Dear Friends,

Each year as President of The Board of Directors for the Alliance I get to write about the work and accomplishments of The Organization. These accomplishments would not be possible without the efforts of our Staff, Volunteers and Board Members. This year I decided to let some of them tell you why they do it and maybe inspire some of you to give of your time in Our Mission. You will see that there is a recurring theme in wanting to protect our frail elderly.

Leon Samuelian, Alliance Board Treasurer said, “I serve on The BOD because the elderly and infirmed need a champion...Someone has to ensure their quality of life and quality of care.” Pam Bibeault, Alliance Board Member echoed this thought, “I am honored to serve on the Board... to help the Alliance achieve their Mission “to improve the quality of life and Healthcare of residents of Long term care facilities.”

Donica Porter, a recently retired healthcare provider and volunteer ombudsman said she “sought to continue her commitment to improving the quality of life for seniors, and that it is so rewarding to reach out and touch the lives of those unable to advocate for themselves.” Sharon Jennings, volunteer ombudsman elaborated on that thought stating that she “wants to ensure the individuality of LTC residents in a system “where they could easily fall through the cracks.”

Two Foundation Board Members highlighted how it is an honor and privilege to serve. Cheryl Klimala serves because she “believes in the Mission, and states it is “an honor for me to be part of an organization that protects and advocates for our vulnerable elders.”

Marcie Maffeo, new Board Member of the Foundation said, “The people who sit on this Board are a wonderful breed. They chose to get off the bench and on to the field. I am enriched by being in their company.”

Another retired nurse, Maureen Renaud volunteers because she fears the undermining of the value of personal time spent with patients and wants to continue the advocacy for residents in healthcare facilities.

Pauline McCartney, volunteer ombudsman for over 6 years, summed up her mission as “feeling morally obligated to help fellow human beings who have not been as blessed as she.” There are many individual reasons why these good people give of their time and efforts, but Pauline used the best term...”Blessed”.

As the Board President I want to say that our Organization is blessed with many Volunteers, Staff and Management, Board Members and Sponsors.

Thank you to you all.

Brian Pontolilo
Board President

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The best way to find yourself is to lose yourself in the service of others. ~ Mahatma Gandhi
**Alliance Mission Statement**

Founded in 1979, the Alliance helps protect the rights of elderly and disabled persons who live in long term care settings and those who receive licensed health care or hospice services in the home.

“Our mission is to improve the quality of life and health care of residents of long term care facilities, assisted living facilities, and those who receive licensed health care or hospice in the home.”

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Letter from the Operations Officer

No one who achieves success does so without the help of others. Your continued support and commitment has meant so much to the staff at the Alliance for Better Long Term Care and has exhilarated a lifeline to residents residing in long term care.

Your generosity during these turbulent times has been extraordinarily helpful and will allow us to continue on with our "Mission."

Please accept this note of our sincere appreciation for everything you have done to help us achieve our objectives.

"The future belongs to those who believe in the beauty of their dreams and is tied to the past."

~Eleanor Roosevelt

Warmly,

Joann Leonard
Operations Officer

Alliance Board of Directors

Brian Pontolilo, President
Paula Morris, Vice President
Thomas A. Aguiar, Secretary
Leon Samuelian, Treasurer

Pamela Bibeault, RN
John Harpootian
Rita Martin
Gary Reis
Andrew S. Rosenzweig, MD
Bonnie A. Sekeres
Mark Sjoberg

Staff

Joann Leonard Operations Officer
Annette Manigan Community Liaison
Keri Salinger Administrative Assistant / Building Bridges Coordinator

Sponsors

ABLTC Foundation - Educational Seminars, Fundraising Efforts and Memberships (Individual, Family, Senior, Corporate and Organizational)

Building Bridges Partners
The Fund for Community Progress
Friends and donors
Resident Councils
Combined Federal Campaign
Community Health Charities of New England
SECA

We thank you for your generosity throughout the year.
Dear Friends and Colleagues,

As I write this letter today I have tried to think about how to sum up the activities of the Long Term Care Ombudsman’s office for the past year. I have come to the conclusion that it would be impossible. The first thing I want to say is that I have the best staff in the whole world. They work tirelessly each and every day answering each resident’s call and trying to do the best in situations which are almost impossible to solve. The staff also assist residents’ family members, consumers, agencies, and individuals who have called every other agency and now turn to us. The past year has also brought other challenges; namely, funding. We are very grateful we were able to avoid a large cut in our budget which, if not for colleagues, advocates and elected officials who recognized our office, it would have been severely affected. The Ombudsman Program would have had to lose 2 staff members—1 full and 1 part-time.

There also was some real successes this year as well. We were able to coordinate a seminar in September to assist long term care facilities with understanding the special needs of the Lesbian, Gay, Bisexual, Transgender (LGBT) aging population. This all came about as a result of my working with SAGE and long term care providers to recognize the special needs of an LGBT elder in long term care. It also showed further progress for the enhancement of the LGBT state-wide plan. A voting initiative was developed by the Ombudsman’s office and the Disability Law Center which provided information on the voting rights of long term care residents, especially those with dementia. There was a great deal of misinformation on the part of some nursing home staff on obtaining ballots for residents as well as how to handle the ballots correctly in order for them to preserve their precious right to vote.

This was also the year where the Ombudsman’s office has worked tirelessly to bring our regulations up to the new Federal standards. This is a nation-wide initiative which has been in the making for the past two years. A special thanks to Maureen Maigret who has mentored me and my staff throughout this arduous journey. As the Ombudsman’s office welcomes this new year, I am certain there will be new challenges, but always with much satisfaction for “speaking for those who have no voice.”

Sincerely,

Kathleen Heren

“Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.” ~ Vince Lombardi

Staff for the Office of the
R.I. State Long Term Care Ombudsman

Ombudsmen Committee

Kathleen Heren
Thomas A. Aguiar
Maureen Glynn
Jane Hayward
Robert Rock

Donna Lonschein
Clinical Director, LTCO
Deborah Burton
VOP Training Coordinator, LTCO
Valentine Cerbo
Long Term Care Ombudsman
Diane Gallagher
Nurse Investigator, LTCO
Catherine Gergora
Long Term Care Ombudsman
Renee Miller
Long Term Care Ombudsman
Lorrena Nardi
Long Term Care Ombudsman
Judith Shaw
Long Term Care Ombudsman
In January 2016, the Volunteer Long Term Care Ombudsman Program joined the statewide volunteer recruitment website known as ServeRhodeIsland.org. By posting our volunteer needs on their website we have been able to recruit an additional 11 volunteers so far this year.

*We are grateful to the AIPSO Corporation for their generous donation that covered the cost of our 1 year membership to ServeRhodeIsland.org.*

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**Volunteer Ombudsmen**

*Listening to Elders, Offering Them Hope*

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Between FFY 2014 and FFY 2015 our Volunteer Long Term Care Ombudsmen increased their volunteer hours by almost 19%.

Our preliminary data indicates that our volunteers donated almost 47% MORE hours in FFY 2016.

Each person interested in volunteering must complete an application, come in for an interview, provide three references and have a clean criminal background check. Every volunteer ombudsman must complete a comprehensive 36 hour training program and shadow a senior volunteer before making facility visits on their own.

Volunteer ombudsmen are screened at application and then annually for any potential federal conflicts of interest. Conflicts of interest can include:

- Having a financial interest in: employment, or business association with long term care facilities monitored by the LTCO program;
- Having a family member in a long term care facility monitored by the LTCO program;
- Having direct involvement in the licensing or certification of a long term care facility monitored by the LTCO program: or
- Providing long term care services, including the provision of personnel for long term care facilities, or the operation which controls access to or services for long term care facilities.
Between October 1, 2014 and September 30, 2015 our volunteer ombudsmen were in contact with over 2901 residents, family members and staff. Currently, our volunteer ombudsmen provide services in 124 of the 150 long term care facilities across Rhode Island.

Volunteer ombudsmen may:
- Respond to individual complaints
- Attend resident council meetings
- Attend State survey exit meetings
- Monitor overall conditions in facilities each quarter
- Conduct heat checks during the summer months
- Participate in community education
- Provide an empathetic listening ear to residents at each visit.

In addition to our volunteer ombudsmen we also have an office volunteer who assists the Ombudsman staff with answering the phones, data entry, filing and all around office duties.

Anyone interested in volunteering as a Long Term Care Ombudsman should contact Deborah Burton at 401-785-3340 ext 14 or email DBurton@AllianceBLTC.org.

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A hearty THANK YOU to all of our active volunteers!

Diane Aceto    Elizabeth Kinney    Maureen Renaud
Carolyn Baczenski    Holly Klevas    Lani Ritter
Donna Berard    Chuck Marchand    Kristine Roche
Elizabeth Bisci    Pauline McCartney    Debbie Silva
Kris Dias    Vicki McKinney    Donald Stubbs
William DiPippo    Kathleen Monast    Judith Teple
Elaine Hale    Suzanne Parenteau    Angela von der Lippe
Sharon Jennings    Donica Porter    Ann Yidiaris

To handle yourself use your head, to handle others use your heart
~ Eleanor Roosevelt
Office of the RI State Long Term Care Ombudsman
Affiliations, Organizations, Agencies and Collaborative Relationships

Federal Affiliations
Administration on Aging (AoA)

National Organizations
National Association of State Long Term Care Ombudsman Programs
National Citizens’ Coalition for Nursing Home Reform
National Elder Justice Coalition
National Guardianship Association
The National Consumer Voice for Quality Long Term Care

State Agencies
RI Division of Elderly Affairs (DEA)
RI Department of Human Services (DHS)
Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
RI Department of Health, Division of Facilities Regulation (DOH)
Office of the R.I. Attorney General

Long Term Care Facility Organizations
Eleanor Slater Discharge Planning Committee
Eleanor Slater Hospital Family Council / Zambarano Campus
Eleanor Slater Hospital Family Council / Cranston Campus
RI Veterans Family/Resident Councils

Specific Focus State Organizations
Long Term Care Coordinating Council
Health Care Quality Performance Program FE RLStatewide Alzheimer’s Initiative

Commissions, Organizations and Task Forces
211 Advisory Board
AARP
Cornerstone Volunteer Guardianship Program
Day One
Elderly Affairs Home and Community Advisory Committee
Emergency Preparedness DOH FEMA
Governor’s Disability Commission
Home and Community Base Service (HCBS)
Improving End of Life Coalition, (a project of R.I. State Nurses Assoc.)
Integrated Care Improvement (Dual Eligible's)
Leading Age of R.I.
LogistiCare Advisory Board
LTCCC LGBT Elder Care Subcommittee
Nursing Home Pallative Care Commission - HealthCentric Advisors
Oral Health Commission
RI Assisted Living Association
RI Falls Injury Prevention (DOH)
RI Generations
RI Health Care Association
RI HealthCare Advisory Board (RIHAB) - Healthcentric Advisors
RI Long Term Care Mutual Aide Plan
RI Probate Commission
RI Senior Police Advocates
RIC-TAC Coalition-Senator Whitehouse
Senior Digest Contributor
Silver Haired Legislature
The Senior Resiliency Program (DOH)
The Long Term Care Ombudsman Program is responsible for the receipt, investigation and resolution of complaints filed by residents, or persons acting on their behalf, of long term care facilities and persons receiving home or hospice care. Uniform data on activities of the Long Term Care Ombudsman Program is provided to the federal Administration for Community Living (ACL) which tracks and verifies the work of the Long Term Care Ombudsman Program annually at the close of the Federal Fiscal year. **This information is used to develop federal and state long term care policies.**

The following guidelines are used by the ACL in the nationwide uniform data collection program.

A **Consultation** is providing information and assistance to an individual or a facility. Calls reporting incidents or seeking advice but not requiring ombudsman involvement are counted as consultations to individuals or facilities but not included in the national complaint system.

**Total Consultations to Individuals in FY 2015 = 1218**

Top 3 Most Frequent requests/needs of Individuals:

1. Choices/Options for Placement
2. Discharge/ Transfer Activities
3. Financial

**Total Consultations to Facilities in FY 2015= 3946**

Top 3 Most Frequent requests/needs of Facilities:

1. Adult Protections
2. Family
3. Behaviors

A **Case** is each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up. Each Case has one or more **Complaints.**

**Total number of Cases Opened in FY 2015 = 581**

**Total number of Cases Closed in FY 2015 = 599**

There are **89** nursing homes and **62** Assisted Living facilities with a combined total of **13,550** beds in Rhode Island. **Each** of the full time paid Ombudsmen have **1652** long term care beds to monitor.
A **Complaint** is a concern brought to, or initiated by, the ombudsman for investigation and action (a) on behalf of one or more residents and (b) relating to the health, safety, welfare or rights of a resident. One or more complaints constitute a case.

### FFY 2015 Ombudsman

The information presented was verified by ACL 3/30/15 for

Based on our increased presence in facilities, we have been able to work with staff to avoid issues which could lead to resident complaints.
Program Statistics
Federal Fiscal Year 2015 (10/1/2014-9/30/2015)

Ombudsmen always attempt to verify complaints, but they work to resolve a complaint to the residents satisfaction, whether it is verified or not. The ACL definition of Verified: It is determined after work (interviews, record inspection, observation, etc.) that the circumstances described in the complaint are generally accurate.

An Ombudsman Complaint Verification is NOT the same as a complaint verified by the Department of Health.

### Number of Complaints vs Verified by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Complaints Received</th>
<th>Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Facility</td>
<td>591</td>
<td>226</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>196</td>
<td>68</td>
</tr>
<tr>
<td>Other Settings</td>
<td>44</td>
<td>10</td>
</tr>
</tbody>
</table>

### Disposition:

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Nursing Facility</th>
<th>Assisted Living</th>
<th>Other Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which were resolved to the satisfaction of resident or complainant</td>
<td>213</td>
<td>69</td>
<td>15</td>
</tr>
<tr>
<td>Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation</td>
<td>16</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Complaints which were referred to other agency for resolution and:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) report of final disposition was not obtained</td>
<td>111</td>
<td>32</td>
<td>11</td>
</tr>
<tr>
<td>2) other agency failed to act on complaint</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3) agency did not substantiate complaint</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Complaints which no action was needed or appropriate</td>
<td>114</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td>Which were partially resolved but some problem remained</td>
<td>65</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>Complaints which were not resolved to satisfaction of resident or complainant</td>
<td>65</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Total, by type of facility or setting</td>
<td>564</td>
<td>196</td>
<td>44</td>
</tr>
</tbody>
</table>
The Ombudsman office received a referral from a local State Representative who while visiting a long-term care facility had been asked by a resident to assist him with a situation. The resident told the State Rep that he no longer could afford to live at the facility and as a result had received a letter stating he owed several thousand dollars. The State Rep met with Kathleen Heren, State Long Term Care Ombudsman to discuss the resident’s situation. Kathleen said she would assist the resident and help him sort out a solution. A staff ombudsman was immediately assigned and visited with the resident the same day. The resident was very relieved to receive the assistance. He explained the reason for his debt was due to the fact he had only been paying the facility what he could afford on a monthly basis, subsequently accruing the difference as debt. He explained that although he had nothing in writing, the amount he had been paying had been verbally approved by the previous administrator “a long time ago” and it was not until recently that he started receiving bills for the difference owed. He further explained that when he was admitted a few years back he had told the then administrator he would not be able to afford to live there long-term, he would run out of money. He explained he was assured not to worry. He said it was eventually determined that he could not return home. In order to stay permanently he realized he would need to pay a lesser amount monthly or find another facility. According to the resident, this is when the previous administrator told him he would never be “thrown out” and they agreed on a lesser amount which was affordable. This “agreement” lasted for as long as that administrator worked there. The resident shared with the ombudsman that he felt that no one believed him and the thought of moving was absolutely devastating. He said he had made this facility his home and was very comfortable living there, he had made some friends and enjoyed his surroundings. He does not have any family to assist him in sorting out this situation or to help him find a new place to live so this is overwhelming him. He did share that he had a couple of friends that may help him move. He was assured by the ombudsman that he would receive assistance and he would not go through it alone. The ombudsman discussed with the resident about being realistic in terms of affordability going forward and that he may need to start looking for a new place to live. He is alert and oriented and capable of making his own decisions. He stated he recently spoke with a friend, who is an attorney, who told him due to the fact that he had nothing in writing that stated he can pay a lesser amount, the facility is in their right to force him to move and bill him for the amount owed. The resident’s income allows him to qualify for the Medicaid Waiver Program, which the ombudsman explained to him in detail. He was saddened to learn that if he goes on the Medicaid Waiver he will be limited in how much spending money he will receive each month, he would have to live on a tighter budget, but he agreed to start looking for a new facility and said he did not want to keep fighting this fight if he was only going to be “thrown out” in the end. In the meantime, the ombudsman gave the resident the contact information for the Rhode Island Disability Law Center (RIDLC) and explained how they may be able to assist him legally. Additionally, he gave the ombudsman permission to speak with the administrator.
Hoping for clarification with this situation, the ombudsman spoke at length with the current administrator regarding the history of this situation. The administrator explained that the resident refuses to leave on the stance that he had an agreement with the previous administrator, however, she denied that there was any such agreement. The ombudsman inquired as to why a 30-Day notice was never issued due to non-payment. The administrator said that the facility had decided to wait and try to work with the resident as they did not want to upset him, and that they have been trying to work with him but have unfortunately made no headway, so they are now forced to start submitting him bills and possibly will move forward with an eviction. The facility had recently issued the resident what was described as an "internal letter/5-Day notice" regarding the delinquency. The ombudsman suggested some interventions to begin finding placement for the resident; the administrator agreed to speak with the resident and find out where he would like to go.

After a new facility was chosen by the resident he was put on a waiting list and assessments and paperwork were completed. He was told by the new facility there were only a few people ahead of him on the waiting list so he gave a deposit. Shortly thereafter the administrator from the current facility called the ombudsman to explain that their legal department was considering issuing an eviction notice to the resident "just in case" this process takes a lot longer than anticipated, meaning the time it takes the resident to actually move. When asked why it would be necessary seeing arrangement had been made for him to move, the administrator said the facility had been patient in allowing him to stay and the legal department feels if the new facility does not admit him soon he'll need to find another place to go. The other piece to this was the fact that the resident still owed the facility a significant amount of money. The ombudsman told the administrator that she would need to issue a 30-day notice according to the regulations, to which she said she would need to discuss with her legal department. The ombudsman also reminded the administrator that it was difficult to find a facility considering the resident needs a waiver and that any discharge would need to be a safe one.

The resident called the Ombudsman office the next day, he was very upset that he had received a court summons by mail and also was served the papers by a constable. The papers explained that he needed to vacate the facility as well as pay them the amount owed in back rent. The resident asked again for ombudsman intervention. The resident was reminded that he could call the RIDLC and ask if they could help him. The ombudsman called the administrator and asked for a copy of the notice, she said she did not have it as it came from the court. When asked why they did not issue a standard 30-day notice she said she did not know, she would check with their legal department. When asked why they served the resident seeing resident had plans in place to leave soon, she said it was the legal department's decision. Kathleen Heren spoke with the legal department and was told they had to issue the summons for their own protection.

In the end the resident did call upon the RIDLC and one of their attorneys agreed to take his case. The attorney attended court with the resident and the case was soon after closed with the facility agreeing to forgive the debt without any prejudice to the resident. The attorney spoke with the resident and the ombudsman afterwards explaining that the resident, if he had chosen to stay at the facility, would have possibly had a chance as the facility had, for a good length of time, been accepting the amount of money he gave them each month without question, and during most of that time they did nothing (legally). The resident was very pleased with the outcome and although it was a difficult decision, he ultimately decided to move to the new facility.

Do or do not, there is no try. ~ Yoda
Since 1985, Rhode Island school children have participated in our intergenerational visitation program that unites school-aged children and teens with nursing home residents in planned, supervised visits and special social events held throughout the regular school year.

Our program has successfully reduced the isolation of nursing home residents and helped hundreds of young people become more aware of the existence and the needs of older citizens. They also learn about the rewards of volunteering and often develop supportive long-term relationships with an elder.

We match the nursing home with the participating school and provide orientation/training to staff and to students. We also coordinate the program, and host special events for all participating students and residents.

The residents participate in each visitation which range from weekly, bi-weekly or monthly. Under the direction of the facility's activities director, the students and residents participate in various fun activities such as basketball, balloon volleyball or arts and crafts. The students also participate in outside events such as fishing and apple picking.

**Building Bridges Affiliations**

- Rhode Island Nursing Homes
- National Assoc. for the Education of Young Children
- RI Early Childhood Assoc For the Education of Young Children
- Ocean Tides Schools Narragansett & Providence Campus
- Harmony Hill School
- RI Homeschoolers
- St. Pius X School

**Annual Picnic**

A special thank you to Ocean Tides School for hosting our annual picnic! It was a perfect sunny day and a great time was had by all!
This year Our Building Bridges program was asked to take part in the “Red Nose Day” campaign. The organization wanted to highlight the ‘great inter-generational sense of community that the Building Bridges Program provides”. A video was created of the children from St Pius X School and the residents of Westerly Health Centre enjoying a red flair, red nose day filled afternoon of games and activities. The video would post on the Red Nose Day website leading up to the NBC live broadcast to help raise awareness for this great program. It was a very exciting day, we were honored to be a part of such a wonderful cause.
Residents’ Rights Month is an annual event, held in October, designated by the National Consumer Voice for Quality Long Term Care to honor residents living in all long-term care (LTC) facilities, including nursing homes and assisted living facilities. It is a time for celebration and recognition. This is an opportunity for every facility to focus on and celebrate awareness of dignity, respect and the value of each individual resident. The theme for Residents’ Rights Month 2016 was, "My Vote Matters" with the goal of highlighting residents' right to vote and participate in the political process.

In celebration of Residents’ Rights Month 2016: My Vote Matters, the Alliance for Better Long Term Care, Rhode Island’s Long Term Care Ombudsman Program and the Rhode Island Disability Law Center - Rhode Island’s Protection and Advocacy agency for people with disabilities, partnered in providing information about voting rights and voting resources to assist facilities in fulfilling their duty to support the voting rights of their residents. Detailed informational materials were developed and mailed out to all nursing homes and assisted living facilities.

Long Term Care Ombudsman Lorrena Nardi worked diligently with RI Disability Law Center on this year's Resident Rights Project. Her hard work paid off ... and the project was featured on the National Consumer Voice for Quality Long Term Care’s website.

As the Rhode Island State Ombudsman for Long Term Care, our staff and volunteers advocate for those whose rights have been violated; e.g., victims of abuse, neglect, abandonment, or financial exploitation. **We Watch. We Listen. We Act. We Care.**