



MN Office of Ombudsman for Long-Term Care

ANNUAL REPORT 2015





September 1st, 2015

Dear Citizens of Minnesota:

As the State Long-Term Care Ombudsman I am pleased to present the 2015 Annual Report of the Minnesota Long-Term Care Ombudsman Program. This report highlights the advocacy work and program activity of Local Ombudsmen and Ombudsmen Volunteers.

The Minnesota Long-Term Care Ombudsman Program is a mandate of State and Federal law to advocate for the rights of consumers in long-term care settings: nursing homes, board and care homes, adult foster care, housing with services, assisted living, and persons requesting or receiving home care services.

Approximately 60,000 boomer Minnesotans will turn 65 this year, a trend that will continue through 2030. By the end of the year 2020 there will be more older Minnesotans than K-12 students. This demographic shift presents challenges to service delivery in order to meet the need.

The Ombudsman Office will carefully examine and anticipate future resource needs to sustain the advocacy work necessary to protect the rights of long-term care consumers. Solutions need to incorporate respect for diverse population needs and partnerships among many stakeholders.

The voice of the consumer speaks clearly to the right to receive quality service; services that are person-centered and person-directed.

Minnesota long-term care citizens deserve the right to purposeful living which values dignity, respect, and the freedom to make informed choices about health care and daily life.

This report contains program features from some of the clients the Minnesota Long-Term Care Program serves. We feature the clients and work of staff because serving consumers of long-term care is an important part of the Ombudsman program mission.

Yours Sincerely,



Cheryl Hennen
State Long-Term Care Ombudsman

What Is An Ombudsman?

An ombudsman is an independent consumer advocate. Ombudsmen investigate complaints concerning the health, safety, welfare and rights of long-term care consumers, work to resolve individual concerns, and identify problems and advocate for changes to address them, at no charge to the consumer. Ombudsmen also offer information and consultation about nursing home, boarding care home, housing with services, assisted living, customized living, home care and hospital services, rights and regulations. Additionally, ombudsmen work with providers of long-term care services to promote a culture of person-directed living.

Who Do We Serve?

- Residents of nursing homes and boarding care homes
- Residents of other adult care homes (i.e., housing with services, assisted living, customized living or foster care)
- Persons receiving home care services
- Medicare beneficiaries with hospital access or discharge concerns
- Anyone seeking consultation about long-term care services

How Can We Help?

Ombudsmen provide information and consultation about consumer rights and the regulations that apply to long-term care facilities, home and community-based settings, and home care services.

Ombudsmen help to resolve disputes between consumers and providers of long-term care services, regardless of where those services are provided.

Ombudsmen handle complaints and problems relating to:

- Quality Care/Services
- Quality of Life
- Rights Violations
- Access to Services
- Service Termination
- Discharge or Eviction
- Public Benefit Programs

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Authority and Governance

The Minnesota Long-Term Care Ombudsman Program is authored by the federal Older Americans Act (OAA) of 1975; 42 U.S. Code, Section 3058g and MN Statute 256.9742 duties and powers of the office.

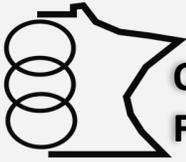
The OAA requires an Ombudsman Program in each state. Each state must identify the State Unit on Aging. The Minnesota Board on Aging; a 25 member board appointed by the governor, is the MN State Unit on Aging. The MBA is responsible to ensure the Minnesota Long-Term Care Ombudsman Program meets federal compliance on an annual basis.



Mandates:

1. The Ombudsman provides individual consumer advocacy: The consumer is the client. The Ombudsman provides problem-solving through mediation, education or referral to another agencies. **To learn how OOLTC works directly with clients, see page 11.**
2. The Ombudsman conducts systemic advocacy: evaluates any act, practice, procedure or administrative action of a long-term care facility, acute care facility, home care service provider or government agency that may adversely affect the health, safety, welfare or rights of consumers.
3. The Ombudsman monitors the development and implementation of governmental regulations affecting consumers' rights and benefits.
4. The Ombudsman is responsible to comment on and make recommendations to public and private agencies regarding laws, rules regulations and policies affecting the rights and benefits of consumers.
5. The Ombudsman informs public agencies about the problems of clients.
6. The Ombudsman provides public education about the health, safety, welfare and rights of consumers.
7. The Ombudsman provides opportunities for volunteer and citizen participation in advocacy efforts.
8. The Ombudsman promotes and supports the development of citizen participation in the work of the office through resident and family councils.

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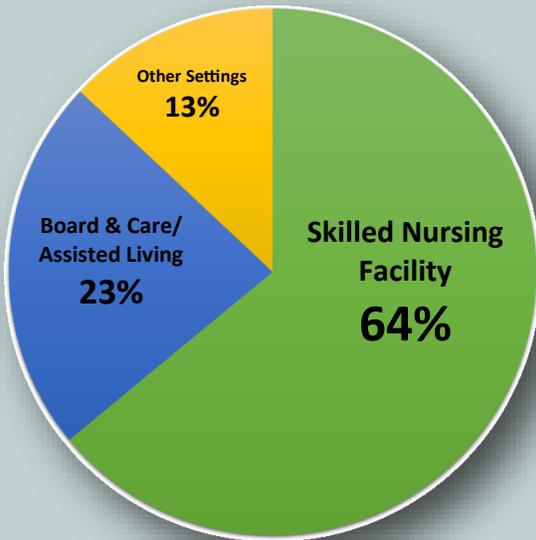


OFFICE OF OMBUDSMAN
FOR LONG-TERM CARE

2,572

Complaints brought to or
initiated by Ombudsman

Number of Complaints by Facility Type

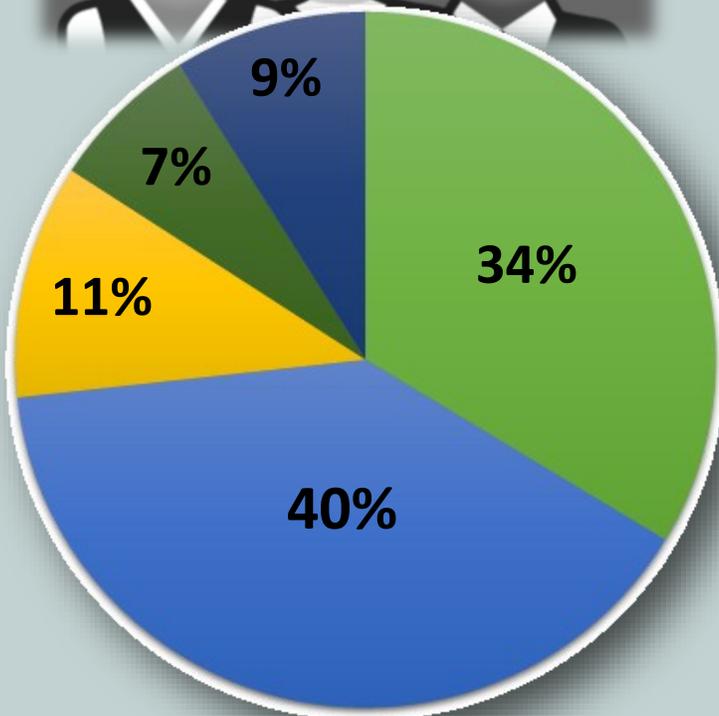


Complaint Resolution

80%

of all complaints were
resolved or *partially*
resolved

Who Contacted Us



- Family/Friends (40%)
- Consumers (34%)
- Provider Staff (11%)
- Anonymous/Others (9%)
- Social Service Rep (7%)



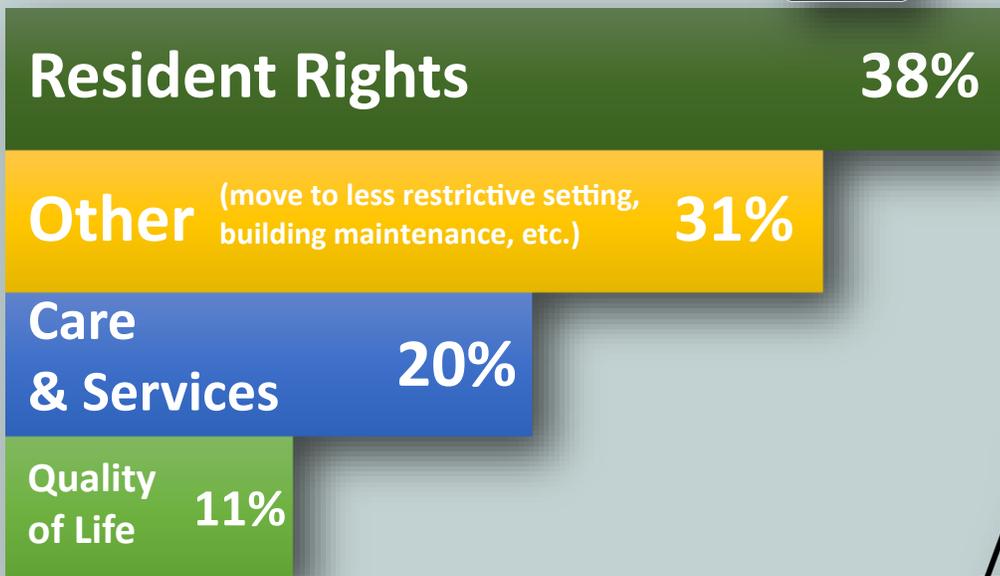
OFFICE OF OMBUDSMAN
FOR LONG-TERM CARE

5,286
Consultations to
Individuals

Why Do Consumers Call Us



1,732
Consultations
to Facilities



Fast Facts

In addition to complaint work and consultations, ombudsmen staff & volunteers conduct a variety of related activities. These include:

Participated in **192** Facility Surveys

Attended **188** Resident Council Meetings

Attended **92** Family Council Meetings

Conducted **133** Community Education Sessions

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Systemic Issues in Long-Term Care: OOLTC's Work to Promote The Rights of consumers



Empowering residents to exercise their rights is fundamental to the role of the Ombudsman. In addition to individual advocacy and complaint handling, OOLTC works to promote resident rights on a systemic level by engaging with stakeholders, making recommendations for policy changes, and promoting legislative changes to ensure Minnesota continues to have a high-quality long-term care system focused on rights and empowerment.

OOLTC's systemic advocacy in 2014 was focused on the right to be free from abuse, the right to receive quality services, the right to access information to make informed choices, and the right to self-determination.

"...I know we would not have made the progress we did without your deft guidance."

- Family Member

The right to be free of abuse, neglect, and maltreatment

Across all long-term care settings and services, people have the right to be free from abuse, neglect, and maltreatment.¹

Ombudsmen work closely with adult protection investigators throughout the state. This work includes cooperation and coordination on individual cases and participation on county-based multidisciplinary

workgroups. These groups are composed of county adult protection investigators, Ombudsmen, law enforcement, and sometimes long-term care providers. These groups gather to share best practices, identify solutions for complex adult-protection situations, and generally expand capacity to serve vulnerable adults in that county.

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¹Minn. Stat. § 626.557(subd. 1)

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OOLTC supports and collaborates with the Minnesota Elder Justice Center (formally known as the Vulnerable Adult Justice Project). OOLTC was a member of the Vulnerable Adult Justice Project and supported its transition to the Elder Justice Center.² Building on the Elder Justice Center's coalition of advocates, providers, and public agencies, the Center works to address the growing problem of elder abuse in Minnesota.

Education to residents, the community, and providers on vulnerable adult issues is an integral part of the work of OOLTC to promote the right to be free from abuse and neglect. OOLTC staff provide trainings on a wide variety of topics that affect

vulnerable adults to resident councils. They also provide staff with in-service trainings and conferences, as well as general community education. In 2014, OOLTC provided training to 1,285 resident council members, 215 family members, and 975 facility staff members.³

Minnesota has undertaken significant changes to increase its capacity to serve victims of vulnerable adult abuse, neglect, and maltreatment. Allegations of vulnerable adult abuse, neglect, and maltreatment continue to increase. In 2014, there were 35,597 reports of alleged abuse, neglect, or maltreatment in Minnesota, up from 33,915 in 2013.⁴ Minnesota is adapting its protection system to be more responsive to the needs of vulnerable adults.

Launch of Statewide Common Entry Point

Effective July 1, 2015, Minnesota launched a statewide common entry point (CEP) number for reporting allegations of abuse, neglect, or maltreatment of vulnerable adults. This significant policy change was initiated and is managed by The Department of Human Services (DHS). Prior to MAARC, Minnesota relied on counties to establish abuse reporting contact numbers, resulting in at least 87 different numbers to report alleged abuse and neglect.

OOLTC supports the simplification of the vulnerable adult abuse reporting systems across the long-term care services and support systems. Utilizing information learned from its advocacy for vulnerable adults, OOLTC will monitor the success and challenges of MAARC and provide this information back to DHS to increase MAARC's effectiveness.



² Minnesota Department of Human Services website, Vulnerable Adult Reports by County, available at: <http://publicreports.dhs.state.mn.us/Reports.aspx?ReportID=26> (last accessed 7/28/15)

³ This data includes work performed by a grantee of OOLTC

⁴ Minnesota Department of Human Services website, Vulnerable Adult Reports by County, available at: <http://publicreports.dhs.state.mn.us/Reports.aspx?ReportID=26> (last accessed 7/28/15)

World Elder Abuse Awareness Day (WEAAD)

World Elder Abuse Awareness Day is an important way to educate the general public, law enforcement, and LTC professionals about the growing problem of elder abuse. Initiated in 2006 by the International Network for the Prevention of Elder Abuse and the World Health Organization⁵, WEAAD promotes awareness of abuse and neglect suffered by older people around the world. In Minnesota, OOLTC collaborates with Elder Justice Center, Adult Protective Services, and other stakeholders to establish a conference, planning, provide presentations, and promote elder abuse awareness.

The Right to be Free from Chemical and Manual Restraints



Minnesota is engaging in finalizing and implementing its Olmstead Plan. Born out of the 2011 Jensen et al v. Minnesota Department of Human Services settlement, Minnesota's Olmstead Plan seeks to "develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities."⁶ As a part of this work, Minnesota has passed and is implementing new licensing standards for many long-term services.⁷ These new standards contain important prohibitions against the use of restraints, time-out, seclusion, and other restrictive interventions.⁸ The use of manual restraints is permitted only when needed

to protect against the imminent risk of physical harm and is the least restrictive option to mitigate the harm.⁹

Current nursing home regulation requires that the resident be free from physical or chemical restraint imposed for the purpose of discipline or convenience, and not required to treat medical symptoms.¹⁰ These regulations and related awareness campaigns have been successful in minimizing the use of bed rails as physical restraints. The federal Centers for Medicaid and Medicare Services identifies that the use of psychotropic medication to control dementia-related behavior may be considered a chemical restraint. The Partnership to Improve Dementia Care, sponsored by CMS in collaboration with the Advancing Excellence Campaign, provides education, resources, and tracks progress toward the goals of reducing the use of antipsychotic medication to treat behavior symptoms associated with dementia.

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⁵ <http://www.acl.gov/NewsRoom/Observances/WEAAD/About.aspx>, last accessed on 7.27.15

⁶ http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_about

⁷ See Minn. Stat. 245D, generally.

⁸ Minn. Stat. 245D.04(subd.3)(4)

⁹ Minn. Stat. 245D.061(subd.1)

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However, neither federal nor state law provide sufficient guidance to providers and consumers to protect residents with memory loss or dementia from being placed in locked units against their will. Regardless of whether the consumer has dementia, being placed on a unit from which the resident is not allowed to leave is a restraint. Minnesota policy makers, providers, and advocates need to collaborate to develop uniform, person-centered assessment measures to determine the appropriateness of a locked unit and ensure that

less-restrictive alternatives have been explored in both nursing homes and housing with services settings. The success of prior anti-restraint campaigns provide a template for increasing consumer and provider awareness and changing practices.



The Right to Receive Quality Services

Minnesota was recently identified as the best state for long-term care consumers in the following areas: (1) affordability and access, (2) choice of setting and provider, (3) quality of life and quality of care, (4) support for family caregivers, and (5) effective transitions.¹²

Quality Services for People with Dementias in Long-Term Care

Despite this recognition for Minnesota, work remains to improve the quality of services for persons with dementia and related disorders on long-term care settings. Ombudsmen complaint work demonstrates a need for improving training and provider capacity to engage in person-centered dementia care practices. Absent adequate training and person-centered care planning, residents with dementias experience unnecessary involuntary discharges with associated transfer

trauma, chemical and manual restraints (see section above), unnecessary hospitalization, boredom/anxiety from lack of appropriate activities, and poor quality of care.

To address these issues systemically, OOLTC has worked on legislative changes and provider education. During the 2014 legislative session, OOLTC worked with provider organizations¹³, the Alzheimer's Association, and the Minnesota

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¹² Reinhard, Kassner, et. al. Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. Available at: <http://www.longtermscorecard.org/2014-scorecard> (last accessed 7/30/15)

¹³ The Long-Term Care Imperative, more information at <https://www.careproviders.org/Advocacy>



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Department of Health to broker the passage of legislation to require dementia-care training for staff working in Housing with Services establishments that offer Assisted Living and memory care services. This legislation, found at Minnesota Statute 144D.065, requires training for specific numbers of hours. The number of training hours varies depending on whether the staff member provides direct care or acts in indirect role with residents.

OOLTC is especially supportive of dementia training requirements for housekeeping, maintenance, and food services staff. These staff members are an integral part of providing quality service in a residential setting. Education for these providers helps ensure they are fully educated and prepared to properly serve our most vulnerable elders. This new law becomes effective January 1, 2016.

OOLTC continues to work with these stakeholder to ensure consistent, clear training requirements for people that serve consumers with memory loss and dementias. Minnesota should ensure that the principles of person-centered care planning are fully incorporated into education for providers, the public, and advocates as we move forward as a state to improve service delivery to some of our most vulnerable citizens.

While Dementia of the Alzheimer's Type (Alzheimer's) remains the most common form of dementia, additional education and resources should be developed for all types of dementias, such as Dementia with Lewy Bodies and Vascular Dementia. Effective care and interventions for people with these less-common forms of dementia may be different from those for people with Alzheimer's.

***In 2014, the
Ombudsmen's Office
worked collaboratively
with the Alzheimer's
Association & the
Department of Health to
pass legislation requiring
dementia-care training in
assisted livings.***

Individualized Care Planning and Assessment

Across the long-term care spectrum, consumers have the right to a written, up-to-date plan that documents the services and supports that will be received. This plan documents what services the provider has agreed to provide and how frequently the services will be provided. Depending on the type of setting in which services are received, this plan may be described by a variety of terms, e.g. care plan, service plan, individual service plan, Coordinated Service and Support Plan.

Failure to follow a care/service plan is one of the top 5 most frequent complaint brought to OOLTC by consumers and their families. This complaint has been consistently high for many years, not just in 2014. Failure to follow a care plan indicates that a consumer is not receiving the services that were assessed as needed to properly support the person. Using the written care/service plan, Regional Ombudsmen work with consumers and providers to resolve concerns about quality of care and to ensure that needed services

are delivered according to the care plan. The persistence of this complaint indicates that work remains to ensure Minnesotans receive the type of care the quality of care they deserve in long-term care. OOLTC promotes the consumer's active involvement in the development of the care plan and promotes person-centered principles when working with providers and consumers to update plans of care as the needs and desires of the person change over time.



The Right to Be Treated with Dignity and Respect

Also in the top 5 most frequent complaints for OOLTC is failure to be treated with dignity and respect. Consumers of long-term care services are sometimes dependent on staff to perform very personal cares and meet basic needs, such as hygiene, dressing, and walking. When staff do not treat consumers with respect and dignity, consumers experience fear, pain, and anger more extremely than someone not receiving services because of

their dependence. Consumers may be afraid to speak up about this treatment because they are afraid of retaliation and rely on staff to meet basic needs.

Ombudsmen learn about these types of complaints nearly every day. Ombudsmen work to ensure consumers are empowered to demand that their care is provided in a respectful, dignified way.



The Right to Access Information & Make Informed Choices

Understanding Home Care and other Service Options

Minnesota has a robust well-developed long-term care system. The wide variety of services, provider types, and licenses creates confusion for consumers as they try to navigate a complex system. Last year, Ombudsmen provided 5,286 consultations to individuals. Questions about home care are one of the most common consultation topics. The right to understand service options and make an informed choice about those options is essential to maintaining Minnesota's status as a leader in long-term care services and supports. OOLTC works to provide information for consumers and works with stakeholders to improve consumer access to information.

Home Care Bill of Rights: Simplification and Unification

Currently, Minnesota has multiple bills of rights for consumers, depending on the license held by the provider of the services purchased by the consumer. For consumers receiving services licensed by the Minnesota Department of Health (i.e. nursing homes, hospitals, hospice, outpatient surgical centers, and home care agencies), there are 10 separate bills of rights.¹⁴ For home care consumers alone, there are 5 bills of rights. Consumers of home care services may also receive services licensed under Minn. Stat. 245D, which also contains a list of recipient rights for these services.¹⁵

the Minnesota Department of Health to convene stakeholders and make recommendations to streamline the bills of rights. OOLTC participated on this work group, along with provider organizations, DHS staff, and legal advocates. OOLTC supports the goal of unifying the various bills of rights. This simplification will allow consumers to more easily understand their rights and be empowered to assert them. OOLTC continues with this work and hopes to play a key role in achieving the unification of the bill or rights to ensure that consumers are fully informed of their rights when receiving services.

In 2014, the Minnesota legislature directed

¹⁴ Study and Report about Client Bills of Rights: Report to the Minnesota Legislature, p. 5. Minnesota Department of Health, 2015.

¹⁵ Minn. Stat. 245D.04, available at <https://www.revisor.mn.gov/statutes/?id=245D.04>

Home Care Provider Advisory Council

The 2013 Legislative Session included the creation of The Home Care Provider Advisory Council; authorized in Minnesota Statutes, section 144A.4799. The Commissioner of Health appointed eight people to the Advisory Council, including the State Ombudsman. The purpose of the Advisory Council is to provide advice to the Home Care and Assisted Living Program in the Health Regulation Division of the Minnesota Department of Health, which is particularly important during this time of change.

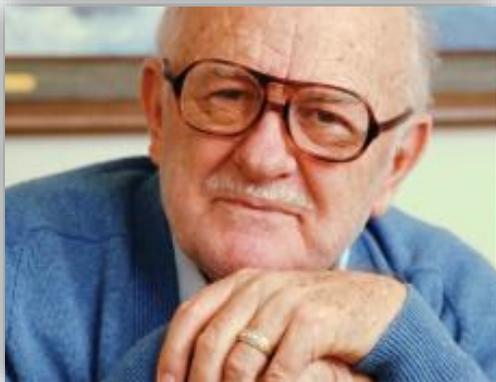
Home Care Providers must now make decisions about the type of licensure they will hold: Basic or Comprehensive compared to the former: Class A or Class F. The

past year has been a time of transition and change. New licensure requirements also prompt new regulations, policies, and procedures.

The Council provides input on such topics as; Community Standards for home care practices, enforcement of licensing standards and disciplinary actions, emerging issues, allowable home care licensing modifications and exemptions.

The Ombudsman is a member of this Advisory Council and actively supports this collaborative approach to provide input and monitor changes to the delivery of home care services.

The Right Due Process: Nursing Home Involuntary Discharges and Eviction from Housing with Services Settings



Involuntary discharges from nursing homes and eviction from housing with services settings remains a serious issue in Minnesota and comprise 10% of all OOLTC case work in the during 2014. Involuntary

discharges are often due to many complex factors, but the most complex work in this area relates to the consumer denied access back to their home. These issues may be related to dementia-related behaviors or to unmet mental health needs. Involuntary discharge or service termination/eviction should be the last resort for providers of care to vulnerable adults. More support for providers is needed to identify appropriate methods to manage these situations without resorting to discharge and eviction.

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OOLTC has developed in-depth training for hospital discharge planners and facility staff on resident rights related to admission/transfer/discharge in nursing homes. This project, titled “Let Me Return Home,” provides a detailed curriculum that Regional Ombudsman present at hospitals and facilities across the state. OOLTC is working currently to adapt this curriculum for housing with services/assisted living establishments in Minnesota.

OOLTC will continue this work by convening stakeholders, including long-term care providers, to develop resources for caring for people with complex mental and

Nursing Home Closures

Under federal law, nursing homes must state a reason for initiating an involuntary discharge. The reason must be one of six reasons identified in federal law.¹⁶ One of these identified reasons is when a facility ceases to operate, or closes.¹⁷ When a nursing home begins the closure process, it must follow a process outlined in state statute.¹⁸ Under this statute, the



¹⁶ 42 C.F.R. § 483.12(a)(2)

¹⁷ *Id.* at (a)(2)(vi)

¹⁸ Minn. Stat. §144A.161

10% of the Ombudsmen casework in 2014, still involved involuntary discharges.

behavioral health needs with the goal of minimizing discharge/eviction and eliminating unnecessary hospitalization. These resources should also focus on empowerment with consumers to promote their fundamental role in their own mental health or behavior health recovery.

Ombudsman for Long-Term Care participates in the planned closure process to ensure that residents and family members affected by the closure are fully-informed about their rights and options.

The Ombudsman works collaboratively with staff from the county, provider staff, and the Office of Ombudsman for Mental Health and Developmental Disabilities to assist in the development of person-centered and coordinated discharge plans for each resident. Because of its role in and experience with past planned closures, Ombudsmen share their valuable experiences and best practices with the closure team to ensure that the effects of transfer trauma are minimized during a resident relocation and the process goes as smoothly as possible.

The Right to Autonomy and Self-Determination: Substitute Decision-Making Issues

Another very common consultation topic in OOTLC is guardianship/conservatorship, powers of attorneys, and related substitute decision-making issues. Both consumers and providers have questions about the scope of authority conferred by a power of attorney or health care directive. Or, a consumer may contact OOTLC because the guardian is not allowing a friend or family member to visit the consumer in the nursing home or assisted living. When consulting with consumers, family-members, and providers; ombudsman emphasize the person's right to self-determination and autonomy, while balancing the potential need for support and assistance with decision-making to ensure safety. This is a complex issue, and there is a delicate balance that is based on the person's values, history of past choices, needs, and preferences.

In past years, OOTLC has worked collaboratively with stakeholders to pass legislation that clarifies the scope of authority of Minnesota's statutory power of attorney form.¹⁹ Currently OOTLC participate in a collaborative called Working Interdisciplinary Network for Guardianship (WINGS).

WINGS is a program sponsored by the National Guardianship Network.²⁰ The

purpose of a WINGS collaborative is to advance adult guardianship reform by making changes to the ways courts and guardians practice and relate to people that need support in decision-making. WINGS groups are broad-based and use a consensus-building model for making policy and rule changes.²¹ The National Guardianship Network provides mini-grants to states to start or continue this work.

Minnesota was awarded one of these grants in 2014 to support ongoing guardianship reform. Minnesota's WINGS group is comprised of advocates for people with mental illness, representatives from adult protective service organizations, attorneys, ombudsmen, representatives of the court system, and national WINGS consultants. The first WINGS summit is planned for September 2015. The outcome of the summit will set the policy agenda for the ongoing work of the Minnesota WINGS group.



¹⁹ This work was coordinated by the Vulnerable Adult Justice Project/Minnesota Elder Justice Center. For more information, see: <http://elderjusticemn.org/about-us/mission-and-history/>. See also Minn. Stat. § 523.23.

²⁰ <http://www.naela.org/NGN/Home2/NGN/Home2.aspx?hkey=7e116ad5-cfdd-4311-9b39-7d8c3edc6781>

²¹ http://www.naela.org/NGN/WINGS/Court-Community_Reform_Through_WINGS/NGN/WINGS/Court-Community_Reform.aspx?hkey=7d32011f-2ac5-461a-9b4a-5636722c4914

Conclusion

Minnesota is a leader in long-term services and supports, but Ombudsmen complaint data shows that there are policy and regulatory areas that need improvement and change to maintain its role as a national leader.

Through its individual advocacy to consumers, OOLTC is committed to representing the voice of consumers to policy-makers and legislators to effect system-wide change. Working collaboratively with providers, government agencies, and consumers, OOLTC continues to play a key role in the ever-evolving standards of care for Minnesota's long-term care system.





JoAnne Dansdille, Gloria Alexander, Barb Risken, Michele Murphy, Yolanda Williams, & Jake Zillhardt

Certified Ombudsman Volunteers : Empowering Consumers and Protecting Rights

COV's are highly trained advocates who help people who receive long-term care services by assisting in problem solving.

They do this by:

- Visiting Consumers in their Homes Regularly
- Assisting Consumers in Solving Problems
- Providing information about Rights, Services and Programs
- Participating in Nursing Home Inspections
- Facilitating Resident/Family Council Meetings

Trained Problem Solvers: Certified Ombudsman Volunteers (COV)

Certified Ombudsman Volunteer (COVs) are designees of our office. Volunteers must complete an intensive 15 hour orientation which includes shadowing their Regional Ombudsman and an experienced COV. Topics that COVs are oriented to include: Long-Term Care Resident Rights, Client Confidentiality, Health Care Directives, and Substitute Decision Making.



COV Michele Murphy

COVs assist Regional Ombudsman with casework in assigned facilities. Through regular visits, they help solve problems through empowerment, education and advocacy.

COVs come from Health Care, Law Enforcement, Labor, Legal and a variety of other backgrounds. They all volunteer in the communities where they live. They are dedicated to moving forward the mission of enhancing the quality of life and quality of care and services for the people we serve.

They make a difference in people's lives.



Back Row: RO - Ann Holme, Linda Carlson, Charlie Anderson, State Ombudsman - Cheryl Hennen & Mel Reinke
Front Row: Marion Jacobson, RO - Cory Jones, Edith Hoyum & Pat Westman

Volunteer Vignette:

During her regular visit, one of our COVs approached a nursing home administrator. The Administrator, who was much larger in stature than our petit COV, looked down at her and said, “ So, I suppose you are always on the resident’s side?” The COV took a deep breath, stood up straight to make eye contact with him and responded,

“ Isn’t that the side we are all on?”

50 Certified
Ombudsman
Volunteers

164
Resident/
Family Council
Meetings
Attended

1084 Facility Visits

2351
Hours
Donated



Back Row: Nancy Galatowitsch, Pat McCormick, Audrey Wiita, Jim Sowles & Lois Sowles

Middle Row: Meredith Morneau, Joy Meisa & Lois Tyrrell

Front Row: RO - Maisie Blaine, Ida MacFarland, Sharon Hughes & RO - Jane Brink

Resident and Family Councils - Minnesota History



Minnesota was a forerunner in the creation of both resident and family councils, even before 1987 federal and state regulations supported residents and families to create and maintain councils.

Resident Advisory Councils began in MN in the mid-late 1970s through a small nonprofit agency called the Nursing Home Resident Advisory Council. State legislation was passed in 1985 to secure

funding specifically for councils which is known today as Resident and Family Advisory Council Education or RFACE. This law requires a \$5 per bed charge annually.

From 1985 through June 30, 2014 RFACE was operated through this same agency - which had several name changes throughout its 40 year history - through a grant from the Minnesota Board on Aging, Office of Ombudsman for Long-Term Care. As of July 1, 2014 the LTC Ombudsman Program operates RFACE directly.

Early RFACE funding enabled the creation of Council Developers to directly assist residents in creating councils. As of July 2015, nearly all nursing homes and certified boarding care homes have a Resident Council and over 40% of homes have a Family Council.

Resident and Family Advisory Council Education (RFACE)

July 2015 celebrates the 30th anniversary of the passage of RFACE. The Office of Ombudsman for Long-Term Care operates the RFACE program and offers these resources and services:

- Resident Council and Family Council Guide,
- Educational presentations by ombudsmen and volunteers about various topics of interest to residents and families and
- Consultation to residents and families about Councils.

Accomplishments this year are the creation of a new RFACE brochure and updating of the Council Guide to emphasize empowerment of residents and their families. Since inception of Minnesota's LTCOP, regional ombudsmen meet with resident and family councils for systemic issue resolution and educational presentations and these functions continue. Outreach efforts continue to homes about our role in working with resident and family councils.

Minnesota Board on Aging

Board Members

Don Samuelson, Chair

Leonard Axelrod
St. Paul

Sonja Hayden Berg
St. Cloud

Sherrie Pugh
Mound

Melanie Benjamin
Onamia

Susan Henry
Minneapolis

Gretchen Scheffel
Apple Valley

Lynnette Buckley
Bloomington

Cheryl Klinkhammer
Albertville

Patricia Schommer
Anoka

Meghan Coleman
St. Paul

Neil Johnson
Maplewood

Ruth Shannon-Yarbrough
New Hope

Cathleen Faruque
Winona

Patrick McFarland
Champlin

Harlan Tardy
Virginia

Sylvia Garcia
St. Paul

Susan Mezzenga
Pequot Lakes

Mor Vue
St. Paul

Joseph Grant
Duluth

Maria Michlin
Anoka

Gregory Wright
Rochester

Jeffrey Hane
Hallock

Carolyn Perron
Fridley

Jean Wood, Executive Director

Nate Patterson, MBA Coordinator

Minnesota Office of Ombudsman for Long-Term Care

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State Ombudsman for Long-Term Care

Natasha Merz
Acting Deputy Ombudsman

Central Office Staff

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Ombudsman Specialist

Neil Peterson
Program Advocacy Coordinator

Josh Witte*
Data Control Specialist

Rhonda DeBough*
Volunteer Coordinator

Amy S. Nop
Office Administrator

Metro Ombudsman

Lori Goetz
Regional Ombudsman

Sally Shoephoerster
Regional Ombudsman

Paula Wieczorek
Regional Ombudsman

Jim Dostal
Regional Ombudsman

Greater MN Regional Ombudsman

Maisie Blaine
Regional Ombudsman

Jane Brink
Regional Ombudsman

Sylvia Hasara
Regional Ombudsman

Ann Holme
Regional Ombudsman

Cory Jones
Regional Ombudsman

Jean Patzner Mueller
Regional Ombudsman

Sandra Newbauer
Regional Ombudsman

Dan Tupy
Regional Ombudsman

Wendy Weidner
Regional Ombudsman

† retired

* denotes part-time staff

Certified Ombudsman Volunteers

Including their city of facility placement.

Gloria Alexander, 2007
Plymouth

Charlie Anderson, 2005
Montevideo

Linda Carlson, 2010
Warroad

Dorothy Chizek, 2000
Morris

Betty Clark, 2015
Moorhead

Gloria Cory, 2005
Wheaton

JoAnne Dansdille, 2004
Roseville

Stacy Desai, 2010
St. Louis Park

Marg France, 2015
Duluth

Nancy Galatowitsch, 2013
Pine River

Mary Grunwald, 2005
Onamia

Sue Halverson, 2014
St. Paul

Charlotte Hanson, 2015
Alexandria

Natalie Hanson, 2015
Barrett

Sandra Harvey, 2014
Shakopee

Gary Hennen, 2011
Cold Spring

Edith Hoyum, 2008
Blackduck

Sharon Hughes, 2013
Cloquet

Marion Jacobson, 2000
Detroit Lakes

Betty Johnson, 2013
Paynesville

Jerry Lenz, 2011
Waite Park

Ronna Locketz, 2015
Crystal

Norma Macdonald, 2012
Bloomington

Ida MacFarland, 2012
Brainerd

Christine Marcotte, 2012
Deer River

Donald Matakis, 1994
Sartell

Patricia McCormick, 2012
Crosby

Barbara McGinnis, 1998
Morris

Lois Meiners, 2001
St. Cloud

Joy Mesia, 2000
Eveleth, Proctor & Hibbing

Meredith Morneau, 2006
Grand Rapids

Michele Murphy, 2004
Minneapolis

Cathy Nault, 2013
Pequot Lakes

Tom Oven, 2013
St. Cloud

Mel Reinke, 1993
Ortonville

Kristen Rice, 2014
Edina

Barb Risken, 2004
St. Louis Park & Minneapolis

Lois Sowles, 2007
Crosby & Aitkin

Jim Sowles, 2001
Crosby & Aitkin

Susan Spaeth, 1997
Bemidji

Joan Thomas, 2014
New Brighton

Rony Tollefson, 2012
Pillager

Kelli Turcotte, 2013
Brainerd

Lois Tyrrel, 2005
Motley

Pat Westman, 2006
Roseau

Audrey Wiita, 1993
Eveleth & Hibbing

Yolanda Williams, 2014
Eden Prairie

Jake Zillhardt, 2014
St. Louis Park

* *The year indicates when the COV began volunteering with the office.*

Resident Feature: Edith

Edith is originally from New York City. She spent her youth in New York as a fashion model. While eating lunch in a diner in Manhattan, she was “discovered” by a coat designer and her modeling career began. The picture to the right is one that was taken of Edith during her modeling days. Edith modeled sportswear, outerwear, hats, and cosmetics. She was featured in B. Altman fashion sketches. After a successful modeling career, Edith married and had a daughter. As many parents do, Edith followed her daughter when her daughter moved to Minnesota.



Edith lived happily in Minnesota for many years, although she says that New Yorkers are her “kind of people!” In 2011, Edith moved to a housing with services/assisted living establishment in St. Paul. Edith is a strong advocate for herself and her right to quality of care. She contacted OOLTC when the provider wanted to take away her power scooter. The RO and Edith worked together to ensure that she could keep her scooter, which was an essential tool for Edith to maintain her independence. Edith and the RO also ensured that the provider’s concerns were addressed.

Through this experience and due to Edith’s excellent self-advocacy skills, Edith was able to resolve many additional concerns about care on her own. In 2014, however, Edith needed the help of an



Ombudsman again. Edith had new concerns about a staff member failing to treat Edith with respect and dignity. In Edith’s words:

“I’d had it up to here with [staff member]! I get along with all of the other girls. I begged the housing manager for a new aid.

The RO investigated this new concern, spoke with the supervisor. The housing manager issued Edith a notice of eviction from her home. The RO assisted Edith in retaining an attorney to fight the eviction action during the two-day trial. Edith ultimately prevailed at the hearing and remains in her home. Edith’s attorneys argued that the provider was retaliating against Edith for complaining about the provider’s services and for contacting the Ombudsman. The judge’s decision affirmed that Edith did not break her lease because she complained about her care and that she has the right to continue living in her apartment.

Edith and the RO make a wonderful team. When speaking about her experience working with the RO, Edith says: “It’s wonderful. She is very smart. I keep telling her that she should be an attorney. She investigated, came over in the morning and at night to look into things.”



Certified Ombudsman Volunteer Feature: Charlie Anderson, Montevideo

Charlie Anderson has been a Certified Ombudsman Volunteer (COV) since 2005. He volunteers at Luther Haven nursing home in Montevideo—on the west central MN prairie.

From Clarkfield, Charlie is a retired farmer and an Army veteran. He became interested in helping residents in long-term care facilities while assisting his mother during her last 9 years living in area nursing homes.

After his mother's passing, Charlie was looking for meaningful way to serve and give back to other residents at her nursing home. Charlie says that his COV experience is "very rewarding" and "good for me – and good for residents."

As a Certified Ombudsman Volunteer (COV), Charlie visits Luther Haven about once a week. During his visits, he introduces himself and the Ombudsman program to residents. He meets privately with residents, listens to their concerns, and assists as directed by the resident to problem solve a solution and work on their behalf.

Charlie educates and empowers residents to advocate for themselves—and others—to improve their quality of life at Luther Haven. Charlie works closely with his Regional Ombudsman, Ann Holme, as needed.

Over the past fiscal year, Charlie has volunteered over 170 hours of service during 349 resident visits. "It is nice to be able to build relationships with residents and help with their problems," says Charlie. "Lots of times it is just visiting—and not always problems."

A 2009 project, "Residents Have The Answers," had Charlie working in partnership with residents and staff on an action plan to improve the quality of life at Luther Haven. Charlie's team focused on introducing new staff to residents and the COV with powerful messages at each new employee orientation.

Residents Say About Charlie:

"I appreciate Charlie coming and spending the time to visit."

"He's a very nice fellow. He makes a difference for a lot of people here. His personality is great. He is very interested in the person he is talking to...he just makes you feel comfortable."

A Luther Haven Staff Member Adds:

"In a nutshell, Charlie has made such a difference in many lives at Luther Haven. His sense of humor and his willingness to spend time "with" people is so appreciated. And I use "with" as the operative word. Residents feel connected and that Charlie really listens to them."

...Charlie's Story continues on next page

...Charlie Anderson continued

Charlie created a partnership with Luther Haven resident, Marlowe Peterson. Both speak at each new employee orientation. Charlie discusses his role as a Certified Ombudsman Volunteer (COV) and explains the rights of residents in nursing homes.

Marlowe welcomes new employees with a list of expectations of employee conduct written by residents during the “Residents Have The Answers” project. Together, this team provides a strong message of consumer advocacy.



Charlie Anderson and Marlowe Peterson speak together to new employees.

Excerpts from Marlowe’s New Employee Orientation Message:

“Thank you for working here at Luther Haven. This is our home. We are happy that you have chosen to come and be a part of our family.”

Please remember to:

- *Introduce yourself when you come into a room.*
- *Please get to know what individual residents need and how they like things done.*
- *Please respect each of us as a person.*
- *Please give us the call light before you leave our room and ask us if there is anything else that you can do for us before you leave.*
- *Please come back when you say you will come back.*
- *Show up to work when you are scheduled. Know that when you don’t show up, it is difficult for the other staff to get all the work done.*

Remember that the little things mean a lot:

- *Please share the resident’s needs from shift to shift.*
- *Be polite.*
- *Smile.*
- *Wear your nametag where I can see it - on your shirt near your neck line.*
- *Please wear your long hair pulled back with bangs off your face, especially when serving food.*

Here is what you can expect from me and other residents:

- *“Thank you” as a resident is able*
- *Respect*
- *Understanding from us when things don’t go as expected. It is important that you tell us when things will be done differently.*
- *Politeness*
- *Smiles*

Empowerment of Resident and Family Councils Feature

Recently a Regional Ombudsman met with a group of residents and their families to discuss concerns about the care and services in their local nursing home. During this meeting the Ombudsman discussed the benefits of having an active Resident and Family Council and regulations that give residents and their families the right to organize councils and participate in the operational policies of the home by expressing grievances and offering recommendations.

Given this information, the group agreed to take action to address their concerns as well as concerns voiced by community members.

The Ombudsman met with the Executive Resident Council first to offer assistance and resources to assist the Resident Council in communicating their concerns. This discussion prompted the members to commit to problem-solving themselves, as a group which is the essence of self-empowerment.

The council instituted a “Concern Form” to record and submit their concerns to the home’s administration. The staff were receptive to the Concern Form and assisted the Council to make the form individualized to the home.

When the Ombudsman met with the Council members two weeks later, every concern was resolved – a further example of resident council empowerment. The Residents

expressed satisfaction with this outcome and their ability to resolve concerns effectively and efficiently.

Next, the Ombudsman, upon learning from some family members that there was no Family Council, talked with the staff and learned about a group called the Family Support Group (named by members years earlier.)

Family members who had not participated in this Group did not know the Family Support Group was also the Family Council. When the Family Support Group next met, it listed the notice as a Family Council meeting (upon the Ombudsman’s suggestion). Meeting attendance grew from a handful to over 25 family members and they voted to change the name to the Family Support Council. Members also voted to use the Concern Form to address their issues and concerns. The visiting Ombudsman provided information about council regulations and written resources about council organization and maintenance.



651-431-2555 or 1-800-657-3591

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(61-0) 8106F8T

ADAJ 0212)

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4732 8-13

Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971



Office of
Ombudsman for
Long-Term Care

Enhancing the quality of life
and the quality of services for
consumers of long-term care
through advocacy, education
and empowerment

What Is the Office of Ombudsman for Long-Term Care?

The Ombudsman program is a service of the Minnesota Board on Aging. The Office advocates for adults needing or receiving long-term care. The Office promotes person-directed living that respects individual values and preferences and preserves individual rights.



State office staff and regional ombudsmen serving the Twin Cities metropolitan area are located in the state office in downtown St. Paul, Minnesota. Ten regional offices are located statewide.

Regional ombudsmen and volunteers work with consumers, their families, health care and service providers and public agencies to ensure the health, safety, welfare and rights of long-term care consumers.

The Office also works for reform in the health care and social services delivery systems through changes in state and federal law and administrative policy.

Who does the ombudsman serve?

- Residents of nursing homes and boarding care homes
- Residents of other adult care homes (i.e., housing with services, assisted living, customized living or foster care)
- Persons requesting or receiving home care services
- Medicare beneficiaries with hospital access or discharge concerns
- Anyone seeking information about long-term care services.

How can an ombudsman help?

As an independent consumer advocate, an ombudsman can

- Provide information and consultation about
 - Consumer rights
 - Service options
 - Regulations that apply to long-term care facilities and in-home and community-based services.
- Investigate and work to resolve individual complaints relating to
 - Quality of care or services
 - Quality of life
 - Rights violations
 - Access to services
 - Service termination
 - Discharge or eviction
 - Public benefit programs

- Work with service providers to promote a culture of person-directed living
- Identify systemic issues and advocate for change.

How do I find an ombudsman?

Call our toll-free number: 1-800-657-3591 (TDD/TTY, please call 711). This number operates from the state office. The local phone number is 651-431-2555. When calling for an ombudsman in any region, you will be directly transferred to that ombudsman.

Contact us at:

Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971 or
www.mnaging.net

Volunteer with the Ombudsman Office

Certified Ombudsmen Volunteers are

- Trained to work under the direction of a regional ombudsman
- Assigned to visit persons living in a local nursing home or assisted living setting to serve as a resource about consumer rights and Ombudsman Office services.

Contact the Ombudsman office for information.



There is
no charge
for ombudsman
services.