Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.	2,258

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.

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part I.B

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part I - Cases, Complainants and Complaints

B. Cases Closed, by Type of Facility

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

Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	384	551	17
2. Relative/friend of resident	215	342	6
3. Non-relative guardian, legal representative	4	5	0
4. Ombudsman/ombudsman volunteer	90	173	0
5. Facility administrator/staff or former staff	64	133	2
6. Other medical: physician/staff	17	27	0
7. Representative of other health or social service agency or program	11	16	0
8. Unknown/anonymous	10	27	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	0	0	0

Total number of cases closed during the reporting period: 2,094

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

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part I - Cases, Complainants and Complaints

C. Complaints Received

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:	3,059

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.

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part I.D

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part I - Cases, Complainants and Complaints

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of complaints for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Residents' Rights	**Nursing Facility**	**B&C, ALF, RCF, etc.**
A. Abuse, Gross Neglect, Exploitation		
1. Abuse, physical (including corporal punishment)	6	17
2. Abuse, sexual	1	2
3. Abuse, verbal/psychological (including punishment, seclusion)	9	25
4. Financial exploitation (use categories in section E for less severe financial complaints)	2	7
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	61	81
6. Resident-to-resident physical or sexual abuse	3	9
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	4	5
9. Access by or to ombudsman/visitors	13	24
10. Access to facility survey/staffing reports/license	0	6
11. Information regarding advance directive	0	0
12. Information regarding medical condition, treatment and any changes	13	10
13. Information regarding rights, benefits, services, the resident's right to complain	4	12
14. Information communicated in understandable language	0	1
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	5	2
17. Appeal process - absent, not followed	0	0

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Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

18. Bed hold - written notice, refusal to readmit	5	7
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonme	61	133
20. Discrimination in admission due to condition, disability	0	0
21. Discrimination in admission due to Medicaid status	0	1
22. Room assignment/room change/intrafacility transfer	15	10
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	2	2
25. Confinement in facility against will (illegally)	4	12
26. Dignity, respect - staff attitudes	44	61
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	30	24
28. Exercise right to refuse care/treatment	7	4
29. Language barrier in daily routine	2	2
30. Participate in care planning by resident and/or designated surrogate	4	8
31. Privacy - telephone, visitors, couples, mail	9	19
32. Privacy in treatment, confidentiality	2	11
33. Response to complaints	4	8
34. Reprisal, retaliation	2	11
35. Not Used		
E. Financial, Property (Except for Financial Exploitation)		
36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	23	68
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	7	23
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	28	56
39. Not Used		

Resident Care

F. Care

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

40. Accidental or injury of unknown origin, falls, improper handling	39	57
41. Failure to respond to requests for assistance	87	40
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	43	60
43. Contracture	1	0
44. Medications - administration, organization	56	89
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	48	37
46. Physician services, including podiatrist	0	4
47. Pressure sores, not turned	8	6
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	47	39
49. Toileting, incontinent care	26	21
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced us	2	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	3	8
52. Not Used		
G. Rehabilitation or Maintenance of Function		
53. Assistive devices or equipment	23	31
54. Bowel and bladder training	0	2
55. Dental services	3	1
56. Mental health, psychosocial services	1	5
57. Range of motion/ambulation	6	2
58. Therapies - physical, occupational, speech	18	3
59. Vision and hearing	4	7
60. Not Used		
H. Restraints - Chemical and Physical		
61. Physical restraint - assessment, use, monitoring	2	1
62. Psychoactive drugs - assessment, use, evaluation	0	3
63. Not Used		

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part I.D

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness	5	21
65. Community interaction, transportation	9	23
66. Resident conflict, including roommates	17	29
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	5	5
68. Not Used		

J. Dietary

69. Assistance in eating or assistive devices	5	10
70. Fluid availability/hydration	11	4
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	56	109
72. Snacks, time span between meals, late/missed meals	8	8
73. Temperature	7	5
74. Therapeutic diet	8	13
75. Weight loss due to inadequate nutrition	4	7
76. Not Used		

K. Environment

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noi	32	32
78. Cleanliness, pests, general housekeeping	26	43
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	49	48
80. Furnishings, storage for residents	11	5
81. Infection control	11	6
82. Laundry - lost, condition	1	9
83. Odors	9	18
84. Space for activities, dining	0	0
85. Supplies and linens	2	6
86. Americans with Disabilities Act (ADA) accessibility	1	5

Administration

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part I.D

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)		
87. Abuse investigation/reporting, including failure to report	0	5
88. Administrator(s) unresponsive, unavailable	2	12
89. Grievance procedure (use C for transfer, discharge appeals)	0	2
90. Inappropriate or illegal policies, practices, record-keeping	11	24
91. Insufficient funds to operate	0	4
92. Operator inadequately trained	0	1
93. Offering inappropriate level of care (for B&C/similar)	1	0
94. Resident or family council/committee interfered with, not supported	0	0
95. Not Used		
M. Staffing		
96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	0	4
97. Shortage of staff	22	43
98. Staff training	10	17
99. Staff turn-over, over-use of nursing pools	0	5
100. Staff unresponsive, unavailable	20	31
101. Supervision	5	2
102. Eating Assistants	2	0
Not Against Facility		
N. Certification/Licensing Agency		
103. Access to information (including survey)	0	0
104. Complaint, response to	0	0
105. Decertification/closure	0	1
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0

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Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

110. Not Used		
O. State Medicaid Agency		
111. Access to information, application	2	1
112. Denial of eligibility	5	9
113. Non-covered services	1	3
114. Personal Needs Allowance	1	2
115. Services	4	11
116. Not Used		
P. System/Others		
117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	0	4
118. Bed shortage - placement	11	17
119. Facilities operating without a license	0	0
120. Family conflict; interference	14	31
121. Financial exploitation or neglect by family or other not affiliated with facility	15	23
122. Legal - guardianship, conservatorship, power of attorney, wills	16	38
123. Medicare	4	6
124. Mental health, developmental disabilities, including PASRR	0	2
125. Problems with resident's physician/assistant	5	8
126. Protective Service Agency	3	5
127. SSA, SSI, VA, Other Benefits/Agencies	3	7
128. Request for less restrictive placement	8	4
Total, categories A through P	1,229	1,805

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

129. Home care	2
130. Hospital or hospice	2
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	21

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133. Not Used	
Total, Heading Q.	25
Total Complaints*	3,059

* (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.)

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part I.E

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part I - Cases, Complainants and Complaints

E. Action on Complaints

Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.

	Nursing Facility	B&C, ALF, RCF, etc.	Other Settings
1. Complaints which were verified:	735	1,170	19

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

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

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	3	4	0
b. Which were not resolved* to satisfaction of resident or complainant	27	51	2
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	77	104	1
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	1	10	0
2) other agency failed to act on complaint	11	23	0
3) agency did not substantiate complaint	132	153	1
e. For which no action was needed or appropriate	332	433	5
f. Which were partially resolved* but some problem remained	86	143	1
g. Which were resolved* to the satisfaction of resident or complainant	560	884	15
Total, by type of facility or setting	1,229	1,805	25

Grand Total (Same number as that for total complaints on pages 1 and 7 3,059

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

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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.

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part I - Cases, Complainants and Complaints

F. Complaint Description (Optional):

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.

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Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

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.

As in FFY 2010, medicaid move out issues continue to be a top concern for our Agency. We participated in a system-wide creation of a handbook for providers which outlines specific process around resident rights and medicaid move out rules. We are pleased that the handbook has recently been published and we are assisting in statewide distribution to providers.

In addition, our Agency recently conducted a webinar for providers titled "Ask the Ombudsman" which reviewed the specifics regarding medicaid move outs for providers.

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part III.A

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part III - Program Information and Activities

A. Facilities and Beds:

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.

1. How many nursing facilities are licensed in your State?	141
2. How many beds are there in these facilities?	12,285

3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.

No change in general but the Agency is prioritizing visits to the over 1900 adult foster homes in the state.

a) How many of the board and care and similar adult care facilities described above are regulated in your State?	2,182
b) How many beds are there in these facilities?	31,568

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part III - Program Information and Activities

B. Program Coverage

Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.

B.1. Designated Local Entities

Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

Local entities hosted by:

Area agency on aging	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	21
Other; specify:	0

Total Designated Local Ombudsman Entities: 21

B.2. Staff and Volunteers

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

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Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	7.50	0.00
	Number people working full-time on ombudsman program	7	0
Paid clerical staff	FTEs	2.75	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	0	174
Number of Volunteer hours donated	Total number of hours donated by certified volunteer Ombudsmen	0	23,109
Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	23

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part III.C

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part III - Program Information and Activities

C. Program Funding

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

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	$176,162
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Preventior	$0
Federal - OAA Title III provided at State level	$50,886
Federal - OAA Title III provided at AAA level	$0
Other Federal; specify:	$114,606
Medicaid	
State funds	$723,344
Local; specify:	$0
Total Program Funding	$1,064,998

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Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

Part III - Program Information and Activities

D. Other Ombudsman Activities

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

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	197	0
	Number hours	634	0
	Total number of trainees that attended any of the training sessions above (duplicated count)	1,597	0
	3 most frequent topics for training	Support/technical assistance	
		Certification	
		Abuse	
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	75	0
3. Training for facility staff	Number sessions	5	15
	3 most frequent topics for training	LTCO program	LTCO program
			Role of the Ombudsman
			Residents' rights

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part III.D

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	Bed shortage	Family conflict
		Services from outside provider	Discharge/eviction
		Exercise preferences	Legal: guardianship
	Number of consultations	50	23
5. Information and consultation to individuals (usually by telephone)	3 most frequent requests/needs	Bed shortage	Legal: guardianship
		Legal: guardianship	Medicare
		Billing/charges	Discharge/eviction
	Number of consultations	595	228
6. Facility Coverage (other than in response to complaint) *	Number Nursing Facilities visited (unduplicated)	0	85
	Number Board and Care (or similar) facilities visited (unduplicated)	0	364
7. Participation in Facility Surveys	Number of surveys	2	64
8. Work with resident councils	Number of meetings attended	5	485
9. Work with family councils	Number of meetings attended	0	83
10. Community Education	Number of sessions	75	73
		Ombudsman program	Ombudsman program

OR State Annual Ombudsman Report for Federal FY2011 (State) - Part III.D

Agency or organization which sponsors the State Ombudsman Program: Office of the Long Term Care Ombudsman

11. Work with media	3 most frequent topics	Need for volunteers	
		New ombudsman press release	
	Number of interviews/ discussions	5	6
	Number of press releases	150	0
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	10	0

* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."