

Florida's Long-Term Care
OMBUDSMAN PROGRAM

Our 2 cents is no small change



ANNUAL REPORT 2007-2008



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 was one of unparalleled success for both the Long-Term Care Ombudsman Program and Florida's long-term care facility residents. We have seen an overall increase in volunteer enrollment and complaint investigations, as well as a refreshed public awareness of the need for advocates to step up to defend the rights of the vulnerable individuals in long-term care facilities.

We are proud to be a unique program whose success depends on the boldness and compassion of volunteers. These special individuals dedicate thousands of unpaid hours each year to ensuring

that the voices of Florida's long-term care facility residents are heard. This year the program reached new heights in both its advocacy and influence by accomplishing the following:

For the first time, the program achieved its goal of visiting every single nursing home, assisted living facility and adult family care home in Florida. The Long-Term Care Ombudsman Program is tasked with ensuring the health, safety, welfare and rights of the state's frailest elders, a duty its 413 volunteers consider a personal mission. Together, they assessed more than 3,392 long-term care facilities between October 2007 and September 2008, an unprecedented success and accomplishment for both the residents and the program.

The program concluded its six-month stretch of statewide town hall forums that solicited

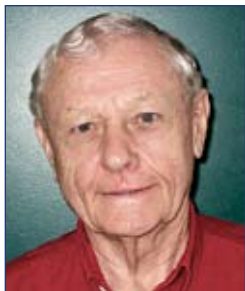
feedback from consumers on approaches that can be taken to improve long-term care. Residents and advocates were given the opportunity to speak publicly and throw in their "two cents." These stories and comments were recorded and are being compiled into a report to be submitted to policy makers and the public.

The program broadened its recruitment efforts with the production of a professional, comprehensive eight-minute video spotlighting "a day in the life of an ombudsman." Three of the program's certified volunteers were interviewed for the production, which was filmed at two long-term care facilities in the south and central Florida areas. DVD copies of the video were put into the hands of every ombudsman volunteer to use in his or her personal recruitment efforts.

This past year our volunteers and staff also accomplished the following:

- Served more than **183,300 long-term care facility residents**;
- Traveled **503,157 miles in 67 counties** to investigate residents' concerns;
- Contributed over **99,000 hours** of service to residents; and
- Saved the State of Florida more than **\$1.7 million** through volunteer services.

This report represents only a snapshot of our team's perseverance and resolution to improve conditions for individuals who live in nursing homes, assisted living facilities and adult family care homes. I invite and urge you to join with us and support this critical effort to protect the rights of Florida's most vulnerable – and treasured – population.



From the State Council Chair, **Farrell Groves**

Florida Statute Ch. 400.0073, State and local ombudsman council investigations, reads in part: "In addition to any specific investigations made pursuant to a complaint, the local ombudsman council shall conduct, at least annually, an investigation, which shall consist, in part, of an

onsite administrative (assessment) of each nursing home or long-term care facility within its jurisdiction. This (assessment) shall focus on the rights, health, safety and welfare of the residents."

This year, for the first time ever, we completed 100 percent of our annual assessments statewide. This was tantamount to visiting and assessing more than 3,900 facilities throughout the state, through the efforts of a mere 400 or so volunteers. We accomplished this feat through concentrating on

the most densely populated areas of Florida with targeted assessment blitzes. We are very proud of this accomplishment and plan to repeat it even earlier next year so that we may use the remaining months for additional resident visits to further ensure the health, safety and welfare of one of our most vulnerable populations.

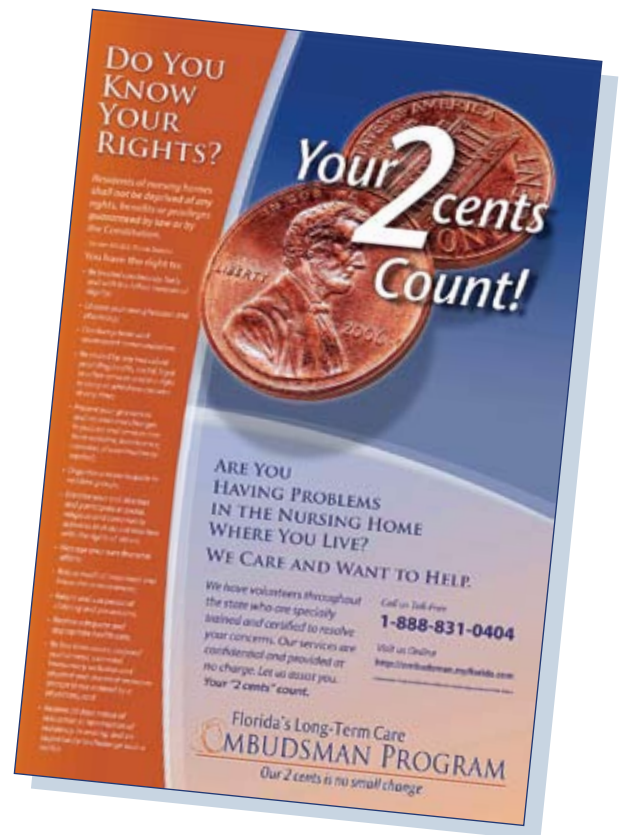
We also hosted a series of town hall meetings for elders and their loved ones to voice their concerns and make suggestions for change. We ramped up our legislative outreach efforts to a

new level and plan to continue our dialogue with policymakers in the upcoming year on behalf of Florida's long-term care facility residents. We are continually recruiting new members, and I humbly ask the readers of this report to please consider becoming a volunteer ombudsman and experience the joy of helping people who may not otherwise be able to help themselves. I wish to extend a special "thank you" to State Council Vice-Chair Don Hering and all our fellow ombudsmen out there fighting the good fight.

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 Website, <http://ombudsman.myflorida.com>, or by calling the program toll-free at **1-888-831-0404**.



Statewide Accomplishments

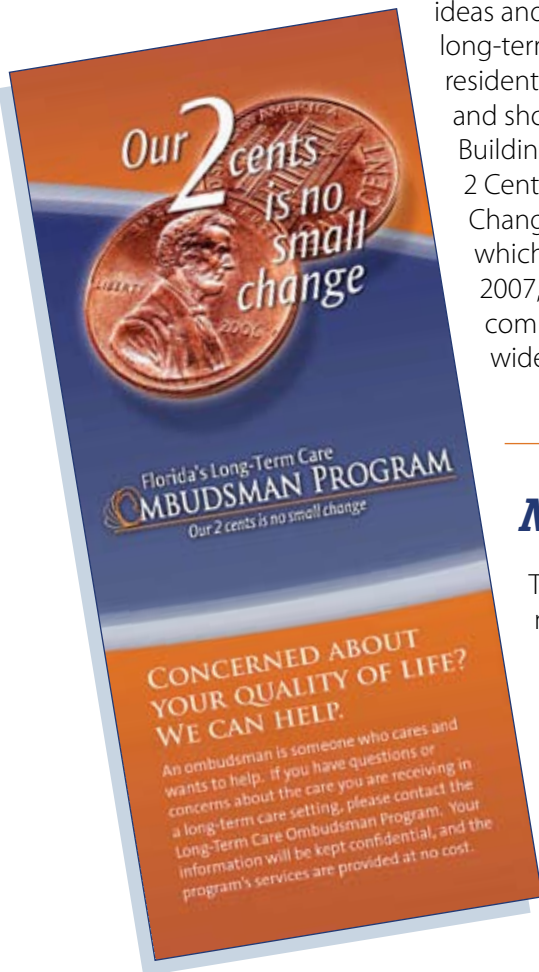
Ombudsmen and staff work diligently and consistently on multiple local and statewide projects to increase the program's effectiveness. From providing training for long-term care facility staff to focusing personal efforts on community outreach and public education, the program strives to reach even beyond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

Visibility

The ombudsman program is built upon a cornerstone philosophy that the ideas and opinions of long-term care facility residents are important and should be heard. Building upon the "Our 2 Cents Is No Small Change" campaign, which launched in 2007, the program completed a statewide series of town

hall forums 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 and drove it to eight town hall meetings throughout the

state. For the remainder of the year, the car continued to prominently display the program's message throughout the state ombudsman's travels. As a result of the meeting series, a "Two Cents" report was compiled to deliver the public's comments and concerns to policymakers and the public. The report is available as a companion piece to this year's annual report.



Media Outreach

The program maintained its focus on public awareness through media outreach in 2007-2008. 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. The issue of discharge planning and protection was covered

heavily in several publications due in no small part to the program's persistence in spreading the message of residents' rights. Program staff and volunteers provided source material on the topic to *AARP Bulletin*, *Miami Herald* and *Wall Street Journal*.

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 September 2008, the program produced a documentary-style recruitment video to explain the program's purpose and stress its need for more volunteers. Ombudsmen will present the video to community groups throughout 2009 and beyond in a concentrated effort to increase the program's membership and serve more elders.

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.

2008 Golden Choices Award Honorees

Serving as leaders within their local councils, the following 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 2008.

Carolyn Daly
New Port Richey

Hope Berg

Largo

Mel Hollins

Safety Harbor

Leonard Dills

Ormond Beach

Art Walker

Winter Haven

Judy Walker

Winter Haven

Lorraine Domanski

Hudson

Antonio Lopez

Polk City

Mary Kennedy

Cross City

Sharon Lapine

Trinity

Lucila Huerta

Miami

Carmen Gutierrez

Miami

Jose Castillo

Miami

Robert Yates

Pinecrest

Noreine Sobie

Leesburg

Sheila McCarthy

Eustis

Maria Patron

Pompano Beach

Millie Pagani

New Port Richey

Pat Reily

Hudson

Valerie Healy

Cape Coral

Elaine Watson

Coral Gables

Bill Hearne

Palmetto Bay

Gladys Alba

Miami



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 2007 through September 2008) 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 (686 facilities; 82,024 beds; 4,740 complaints), assisted living facilities (2,743 facilities; 89,445 beds; 2,920 complaints) and adult family care homes (503 facilities; 2,316 beds; 98 complaints). There are 3,932 long-term

care facilities in the state of Florida, with 173,785 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.

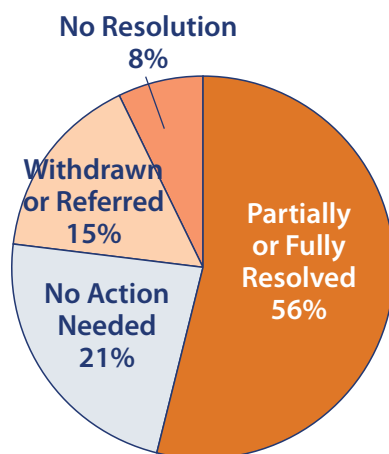
This year, ombudsmen completed a total of 3,932 assessments statewide, reflecting 100 percent of the licensed long-term care facilities in Florida.

Complaint Investigations

In 2007-2008, Florida's long-term care ombudsmen completed a total of 7,758 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 183,354 long-term care facility residents from October 2007 through September 2008 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 representatives.

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: quantity, quality, variation, choice, condiments, utensils | 189 |
| 2. Medications: administration, organization | 182 |
| 3. Cleanliness, pests, general housekeeping | 112 |
| 4. Personal funds: mismanaged, access denied, deposits and other money not returned | 111 |
| 5. Billing/charges: notice, approval, questionable, accounting wrong or denied | 100 |
| 6. Shortage of staff | 95 |
| 7. Privacy: telephone, visitors, couples, mail | 92 |
| 8. Dignity, respect | 86 |
| 9. Equipment/Buildings: disrepair, poor lighting, fire safety, no handicapped access, not secure | 81 |
| 10. Personal property: lost, stolen, used by others, destroyed | 75 |

Top 10 Complaints in Nursing Homes

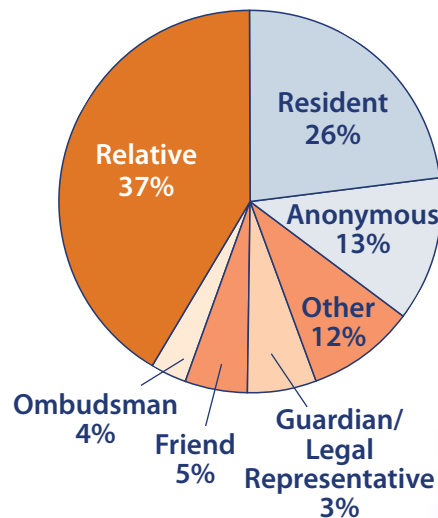
| Complaint | # |
|--|-----|
| 1. Discharge/eviction: planning, notice, procedure | 245 |
| 2. Medications: administration, organization | 235 |
| 3. Personal hygiene (includes oral hygiene) | 192 |
| 4. Failure to respond to requests for assistance | 182 |
| 5. Accidental or injury of unknown origin; falls; improper handling | 181 |
| 6. Personal property: lost, stolen, used by others, destroyed | 162 |
| 7. Symptoms unattended | 156 |
| 8. Dignity, respect | 151 |
| 9. Billing/charges: notice, approval, questionable, accounting wrong or denied | 134 |
| 10. Care plan/resident assessment | 121 |

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 2007-2008 were called in by relatives of long-term care facility residents (37 percent), concerns were also reported by residents themselves (26 percent) and their friends (five percent). Residents' guardians, legal representatives, 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 13 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.

"Our 2 Cents Is No Small Change": 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 launched 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 in Florida. All comments gathered will be incorporated into a report to be submitted to policymakers and the public. As a display of the program's dedication to the effort, the

state ombudsman commissioned his personal vehicle professionally wrapped in the campaign's message and drove to each of the eight town hall meetings. Meetings were held in Tampa, Destin, Sarasota, Miami, Tallahassee, West Palm Beach, Jacksonville and Orlando.



Recommending Change

The ombudsman program's primary charge is to provide a voice for those who often cannot speak for themselves. This year, on behalf of the residents we serve, we recommend the following improvements to the long-term care system:

Discharge Protection (assisted living facilities)

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.

Baker Act

(all long-term care facilities)

Baker Act Handbook provisions should be followed when making the decision to return a resident to a facility after being placed under the Baker Act. Currently, Alzheimer's patients are being discharged to hospitals under the Baker Act and then being denied re-entry into their homes; adherence to the handbook would prevent this from occurring.

Administrative Penalties

(assisted living facilities)

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

Annual Surveys

(assisted living facilities)

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

(assisted living facilities)

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

(assisted living facilities)

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

(assisted living facilities)

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

(assisted living facilities)

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.

Pharmacy Services

(assisted living facilities)

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

Grievance Policy

(assisted living facilities)

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.

Personal Needs Allowance (nursing homes)

Rules should be amended to increase long-term care residents' monthly personal needs allowance from \$35 to \$45. The allowance has not been increased to adjust for costs of living since 1988.

Emergency Management Plan (assisted living facilities)

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 (assisted living facilities)

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 an annual basis through the resident group.

Residents' Rights

(assisted living facilities)

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.



2008 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.



Dan Reiter
Broward County
When a friend and fellow church member received assistance from the Long-Term Care Ombudsman

Program that no other organization had been able to give, Dan Reiter decided to become a volunteer ombudsman. He wanted to give a voice to the population of the aging community that too often goes unheard.

"Dan has been an inspiration for the district in his leadership and as a role model," said Susan Nix, District Ombudsman Manager. "He is always the primary ombudsman in the facilitation of safety checks and in developing a superior rapport with our sister agencies."



Betty Bairley
East Central
Florida
Orlando resident Betty Bairley knows that volunteering

as an ombudsman is all about the people. After retiring from a career as an office manager, Bairley joined the ranks of volunteers in Florida's Long-Term Care Ombudsman Program in the summer of 1993. During her tenure with the program, she has faithfully advocated for Florida's vulnerable long-term care facility residents, served on her council's leadership team and was nominated more than once for "Ombudsman of the Year."

"Betty has unselfishly dedicated 15 years to this program," said District Manager Lashea Heidelberg. "In the past she has even assisted with administrative tasks in the office just to help out. She is always willing to go the extra mile for the residents."



Mary Domask
First Coast

When she first spotted an article in her local newspaper about the volunteers in Florida's Ombudsman Program, Mary Domask wanted to find out how she

too could become an advocate for the state's most vulnerable individuals. She was already familiar with the unique issues of this population, as her own mother was an assisted living facility resident.

The active grandmother of three also enjoys golf, swimming and biking and spends much of her time outdoors.

"Mary is always willing to take on extra work," said District Manager Mike Milliken. "She is a fantastic advocate, from [her work as] district chair last year to her continual pursuit of the ombudsman program's mission."



Romana Colby

First Coast South
Romana Colby was first introduced to the ombudsman program by chance

one day while visiting her relative in a nursing home. A former ombudsman was also at the facility that day, and he spoke with Colby about his experience as an advocate for long-term care facility residents.

"Through my visits to my mother-in-law, I observed the living conditions residents experience in facilities," said Colby of her decision to become an ombudsman. "I wanted to help improve their quality of life by being someone who could help maintain the dignity and respect they deserved."

In addition to her work as a long-term care ombudsman, the mother of three also volunteers with her church as a visitor and minister to the sick who cannot attend Sunday services.



Judy Smith
Mid & South
Pinellas

Four years ago, Largo resident Judy Smith joined the Mid & South

Pinellas council of the Long-Term Care Ombudsman Program. Once trained and certified, she labored tirelessly to improve the documentation and quality of complaint investigations and facility assessments in

her district. Last year she was invited to join the council's leadership team and now serves as the chair of its quality assurance committee.

"She's been a valuable member of the council, offering suggestions and ideas about how to improve advocacy for residents," said Betty Cambor, the program's state trainer. "Her leadership has been outstanding."



Mary Kennedy
North Central
Florida

When a friend told Mary Kennedy about being a

volunteer with the Long-Term Care Ombudsman Program, she knew it was something she had to be involved in.

"I wanted the chance to make a difference in the lives of our elder Americans who have given so much for us," said the mother of four and grandmother of 18.

Kennedy has been a certified ombudsman for just one year, but her enthusiasm and compassion resonate with her fellow council members and program staff. When it came time to vote for a North Central Florida "Ombudsman of the Year," Kennedy was nominated unanimously.

"Mary enthusiastically embraces any task and never turns anyone or anything down," said District Manager Lily Wilde. "She handles cases thoroughly and lovingly and is so helpful to new ombudsmen. She always has the time."



Kathy Wilks

Northwest Florida
When former social worker and Agency for Health Care Administration surveyor Kathy

Wilks first came to the Long-Term Care Ombudsman Program in 2005, she brought with her a wealth of knowledge and experience.

What Wilks most enjoys about being a volunteer ombudsman is the fact that she is "able to ensure that [residents] can live their lives with

dignity and respect, free of neglect and abuse."

"We are indeed better ombudsmen because of her," District Ombudsman Manager Mike Phillips said. "In the face of external pressures and adversities, Ms. Wilks does not flinch or waiver from her mandate to preserve...the rights of elders with effectiveness and passion. And besides all that, she has a great sense of humor."



Marion Evans

North Dade
After retiring in 2005 from a career in banking and

finance, Marion Evans knew she wanted to volunteer. An ad she saw in her local paper advertising the Long-Term Care Ombudsman Program encouraged her to embark on her very first volunteer experience.

Although advocacy for the elderly was unlike anything she had done in her career, Evans faced the challenge head-on.

"This was and continues to be a training experience, and I am enjoying it," said Evans.

When Evans had been a member of the North Dade council for two years, she joined the council leadership team as its chairwoman.

"Marion is the unifying factor of the members of our council," said District Ombudsman Manager Ramon Keppis.

Evans joins the council from her home in Miami Gardens, where she lives with her husband of more than 30 years. They have four children and six grandchildren.



Bill Hartmann
Palm Beach
County

Hypoluxo resident Bill Hartmann first

heard about the Long-Term Care Ombudsman Program through his Area Agency on Aging and decided to volunteer in October 2004.

"Bill is a very conscientious, responsible leader who is highly involved in

2008 Ombudsmen of the Year

this and other volunteer programs," said Allen Jaggard, District Ombudsman Manager. "We have a large, rapidly-growing council, and he helps keep everybody focused when important matters arise."

When asked what he enjoys most about being an ombudsman volunteer, Hartman explained that he enjoys knowing he is "making a difference" and the fact that he gets to "see residents smile."



Jerome Conger

Panhandle Tallahassee resident Jerome Conger began his

tenure with the Long-Term Care Ombudsman Program five years ago after hearing coworkers discuss their experiences as ombudsman volunteers.

"Jerome is a fantastic, truly committed advocate," said District Ombudsman Manager Janice Harvey. "He always does such a thorough job with his complaint investigations, really gives 100 percent and gets the job done. He will not let go until he gets a resolution that the resident is happy with."

Conger leads an active personal life that includes traveling, reading, painting and community services. He has three children, six grandchildren and five great-grandchildren.



Lorraine Domanski

Pasco & North Pinellas

This year Lorraine Domanski will celebrate her 10th anniversary as a long-term care ombudsman. For nearly 10 years, the Hudson resident has been making a difference in the lives of the most frail and vulnerable individuals in Florida's nursing homes, assisted living facilities and adult family care homes. One of the aspects she enjoys the most about being a volunteer is "communicating with the residents and assisting to make their lives more productive and enjoyable."

"Lorraine is always there to help," said Susan Strothers, a local staff member, "whether it is a question from the office, a [volunteer] who needs a little guidance or support

or an ombudsman who just wants to talk. To me, she exemplifies a true advocate."



Antonio Lopez

South Central Florida

Antonio Lopez began volunteering for the Long-Term Care Ombudsman Program in 2007. In that brief period of time, he has become, as Regional Ombudsman Will Teague put it, "a valuable and irreplaceable member of the program...nothing short of extraordinary."

Inside his first three months as a volunteer, Lopez participated in five separate assessment blitzes in Dade County, both as an advocate and a translator. Because of his dual role, his team was able to complete more than 100 assessments.

"Antonio volunteers for both SHINE (Serving Health Insurance Needs of Elders) and the Ombudsman Program because all he wants to do is make a difference in someone's life, and he is able to do that on a daily basis," said Teague. "His dedication and compassion are a testament to his moral character, and it has been a privilege to work with such a humble man."



Bill Hearne

South Dade & Florida Keys

Bill Hearne first heard about the Long-Term Care Ombudsman

Program through an article in the Miami Herald announcing that David Warshofsky was the South Dade & Florida Keys "Ombudsman of the Year." A little over a year later, Hearne had not only joined the South Dade & Florida Keys council and been mentored by the same David Warshofsky he had read about but had himself been elected "Ombudsman of the Year" for 2008.

"I achieve serious satisfaction in visiting and interviewing the elders in our long-term care facilities and working to ensure they are receiving all they are entitled to..." said Hearne.

Hearne is a father of four and spent 36 years as the president of a Miami-based firm before becoming a volunteer with the program. He will celebrate his 50th wedding anniversary next year.



Lynn Dos Santos

Southwest Florida
Four years ago, Lynn Dos Santos saw an article in her

local newspaper about the Long-Term Care Ombudsman Program and decided to join its ranks. A mother of two and grandmother of one, Dos Santos served her community as a special education teacher for 22 years before becoming an ombudsman volunteer. During her tenure as an educator, she had always considered herself an advocate for special needs children. Today, her compassion for vulnerable individuals is evident in every aspect of her work with elders.

"If you ever needed an ombudsman, you want Lynn to be your advocate because she is doggedly persistent in making sure the resident is satisfied," said Regional Ombudsman Clare Caldwell. "She accomplishes so much because she has the respect of the administrators who know her."



Janice Johnson

Treasure Coast

When Janice Johnson retired, she knew she wanted to volunteer to help

elders. A former human resources manager who dealt frequently with conflict-management and problem solving, Johnson found her place in the Long-Term Care Ombudsman Program. She was already familiar with the issues facility residents face, because of her mother's and mother-in-law's stays in long-term care facilities. When asked what compelled her to volunteer with the Ombudsman Program, Johnson described her passion for the older population.

"Janice has an excellent rapport with residents because she is a good listener and problem solver," said District Ombudsman Manager Nancy Schoemig. "Her thoroughness and cheerfulness is known and appreciated.... We have seen her make real differences in quality of life for many residents."



Don Hering
West Central Florida

Don Hering began volunteering with the Long-Term Care Ombudsman

Program after reading an article about the program in the Tampa Tribune. The retired Marine Corps colonel and church deacon wanted "to help those who cannot help themselves."

Since his certification in 2004, Hering has taken an active leadership role in both his council and the program, serving as State Council Chair in 2006 and Vice Chair in 2007 and 2008. This year he was voted the West Central council's "Ombudsman of the Year" for the second time, partly because of his "lead-by-example" style of advocacy, which aptly sets the tone for the Long-Term Care Ombudsman Program's over-400 volunteers.

"Don is resolute in his advocacy," said Brian Lee, State Ombudsman. "He's innovative and bipartisan and brings factions together. He has a strong systems-advocacy agenda, which he has secured through his multiple chairmanships, and he works with policymakers to create legislation to improve [residents'] lives and care."



Bill McMahan

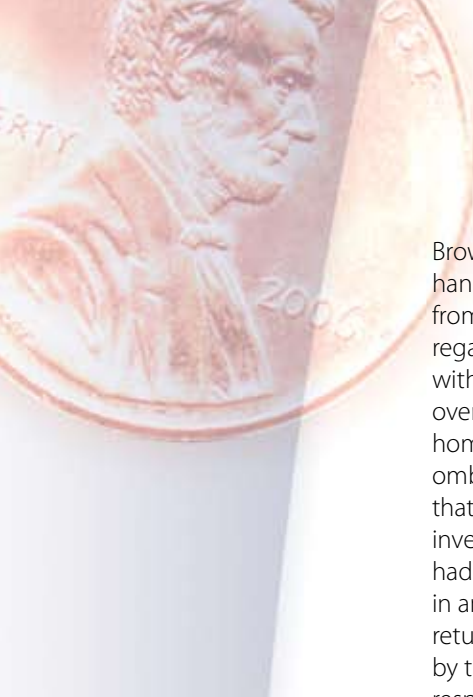
Withlacoochee
Bill McMahan had 10 years of ombudsman experience in

another state before joining Florida's Long-Term Care Ombudsman Program.

"I wanted to help people," said McMahan. "I can't sit and do nothing. [I like] helping someone get through the day."

The father of three and grandfather of four is known by his peers to be an individual who will never turn down an assignment.

"Bill is easy-going, thorough, cooperative, collaborative and has a great sense of humor," said District Manager Marilyn Anderson, recalling the comments of McMahan's fellow ombudsmen. "He is an outstanding ethical representative...intelligent, entertaining...the residents just love him."



Broward County ombudsmen handled numerous complaints from a Cooper City facility regarding issues residents had with their care, as well as the overall management of the home. At one point, the local ombudsman council found that during an ombudsman investigation, several residents had been moved to a facility in another county and later returned in an apparent attempt by the facility to evade its responsibilities.

The council partnered with fellow agencies to conduct spot checks on the facility; in doing so, the Attorney General's Office found the level of danger to residents to be unacceptable. The Agency for Health Care Administration issued a cease-and-desist order, overseeing the transfer of 12 residents to other facilities. Ombudsmen personally checked with each transferred resident to ensure all their belongings had also been moved and that they were receiving appropriate care in their new homes.

The local newspaper interviewed ombudsman Dan Reiter for the following June 2008 article: *Named administrator claims forgery*
By Jon Burstein, South Florida Sun-Sentinel

A Cooper City assisted living facility abruptly shut down after the woman listed in state records as running the center told authorities she had no connection to it.

State authorities relocated all 12 residents of Nightingale TLC by Thursday, following a cease-and-desist order by the Agency for Health Care Administration. The order was issued after the woman who supposedly was the center's administrator demanded that its state license be rescinded.



2007-2008 Broward Ombudsman Council

Jan Berns
Robert Carson
Dorothy Cox
Irwin Golden
Gloria Goodman
Marvin Greisel
Martin Kabot
Robert Karren
Seymour Landau
Arlyne Lewis
Joel Liss
Nadine Litterman
Kathleen Mathis
Fred Narayanan
Dolores Navarra
Margaret Perry
Charlotte Reiter
Dan Reiter
Marcia Shafmaster
Norman Smith
Henry Stevens
Linda Stevens
Rhea Weiss
Irving Weiss

Pembroke Pines resident (name removed) said she had no idea Nightingale's license was under her name. She had been approached more than a year ago to be the center's part-time administrator but declined, she said.

(She) said she never received a cent from Nightingale, in the 9900 block of Northwest 41st Street.

"My name was forged," (she) said. "This can't happen. It's defamation of my character."

(She) said she had been offered the part-time administrator job by Catherine Blackwood, the woman listed as the property's owner.

Blackwood could not be reached for comment Thursday. Someone who answered the phone at the facility declined to comment. State records indicate Blackwood previously ran St. Catherine's TLC, an assisted living facility, at the same location.

The Agency for Health Care Administration started relocating the residents Wednesday, with the last ones moving out Thursday, said Fernando Senra, an agency spokesman.

The center's closure came at a time when the state Department of Children & Families was conducting at least four separate investigations into alleged abuses there, agency officials said.

The chairman of Broward County's Long-Term Care Ombudsman Program said Thursday he was relieved that Nightingale closed. The office reviews complaints about assisted living facilities.

"The residents will be much better off in another facility," said Dan Reiter, the program chairman. "That's my main concern."

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 125 |
| Complaints Investigated | 328 |
| Assessments Completed | 379 of 379 |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice procedure
2. Medications - administration, organization
3. Symptoms unattended

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

1. Administrator(s) unresponsive, unavailable
2. Medications - administration, organization
3. Cleanliness, pests, general housekeeping

East Central Florida

Serving Brevard, Orange, Osceola and Seminole Counties



2007-2008 East Central Florida Ombudsman Council

Polly Atherton
 Betty Bairley
 Ruth Battle-Hall
 Genie Blaher
 Mirium DeJesus
 Shirley Edwards
 Seneca Ferry
 Vicki Goranson
 S. Barry Hakimian
 Mary Ellen Howze
 Charles Kahn
 Nina Mallis
 David Moran
 Joan Moran
 Suzanne Popaditch
 Phyllis Principe
 Robert Raines
 Maritza Ramos-Pratt
 Mary Redding
 Tess Reece
 Sandra Robison
 Kimberly Severson
 Willie Simpson
 Jeffrey Slater
 Eugene Snook
 Suzy Sowinski
 Kathleen Vermette
 James Walton
 Lorraine Werner
 F. Betty Whitmire
 Harry Wilcock
 Roberto Zuniga
 Silvia Zuniga

An East Central Florida ombudsman responded to the concerns of an anonymous caller who expressed worry over the treatment of residents at a local facility. Upon speaking with several residents to get their perspectives on what it was like to live there, several said they were treated like “lowlifes” and “losers.” Of 40 residents interviewed, only one had a positive response concerning the facility and staff.

One resident echoed the concerns of the caller and explained that one of the resident assistants had a boyfriend who frequently came onto the premises. She shared that the boyfriend was a known drug dealer in the neighborhood and was stealing from, selling to and abusing illegal drugs with the residents.

This particular resident had also endured an uncomfortable situation with the resident assistant over a medication issue. The resident addressed her concerns with the registered nurse on staff, who spoke

with the assistant; however, the assistant then sought the resident out and confronted her aggressively. Her reaction was not only inappropriate, but also illegal, as long-term care facility residents are protected by state law from staff retaliation.

The ombudsman requested training certificates for all the resident assistants and discovered that the one in question had been reprimanded several times; in fact, it was noted in her file that if she were disciplined again, termination would result. The ombudsman suggested that the facility conduct drug tests on all resident assistants and keep a closer eye on the erratic behavior of the one raising concerns among residents. Ultimately, the administration found evidence of drug use on site, and the assistant in question failed the drug exam and was terminated immediately. On follow-up visits, ombudsmen have found a stronger culture of staff accountability and resident service.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 383 |
| Complaints Investigated | 829 |
| Assessments Completed | 347 of 347 |

Top Three Complaints in Nursing Homes

1. Personal Hygiene (includes oral hygiene)
2. Discharge/eviction - planning, notice, procedure
3. Accidental injury of unknown origin; falls; improper handling

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

1. Menu - quantity, quality, variation, choice, condiments, utensils
2. Cleanliness, pests, general housekeeping
3. Medications - administration, organization

(Told in the words of an ombudsman)

In 2008, I accepted a case called in by a young college student, Jane, (name changed to protect confidentiality) whose father was in a nursing home. She was concerned because the nursing home was threatening to give her father, who had suffered multiple strokes last year, a 30-day discharge notice for nonpayment of pharmacy bills dating back to 2005.

Jane's grandfather held the Power of Attorney (POA); he lived in another state, and Jane would forward her father's bills to him for payment.

Jane told me that her father was covered by Medicare for the first 100 days since he was admitted directly from a hospital and, after that, by two insurance policies. We met with the nursing home administrator and Director of Nurses (DON). We were told a pharmacy representative would also be at the meeting, but none was present. Jane suggested she just switch to another pharmacy for medications for her dad. The administrator told her she would not be allowed to do that. I showed her a Bill of Residents' Rights, as set forth in statute, and advised her of her incorrect statement.

I asked why routine medications were ordered more frequently than once a month, sometimes several times a month, which caused co-pays each time. We were told that the meds were "probably antibiotics that required multiple orders." That statement, too, was false, and I called her attention to specific medications on the bill that could be



ordered on a monthly basis to avoid multiple co-pays.

Without a pharmacy representative at the meeting, there was much miscommunication between the nursing home, the pharmacy and the family; as such, the stories from each became increasingly complicated. The pharmacy was a mail-order business on contract with the nursing home system; its representative was in another state. When I called him, he stated he was new but sure that more than \$3,000 was owed and must be paid at once or medications would cease to be delivered to the resident.

In the meantime, Jane was able to get her father a military ID card, making him retroactively eligible for special insurance and medication coverage. As a result, his 90-day supplies would carry minimal co-pays and come from a different pharmacy.

I eventually found a pharmacy that would perform this service for a nominal charge. The DON agreed and the new process went into place. The ordering and billing process went smoothly from then on.

Lastly, the family had the old bills to deal with. I convinced the first pharmacy to re-bill the insurance companies; when

- 2007-2008
First Coast
Ombudsman Council**
- Kristen Adams
 - Brenda Bell
 - Donald Braverman
 - Nellie Brown
 - John Brundage
 - Nick Callahan
 - Charles Cardwell
 - Mary Clawges
 - Samuel Cole
 - Millicent Dangerfield
 - Mary Domask
 - Robin Fischer
 - Valerie Hardy
 - Mitch Holloway
 - Neely Inlow
 - James Jen
 - Charles McNichols
 - Virgia Mills
 - Nicole Rodgers
 - Lydia Saris-Mechenbier
 - George Sloan
 - Tommy Stringfellow
 - Tommy Thornton
 - Lesli Watkins
 - Jim Weatherly
 - Brenda Wilder

one resisted, we appealed, and the Veterans' Affairs office was helpful in explaining other options. The settlement of these issues resulted in significant monetary savings and stress reduction for the resident and his family.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 141 |
| Complaints Investigated | 264 |
| Assessments Completed | 189 of 189 |

Top Three Complaints in Nursing Homes

1. Medications - administration, organization
2. Symptoms unattended
3. Failure to respond to requests for assistance

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

1. Medications - administration, organization
2. Personal hygiene (includes oral hygiene)
3. Billing/charges - notice, approval, questionable, accounting wrong or denied

First Coast South

Serving Volusia and Flagler Counties



2007-2008 First Coast South Ombudsman Council

Stuart Albert
 Kalaya Behneman
 John Behneman
 Cathy Burke
 Ernie Click
 Romana Colby
 Lawrence Davis
 Leonard Dills
 Donna Mae Eller
 Leo Fox
 Aziz Hasan
 Katherine Johnson
 Jack Murphy
 Carole Ryan
 Edward Schultz
 Shirley Thompson
 Mary Wells

In May 2008, during an assessment of an assisted living facility, the Ombudsman entered a supervised living unit in a building separate from the facility. During a resident interview, a resident stated that he was being held against his will, as he was not allowed to leave the building unescorted. He added that activities were lacking and the food was cold by the time it was delivered to his unit from the main building. There were only three other residents in his unit, and they were not able to communicate with him due to their physical conditions.

The resident said that, one day when he was living in the assisted living facility on site, he went outside for a cigarette. The building was locked after 9 p.m., and he was unable to regain access until the next morning when a police officer came through the parking lot and saw him sitting by the door and helped him regain access into the building. The next morning, the resident returned from breakfast to see his apartment being emptied; he was being moved to the supervised living unit.

The resident allowed the ombudsman to call his daughter, who lived in another state. She explained that the administrator said her father had to be moved to the secured living unit because he was a danger to himself. She allowed the move without talking to her father about it, even though she did not have guardianship over him; this was an inappropriate action for the facility to take.

The ombudsman reviewed the resident's medical record, which indicated that upon the resident's admission less than one month prior, the facility doctor indicated the resident was not a danger to himself or others and was competent.

The administrator indicated the resident had "eloped," a term used by facilities to indicate a resident wandering away from the facility, and offered that as the reason for the move. However, there was no record of such behavior, and interviews showed that even the director of nursing did not believe the resident had eloped.

Following the ombudsman's meeting with the administrator, the resident was once again considered competent to be able to make his own decisions. The administrator allowed the resident to return to an assisted living apartment. A week later, the ombudsman visited the resident to follow up and found him happy and content with his living arrangement.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 156 |
| Complaints Investigated | 255 |
| Assessments Completed | 165 of 165 |

Top Three Complaints in Nursing Homes

1. Medications - administration, organization
2. Personal Hygiene (includes oral hygiene)
3. Care plan/resident assessment - inadequate, lack of resident/family involvement, failure to follow plan or physician orders

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

1. Menu- quantity, quality, variation, choice, conditions, utensils
2. Medications - administration, organization
3. Personal hygiene



Mid & South Pinellas

Serving Mid and South Pinellas County



Residents in an assisted living facility in Pinellas County contacted their ombudsman because they were confused by the format of the monthly billing statements they were receiving. The ombudsman reviewed the statements with the residents and discovered that the facility only provided a total for general groupings of services, while the residents wanted to see a description of each item they were billed for. Some residents reported that they were attempting to rewrite their bill with a breakdown of each charge to be sure that the total matched the statement provided by the facility. The residents were very confused about some of the charges.

The ombudsman met with the administrator to discuss the residents' concerns. The administrator responded that the company had dozens of healthcare facilities across the country using the same statements and that he could not make any changes at the local level. The ombudsman requested that the administrator present the residents' concerns to a higher authority within the company.

After numerous phone calls and visits to the administrator and billing manager, the ombudsman received a letter from the executive director. The letter stated that the company generated over 3,600 billing statements each month and that it would be too costly to make the

requested changes. The letter went on to say that, given the length of time that bills had been printed in that manner, any changes would just further confuse the residents and family members.

Knowing that many of the residents and their insurance companies were being billed thousands of dollars per month for their care and incidentals, the ombudsman did not give up and continued to advocate for the residents. As a result, the executive director talked personally with residents and families about their concerns, confirming what the ombudsman had communicated.

The ombudsman received a second letter from the executive director, reporting that the statements' format would be changed per the residents' request the following month. The issue was successfully resolved to the satisfaction of the residents and their families, and the improvement also helped the 3,600 residents at the company's other 32 facilities across the U.S. who began receiving their improved billing statements in October 2008.

2007-2008 Mid & South Pinellas Ombudsman Council

- Ruth Benjamin
- Hope Berg
- Carol Blodgett
- Lucy Brushaber
- Julia Burkart
- Kenneth Burry
- Nicholas Cecire
- Jean Corbett
- Carol D'Amico
- John Flint
- Cynthia Floyd
- Edward Forman
- Sharon Gordon
- Suzanne Greacen
- Daphne Greene
- Carol Hayden
- Doyce Hayth
- Kay Korwin-Kasander
- Margaret Ladd
- Robert Landstra
- Kathleen Lincoln
- Joann Martino
- Paul McDannel
- Elaine Mikurak
- Henry Nadig
- Paul O'Connor
- Rosaline Olade
- Carole Oliver
- Charles Parker
- Laila Petrou
- Delia Saavedra
- Danielle Schaffer
- Daniel Schroeder
- Judy Smith
- Marilyn Sole
- Liliane Taskin
- Robert Walley
- Jacqueline Walsch
- Douglas Watson
- Jacquelin Weeks
- Carol Weideman

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 325 |
| Complaints Investigated | 665 |
| Assessments Completed | 197 of 197 |

Top Three Complaints in Nursing Homes

1. Medications - administration, organization
2. Personal property - lost, stolen, used by others, destroyed
3. Air/environment temperature and quality

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

1. Menu - quantity, quality, variation, choice, conditions, utensils
2. Dignity, respect
3. Medications - administration, organization

North Central Florida

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



2007-2008 North Central Florida Ombudsman Council

Nell Anderson
 Patty Bumgarner
 Paula Cary
 Dana Darby
 JoAnna Emerson
 Bill Gaffney
 Mary Kennedy
 Peg Malone
 Dawn McCullers
 Sue Pedone
 D.P. Ramayya
 Frank Robinson
 Ralph Rothschild
 Jaleel Siddiqui
 Micki Spangler
 Donna Speed

A gentleman contacted the local council of Florida's Long-Term Care Ombudsman Program, upset because the staff at the nursing home where he lived had told him he could no longer run errands to the bank and local stores he liked to visit.

The resident had been using a motorized scooter for years and had never had a safety concern, but he reported that staff had suddenly told him it was no longer safe for him to leave the facility alone. An ombudsman visited the facility and discovered that the administration had grown concerned about the resident's welfare. He had recently lost his way home after shopping nearby and had to be returned with a police escort. Since it was not feasible for a facility staff person to accompany the resident, the ombudsman asked if it was feasible to have a volunteer from the commu-

nity run errands with the resident as a companion. The nursing home staff agreed that it would be permissible if the ombudsman could find a suitable community partner to help out.

The ombudsman contacted several community organizations and encountered a great deal of hesitation and concerns about liability. After several weeks of negotiating with various organizations, the ombudsman found a perfect match. Catholic Charities arranged for a representative from a local group of Catholic nuns to accompany the resident once every month, using a local transport service, to run his errands. This allowed the facility staff to remain assured of the resident's safety, while he was able to maintain his independence.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 89 |
| Complaints Investigated | 226 |
| Assessments Completed | 70 of 70 |

Top Three Complaints in Nursing Homes

1. Failure to respond to requests for assistance
2. Personal Hygiene (includes oral hygiene)
3. Dignity, respect

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

1. Medications - administration, organization
2. Response to complaints
3. Menu - quantity, quality, variation, choice, condiments, utensils



Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 91 |
| Complaints Investigated | 188 |
| Assessments Completed | 419 of 419 |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice, procedure
2. Accidental or injury of unknown origin; falls; improper handling
3. Dignity, respect

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

1. Dignity, respect
2. Personal funds - mismanaged, access denied, deposits and other money not returned
3. Menu - quantity, quality, variation, choice, conditions, utensils

In October 2007, the ombudsman office received a complaint from a resident of an assisted living facility with about 120 residents. Several months prior, Dade County's guardianship program had temporarily placed her in the facility for her safety. She stated that she was removed from her home under the allegation that she was unable to care for herself.

The resident stated that all of her valuables, including expensive artwork she had collected over the years, were removed from her home by the guardian and a social worker. According to the resident and the facility's administrator, the guardian never visited the facility. The case was assigned to an ombudsman who, along with the council's district manager, contacted the resident and initiated the process to restore the resident's legal rights.

Early in the investigation, the ombudsman discovered the resident was dealing with alcoholism; however, her disease alone was not

enough reason to strip the resident of her legal rights.

The ombudsman guided the resident through the legal process, and they appeared in front of the probate judge to discuss the resident's request for restoration of her rights.

Upon hearing the resident's story and corroborating testimony from a medical doctor, the judge restored all of the resident's rights and ordered the county guardianship program to return all of her belongings immediately. The ombudsman also suggested the resident consider a residential treatment facility to help her combat her condition.

Upon contacting the resident for follow-up, the ombudsman confirmed that she had moved to a new apartment, but many of her belongings were still missing. The ombudsman helped her make arrangements to receive guidance from the local Legal Aid office on how to recoup the remainder of her personal items.

2007-2008 North Dade Ombudsman Council

- Laretha Brown-Bryant
- Jeanette Bryson
- Evelyn Dorsett
- Marion Evans
- Yolene Francois
- Angelica Garcia
- Lucila Huerta
- Joan Kita
- Shirlee Leifert
- Lucia Lora
- Francena McMullen
- Marianne Segal
- Ramsey Simon

Northwest Florida

Serving Escambia, Okaloosa, Santa Rosa and Walton Counties



2007-2008 Northwest Florida Ombudsman Council

Carol Barwick
Eleanor Beamer
Jim Evans
Elaine Holmes
Raymond Johnson
Richard Kelley
Anne Manning
Linda Puetz
Marcia Reynolds
Joshua Sparrow
Ray Sykes
Mark Tiedemann
Kathy Wilks

(Told in the words of an ombudsman)

On a regular series of resident visits, I stopped into a facility that had recently undergone a Medicare and Medicaid survey by the Agency for Health Care Administration. According to the survey, the facility had no quality of care issues and only two citations: one pertaining to the kitchen and one regarding fire safety. Assuming this was one of the better nursing homes, I walked down the hall thinking how lucky we were to have such fine nursing homes in our area. The things I saw and heard next shocked me.

I found a woman sitting in her wheelchair, waiting for lunch in her room, and explained that I was an ombudsman -- an advocate for folks who live in nursing homes. She quickly told me she had a problem and asked if I could help. She told me that the Director of Nurses (DON) and unit manager had come into her room and told her that she needed to find another place to live, as they could not meet her needs. This resident felt intimidated and frightened. She intimated that she was on diuretics and needed assistance frequently to get to the bedpan or toilet. She was visibly upset as she spoke. She said the nursing home has been her home for several years, that she loved her roommate and the staff, and that she did not want to make a formal complaint, but rather, only wanted me to speak to the DON. I spoke with the administration and it was easy to see that this resident was not well liked. The philosophy I observed among the administration and staff was, "If she doesn't like it, she can find another place."

This nursing home felt its statement of being "unable

to meet the needs of the resident" was sufficient cause to dump a resident. The facility was, in fact, meeting the medical needs of the resident, as we proved when her case went to hearing. She had lived in the area since birth, yet the nursing home was trying to move her to a northern state to "be closer to family." In the days leading up to the hearing date, although attempts were made to negotiate with the nursing home, the facility simply focused on bolstering its "documentation efforts" in order to win their case. At the hearing, the facility's documentation was inconsistent, inappropriate, negative and hurtful to the resident.

A surveyor who investigated the discharge sided with the facility and agreed that they had sufficient cause, at which point we felt sure to lose the case. Nevertheless, our team worked diligently with the resident to prove her needs were being met and that she would continue to do well at the facility with appropriate treatment. In the end, the resident won her case and was allowed to stay in her home.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 86 |
| Complaints Investigated | 138 |
| Assessments Completed | 94 of 94 |

Top Three Complaints in Nursing Homes

1. Medications - administration, organization
2. Accidental or injury of unknown origin; falls; improper handling
3. Failure to respond to requests for assistance

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

1. Abuse, verbal/psychological (including punishment, seclusion)
2. Medication - administration, organization
3. Privacy - telephone, visitors, couples, mail



Palm Beach County

Serving Palm Beach County



Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 340 |
| Complaints Investigated | 772 |
| Assessments Completed | 186 of 186 |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice, procedure
2. Dignity, respect
3. Failure to respond to requests for assistance

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

1. Dignity, respect
2. Medications - administration, organization
3. Menu- quantity, quality, variation, choice, conditions, utensils

A call came in to the Palm Beach ombudsman council from a friend of a gentleman residing in the independent living section of a complex that also had a skilled nursing facility. The complainant went on to recount how his friend, who was nearly blind, had been driving his golf cart near the skilled nursing building where his wife resided. In spite of wearing an ankle monitor, she had made her way outside through two sets of security doors, headed toward the street.

The woman's husband returned her to the facility and later asked staff how his wife could have made it through two sets of security doors specially designed to keep her safely inside. When the administration offered no answers or assurances, he contacted his friend, who then filed a complaint with the Long-Term Care Ombudsman Program.

Following an initial investigation in which the ombudsman found that the security doors did not function properly, a referral was made to the Agency for Health Care

Administration (AHCA). The AHCA investigation revealed that the facility had not filed an adverse incident report. Such reports are mandatory in the case of resident elopement and may help to prevent future incidents by uncovering the cause of an issue. Also, the facility's policies and procedures were written such that unauthorized exits beyond secure areas to the land surrounding the facility did not constitute elopement, and the facility denied that an elopement had occurred, even though the resident was clearly unsupervised and endangered.

At AHCA's and the ombudsman's insistence, the facility's administration agreed to file adverse incident reports in the event of future elopements. The facility also brought in a repair team and fixed the doors so the wander guard system could work properly. Thanks to the skill and persistence of the ombudsman and cooperation of AHCA, the facility's residents are now safer in their home.

2007-2008 Palm Beach Ombudsman Council

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Panhandle

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2007-2008 Panhandle Ombudsman Council

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A local nursing home resident with heart problems and a depressive disorder registered a complaint with the ombudsman council, stating that he was being discharged because he was allegedly a danger to other individuals in the facility. The resident explained that he had been in an argument with another resident that escalated to physical contact, but he did not believe he was a danger to others and stressed that this had been the only incident of its kind.

Although the two residents agreed to stay apart and were adhering to their agreement to avoid another argument, the facility's interdisciplinary team met with the administrator and determined the resident would be issued a 30-day discharge notice. It listed his grandmother's home as his place of discharge. The resident revealed to the assigned ombudsman that his grandmother was deceased, as were his parents, and that he realistically had nowhere to go.

The resident asked the ombudsman to advocate for him at his appeals hearing, so the ombudsman presented information showing that no discharge planning had been performed, the grandmother was deceased and the address listed for her on the discharge notice did not even exist. Most importantly, the resident wanted to show that he was not a danger to others.

The facility admitted to the hearing officer that after the resident's room was changed, he was counseled and his medications were

reviewed, and there had been no further disruptive behavior. They also admitted that the address listed on the discharge notice was incorrect, could not provide the name of the resident's grandmother, were unaware that she was deceased, and had no proof that any real discharge planning had taken place with the resident. The facility submitted a psychiatric evaluation; however, it revealed that the resident was cooperative and had no evidence of psychosis, hallucinations or delusions. The evaluation recommended that the resident continue his current treatment in the facility.

The final order ruled in favor of the resident and revealed that the facility did not meet the burden of proof to show that the safety of other individuals in the facility was endangered. As a result, the facility was not able to proceed with the discharge and the gentleman was allowed to remain in his home.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 185 |
| Complaints Investigated | 440 |
| Assessments Completed | 90 of 90 |

Top Three Complaints in Nursing Homes

1. Medications - administration, organization
2. Discharge/eviction - planning, notice, procedure
3. Failure to respond to requests for assistance

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

1. Menu - quantity, quality, variation, choice, condiments, utensils
2. Medications - administration, organization
3. Privacy - telephone, visitors, couples, mail

Pasco & North Pinellas

Serving Pasco and North Pinellas Counties



2007-2008 Pasco & North Pinellas Ombudsman Council

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Patricia Reilly
John Strothers
Jack Taylor
Judith Troutman
James Vermiglio
Ladislav Volicer
Bernard Ward
Lenore Ward
Carin Wiseman

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 337 |
| Complaints Investigated | 662 |
| Assessments Completed | 215 of 215 |

Top Three Complaints in Nursing Homes

1. Care plan/resident assessment - inadequate, lack of resident/family involvement, failure to follow plan or physician orders
2. Failure to respond to requests for assistance
3. Medications - administration, organization

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

1. Personal funds - mismanaged, access denied, deposits and other money not returned
2. Menu - quantity, quality, variation, choice, condiments, utensils
3. Shortage of staff

A supervisor from a fellow state agency called a complaint into the local ombudsman council on behalf of a resident living in an assisted living facility. The resident was being held in a locked unit of the facility and felt his rights were being violated. He had tried to get the facility to call a doctor in to see him, but they would not respond to his request.

The ombudsman went to the facility and found the 93-year-old gentleman alert and very anxious to get out of the locked unit.

After the ombudsman worked to facilitate conversations with the resident's case manager and the facility staff, the resident's needs were finally re-evaluated. Ultimately, it was determined he could live safely in another setting.

With the ombudsman's assistance, the resident was able to visit the local veterans' hospital and see a doctor and a dentist to resolve some of his medical issues. The resident is currently living in the facility of his choice, going out every day on his own, and making phone calls and appointments as needed. The ombudsman who was assigned to his case has visited him regularly since their first meeting, and he remains in good spirits and happy to be living as independently as possible.

South Central Florida

Serving Hardee, Highlands and Polk Counties



2007-2008 South Central Florida Ombudsman Council

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Judith Walker
Sharon Young

Not everyone plans or wishes to spend the last years of his or her life in a long-term care facility, but for some, it is their only option for receiving the level of care they need. A 92-year-old stroke victim had been living in a long-term care facility in Lakeland for three years. Because of her deteriorating condition, she was beginning to show aggression toward the staff. Although hospice was involved and the doctor was trying different medications to manage her behavior, the facility administration gave her a discharge notice.

The facility claimed she needed to live in a specialized behavioral unit and located one that was willing to take her, but it was more than an hour and a half away from where she was living. The family was opposed to the move for two reasons: they wanted to visit her daily and would be unable to make the hour-and-a-half drive every day, and even more critical, it seemed that every time her routine was altered, she suffered a stroke.

The ombudsman, facility staff, resident, and resident's family had several meetings to discuss viable alternatives to the move. In addition to medication changes to help manage the resident's behavior, they came up with several suggestions for the facility staff to try, including playing soft music in the resident's room to soothe her, treating her with a calm approach, maintaining eye contact, taking time to talk with her about her comfort level, and making other subtle changes in her daily care.

Ultimately, these suggestions assisted the staff in working with the resident. Because a discharge appeal was filed on her behalf, she was able to remain in the facility until she passed away under hospice care. While saddened by her death, her family was grateful for the ombudsman's assistance in keeping her comfortable in a place where they could visit her every day until her passing.

Local Focus

| | |
|-------------------------|----------|
| Number of Cases | 172 |
| Complaints Investigated | 306 |
| Assessments Completed | 97 of 97 |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice, procedure
2. Accidental or injury of unknown origin; falls; improper handling
3. Billing/charges - notice, approval, questionable, accounting wrong or denied

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

1. Personal funds - mismanaged, access denied, deposits and other money not returned
2. Billing/charges - notice, approval, questionable, accounting wrong or denied
3. Medications - administration, organization



South Dade and the Keys

Serving South Miami-Dade and Monroe Counties



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- Barbara Pham-Escobar
- Joann Redmond
- Judy Rosenbaum
- David Warshofsky
- Elaine Watson
- Robert Yates

Local Focus

| | |
|--------------------------------|-------------------|
| <i>Number of Cases</i> | <i>156</i> |
| <i>Complaints Investigated</i> | <i>466</i> |
| <i>Assessments Completed</i> | <i>612 of 612</i> |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice, procedure
2. Personal hygiene (includes oral hygiene)
3. Pressure Sores

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

1. Activities - choice and appropriateness
2. Menu - quantity, quality, variation, choice, condiments, utensils
3. Dignity, respect

The South Dade & Florida Keys council has been observing an upswing in calls from assisted living facility (ALF) residents who are unable to obtain refunds of deposits when they move.

One refund complaint began when a frail ALF resident told an ombudsman conducting an assessment that he needed to move to a nursing home because he could no longer get out of bed. Upon returning to the facility shortly thereafter to follow up and learn more about the resident's concerns, the ombudsman learned the resident had been hospitalized a day after they met, and then moved several times. The ombudsman was unable to find the resident. Two months later, though, a friend of the resident phoned the program, unaware that the resident had already met with an ombudsman. The friend reported that the gentleman was now at a nursing home in another county. The friend was also holding three refund checks on behalf of the resident from the ALF, each worth \$2,100 and each of which had bounced.

After contacting and obtaining consent from the resident, the ombudsman again visited the ALF and found the owner/operator not only owed the resident the sum of \$6,300 plus a refund of his \$1,300 deposit, but also had borrowed \$800 from the resident and failed to repay it. When the ombudsman met with the administrator, she acknowledged the bounced checks and offered to repay the resident \$50 per month, ostensibly for 168 months, or a payback period of 14 years.

The ombudsman told the administrator to send the resident a certified check for the entire amount, and then confirmed the resident received it a week later. Like many other ALF refund complaints the council received this year, the operator made corresponding claims against the resident, but lacked financial records or a balance sheet, and had no contract with the resident. The council is now working to educate local long-term care residents about their rights regarding refunds and other financial matters.

Southwest Florida

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



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An ombudsman was visiting a local facility when she came upon an elderly resident

who told her how unhappy she was that her hair was dirty. When asked when she last had a shower, the resident replied that the certified nurses' assistant (CNA) had told her, "bed baths are better for you."

She added that a CNA had once attempted to transfer her to a shower chair while using a Hoyer lift. The ombudsman remembered that, by law, there must be two CNAs to operate a Hoyer lift. She also surmised that the experience had made the resident uneasy about the process, and that the staff preferred to give bed baths rather than transfer a resident who was overweight, regardless of the resident's wishes.

The ombudsman offered to arrange a "practice run" while the resident was clothed. She assured the resident that she would be present during the attempt and the resident agreed. The facility educator then called the director of rehabilitation to operate the Hoyer lift correctly. Two CNAs arrived to assist him.

All went well and the resident agreed she would be comfortable taking a "real shower." The team got her into the shower chair using the lift and a female CNA accompanied her into the shower. Once the resident was back in her bed, refreshed and happy, she was pleased to hear that the ombudsman had

arranged her shower time during a shift when the rehab director would be present with a team of two CNAs to operate the lift.

The resident's daughter shared additional concerns with the ombudsman. Her complaints regarded what she saw as the staff's verbal abuse about her mother's size and a general disregard for her mother's feelings.

She was also concerned that her mother, who was a stroke victim, was not being given prescribed medication to help prevent further strokes. The ombudsman discovered that, when the resident arrived at the facility from the hospital following the stroke, the staff neglected to transfer the resident's blood-thinning medication to her chart. At the ombudsman's urging, the facility added it to the chart immediately.

Upon learning this, the daughter chose to transfer the resident to another facility closer to her own home. Several days later, the ombudsman stopped by the new facility to see how the resident was adjusting. To her horror, the ombudsman realized that the former facility had sent the earlier, outdated list of medications and, once again, the blood thinner was not on the list. She promptly put the appropriate staff from both facilities in touch with one another to rectify the problem, and the medication issue was resolved by the end of the day. The ombudsman has visited the resident several times since, and she is thriving in her new home.

Local Focus

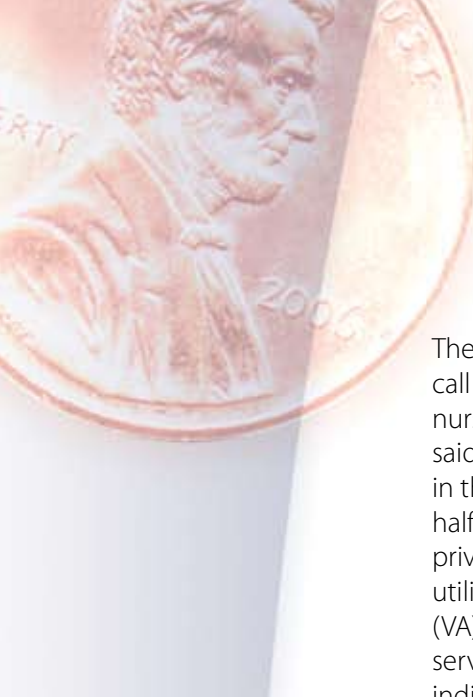
| | |
|-------------------------|------------|
| Number of Cases | 253 |
| Complaints Investigated | 609 |
| Assessments Completed | 268 of 268 |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice, procedures
2. Medications - administration, organization
3. Symptoms unattended

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

1. Medications - administration, organization
2. Accidental or injury of unknown origin; falls; improper handling
3. Equipment/Buildings - disrepair, poor lighting, fire safety, no handicapped access, not secure



The local council received a call from the sister of a local nursing home resident who said her sister had been living in the facility for two-and-a-half years. The resident had a private-pay arrangement and utilized the Veterans' Affairs (VA) hospital for healthcare services. The complainant indicated that since residing in the facility, she and the resident had made repeated efforts to convince the facility to order the resident's medications from the VA. The facility insisted that the resident use the facility's designated pharmacy; as such, the resident was paying approximately \$1,000 per month for medications that cost an \$8 co-pay with the VA.

The resident's sister also indicated that several months prior, she had taken the resident to the VA, where the doctor wrote several one-year prescriptions, which were filled and taken back to the facility. The prescriptions were enclosed with a tag to be completed and mailed back to the VA to refill the prescriptions at the end of the year. Both the resident and her sister thought the issue was resolved but, when it was time to reorder, the facility advised that them the VA did not cover one of the medications and ordered it instead from the facility's pharmacy. The resident's sister insisted the VA had assured her that it could refill the prescription.



While meeting with a local ombudsman, the resident and complainant were able to provide copies of all of facility-designated pharmacy billings. The ombudsman met with the facility administrator and unit nurse to determine what protocols were in place to ensure residents eligible for VA pharmacy services received their medications through the VA. The ombudsman also asked how many other residents in the facility were eligible for – but not receiving – VA pharmacy services. Within these conversations the ombudsman suggested the administrator negotiate an appropriate refund for the resident based on the difference between the facility's price for the medication in question and the lower price charged by the VA.

The resident, the complainant and facility agreed that the resident had paid approximately \$4,500 more for prescriptions than necessary, as they could have been obtained from the VA but instead came from the facility at its own insistence. The resident requested that the amount be credited

- 2007-2008
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 - Russell Redhouse
 - Pat Sacco
 - Jeanette Sanz
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 - Priscilla Stuber
 - Joe Torre
 - Paul Ward

to the next month's basic care charge, and all parties involved came to an agreement about refunding the difference and following reasonable protocols in future pharmacy referrals.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 101 |
| Complaints Investigated | 266 |
| Assessments Completed | 121 of 121 |

Top Three Complaints in Nursing Homes

1. Discharge/eviction - planning, notice, procedure
2. Accidental or injury of unknown origin; falls; improper handling
3. Medications - administration, organization

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

1. Dignity, respect
2. Medications - administration, organization
3. Menu - quantity, quality, variation, choice, conditions, utensils

West Central Florida

Serving Hillsborough and Manatee Counties



2007-2008 West Central Florida Ombudsman Council

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The mother of a resident called into our office stating that her son wanted to go home to California to live with her, but the facility would not allow it.

The ombudsman went to the facility, met with the resident and found that he had been admitted the previous year following treatment for a head injury. At the time of admission into the facility, the resident was aphasic, or unable to use or comprehend words, due to the injury he had obtained. As such, the resident's physician filed a certificate of incapacity.

By the time of the investigation in 2008, his condition had greatly improved. He was able to clearly and accurately provide answers to every question the ombudsman asked regarding how he had been placed into the facility and how he had improved since. The resident was capable of the usual activities of daily living and expressed that he would like to go home. He explained that he had attempted to leave the facility in the past, but as a result, he had been placed in the lockdown unit for fear of elopement.

The ombudsman obtained consent to review the resident's records and found that the resident had been seen multiple times by a physician, but there were no notes to address the resident's capacity.

The ombudsman met with the facility administrator, director of nursing and social worker. They agreed to have the resident evaluated for capacity, contact his mother regarding his condition and possible discharge to California, and re-evaluate his care plan to better suit his needs.

Following numerous telephone calls with the resident, his mother, and the director of social services, he was finally seen and assessed by a physician. At that time, the physician reversed the judgment of incapacity, and the resident was now able to make arrangements to be transported home to California.

After a month-and-a-half of advocating on behalf of the resident, the ombudsman's hard work paid off. The resident flew home to California to be near his mother and resume his life. The resident and his mother later phoned the local ombudsman office to thank the ombudsman for helping him get his life back.

Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 261 |
| Complaints Investigated | 693 |
| Assessments Completed | 298 of 298 |

Top Three Complaints in Nursing Homes

1. Accidental or injury of unknown origin; falls; improper handling
2. Failure to respond to requests for assistance
3. Medications - administration, organization

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

1. Menu - quantity, quality, variation, choice, conditions, utensils
2. Medications - administration, organization
3. Billing/charges - notice, approval, questionable, accounting wrong or denied



Withlacoochee Area

Serving Citrus, Hernando, Lake Marion, and Sumter Counties



Local Focus

| | |
|-------------------------|------------|
| Number of Cases | 255 |
| Complaints Investigated | 651 |
| Assessments Completed | 185 of 185 |

Top Three Complaints in Nursing Homes

1. Medications - administration, organization
2. Symptoms unattended
3. Failure to respond to requests for assistance

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

1. Menu - quantity, quality, variation, choice, conditions, utensils
2. Medications - administration, organization
3. Financial exploitation

The local ombudsman office received an anonymous call on behalf of all the residents in a local assisted living facility (ALF). The caller voiced a number of concerns about various issues including staff attitudes, a lack of activities and personal hygiene care for residents, poor quality and variety of food and snacks, poor condition of furnishings and offensive odors throughout the facility.

Two ombudsmen visited the facility and were initially denied access by the staff. When the lead ombudsman called local law enforcement to report the infraction, the owner conceded and allowed the ombudsmen to enter the home. They found the residents, all of whom were individuals suffering from mental illnesses, to be dirty and unkempt. No hygiene products or clean towels were found, and the residents' bathroom was filthy. Further investigation uncovered that the beds had no sheets or pillowcases; mattresses, sofas

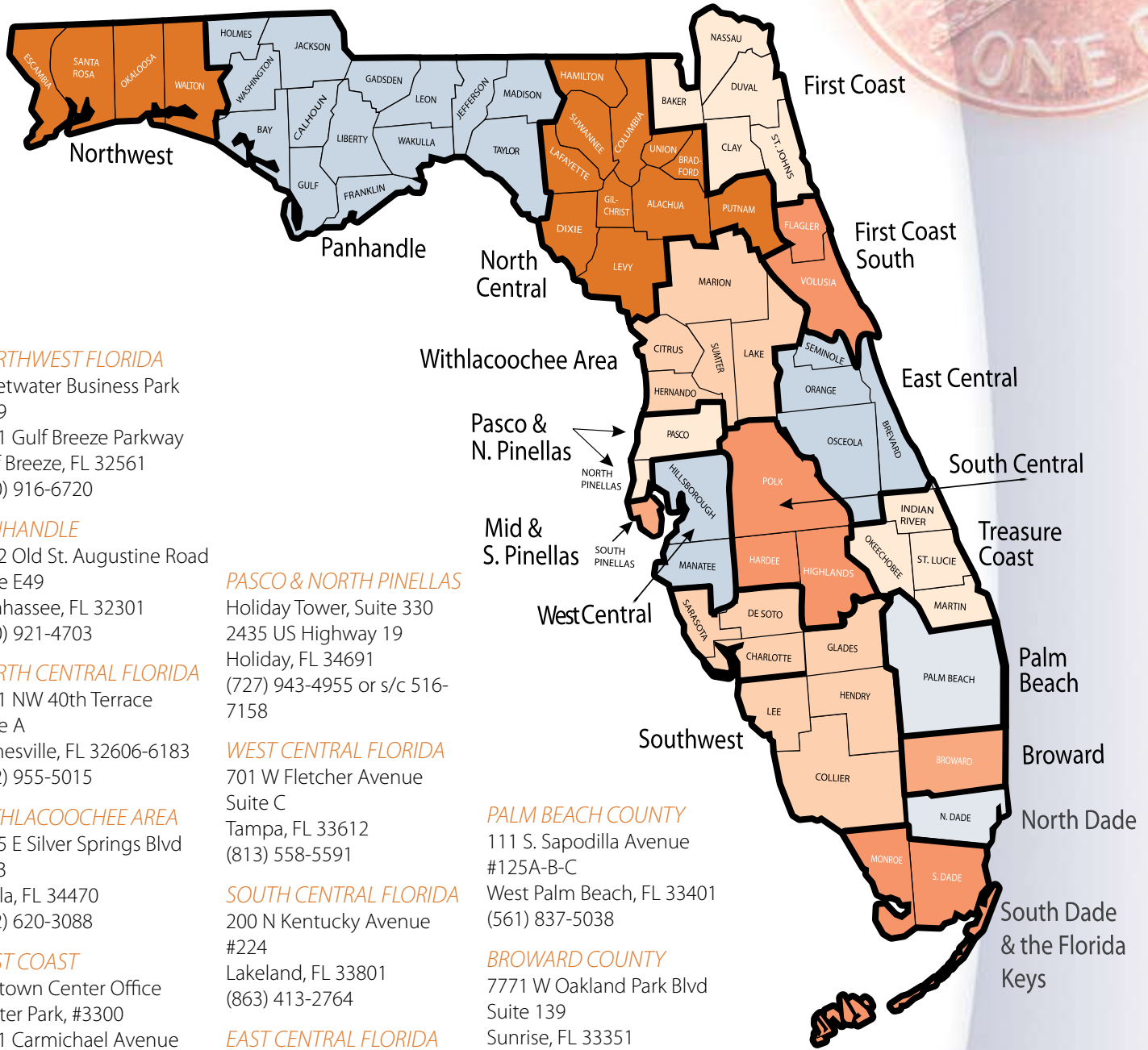
and chairs were torn and stained; and the home had a strong offensive odor. The kitchen had a padlocked gate to keep residents out, and the only foods available were hot dogs, bologna and macaroni & cheese. The only activity provided to residents was a 13-inch television.

Ombudsmen spoke openly with the administration about expected standards of care and made an unannounced follow-up visit later in the month. The change was remarkable. The owners had purchased new mattresses and linens, the entire home was clean and odor-free, and the kitchen was stocked with appropriate food. Most importantly, the residents were clean and content. Through the efforts of dedicated volunteer ombudsmen, the vulnerable residents of this facility are now receiving better care and have a clean, comfortable home in which to live.

2006-2007 Withlacoochee Ombudsman Council

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- Allie Gore
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- Jack Quinlan
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- Noreine Sobie
- Shearon Teaters
- Virginia Winkel
- Michale Walke
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NORTH CENTRAL FLORIDA

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MID & SOUTH PINELLAS

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PASCO & NORTH PINELLAS

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(239) 338-2563

PALM BEACH COUNTY

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BROWARD COUNTY

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NORTH DADE

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