

	A	B
1	<b>Part I - Cases, Complainants and Complaints</b>	
2	<b>A. Cases Opened</b>	
3		
4	Provide the total number of cases opened during reporting period.	415
5		
6	<i>Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.</i>	

	A	B	C	D
1	<b>Part I - Cases, Complainants and Complaints</b>			
2	<b>B. Cases Closed, by Type of Facility</b>			
3				
4	Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.			
5	<i>Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.</i>			
6				
7	<b>Complainants:</b>	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.*</b>	<b>Other Settings</b>
8				
9	1. Resident	46	23	1
10	2. Relative/friend of resident	109	21	12
11	3. Non-relative guardian, legal representative	4	2	0
12	4. Ombudsman/ombudsman volunteer	13	5	0
13	5. Facility administrator/staff or former staff	68	13	7
14	6. Other medical: physician/staff	24	1	1
15	7. Representative of other health or social service agency or program	14	6	6
16	8. Unknown/anonymous	20	9	2
17	9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	3	4	1
18				
19	Total number of cases closed during the reporting period:		415	
20				
21	* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated			

	A	B
1	<b>Part I - Cases, Complainants and Complaints</b>	
2	<b>C. Complaints Received</b>	
3		
4	For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	570
5		
6		
7	<i>Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.</i>	

	A	B	C	D
1	<b>Part I - Cases, Complainants and Complaints</b>			
2	<b>D. Types of Complaints, by Type of Facility</b>			
3				
4	Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.			
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
6	<b>Residents' Rights</b>			
7	<b>A. Abuse, Gross Neglect, Exploitation</b>			
8	1.	Abuse, physical (including corporal punishment)	13	2
9	2.	Abuse, sexual	7	1
10	3.	Abuse, verbal/psychological (including punishment, seclusion)	13	8
11	4.	Financial exploitation (use categories in section E for less severe financial complaints)	4	3
12	5.	Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	23	6
13	6.	Resident-to-resident physical or sexual abuse	1	1
14	7.	Not Used		
15	<b>B. Access to Information by Resident or Resident's Representative</b>			
16	8.	Access to own records	2	0
17	9.	Access by or to ombudsman/visitors	1	1
18	10.	Access to facility survey/staffing reports/license	0	0
19	11.	Information regarding advance directive	0	0
20	12.	Information regarding medical condition, treatment and any changes	1	0
21	13.	Information regarding rights, benefits, services, the resident's right to complain	2	0
22	14.	Information communicated in understandable language	0	0
23	15.	Not Used		
24	<b>C. Admission, Transfer, Discharge, Eviction</b>			
25	16.	Admission contract and/or procedure	2	0
26	17.	Appeal process - absent, not followed	0	0
27	18.	Bed hold - written notice, refusal to readmit	3	0
28	19.	Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment	11	4
29	20.	Discrimination in admission due to condition, disability	0	0
30	21.	Discrimination in admission due to Medicaid status	0	1
31	22.	Room assignment/room change/intrafacility transfer	5	3
32	23.	Not Used		
33	<b>D. Autonomy, Choice, Preference, Exercise of Rights, Privacy</b>			
34	24.	Choose personal physician, pharmacy/hospice/other health care provider	1	0
35	25.	Confinement in facility against will (illegally)	4	1
36	26.	Dignity, respect - staff attitudes	7	4
37	27.	Exercise preference/choice and/or civil/religious rights, individual's right to smoke	6	6
38	28.	Exercise right to refuse care/treatment	1	2
39	29.	Language barrier in daily routine	1	0
40	30.	Participate in care planning by resident and/or designated surrogate	1	0

	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
41		31. Privacy - telephone, visitors, couples, mail	2	0
42		32. Privacy in treatment, confidentiality	5	2
43		33. Response to complaints	1	2
44		34. Reprisal, retaliation	2	0
45		35. Not Used		
46		<b>E. Financial, Property (Except for Financial Exploitation)</b>		
47		36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	6	1
48		37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	3	1
49		38. Personal property lost, stolen, used by others, destroyed, withheld from resident	12	4
50		39. Not Used		
51				
52		<b>Resident Care</b>		
53		<b>F. Care</b>		
54		40. Accidental or injury of unknown origin, falls, improper handling	17	1
55		41. Failure to respond to requests for assistance	21	3
56		42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	10	2
57		43. Contracture	0	0
58		44. Medications - administration, organization	24	8
59		45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	16	3
60		46. Physician services, including podiatrist	6	0
61		47. Pressure sores, not turned	3	0
62		48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	14	0
63		49. Toileting, incontinent care	7	1
64		50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	4	0
65		51. Wandering, failure to accommodate/monitor exit seeking behavior	0	3
66		52. Not Used		
67		<b>G. Rehabilitation or Maintenance of Function</b>		
68		53. Assistive devices or equipment	2	0
69		54. Bowel and bladder training	0	0
70		55. Dental services	0	1
71		56. Mental health, psychosocial services	1	1
72		57. Range of motion/ambulation	1	1
73		58. Therapies - physical, occupational, speech	2	0
74		59. Vision and hearing	0	1
75		60. Not Used		
76		<b>H. Restraints - Chemical and Physical</b>		
77		61. Physical restraint - assessment, use, monitoring	0	0
78		62. Psychoactive drugs - assessment, use, evaluation	2	0
79		63. Not Used		
80				

	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
81	<b>Quality of Life</b>			
82	<b>I. Activities and Social Services</b>			
83		64. Activities - choice and appropriateness	1	2
84		65. Community interaction, transportation	0	0
85		66. Resident conflict, including roommates	0	2
86		67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	0	0
87		68. Not Used		
88	<b>J. Dietary</b>			
89		69. Assistance in eating or assistive devices	2	0
90		70. Fluid availability/hydration	0	0
91		71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	3	4
92		72. Snacks, time span between meals, late/missed meals	1	0
93		73. Temperature	0	0
94		74. Therapeutic diet	0	0
95		75. Weight loss due to inadequate nutrition	2	0
96		76. Not Used		
97	<b>K. Environment</b>			
98		77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise	7	5
99		78. Cleanliness, pests, general housekeeping	9	5
100		79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	4	2
101		80. Furnishings, storage for residents	1	1
102		81. Infection control	3	1
103		82. Laundry - lost, condition	2	0
104		83. Odors	0	1
105		84. Space for activities, dining	0	0
106		85. Supplies and linens	3	0
107		86. Americans with Disabilities Act (ADA) accessibility	0	0
108				
109	<b>Administration</b>			
110	<b>L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)</b>			
111		87. Abuse investigation/reporting, including failure to report	1	0
112		88. Administrator(s) unresponsive, unavailable	0	0
113		89. Grievance procedure (use C for transfer, discharge appeals)	0	0
114		90. Inappropriate or illegal policies, practices, record-keeping	0	0
115		91. Insufficient funds to operate	0	0
116		92. Operator inadequately trained	0	0
117		93. Offering inappropriate level of care (for B&C/similar)	0	0
118		94. Resident or family council/committee interfered with, not supported	0	0
119		95. Not Used		
120	<b>M. Staffing</b>			
121		96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	0	0

	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
122		97. Shortage of staff	10	1
123		98. Staff training	3	0
124		99. Staff turn-over, over-use of nursing pools	1	0
125		100. Staff unresponsive, unavailable	14	1
126		101. Supervision	1	0
127		102. Eating Assistants	0	0
128				
129	<b>Not Against Facility</b>			
130	<b>N. Certification/Licensing Agency</b>			
131		103. Access to information (including survey)	0	0
132		104. Complaint, response to	0	0
133		105. Decertification/closure	0	0
134		106. Sanction, including Intermediate	0	0
135		107. Survey process	0	0
136		108. Survey process - Ombudsman participation	0	0
137		109. Transfer or eviction hearing	0	0
138		110. Not Used		
139	<b>O. State Medicaid Agency</b>			
140		111. Access to information, application	1	0
141		112. Denial of eligibility	0	1
142		113. Non-covered services	1	0
143		114. Personal Needs Allowance	1	0
144		115. Services	0	0
145		116. Not Used		
146	<b>P. System/Others</b>			
147		117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	29	4
148		118. Bed shortage - placement	0	0
149		119. Facilities operating without a license	0	0
150		120. Family conflict; interference	19	1
151		121. Financial exploitation or neglect by family or other not affiliated with facility	25	6
152		122. Legal - guardianship, conservatorship, power of attorney, wills	8	2
153		123. Medicare	0	0
154		124. Mental health, developmental disabilities, including PASRR	0	1
155		125. Problems with resident's physician/assistant	0	0
156		126. Protective Service Agency	0	0
157		127. SSA, SSI, VA, Other Benefits/Agencies	0	0
158		128. Request for less restrictive placement	0	0
159	<b>Total, categories A through P</b>		422	118
160				
161	<b>Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)</b>			
162		129. Home care	28	
163		130. Hospital or hospice	2	

	A	B	C	D
5			<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>
164		131. Public or other congregate housing not providing personal care	0	
165		132. Services from outside provider (see instructions)	0	
166		133. Not Used		
167		<b>Total, Heading Q.</b>	30	
168				
169		<b>Total Complaints*</b>	570	
170				
171		* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)		



	A	B	C	D	E	F
1	<b>Part I - Cases, Complainants and Complaints</b>					
2	<b>E. Action on Complaints</b>					
3						
4	Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.					
5				<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>	<b>Other Settings</b>
6	1. Complaints which were verified:			191	55	14
7						
8	<i>Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.</i>					
9						
10	2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:					
11	a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section) <input type="checkbox"/>			0	0	0
12	b. Which were not resolved* to satisfaction of resident or complainant <input type="checkbox"/>			35	7	1
13	c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation <input type="checkbox"/>			11	4	0
14	d. Which were referred to other agency for resolution and: <input type="checkbox"/>					
15	1) report of final disposition was not obtained			99	34	12
16	2) other agency failed to act on complaint			1	0	0
17	3) agency did not substantiate complaint			2	0	0
18	e. For which no action was needed or appropriate <input type="checkbox"/>			74	16	0
19	f. Which were partially resolved* but some problem remained <input type="checkbox"/>			56	10	5
20	g. Which were resolved* to the satisfaction of resident or complainant			144	47	12
21						
22	<b>Total, by type of facility or setting</b>			422	118	30
23						
24	<b>Grand Total (Same number as that for total complaints on pages 1 and 7)</b>					570
25						
26	<i>* Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.</i>					
27						
28	3. Legal Assistance/Remedies (Optional) - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.					
29						
30	Facility Type BC: a=0, b=0, c=0 and d=0 Facility Type NF: a=0, b=0, c=0 and d=0 Facility Type OT: a=0, b=0, c=0 and d=0					

1 **Part I - Cases, Complainants and Complaints**2 **F. Complaint Description (Optional):**

3

4 Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

5

## ADVOCATES CAN CHANGE THE SYSTEM

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 stay permanently he realized 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 and to move 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" stating 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-

6

1 **Part II - Major Long-Term Care Issues**

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem and barriers to resolution, and b) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State. Examples of major long-term care issues may include facility closures, planning for alternatives to institutional care, transition of residents to less restrictive settings, etc.

2

3

## Part II – Major Long-Term Care Issues

During this past year the biggest challenge I met was trying to close the gap in the understanding of the unique needs of the aging Lesbian, Gay, Bi-Sexual, Transgender (LGBT) population who are now receiving long term care services. Rhode Island, having one of the largest percentages of elders, will also have a larger influx of LGBT elders who will be in need of services. Rhode Island was successful in legalizing gay marriage three years ago. There also was a state-wide plan written for the LGBT population. The organization Sage which represents them had a strong advocate in Elizabeth Roberts our past Lt. Governor. Many work groups for LGBT individuals were held; this is how the state-wide plan was crafted.

As in most states when a new slate of officers are elected, priorities of the leaders change. Our new Lt. Governor was not from a healthcare background; Elizabeth Roberts was; so his projects were not related to healthcare issues. What is also unique is the person who serves as the Lt. Governor in Rhode Island also chairs the Long Term Care Council which meets monthly. Even though Sage was attending the Long Term Council meetings, nothing was being done to enhance the LGBT state-wide plan. My office has also been receiving calls from long term care facilities to assist them with transgender residents. One of the Long Term Council members that heads up the PACE organization, formed a committee that would not only add to the state-wide plan services, but also create a pathway for the aging LGBT population to navigate the long term care system.

Rhode Island may have passed a law allowing for gay right marriage, but really had no plan to dispel the myths Rhode Islanders have about the LGBT community. Our committee meets once a month and tries to address the broad spectrum of the LGBT aging population. The two hardest challenges I have faced is trying to integrate the two populations. Long term care workers can just about accept sexual intimacy between an elderly man and a woman never mind other types of relationships. The LGBT community want everything right away and at times try to rush into the long term care system like a tornado.

It has been my plan to work with each group separately finding baby steps to make this new concept work. In September a seminar was run; its sole purpose was to invite the long term care community listen to speakers from the LGBT community who for the most part work in the medical field. They spoke on the challenges their members face when trying to co-exist in long term care facilities. The turnout was not as large as I would have liked, but it was a start. I am hoping this will open the lines of communication and a better understanding amid the two groups. It would be nice if Sage could provide in-service training for facilities on how to care for a LGBT resident or provide a mentor for a resident who will only feel comfortable speaking with a LGBT person that they can relate with. It will be an on-going battle, but one I am willing to keep focused on.

4

	A	B	C	D
1	<b>Part III - Program Information and Activities</b>			
2	<b>A. Facilities and Beds:</b>			
3	ALERT: AoA recommends that your program regularly enter into your data collection system all licensed facilities and beds in your state covered by your program and keep this information updated. In the event this is not being done in your program, the totals for Part III.A should be obtained from an outside source, such as the state licensing agency, and entered into the ORT manually.			
4	1. How many nursing facilities are licensed in your State?			89
5	2. How many beds are there in these facilities?			9,128
6	3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.			
7	Eleanor Slater Hospital is operated through the State of Rhode Island's Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). The hospital provides long term acute and post-acute hospital level of care to individuals with complex medical and psychiatric needs. The Ombudsman is the advocate for the residents in the Regan Building at the Cranston campus and the entire Zambarano Unit in Burrillville, Rhode Island. All remaining individuals who have severe and persistent mental illness are served by the Rhode Island Mental Health Advocate. Regan Building 36 beds Zambaranno Building 104 beds TOTAL 140 beds			
8				
9	a) How many of the board and care and similar adult care facilities described above are regulated in your State?			60
10	b) How many beds are there in these facilities?			4,392

	A	B	C	D	E
1	<b>Part III - Program Information and Activities</b>				
2	<b>B. Program Coverage</b>				
3					
4	<i>Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.</i>				
5					
6	<b>B.1. Designated Local Entities</b>				
7					
8	Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:				
9					
10	<b>Local entities hosted by:</b>				
11		Area agency on aging		0	
12		Other local government entity		0	
13		Legal services provider		0	
14		Social services non-profit agency		0	
15		Free-standing ombudsman program		0	
16		Regional office of State ombudsman program		0	
17		Other; specify:		0	
18					
19					
20		Total Designated Local Ombudsman Entities		0	
21					
22	<b>B.2. Staff and Volunteers</b>				
23					
24	Provide numbers of staff and volunteers, as requested, at state and local levels.				
25		<b>Type of Staff</b>	<b>Measure</b>	<b>State Office</b>	<b>Local Programs</b>
26		Paid program staff	FTEs	8.00	0.00
27			Number people working full-time on ombudsman program	5	0
28		Paid clerical staff	FTEs	0.75	0.00
29		Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	23	0
30		Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	1,127	0
31	<i>Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.</i>				
32		Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	1	0

A	B	C	D
1	<b>Part III - Program Information and Activities</b>		
2	<b>C. Program Funding</b>		
3			
4	Provide the amount of funds expended during the fiscal year from each source for your statewide program:		
5			
6	Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman		\$82,926
7	Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention		\$0
8	Federal - OAA Title III provided at State level		\$43,832
9	Federal - OAA Title III provided at AAA level		\$0
10	Other Federal; specify:		\$212,650
11	Other Fed: Medicaid Match \$198,250 Medicaid Match STAFF \$14,400		
12	State funds		\$299,400
13	Local; specify:		\$39,206
14	ABLTC Foundation		
15			
16	<b>Total Program Funding</b>		\$678,014

	A	B	C	D
1	<b>Part III - Program Information and Activities</b>			
2	<b>D. Other Ombudsman Activities</b>			
3				
4	Provide below and on the next page information on ombudsman program activities other than work on complaints.			
5				
6	<b>Activity</b>	<b>Measure</b>	<b>State</b>	<b>Local</b>
7		Number sessions	41	0
8		Number hours	299	0
9		Total number of trainees that attended any of the training sessions above (duplicated count)	111	0
10	<b>1. Training for ombudsman staff and volunteers</b>		Ombudsman Program Requirements	
11		3 most frequent topics for training	Initial Volunteer Training/Certification	
12			Long Term Care	
13	<b>2. Technical assistance to local ombudsmen and/or volunteers</b>	Estimated percentage of total staff time	5	0
14		Number sessions	15	0
15			Resident Rights	
16	<b>3. Training for facility staff</b>	3 most frequent topics for training	Ombudsman Advocacy Services	
17			Sensitivity Training	
18			Adult Protections	
19	<b>4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)</b>	3 most frequent areas of consultation	Family	

	A	B	C	D
6	Activity	Measure	State	Local
20			Behaviors	
21		Number of consultations	3,371	0
22			Choices/Options for Placement	
23	<b>5. Information and consultation to individuals (usually by telephone)</b>	3 most frequent requests/needs	Ombudsman Advocacy Services	
24			Discharge/Transfer Activities	
25		Number of consultations	1,068	0
26	<b>6. Facility Coverage (other than in response to complaint) *</b>	Number Nursing Facilities visited (unduplicated)	82	0
27		Number Board and Care (or similar) facilities visited (unduplicated)	52	0
28	<b>7. Participation in Facility Surveys</b>	Number of surveys	11	0
29	<b>8. Work with resident councils</b>	Number of meetings attended	2	0
30	<b>9. Work with family councils</b>	Number of meetings attended	0	0
31	<b>10. Community Education</b>	Number of sessions	70	0
32			Communications	
33		3 most frequent topics		
34	<b>11. Work with media</b>			
35		Number of interviews/discussions	0	0
36		Number of press releases	12	0



	A	B	C	D
6	Activity	Measure	State	Local
37	<b>12. Monitoring/work on laws, regulations, government policies and actions</b>	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	27	0
38	* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."			