for a way to give back to her community and found the Palm Beach Council. When she became an ombudsman, she agreed to volunteer 20 hours a month, but she often puts much more time into her work with those she helps.

"It's hard to explain the satisfaction I get out of it, getting to know people and hearing their stories," says McCarthy, a mother of three and grandmother of four. "I most enjoy finding solutions, because whatever a person's problem is, it's real to them."



Norma Hemphill
Panhandle

Previously a Californian ombudsman,

Norma Hemphill enjoyed working with nursing home residents so much that when she moved to Panama City one of her first priorities was to apply to join the Panhandle council of the ombudsman program.

"I wanted to help nursing home residents. I knew [some of them] couldn't help themselves and I wanted to do what I could to represent them," she says.

A retired United Service Organizations singer and great-grandmother of 13, Hemphill divides her time between her family and tirelessly advocating for residents in long-term care facilities.



Lorraine Domanski
Pasco & North Pinellas

In 1999, Lorraine Domanski wanted

to find a way to serve her community in a positive way and found just such an opportunity with the Pasco & North Pinellas council. One of her favorite things about being an ombudsman is the diverse culture among residents and the fact that she is always meeting new people. Besides handling complaint investigations and assessments in her own district, the grandmother of six has

also assisted with the assessments in Miami-Dade County.



Art Walker
South Central Florida

Winter Haven resident Art Walker has been involved

in human services his entire life through mission work. Upon retiring, he wanted to find a way to give back to his community and decided that the ombudsman program would be a great way to do just that.

"I most enjoy solving problems for Florida's elderly and being able to improve their quality of life. I also enjoy being active in legislative issues facing long-term care residents," he says.

Art's wife, Judy, is also a member of the South Central Florida council.



David Warshofsky
South Dade & the Florida Keys

Four years ago, David Warshofsky

decided to search for a way to volunteer his time to help people; he found an opportunity with the program and his efforts were soon rewarded.

Warshofsky, who has lived in South Florida all his life, manages a pharmacy in Miami. He volunteers throughout south Miami-Dade and Monroe counties above and beyond the program's required commitment of 20 hours per month.

"Our territory has the most facilities in the state, with the smallest amount of [active] volunteers," says the father of two. "Everyone in my council is [to me] an Ombudsman of the Year."



Marvin Potter & Lynn Dos Santos
Southwest Florida

Four years ago, Marvin Potter saw an ad in his local paper advertising the ombudsman program. Having just completed his term as president of another volunteer program at his local hospital, he decided to become a member of the Southwest Florida council.

Potter experienced firsthand what it was like to have a loved one in a long-term care facility, caring for a relative in a nursing home before there were any laws to protect residents. With a background in management, sales and customer service, he had always seen the value in "really being able to help someone."



Lynn Dos Santos also joined the program in 2004. A former teacher for special needs students, Dos Santos wanted to find a worthwhile

cause to which she could dedicate her advocacy skills. She too had first heard about the program from an article in her local newspaper.

"If you ever needed an ombudsman, you want Lynn to be your advocate because she is doggedly persistent to making the resident satisfied," says district manager Clare Caldwell. "She accomplishes so much because she has the respect of the administrators that know her."



Joe Torre
Treasure Coast

A native of New York, Joe Torre was active in family councils

and always made sure his relatives were being well cared for. When he moved to Florida, he found his niche volunteering for the Treasure Coast council.

The 80-year-old volunteers much more than the 20 hours a month required by the program. His loyalty runs deep; he once skipped an awards dinner with former Governor Jeb Bush to attend his council's monthly meeting.

"I have a love for the residents," says Torre, a former newspaper manufacturer and grandfather of two. "Golfing and boating is one thing, but as we get older, it's time for us to give something back to people who are in need."



Don Hering
West Central Florida

Retired Marine Corps colonel Donald Hering,

began volunteering with the program in 2004 and has since

gained the respect and esteem of his peers to the point of being elected for the position of the program's state chair last year and Vice Chair for the upcoming year.

"What I enjoy most about being an ombudsman is... advocating for people who have no family or friends and those who are intimidated by the system," says the grandfather of four, who also serves his local church as deacon and sits on its board of directors.

The program's director, Brian Lee, says of the Ruskin resident: "Don is resolute in his advocacy, always going the extra mile for the residents, no matter how long it takes, whether ten minutes or ten months, he'll see it through to the end."



Marie Brand & Dorothy Hoey
Withlacoochee

In September 2004,

Lady Lake resident Marie Brand was looking for a way to help long-term care facility residents in her area. A former director of nursing at a skilled rehabilitation facility, Brand wanted to help provide the highest quality of care possible for the vulnerable population of elderly residents in Florida.

"Being an R.N. for 40 years, my main concern was respect for the residents," says Brand, grandmother of ten, who also serves as the president of her homeowners association. "It is a real pleasure to give back to the community."



Thirteen years ago, a friend recognized Dorothy Hoey's love for people and introduced her to the ombudsman program. The 14th child in a family

of 15, Hoey was determined to become a nurse and put herself through both college and nursing school to fulfill her dream. After retirement, she became a volunteer ombudsman to advocate on behalf of residents in long-term care facilities.

Between her time with the program and spending time with her six children and nine grandchildren, Dorothy also acts in her community's local theater and volunteers with her church.



Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 195 |
| Complaints Investigated | 473 |
| Assessments Completed | 347 of 347 |

Top Three Complaints in Nursing Homes

1. Personal hygiene
2. Improper transfer or discharge
3. Staff attitudes

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Medication administration
2. Billing, charges
3. Menu – quality, quantity, choice

A transportation service was scheduled to pick up a long-term care facility resident from his facility and drive him to a nearby dialysis center for treatment. Because the resident was not standing at the facility's front door at the appointed time, however, the driver refused to wait and drove off. A facility staff member pushed the resident in his wheelchair to the treatment center, which happened to be nearby, and left him there.

When the dialysis treatment was complete, the center would typically call a specific transportation service or the facility to pick up the resident. This time, though, one of the center's staff members glanced into the lobby, didn't see the resident and assumed he had been picked up. No one called the facility to see if the resident had been returned, and no one at the facility checked with the treatment center. Meanwhile, the resident, confused and without direction, wheeled himself outside to the parking lot where, quite some time later, a concerned citizen found him and wheeled him to safety.

That evening, the resident's son received a call from the facility stating that his father had gone missing earlier in the day but had been found. The son, in turn, contacted the ombudsman program. After a thorough investigation by the program into the events of the day, the facility's administrator and director of nursing admitted they were negligent for failing to check with the dialysis center when the resident did not return. Had it not been for the concerned citizen's help, the resident may never have returned safely.

As residents maintain the right to come and go from their residences as they wish, the facilities in which they live have an equal obligation to ensure residents' personal safety. The facility now has a schedule at the front desk with the times, destinations and telephone numbers for all residents' appointments. The log carries instructions that the facility's receptionist is to place a courtesy call if a resident has not returned to the facility within an hour of his or her expected time, and that the administrator and director of nursing are to be notified immediately.

2006-2007 Broward Ombudsman Council

- Jan Berns
- Dorothy Cox
- Irwin Golden
- Gloria Goodman
- Marvin Greisel
- Martin Kabot
- Robert Karren
- Seymour Landau
- Arlyne Lewis
- Nadine Litterman
- Sankara Narayanan
- Dolores Navarra
- Margaret Perry
- Charlotte Reiter
- Daniel Reiter
- Marcia Shafmaster
- Norman Smith
- Irving Weiss
- Rhea Weiss

Additionally, the dialysis center has since implemented a safety measure dictating that facility residents are not to be taken out of the treatment area until a transport driver or facility staffer has logged them out at the front desk.

East Central Florida

Serving Brevard, Orange, Osceola and Seminole Counties



2006-2007 East Central Florida Ombudsman Council

Polly Atherton
Elizabeth Bairley
Ruth Battle-Hall
Miriam DeJesus
Shirley Edwards
Albert Elseroad
Seneca Ferry
Shelia Fountain
Daphne Frutchet
Mary Garrett
Vicki Goranson
Barry Hakimian
Mary Ellen Howze
Charles Kahn
Jerome Kallas
Patricia Katz
Nina Mallis
Josiane Maxwell
David Moran
Joan Moran
Suzanne Popaditch
Sunny Pratt
Phyllis Principé
Robert Raines
Mary Redding
Tess Reece
Jean Ritz
Sandra Robison
Mary Will Simpson
Jeffery Slater
Eugene Snook
Kathleen Vermette
James Walton
Harry Wilcock
Renate Wilson
John Zeher
Roberto Zuniga
Silvia Zuniga

An 86-year-old resident of a local nursing home filed a complaint regarding health care service

invoices she considered excessive. The ombudsman who was assigned to the case discussed the invoices with the facility staff so that necessary adjustments could be made. The facility administrator and social services staff seemed to consider the observations to be an annoyance. They decided that a professional guardian would be the solution to the resident's continuous disagreements with the facility's charges.

Arguing that the resident had an uncooperative attitude, multiple health issues, and no relatives to help her make decisions, they contacted a professional guardian who, at the time, had a considerable amount of wards within the same facility. The professional guardian submitted a petition to the court to be appointed the resident's plenary guardian based upon her alleged incapacity.

A court-appointed attorney was assigned to advise the resident during the process. The court also established a medical committee to determine the resident's level of capacity since the petitioner had requested plenary guardianship. According to the law, plenary guardianship removes almost every right from the ward and grants the guardian sole

decision-making power in financial, health, social, and other aspects of the ward's life. The medical committee interviewed the resident and reported that two of the three members rejected the claims of incapacity.

The court-appointed attorney requested a fourth medical opinion, which diagnosed the resident with dementia. The ombudsman teamed up with fellow ombudsmen and the ombudsman program's legal advocate to define the best course of action. Agreeing that the resident was mentally capable of making her own decisions, they worked to convince the attorney to request a motion to dismiss the guardianship petition. Three months after the original medical committee declared the resident mentally capable, the motion for dismissal was submitted.

This long struggle taken upon by the council members resulted in the dismissal of the guardianship petition, and a longtime acquaintance of the resident was assigned as her health care advocate. Now, she can count on someone she trusts to look after her health care needs and financial assets.

Applause broke out when the council was notified of the move for dismissal. Residents in frail physical condition are too often perceived as unable to make their own decisions; fortunately, for the resident, the help of an ombudsman was sought and reason prevailed, setting a precedent for future residents with similar situations.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 240 |
| Complaints Investigated | 680 |
| Assessments Completed | 265 of 273 |

Top Three Complaints in Nursing Homes

1. Symptoms unattended
2. Improper transfer or discharge
3. Medication administration

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Dignity, respect
2. Billing, charges
3. Medication administration



Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 268 |
| Complaints Investigated | 425 |
| Assessments Completed | 123 of 175 |

Top Three Complaints in Nursing Homes

1. Medication administration
2. Dignity, respect
3. Accidental injury, falls, improper handling

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Menu/Food - quantity, quality, choice
2. Medication administration
3. Shortage of staff

While visiting a local long-term care facility, an ombudsman was approached by a resident who stated that she had not received her medications that day or the day prior. After obtaining consent to proceed, the ombudsman and district ombudsman manager proceeded to the nurse's station and requested to observe appropriate medical records that would help them determine the root of the problem.

According to the facility's medication records, the resident had missed five doses of her medication over a two-day period. When questioned, the assistant director of nursing (DON) said the facility had run out of the medication and a refill had been ordered from a pharmacy but had not yet arrived. The ombudsman explained that, while it was understandable that a refill may take time to arrive, there was no excuse for the resident missing her doses. The administrator agreed that the facility should never run out of a medication and made arrangements to obtain it sooner so the resident could receive her next scheduled dose. The ombudsman explained that a medication error report would be

filed with the appropriate agencies, and an official referral to the Agency for Health Care Administration was also made.

Without viewing the names of residents to preserve confidentiality, the ombudsman glanced further through the facility's records to determine whether any other resident on the same medication had also gone without doses. While no others were on the same medication, the ombudsman uncovered a possible critical error.

The records failed to indicate that the 25 residents in the wing had received their morning medications that day. The ombudsman questioned the charge nurse, who called a meeting at the nurse's station with the assistant DON, the charge nurse, the risk manager, the administrator and the ombudsman.

The charge nurse explained that she had given the residents their morning medications but had not recorded them in the record. To ensure the residents' wellbeing, the ombudsman sought alternative methods to verify whether or not the medications had, in fact, been given. The ombudsman checked a separate set

**2006-2007
First Coast
Ombudsman Council**

Kristen Adams
Donald Braverman
Nellie Brown
John Brundage
Gregoria Caceras
Millicent Dangerfield
Mary Domask
Lois Gray
Mitchell Holloway
Neely Inlow
Elizabeth James
James Jen
Arthur Molina
Joseph Quinn
MaryJane Rau
Joyce Samuel
George Sloan
Tommy Stringfellow
Tommy Thornton
Lesli Watkins

of records for another class of medications and determined that medication administration had taken place that morning but had not been recorded. The ombudsman reiterated the importance of medical recordkeeping and explained the link between proper recording procedures and their impact on residents' health. The facility was visited at a later date to verify the advice had been heeded.

First Coast South

Serving Volusia and Flagler Counties



2006-2007 First Coast South Ombudsman Council

Stuart Albert
 Kalaya Behneman
 John Behneman
 Lorenz Bockelman
 Cathy Burke
 Dewitt "Ernie" Click
 Romana Colby
 Lawrence Davis
 Leonard Dills
 Donna Mae Eller
 Leo Fox
 Aziz Hasan
 Katherine Johnson
 Marjorie Lynch
 Penelope Mayer
 John Murphy
 Lorraine Peters
 Jeannette Roselli
 Edward Schultz
 Shirley Thompson
 Mary Wells

Local ombudsmen were conducting a routine annual assessment of an assisted living facility in Flagler County when they found many serious deficiencies affecting the health, safety and welfare of the frail, confused residents.

Significant problems included incomplete medication records; an unsafe, unclean environment for the residents; serious toileting issues; and lack of a hydration plan, evidenced by the fact that no water or liquids were served during meals or any other time. While visiting the facility, ombudsmen found a full bleach bottle on the table where residents were eating and noted a set of sliding glass doors that were nailed shut, rendering them useless to evacuate residents in the event of an emergency. The ombudsmen also found a bedridden resident whose care was clearly beyond the scope of an assisted living facility.

A remedial action plan was initiated and discussed with the administrator, including a timeline for completion of the corrective actions; however, the administrator was verbally abusive toward the ombuds-

man during their visit and did not appear to have any intention of cooperating.

Referrals were made to the fire department, health department, Adult Protective Services and the Agency for Health Care Administration. All agencies responded within 24 hours, verified the ombudsmen's findings and cited the administrator with severe penalties and corrective actions.

The ombudsmen conducted a reassessment and found many improvements; the facility was cleaner, water was being provided to residents and several environmental safety issues had been corrected. The ombudsmen observed medications being given as ordered, and the residents appeared to be appropriate for an assisted living facility.

The ombudsmen educated the administrator and staff about the seriousness and of abuse and neglect; safety issues; and proper interpretation of and compliance with laws protecting residents.

The program has since conducted follow-up assessments at least once per quarter to provide ongoing education for the staff and monitor the residents' care and safety.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 216 |
| Complaints Investigated | 395 |
| Assessments Completed | 151 of 151 |

Top Three Complaints in Nursing Homes

1. Care planning
2. Personal hygiene
3. Improper transfer or discharge

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Medication administration
2. Personal hygiene
3. Gross neglect



Mid & South Pinellas

Serving Mid and South Pinellas County



Often, long-term care residents experience frustration and depression over having little or no choice about being moved far away from family, friends and neighbors to a nursing home in an unfamiliar town. An elder who had served in the military was helped this year by an ombudsman in Pinellas County to return to the community of his choice. Initially, the resident's issue appeared easy to resolve since residents of nursing homes have a federal- and state-mandated right to choose their living environment. It took the ombudsman many months and much persistence, however, to achieve success due to the resistance of those who should have been helping the resident.

The resident had a family, but none of his family members seemed interested in helping him return to his hometown. He had little interaction with others from outside the facility other than a friend who eventually stopped calling and visiting. The ombudsman made a point of stopping in often to see the resident and let him know she was continuing to advocate on his behalf and would not give up. Both the resident and the ombudsman experienced many highs and lows trying to resolve the case. The ombudsman recognized the importance of visiting him often so he knew he had not been forgotten.

The social worker at the nursing home said she had

been faxing several facilities in his home area and either none were able to take him or simply refused. Some didn't even bother to respond to her faxes, she said. The ombudsman decided to make some inquiries at the same residences the social worker said she had contacted. To the ombudsman's surprise, some facilities said they had never even been contacted by that social worker. The ombudsman confronted the social worker and facility administrator with this knowledge, which was met with vehement denials. The ombudsman's perseverance prevailed, however, and the resident was finally transferred to a beautiful facility back in his original neighborhood.

The ombudsman followed up later with a phone call and was delighted to hear the resident's happy voice. The resident was very vocal and excited about his new environment. He described activities that were taking place at his new home and mentioned all the friends he had bumped into since transferring back to his home area. His departing words to the ombudsman were, "I never even thanked you," to which

- 2006-2007
Mid & South Pinellas
Ombudsman Council**
- Florence Balheimer
 - Hope Berg
 - Timothy Blackmon
 - Carol Blodgett
 - Kenneth Burry
 - Carol D'Amico
 - John Flint
 - Cynthia Floyd
 - Edward Forman
 - Daphne Greene
 - Carol Hayden
 - Doyce Hayth
 - Kay Korwin-Kasander
 - Robert Landstra
 - Kathleen Lincoln
 - Joann Martino
 - Elaine Mikurak
 - William Morgan, Jr.
 - Paul O'Connor
 - Carole Oliver
 - Charles Parker
 - Laila Petrou
 - Delia Saavedra
 - Danielle Schaffer
 - Daniel Schroeder
 - Donna Smith
 - Judy Smith
 - Jacqueline Walsch
 - Douglas Watson
 - Jacquelin Weeks
 - Carol Weideman

the ombudsman replied, "Just hearing your happy voice says it all."

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 339 |
| Complaints Investigated | 826 |
| Assessments Completed | 192 of 192 |

Top Three Complaints in Nursing Homes

1. Gross neglect
2. Personal property - lost, stolen, used by others, destroyed
3. Dignity, respect

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Dignity, respect
2. Menu – quality, quantity, choice
3. Gross neglect

North Central Florida

Serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwanee, and Union Counties Counties



2006-2007 North Central Florida Ombudsman Council

Nell Anderson
 Patty Bumgarner
 Paula Cary
 Dana Darby
 JoAnna Emerson
 Jeff Feller
 William Gaffney
 Pat Hatcher
 Deborah Johnson
 Mary Kennedy
 Dawn McCullers
 Sue Pedone
 D.P. Ramayya
 Frank Robinson
 Barbara Ross
 Ralph Rothschild
 Jaleel Siddiqui
 Marion Spangler
 Donna Speed
 Miriam Stanford
 Lily Wilde

A visitor to a resident of an adult family care home contacted the North Central Florida Long-Term Care Ombudsman Council, concerned that the facility's owner was not allowing her to visit the resident.

The council's ombudsman manager learned that the resident had been placed in the home several years earlier by the Department of Children and Families after her adoptive family had become too frail to care for her.

The resident was unable to speak due to cerebral palsy and had limited mental capacity. During the ombudsman program's investigation of the home, the resident indicated she did not know the visitor and did not wish

to have contact with her. However, the visitor had arranged for the resident to see her sister, who also had a disability and lived almost 30 miles away; upon learning this, the resident indicated that she did, in fact, want to see her sister.

After contacting both sisters' caseworkers, the ombudsman program was able to arrange bi-monthly visits for them, and the resident's desire not to spend time with the original visitor was respected. Thanks to the ombudsman program's perseverance and the patience of those involved, two family members were reconnected and the issue was resolved to the resident's – and all involved parties' – satisfaction.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 68 |
| Complaints Investigated | 174 |
| Assessments Completed | 67 of 67 |

Top Three Complaints in Nursing Homes

1. Symptoms unattended
2. Administrator unresponsive or unavailable
3. Dignity, respect

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Medication administration
2. Legal issues (guardianship, power of attorney, will)
3. Menu – quality, quantity, choice



North Dade

Serving North Miami-Dade County



Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 96 |
| Complaints Investigated | 212 |
| Assessments Completed | 357 of 357 |

Top Three Complaints in Nursing Homes

1. Personal hygiene
2. Improper transfer or discharge
3. Improper discharge or eviction

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Privacy - telephone, visitors, mail
2. Menu- quality, quantity, choice
3. Medication administration

The daughter of an assisted living facility resident called the program and reported that the facility was restricting the resident's visitation rights. The restrictions applied only to certain relatives of the resident, who was residing in an Alzheimer's unit. The facility had apparently sided with another of the resident's daughters, who had secretly filed for and received legal guardianship of the resident. By the date of the call, the complainant had initiated court proceedings to nullify her sister's guardianship and become the resident's guardian herself.

According to the complainant, the facility had been forcing specific relatives to have visitation with the resident only in a common area at the request of the guardian. The facility was also limiting the number of visitors, the time of visitation and the right to take the resident out of the facility because the guardian alleged that some of the family members had offered the resident "junk food."

Local ombudsmen met with the administrator, who said she had already seen other agencies in relation to the case as the resident had "dramatized" the situation and "made a lot of noise," calling the Agency for Health Care Administration, Adult Protective Services, the fire department, code enforcement, and the ombudsman program. The administrator admitted she had never met the resident or family, but had simply been "informed" about the "disruptive behavior." She also admitted that her knowledge of the case came only from reports given by the facility's Director of Nurses (DON).

The ombudsmen called a meeting between the administrator, complainant and private guardian, who had since been appointed by the court, to meet each other for the first time and openly discuss a resolution that would benefit the resident. Ultimately, all agreed to work together for the resident's best interests. The complainant arranged to bring any concerns about her

**2006-2007
North Dade
Ombudsman Council**

Laretha Brown-Bryant
Jeanette Bryson
Marion Evans
Yolene Francois
Angelica Garcia
Lucila Huerta
Shirlee Leifert
Francena McMullen
Luisa Ruffin
Tiesha Taylor

mother's care directly to the administrator, and a visitation schedule was arranged to accommodate the large number of relatives visiting the resident.

Following her positive experience with the ombudsman program, the complainant was inspired to volunteer her time as an ombudsman, advocating for long-term care residents in her community.

Northwest Florida

Serving Escambia, Okaloosa, Santa Rosa and Walton Counties



2006-2007 Northwest Florida Ombudsman Council

Carol Barwick
Henrietta Elston
James Evans
Elaine Holmes
Raymond Johnson
Anne Manning
Michael Phillips
Marcia Reynolds
Ray Sykes
Kathy Wilks

The son-in-law of a nursing home resident called the local

ombudsman council to share his concern about his mother's improper discharge from the home.

Soon afterward, the nursing home administrator called the council, asking for support. After it was explained that the ombudsman program does not advocate on behalf of facility administrators or the industry in general, but rather, for residents, an ombudsman visited the facility to learn more about the resident's situation.

She found the resident crying, upset from the previous day's events. The resident explained that she had been discharged and had nowhere to go because she could not care for herself at home, nor could her husband. After some reassurance, she agreed to allow the ombudsman to talk with the administration on her behalf and work something out.

A discussion with the facility revealed the resident was not being discharged from the facility, but was only being discharged from physical therapy to restorative nursing care. The facility representa-

tive revealed proof that the son-in-law would not allow the facility to provide treatment, but himself treated his mother-in-law's thigh wound and caused greater damage to the area in the process. The physician revealed he had grown tired of dealing with the son-in-law and began allowing him to do what he wanted; however, the wound had grown larger since.

The ombudsman talked again with the resident and her husband, both of whom confirmed the son-in-law's involvement in her wound care. She spoke to the couple about competency and their ability to make decisions and brought them to a conference room, where the care staff used photos to explain that the wound was worsening. The couple agreed that they were capable of making decisions involving her care, and a care plan was discussed and agreed upon.

By the end of the meeting, the resident was sitting tall and stated that she hadn't been aware she could make her own decisions about the care she received. She expressed her appreciation for the ombudsman's work. This lesson in teamwork and open communication is an example of a solution that can be reached with an ombudsman's assistance.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 85 |
| Complaints Investigated | 176 |
| Assessments Completed | 91 of 91 |

Top Three Complaints in Nursing Homes

1. Personal property lost or stolen
2. Improper transfer or discharge
3. Personal hygiene

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Medication administration
2. Cleanliness, pests, general housekeeping
3. Equipment/buildings hazardous, in disrepair



Palm Beach County

Serving Palm Beach County



Local Focus

| | |
|--------------------------------|------------|
| <i>Number of Cases</i> | 258 |
| <i>Complaints Investigated</i> | 616 |
| <i>Assessments Completed</i> | 170 of 170 |

Top Three Complaints in Nursing Homes

1. Personal hygiene
2. Improper transfer or discharge
3. Staff attitudes

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Personal property - lost, stolen, used by others, destroyed
2. Billing/charges - notice, approval
3. Menu – quality, quantity, choice

The local ombudsman council received a call from a long-term care facility resident who was upset about being subjected to improper incontinence care and being treated disrespectfully by another resident who often used inappropriate language.

Upon visiting with the resident and obtaining his consent, the assigned ombudsman began her investigation. She met with the unit manager, who confirmed that the language of another resident was in fact inappropriate and would be addressed soon in a conference that had already been scheduled with the resident’s family.

The ombudsman also discussed the issue of improper incontinence care

with the unit manager, who admitted that inadequate care had been given. The ombudsman secured a commitment from the unit manager to provide in-service training opportunities to her staff on the proper treatment of residents, specifically focusing on incontinence care, so that similar occurrences could be prevented in the future, ensuring greater hygiene and comfort for the residents there.

By verifying the resident’s complaints and seeking solutions to alleviate his concerns, the ombudsman knew that she had made a real difference in someone’s life – something the program’s volunteers do every day throughout the state for a population that too often goes unheard.

2006-2007 Palm Beach Ombudsman Council

- Ruth Bloch
- Jerry Cooper
- Lucienne “Lu” de Wette
- Boris Edelman
- Patricia Ann “Pat” Evans
- Claudette Fabian
- Joann Farrell
- Howard Feuer
- Ilana Green
- William “Bill” Hartmann
- Dorothy Hernandez
- Sister Audrey Hull
- Elizabeth Johnson
- Annette Karp
- Jerome “Jerry” Leftow
- Barbara Leonard
- Delores McCarthy
- Ruth Meada
- Anna Pressly
- Sylvia Schupler
- Mark Schupler
- Mark Shalloway
- Rita Steinback
- Eleanor Vogt
- James Wilbers

Panhandle

Serving Holmes, Jackson, Washington, Bay, Calhoun, Gadsden, Liberty, Gulf, Franklin, Leon, Madison, Taylor, Jefferson and Wakulla Counties



**2006-2007
Panhandle
Ombudsman Council**

- Annelle Blanchett
- Jerome Conger
- Norma Hemphill
- Alex Littlefield
- Linda Putnam
- Lorenzo Thomas
- Catherine Wynne
- Robert McBribe

After spending two weeks in the rehabilitative unit of a local skilled nursing facility, an 80-year-old resident requested to be allowed to go home. At that point, she was receiving only physical therapy services – no medical treatment – and felt she was ready to go home, where she could continue to receive such services. As no therapy was being administered on the weekends, she was only receiving therapy on weekdays, which she felt was no reason for her to remain in the facility around the clock. The resident had lived in her own home, was able to drive and take care of her daily needs without assistance prior to her fall and was recuperating nicely without complications. The facility’s staff told her that, if she left within 21 days of her admission, Medicare would not pay for her stay and she would be responsible for the entire bill.

The resident called the local ombudsman council for assistance. She had full mental capacity and a home to which she could return, so the ombudsman advised her to speak with the physical therapist and social services

staff to see if continued therapy in her home could be arranged. The nursing home staff again threatened to pursue her for non-payment if she left against their advice.

The ombudsman reassured and supported her and suggested she call her physician to request orders for discharge and home-based therapy. The physician, a paid employee of the facility, again argued for another week in the facility; however, when the resident refused to back down, he issued the necessary orders. The nursing home then began arranging in-home therapy services. The resident was discharged and finished recuperating at home to the point where services were no longer needed.

Because the ombudsman was familiar with Medicare regulations, she was able to advise the resident that Medicare would not cut off funding if she were discharged. Encouragement and assurance from the ombudsman empowered the resident to stand up for her rights, and the ombudsman continues to speak with her at least once a week.

Local Focus

| | |
|--------------------------------|----------|
| <i>Number of Cases</i> | 97 |
| <i>Complaints Investigated</i> | 238 |
| <i>Assessments Completed</i> | 97 of 97 |

Top Three Complaints in Nursing Homes

1. Medication administration
2. Improper transfer or discharge
3. Dignity, respect

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Menu – quality, quantity, choice
2. Exploitation or neglect by family/others
3. Medication administration



Pasco & North Pinellas

Serving Pasco and North Pinellas Counties



2006-2007 Pasco & North Pinellas Ombudsman Council

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- Susan Strothers
- John Strothers
- James Vermiglio
- Carin Wiseman

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 289 |
| Complaints Investigated | 618 |
| Assessments Completed | 217 of 217 |

Top Three Complaints in Nursing Homes

1. Accident injury, falls, improper handling
2. Personal property lost, stolen or destroyed
3. Improper transfer or discharge

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Menu - quality, quantity, choice
2. Verbal or psychological abuse
3. Cleanliness, pests, housekeeping

A long-term resident who resided at a skilled nursing facility contacted the Long-Term Care Ombudsman Program after a staff member threw away more than half a dozen boxes of his personal possessions, including pictures and sentimental items. The resident was distraught, as his personal items had been destroyed upon their disposal and could not be retrieved.

During the investigation, the resident explained that a staff member had cleared his room of medical records, photo albums, magazines, clothing and other personal items, even going into the closed drawers of the nightstand to extract and dispose of materials, stating that too much paper attracted bugs and could be a fire hazard. Housekeeping was called to dispose of the items. A week after the episode, the resident approached the administrator, who offered compensation for the property that had been taken; however, no compensation was ever provided.

To collect information, the ombudsman visited the resident over the weekend and made a second visit the following week. With the resident's consent, the ombudsman met with all parties involved to discuss and come to a resolution to

the situation. The nursing home acknowledged the resident's items were thrown away after several warnings to the resident about storing his personal belongings against the facility's storage policy, but they were unable to produce the resident's personal inventory that should have been created upon his admission.

At the ombudsman's suggestion, the facility agreed to provide prompt monetary compensation to the resident. The administration agreed to review the written policy for storage of resident's possessions to make sure an inventory process would be included. The administration agreed to speak with the resident council to clarify the storage policy with the residents so they would be aware of the policy in the future and such misunderstandings would not continue to occur.

Though the items could not be retrieved, the ombudsman was able to successfully assist the resident with retrieving monetary compensation and prevent similar episodes from occurring with fellow residents.

South Central Florida

Serving Hardee, Highlands and Polk Counties



2006-2007 South Central Florida Ombudsman Council

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William Teague
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Arthur Walker
Judith Walker

During an annual assessment of an adult family care home, a local ombudsman found the residents of the facility were in danger due to the facts that the facility had installed a steel cage to encase the front porch and all the home's windows had bars over them. When he attempted to enter the facility, he found the cage door was locked, and a resident on the porch was unable to open the door for him.

When the ombudsman asked the resident to have the owner of the facility open the door, he was told that the owner was not at home and that he did not have a way of contacting her. The ombudsman waited for the owner to return. After an hour, the owner arrived at the home and opened the door to allow the ombudsman to enter the facility. The ombudsman conducted his annual assessment and found that the owner always locks the door, leaving the residents unable to leave.

He discussed his concern over the locked cage and the fact that the residents were unable to exit the facility. The owner indicated

that she locked the door to protect the residents because one of the residents had a tendency to wander away. The ombudsman informed the owner that this placed all of the residents in danger; that this was their home and they should be allowed to go outside. He also explained that if there were a fire the residents would not be able to exit the facility. When the ombudsman attempted to leave, he found the door had automatically locked itself. When he asked the owner to unlock the door, he found that she was unable to turn the lock from inside and in essence she had locked herself in the home as well.

After eventually leaving the facility, the ombudsman contacted the Department of Children and Families (DCF) Abuse Hotline, the Agency for Health Care Administration (AHCA) and the fire department regarding the safety hazard that that the "caged porch" presented. The Department of Children and Families conducted an investigation with the Attorney General's office and found the residents of the facility were indeed in danger. and DCF removed all of the residents from the facility and placed them in other facilities in the area. Because of the ombudsman's discovery and subsequent findings by AHCA, the facility's licenses were not renewed.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 136 |
| Complaints Investigated | 378 |
| Assessments Completed | 92 of 92 |

Top Three Complaints in Nursing Homes

1. Improper transfer or discharge
2. Medication administration
3. Symptoms unattended

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Menu - quality, quantity, choice
2. Verbal or psychological abuse
3. Cleanliness, pests, housekeeping



South Dade and the Keys

Serving South Miami-Dade and Monroe Counties



2006-2007 South Dade and the Keys Ombudsman Council

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- Gladis Alba
- Joel Beyer
- José Castillo
- Sara Celis
- Carmen Gutierrez
- William Hearne
- Lucila Huerta
- Teresita Mestre
- Joann Redmond
- David Sokolow
- David Warshofsky
- Robert Yates

Local Focus

| | |
|--------------------------------|------------|
| <i>Number of Cases</i> | 125 |
| <i>Complaints Investigated</i> | 414 |
| <i>Assessments Completed</i> | 240 of 500 |

Top Three Complaints in Nursing Homes

1. *Improper transfer or discharge*
2. *Inappropriate policies, practices, recordkeeping*
3. *Medication administration*

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. *Activities*
2. *Menu – quality, quantity, choice*
3. *Shortage of staff*

A caller told the South Dade and Florida Keys ombudsman council that a local nursing home had ordered him to put his ailing 84-year-old mother, a resident there, into his car and drive her to his home in Cape Coral. The resident, bedridden and insulin-dependent, had Alzheimer's and was tube-fed. She had been in the home for one month for rehabilitation. Although all of the home's beds were Medicaid-certified, the son said he was never informed he could apply for Medicaid.

The nursing home gave the son an English-language "Notice of Medicare Provider Non-Coverage." The son, who spoke and read only Spanish, signed the document although he was unable to read it and contacted the ombudsman council two days later for help.

At the nursing home, the ombudsman asked the head of the social work department to open the resident's chart and find records documenting discharge planning and orientation. She acknowledged there were none. The social worker claimed she attempted to help the son

apply for Medicaid, and in fact was a "community partner" trained by the Department of Children & Families to assist people in the community, including those in nursing homes, in submitting Medicaid applications. She blamed the son for confusion about Medicaid and said she never intended to discharge the resident.

The ombudsman asked the social worker to call the resident's son on his cell phone and ask him to come that day to complete the Medicaid application. He agreed and came in to fill out the paperwork.

The council verified complaints that the nursing home failed to provide information and assistance with Medicaid benefits; attempted to discharge a resident without planning and orientation; and failed to offer social services to transfer the resident. A day after the son called in his complaints, he completed the Medicaid application and contacted the ombudsman council to express his appreciation for his mother's continuing care at the nursing home.

Southwest Florida

Serving Charlotte, Collier, Desoto Glades, Hendry, Lee and Sarasota Counties



2006-2007 Southwest Florida Ombudsman Council

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 Veronic Abbate
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 Richard Achilles
 Doris Benoit
 Shirl Blau
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 Lorene Chiancola
 Samuel Chiancola
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 Marilyn Dos Santos
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 Valerie Healey
 Ed Leaffer
 Kay Moudry
 Geraldine Osenga
 John Paximadis
 Marvin Potter
 Ann Proie
 Ann Reehil
 Janice Shinn
 Eunice Silverman
 Carol Silverman
 Charl Squeri
 Harold Sterne
 Margaret Tominosky
 David Wagner
 James Wingfield

The ombudsman office received a phone call from the distraught mother of a brain-injured young

man now living in a local long-term care facility. He had been transferred there from a medical center after spending four months in a coma and was unable to use his arms and legs, swallow or talk. His mother exercised his limbs every day when she visited and had begun to observe an improvement in his condition. She knew his physicians had ordered respiratory, speech and physical therapy, but over a six-week period she observed the staff providing only food and incontinence care. When she approached the facility about the lack of therapy, the administrator responded, "We're not getting paid for that; the benefit period is over."

A volunteer ombudsman met with the resident's mother and obtained her permission to review the medical records. He discovered no plan of treatment. When he discussed his finding with the administrator, the administrator said the resident would not receive therapy until his condition improved.

The ombudsman then met with the director of nursing and the director of admissions who said the reason the

resident was not receiving therapy was that he would require transportation by stretcher with oxygen. Upon learning that the resident could travel by wheelchair and was not on oxygen, the ombudsman, who also volunteers at a local hospital, contacted a physician there and requested that he become involved on a pro bono basis.

The ombudsman requested a meeting with the administrator, director of nursing, primary doctor, resident, complainant and therapist. At the meeting, the doctor complimented the resident's mother on the therapy she had provided to her son and noted his improvement. He ordered the resident to be admitted to the hospital for removal of his tracheal tube, which had become infected. At the ombudsman's behest, he also offered to contact specialists who would examine the resident at no cost to the family. The resident was admitted to the hospital that very afternoon and was later admitted to another health center where he received appropriate therapy.

The council received a letter from the resident's mother, expressing her gratitude for the ombudsman's intervention as no one else had responded to her concerns. Although the case was closed successfully, the ombudsman continues to visit the resident to this day.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 250 |
| Complaints Investigated | 573 |
| Assessments Completed | 246 of 260 |

Top Three Complaints in Nursing Homes

1. Care planning
2. Accidental injury, falls, improper handling
3. Improper transfer or discharge

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Menu – quality, quantity, choice
2. Medication administration
3. Administrator unresponsive or unavailable



Treasure Coast

Serving Indian River, Martin, Okeechobee and St. Lucie Counties



2006-2007 Treasure Coast Ombudsman Council

- Helen Beachler
- Carol Christiansen
- Eunice Crump
- Albert Elseroad
- Arthur Falk
- Sue Henrich
- Janice Johnson
- Sheldon Kanars
- Carol Kline
- Lucille Lazarus
- Victor Lazarus
- Alvin Malley
- Pearl McGilchrist
- Valerie Nubi-Collins
- Irene Rathbun
- Russell Redhouse
- Pat Sacco
- Jeanette Sanz
- Paul Strickland
- Priscilla Stuber
- Joe Torre
- Paul Ward
- Dr. Arlene Weir

Local Focus

| | |
|--------------------------------|------------|
| <i>Number of Cases</i> | 88 |
| <i>Complaints Investigated</i> | 215 |
| <i>Assessments Completed</i> | 113 of 113 |

Top Three Complaints in Nursing Homes

1. *Improper notice of change in condition*
2. *Pressure sores*
3. *Medication administration*

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. *Billing, charges*
2. *Improper transfer or discharge*
3. *Shortage of staff*

The ombudsman program received a telephone call from a woman who indicated her mother resided in an assisted living facility (ALF) but had been temporarily placed in a nursing home for rehabilitation. The resident's husband was a long-term care resident of the same nursing home. The caller said her mother had married approximately ten years earlier at the age of 80 and had been residing in the ALF on the same campus as the nursing home where her husband lived in order to be close to him. The resident had multiple health issues, required skilled care and wanted to remain in the nursing home. The resident's physician had documented the resident's need for skilled nursing care, but both the nursing home and ALF administrators were insistent the resident return to assisted living.

A volunteer ombudsman met with the resident and her husband, both of whom clearly stated they wanted to be in the same nursing

home. During the investigation, the ombudsman was able to determine that the nursing home's refusal to allow the resident to stay there was likely in response to the objections of one of the husband's children.

Through one-on-one interviews, the ombudsman learned that the husband's two children disagreed about their father's living arrangements with his wife. The ombudsman had a meeting with the resident and her husband, the nursing home and ALF administrators and several staff to resolve the issue. The husband's child who opposed the couple residing together did not attend the meeting. The husband and wife expressed their preference to reside in the same facility, and the nursing home agreed to admit the wife. Incidentally, the case was closed two days before Valentine's Day, and the couple was crowned king and queen of the facility's Valentine's Day celebration for its residents.

West Central Florida

Serving Hillsborough and Manatee Counties



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Donald Courtney
John Davidson
Cathleen Dietz
Nancy Dulin
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Alfred Germer
Donald Hering
Joe Hottinger
Lothar "Lou" Kinzler
Doug Mohl
Sara Nuttall
Joan Rixom
Isadore Sterling
Sherrill Trbovich
Clarence Westerson
Cynthia Zadeh

The resident council president of an assisted living facility (ALF) called the local ombudsman office and requested a training session for the resident council so that the residents would be informed of their rights while living in the facility. Arrangements were made and an ombudsman gave a presentation to the council,

comprised of 15 residents of the facility.

At the presentation's conclusion, the ombudsman asked the council if they had any questions or needed any assistance from the ombudsman program. The residents responded with a list of nine issues.

The ombudsman asked why the council had not gone to the administrator with their concerns. The council explained that, even though they had attempted to do so in the past, they felt the administration ignored their concerns and was unwilling to take the time to address them. The council also wished to file the complaint as a group because they were afraid of retaliation if only one individual spoke out.

Two ombudsmen returned to the facility to address the complaints filed by the resident council. During their investigation, the ombudsmen interviewed nine residents and verified seven of the eight complaints. The complaints verified included issues pertaining to the staff's response to complaints; reprisal and retaliation; failure to respond to requests for

assistance; medication administration; room temperature; language barriers and staff shortages.

When the ombudsman shared the results of the investigation with the administrator, the facility began to address each issue. Additional training was given to staff, the temperature was adjusted to satisfy the residents, and the administrator met with the resident council to assure them that their rights would be respected and any other issues identified in the future would be taken care of in a timely fashion and addressed in writing to the council.

The ombudsmen returned to the facility to see how things had progressed. Empowered by the fact that the original issues had been corrected, the resident council felt confident that in the future they would be able to deal with any other problems that might arise. The resident council president contacted the ombudsman office several months later to report that the council had presented another important issue to the administration and that it had been quickly resolved.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 228 |
| Complaints Investigated | 627 |
| Assessments Completed | 265 of 265 |

Top Three Complaints in Nursing Homes

1. Failure to respond to requests for assistance
2. Improper transfer or discharge
3. Personal property lost, stolen or destroyed

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Medication administration
2. Menu – quality, quantity, choice
3. Improper transfer or discharge



Withlacoochee Area

Serving Citrus, Hernando, Lake Marion, and Sumter Counties



2006-2007 Withlacoochee Ombudsman Council

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- Marie Brand
- Mary Brennan
- Joe Centineo
- Diane Coleman
- Gene Cusick
- Ron D'Orazio
- Irene Enbey
- Paula Farnham
- Ann Gilfillan
- Allie Gore
- Bonnie Groves
- John Hliviak
- Dorothy Hoey
- Robert James
- Bill Kageler
- Thomas Kelley
- Don Lewis
- Gloria McCall
- Sheila McCarthy
- William McMahan
- Ernest Muller
- Stephen Pelser
- Maria Penland
- Mildred Perreault
- Edward Perreault
- Charlotte Poss
- James Ranson
- Seymour Rosenblatt
- Georgia Skinner
- Noreine Sobie
- George "Kevin" Sowers
- Shearon Teaters
- Margaret Velasquez
- Virginia Winkel
- Viola WittPenn

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 259 |
| Complaints Investigated | 577 |
| Assessments Completed | 165 of 165 |

Top Three Complaints in Nursing Homes

1. Medication administration
2. Care planning
3. Improper transfer or discharge

Top Three Complaints in Assisted Living Facilities and Adult Family Care Homes

1. Equipment/buildings hazardous, in disrepair
2. Personal hygiene
3. Billing, charges

A long-term care facility resident's relative contacted the local ombudsman office to express her concerns about a list of issues affecting her loved one. The list included sexual abuse, verbal abuse, gross neglect, improper transfer and discharge procedures, room transfers without notification, inappropriate medication administration, housekeeping issues, inadequate nutrition and fear of retaliation.

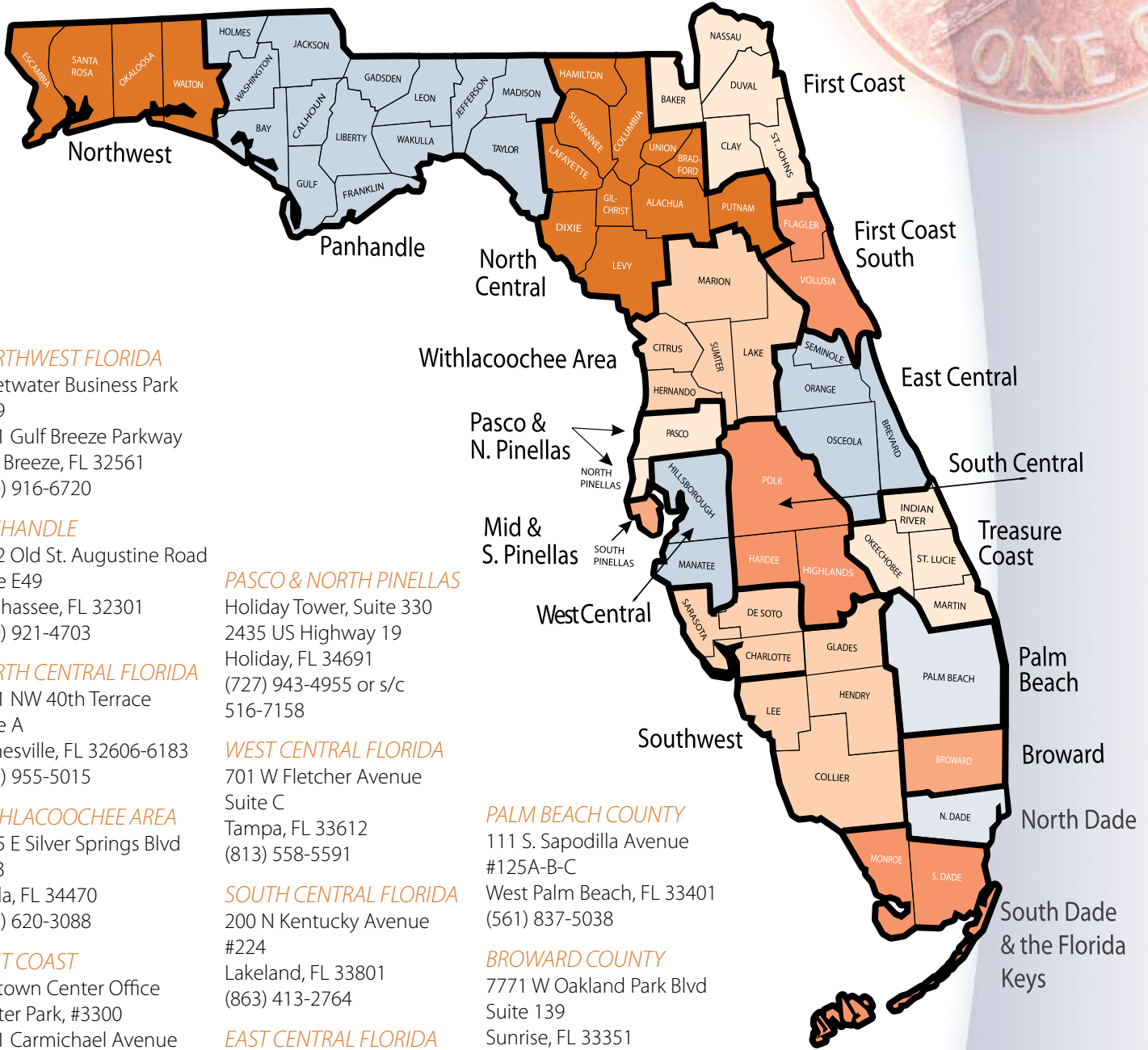
The case was assigned to a certified volunteer ombudsman, who met with the resident's legal guardian to gain consent to proceed with an investigation. Once consent was granted, the ombudsman attempted to review the resident's records; however, the resident's records were not readily available as they were kept by the Director of Nursing (DON), who was initially uncooperative. Once the records were finally retrieved, the ombudsman found them disorganized and missing information. A request for copies was refused, and the

ombudsman had to provide citations from the Florida Statutes before the DON understood that the ombudsman was authorized to make such a request and have it fulfilled. The facility's social services director was also uncooperative and gave false information to the ombudsman, including the comment that discharge planning was not her responsibility.

Each complaint was verified. As for the sexual assault on a resident by a staff member, the facility's response was to suspend the staff member without pay for three days and moved the staff to another floor. With the ombudsman's guidance, the resident's family alerted the Department of Children and Families to their concerns for further investigation.

With the ombudsman's assistance, the resident was transferred to a more suitable environment, and the ombudsman often receives update information from the resident and ongoing thanks for the program's help.

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