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Accomplishments of New Jersey's Office of the Ombudsman for the Institutionalized Elderly during Federal Fiscal Year 2008

FY08 A YEAR OF CHAMPIONING FOR QUALITY OF LIFE

We serve over 120,000 persons …

The Ombudsman Program works to improve the quality of life of elderly residents by acting as their independent advocate. The Ombudsman staff and volunteers investigate and resolve complaints on behalf of residents in 1,088 facilities, comprising:

- *395 Nursing Homes licensed under N.J.A.C. 8:39*
- *239 Assisted Living and Comprehensive Personal Care Homes licensed under N.J.A.C. 8:36*
- *145 Class C Boarding Homes licensed under N.J.A.C. 5:27*
- *124 Adult Day Care Programs licensed under N.J.A.C. 8:43F*
- *131 Residential Health Care Facilities, licensed under N.J.A.C. 8:43*
- *13 Public and Private Mental Hospitals licensed under 8:43G*
- *12 Alternate Family Care entities licensed under N.J.A.C. 8:43B*
- *9 Rehabilitation Hospitals licensed under N.J.A.C. 8:43H*
- *11 Special Hospitals licensed under N.J.A.C. 8:43G*
- *7 Developmental Centers operated by the Department of Human Services*

We aggressively pursue perpetrators of wrong acts against the elderly…

The Office worked closely with social services, regulatory, advocacy, policy-making, law enforcement, and other organizations –all with the goal of improving the lives of New Jersey residents needing long term care. In 2008, we made the following referrals with a high degree of successful resolution to problems:

Board of Nursing	43
Nurse Aide Registry	170
Department of Health/Nursing Facility	142
Department of Health/Assistant Living	13
Department of Health/Adult Day Care	1
Attorney General	34
Prosecutor's Office	42
Social Security Office	11
Medicaid	67
Acute Care	3
Department of Community Affairs	5
Department of Human Services	1
EMS	1
Surrogate	2
Medical Examiner	3
Pharmacy	1
Attorney Ethics	1
Social Work Examiner	1

- Board of Accountancy 2
- IRS/Taxation 2
- Mental Health 1
- Bureau of Securities 1
- Notary Public 2
- Administration Licensing 1
- Criminal Justice 1

551 Referrals Made – July 2008 thru June 2009

We work zealously to effect favorable changes in policy & law ….

Legislation and advocacy:

- *Participated in National and State-wide conferences on aging and long term care.*
- *Participated on the Governor's Advisory Committee on Volunteerism.*
- *Participated on the Nursing Home Quality Advisory Council.*
- *Participated on the Assisted Living Licensing Work Group.*
- *Participated on the Consumer Advisory Council.*
- *Participated on the Assisted Living Uniform Disclosure Form.*
- *Participated on the Emergency Screening and Long Term Care Work group.*
- *Participated on Ocean County Prosecutor's Elder Scams Task Force.*

No matter the state of the economy we are there to protect you……..

The Office of the Ombudsman has taken another role in advocating for the institutionalized elderly. We have been appointed by the United States Bankruptcy Court of New Jersey to help with patient care while facilities undergo bankruptcy. Appointed as Patient Care Ombudsman, we make sure that while the facility is going through the bankruptcy process the quality of care is maintained. Regardless of the financial circumstance of a facility, resident care cannot be compromised.

HIGHLIGHTS OF FY08

- In Salem County, a nurse pleaded guilty to stealing narcotics while neglecting and abusing the elderly. She faces three years in state prison, due to an investigation by the Ombudsman for the Institutionalized Elderly.
- In Ocean County, an Ombudsman investigator discovered an alleged theft by a daughter of more than $100,000 from her 88-year-old grandmother. As a result of the Ombudsman's work, the daughter faces between five and 10 years in state prison on criminal charges filed by the Ocean County Prosecutor's Office.
- To help provide companionship to the elderly, the Ombudsman has trained more than 905 volunteers, of whom 180 are still active, placed in 159 care facilities around the state. Since the program began in 1993, volunteers have logged about 34,000 hours, providing care and comfort to the elderly.
- In Fiscal Year 2008, Ombudsman staff opened 3,316 new cases and closed 3,343 existing cases – representing a total of 7,658 complaints.
- Of the cases investigated, the Ombudsman staff investigated 1,905 complaints made by facility staffers or administrators, while 860 complaints were made by relatives or friends of the resident.
- One hundred twenty-seven complaints came from the residents themselves.
- As the overseer of end-of-life decision making in long-term care facilities, the Office of the Ombudsman for the Institutionalized Elderly works to inform families of their rights, providing information about necessary courses of action. Last year, the Ombudsman worked to develop Regional Long Term Care Ethics Committees with financial and technical help from the Robert Wood Johnson Foundation and Cooper Hospital University Medical Center.
- The Ombudsman's office helped 159 residents or their representatives obtain information about their medical care and treatment.
- Three hundred forty accidental falls by residents of nursing homes were investigated.
- Investigations were conducted of 178 complaints about nursing home conditions, including complaints about a lack of cleanliness, odors and infection control.
- Of the complaints received, more than 40 percent were substantiated by office investigators.

MISSION AND HISTORY

PHILOSOPHY: All residents of Long Term Care facilities are entitled to be treated with dignity, respect, and recognition of their individual needs and differences.

MISSION: Our mission is to secure and protect the rights, and to promote the dignity of persons 60 years of age and older, residing in Long Term Care facilities.

VISION: Long Term Care residents, age 60 and above, will receive good quality of care, and experience a high quality of life. In determining what elements are essential to quality of care and quality of life, the Office shall consider the unique medical, social and economic needs and problems of the elderly as patients, residents and clients of facilities and as citizens and community members.

HISTORY: In 1977, the New Jersey Legislature created the Office of the Ombudsman for the Institutionalized Elderly to investigate and respond to complaints of abuse, neglect, and exploitation of individuals sixty years of age and older, residing in licensed facilities (both public and private) within the State. *N.J.S.A.* 52:27G - 1 to 16.

In 1978, Congress reauthorized The Federal Older Americans Act of 1965, designating Long Term Care Ombudsman services as part of Title VII of that Act. Congress mandated that each state have an Ombudsman to receive, investigate, and act on complaints by older individuals who are residents of Long Term Care facilities. As a result, all 50 States, the District of Columbia, Puerto Rico, and Guam now have Long Term Care Ombudsman programs, although many are differently structured than New Jersey's. The advocacy and services for the older person offered by this Office, along with others encompassed by the Older Americans Act, are empowering the elderly and their caregivers to have a greater voice in decisions regarding their quality of life.

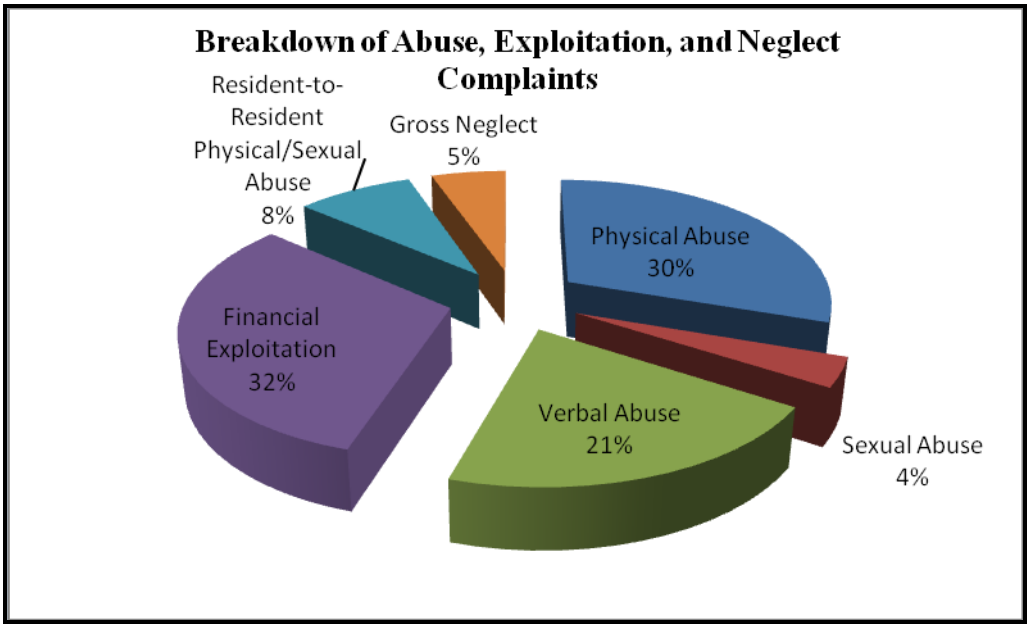
While the Office was initially located in-but-not-of the Department of Community Affairs, in 1996 it was relocated to the Department of Health and Senior Services. In 2006, the Legislature restored the Public Advocate as a principal department in the executive branch, and placed the Office of the Ombudsman into the Division of Elder Advocacy of the Department of the Public Advocate.

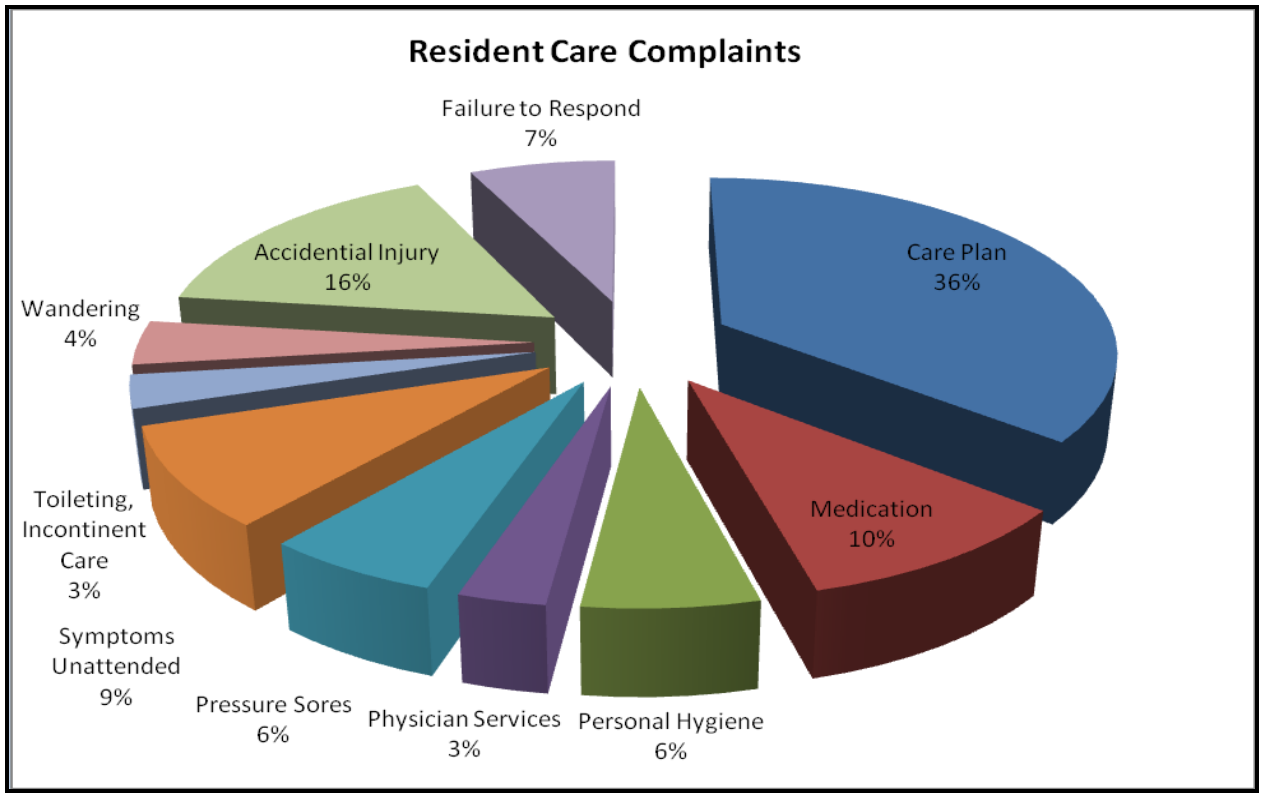
PROGRAM OPERATIONS

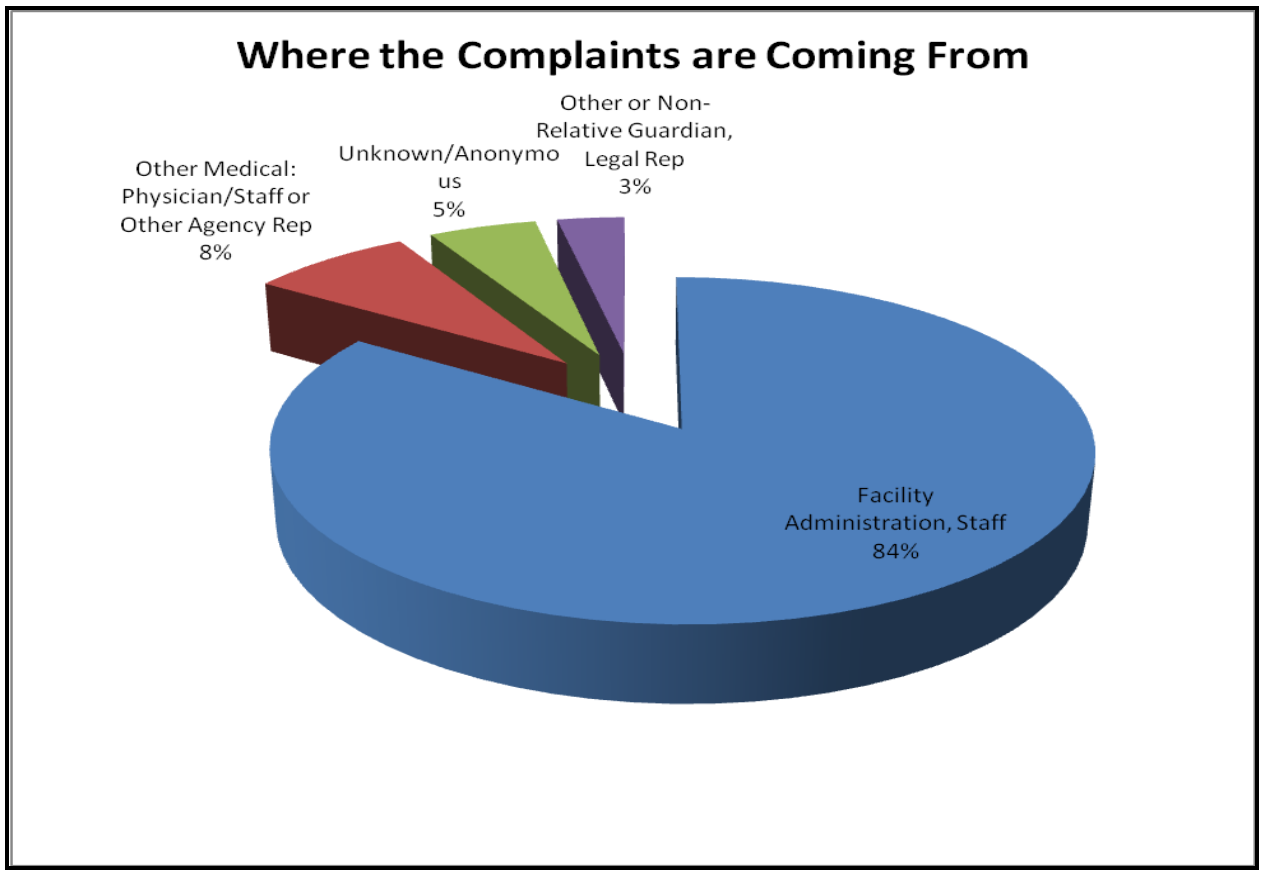
Most Frequent Complaints

Complaint investigations are the primary responsibility of the Ombudsman program, both under the mandate of the Federal Older Americans Act (42 *U.S.C.* 3058g) and State law (*N.J.S.A.* 52:27G-7.2 and 8). Ombudsman staff makes every effort to resolve complaints at the bedside, and work closely with residents and facility staff to offer recommendations for improved care. In FY 2008, we opened 3,316 cases, and closed 3,343 cases, representing 7,658 complaints. The Federal Administration on Aging requires us to track complaints in 132 complaint categories, organized in 17 sections. A detailed breakdown of complaints is contained in our annual NORS report to the Administration on Aging, a copy of which is attached at the end of this report. Of these 132 complaint categories, the 10 most frequently encountered were:

- Care plan/assessment inadequate, lack of patient/family involvement, failure to follow plan or physician orders – 834
- Accidental or injury of unknown origin, falls, improper handling – 366
- Inadequate record keeping – 465
- Abuse, physical – 463
- Financial exploitation by family or other not affiliated with the facility – 482
- Abuse, verbal – 316
- Medications: administration, organization – 224
- Symptoms unattended, no notice to others of changes in condition – 217
- Dignity, respect, staff attitudes – 176
- Discharge, eviction: planning, notice, procedure – 267
- Family conflict, interference – 235
- Legal – guardianship, conservatorship, power of attorney, wills – 212




Resident Care Complaints
Failure to Respond 7%
Accidential Injury 16%
Wandering 4%
Toileting, Incontinent Care 3%
Symptoms Unattended 9%
Pressure Sores 6%
Physician Services 3%
Personal Hygiene 6%
Medication 10%
Care Plan 36%


Where the Complaints are Coming From
Other or Non-Relative Guardian, Legal Rep 3%
Unknown/Anonymous 5%
Other Medical: Physician/Staff or Other Agency Rep 8%
Facility Administration, Staff 84%

Salem County nurse stole drugs

In Salem County, nurse Devin Bonsall, 30, pleaded guilty last month to stealing narcotics while neglecting and abusing the elderly. She faces three years in state prison, according to Salem County Assistant Prosecutor Tom DeSimone.

"The Ombudsman's Office did a great job, a very thorough investigation," said DeSimone. Ombudsman Investigator Doris Ziefle found that Bonsall, who had been an employee of the Rainbow Nursing Home in Pittsgrove, deprived elderly residents of their medications and tried to slip them improper, substitute pills.

Bonsall's crime came to light because a co-worker complained about her to the Office of the Ombudsman for the Institutionalized Elderly. By the time Bonsall was arrested in June 2008, an extensive investigation had uncovered 40 separate allegations of elder abuse, theft of narcotics and assault.

Bonsall is scheduled to be sentenced in Salem County Superior Court on Jan. 5, 2010, DeSimone said.

Criminal complaint filed against granddaughter in Ocean County

The Ocean County Prosecutor's Office has charged Faith X. Farr with stealing more than $100,000 from her 88-year-old grandmother, based on an investigation begun Fred R. Zeilsdorff of the New Jersey Ombudsman for the Institutionalized Elderly.

Farr tried to hide the theft by moving the money through several accounts, according to Ocean County Det. Taryn Ritacco Schwartz. Farr – who also has used the name Faith Brown -- allegedly stole the money from her grandmother, Isabelle Cimbri, a resident at the Shorrock Gardens Care Center in Brick.

If Farr is convicted of the second-degree criminal charge, she faces between five and 10 years in state prison, according to Ocean County Assistant Prosecutor Martin Anton.

The Shorrock Gardens center contacted the Ombudsman's office in January 2007, complaining that Cimbri's bills were not being paid and that Farr had made no arrangements to pay them.

The Ombudsman's office verified that Cimbri was apparently a victim of financial exploitation by her granddaughter and turned the matter over to the prosecutor's office for criminal action.

A criminal complaint against Farr was filed on Sept. 29. She turned herself in and was released on $40,000 bail on Oct. 9, Anton said.

Equipment fails; 79-year-old Bergen County man dies; criminal investigation underway

A 79-year-old man, who was a patient in a Bergen County nursing home, was discovered to be unresponsive when he was visited by his daughter at approximately 6:25 p.m. one evening last summer. The man had been alert when he was admitted six weeks earlier, but he was not breathing when his daughter saw him and paramedics were unable to revive him.

The nursing facility maintained that its ventilator machine functioned properly, but an Ombudsman investigator, after examining the computerized record maintained by the machine, discovered that the machine had lost power and was not functioning for nearly an hour before the man's body was discovered.

The Ombudsman found that the patient had been subjected to gross neglect by the nursing home and referred the matter to the Bergen County Prosecutor's Office for further investigation. As of January 2010, the matter was still under criminal investigation.

The Ombudsman Volunteer Advocacy Program, first piloted in 1993, continues to thrive. New Jersey has a very dedicated and caring corps of volunteers. Advocates complement the investigative function of the Ombudsman's office by attempting to resolve quality of care and quality of life issues as close to the bedside as possible, referring complaints of abuse, neglect and exploitation for investigation. Far too often, our volunteers are the only visitors a resident may have. Our advocates are in facilities, working pro-actively to make sure that minor concerns don't grow into major quality of care complaints.

Volunteer Recruitment

Each Volunteer Advocate must have excellent communication skills to establish and nurture relationships with residents of Long Term care facilities. In addition, volunteers must be effective advocates, and knowledgeable in residents' rights and best practices in Long Term care.

We have trained more than 905 volunteers, of whom 180 are currently active, and placed in 159 facilities throughout the State. Potential volunteers complete 32 hours of training in communication, medical, legal, observation, and trouble-shooting skills. After which, the advocates visit nursing facilities near their homes a minimum of 4 hours each week, and address resident concerns on such issues as living conditions, daily activities, and quality of care.

Volunteered Hours: est. 34,000

The volunteer advocate program is administered regionally in the northern counties by Bergen Family Services, Inc., a non-profit service agency, with experience in nursing home advocacy and community-based volunteer programs. We are working closely with the Retired and Senior Volunteer Program (R.S.V.P.), AARP and Rutgers School of Law Camden Elder Law Clinic to recruit more volunteer advocates.

Volunteer Recognition and Retention

Recognition of our volunteer program has been wide-spread and positive. Every year volunteers are given a prestigious appreciation award ceremony for their dedication and diligence in serving seniors. Our volunteers are celebrated throughout the year whether with in-service breakfast/luncheons, and/or Quality meetings to keep volunteers up-to-date with new information and training materials.

The Volunteer Advocacy Program was nominated for an award at the Governor's Annual Volunteer Awards ceremony. In addition, two volunteers were nominated for long term service in this program: Linda Mainker of Region I, has been with the program for 10+ years

and Doug Powell has been with the program for 12 years. Both volunteers dedicate at least 4 hours per week to 2 different facilities.

Volunteers are needed

Volunteering brings support and a sense of personal value to the lives of our senior residents. The mere presence of a volunteer in a facility deters concerns that would otherwise go unnoticed until it is too late. They are the visual and listening device within the facilities acting as a bridge for nursing home residents. Volunteering is in demand. As people are living longer, they're outliving their family and their spouses. They need someone to advocate for them.

The Ombudsman worked to develop Regional Long Term Care Ethics Committees Development and Training which is the only statewide network of regional long term care anywhere in the county, with financial and technical help from the *Robert Wood Johnson Foundation* and Cooper Hospital University Medical Center. The regional committees are the initial contact to resolving issues pertaining to long term care facilities and families. These committees can conduct a more thorough investigation of a particular situation, as well as offer recommendations to the decision-maker. The Ombudsman also encourages long-term care facilities to call upon the expertise of the Long-Term Care Ethics Committees. This program has received widespread support and enthusiasm in the community.

As the overseer of end-of-life decision making in long-term care facilities, the Office of the Ombudsman for the Institutionalized Elderly helps these residents through the process of making a difficult decision. It is the Ombudsman's role to inform residents and families of their rights and make recommendations on a particular course of action so that there is they feel somewhat equipped to make a determination. New Jersey Supreme Court's 1985 decision ***In the Matter of Claire C. Conroy*** (98 *N.J.* 321, 1985).

Helping Families

Family members of residents often feel that pain is inadequately treated at the end of life. The objective to palliative care is to maintain and improve the quality of life of all patients and their families during any stage of illness. Palliative care is relieving or soothing the symptoms of a disease or disorder without affecting a cure. This realm of long term care for the Office of the Ombudsman is to ensure that the residents in the facilities lives are not compromised and in the end stage of life their rights are still protected.

PUBLIC AWARENESS AND OUTREACH

The institutionalized elderly whom we serve are not always in the best position to advocate for themselves. They need to know that there is someone whom they can contact, confidentially, who will respond to their concerns. Self advocacy is a very important component. More importantly, we vigorously encourage family members to be involved for they are the defense front runner for their loved ones. The family members must also know how to contact us and feel secure in voicing their concerns.

Advocacy is a core service of the Ombudsman Program. The ombudsman and volunteers fight for rights, services and choices of institutionalized elderly. The elderly should know their rights and feel confident in standing up for them. Self-advocacy ensures that dignity and respect is given and quality of care is a habit. The Ombudsman advocates for the right to dwell in an environment that supports the highest possible quality of life and well-being. Problems or concerns very often do not start out huge, there is a starting point referred to as "the root". These roots are not easily resolved by petitions, grievances, or in-house reprimands. The Ombudsman is able to advocate for needed improvements in state and federal legislation and policies that impact consumers of long- term care services and senior citizens.

The most ubiquitous form of public awareness is our poster, which by law must be conspicuously posted in public areas of all facilities under our jurisdiction. Our posters proclaim, in English and Spanish, "Freedom from abuse, neglect and exploitation is not a privilege … It's a Right!" and provides our toll-free contact number. In addition, upon admission, every resident must be presented with a form that describes our office, the reason for its existence, and the fact that it investigates complaints of abuse, neglect, and exploitation.

We take seriously the Older Americans Act mandate to educate the community about good care and dignified treatment of elderly residents. Trained staff and volunteers speak frequently to families, resident/family councils, and providers about resident rights and quality of care.

OBRA '87 22ND ANNIVERSARY
THE NURSING HOME REFORM LAW

The year 2008 marked the 22nd year of the passing into law of the Omnibus Budget Reconciliation Act of 1987 (also known as the Nursing Home Reform Act), landmark

legislation for federal standards for nursing home care. The Nursing Home Reform Act changed federal law by instituting higher standards for patient care. The law increased staffing requirements and established a number of resident rights, including the right to be free from abuse, mistreatment, and neglect. It also established an enforcement system and merged Medicare and Medicaid standards and certification requirements.

Purpose of the Nursing Home Reform Law

The basic objective of the 1987 Nursing Home Reform Act is to ensure that residents of nursing homes receive quality care that will result in their achieving or maintaining their "highest practicable" physical, mental, and psychosocial well-being. To secure quality care in nursing homes, the Nursing Home Reform Act requires the provision of certain services to each resident and establishes a Residents' Bill of Rights.

Nursing homes receive Medicaid and Medicare payments for long term care of residents only if they are certified by the state to be in substantial compliance with the requirements of the Nursing Home Reform Act.

Required Resident Services

The Nursing Home Reform Act specifies what services nursing homes must give residents and establishes standards for these services. Some of the required services include: periodic assessments for each resident; a comprehensive care plan for each resident; nursing services; social services; rehabilitation services; pharmaceutical services; dietary services; and, if the facility has more than 120 beds, the services of a full-time social worker.

The Residents' Bill of Rights

The Nursing Home Reform Act established the following rights for nursing home residents:

- The right to freedom from abuse, mistreatment, and neglect;
- The right to freedom from physical restraints;
- The right to privacy;
- The right to accommodation of medical, physical, psychological, and social needs;
- The right to participate in resident and family groups;
- The right to be treated with dignity;
- The right to exercise self-determination;
- The right to communicate freely;
- The right to participate in the review of one's care plan, and to be fully informed in advance about any changes in care, treatment, or change of status in the facility; and
- The right to voice grievances without discrimination or reprisal.

Survey and Certification

To monitor whether nursing homes meet the Nursing Home Reform Act requirements, the law also established a certification process that requires states to conduct unannounced surveys, including resident interviews, at irregular intervals at least once every 15 months. The surveys generally focus on residents' rights, quality of care, quality of life, and the services provided to residents. Surveyors also conduct more targeted
surveys, or complaint investigations, in response to complaints against nursing homes.

If the survey reveals that a nursing home is out of compliance, the Nursing Home Reform Act enforcement process begins. The severity of the remedy depends on whether the deficiency puts a resident in immediate jeopardy, and whether the deficiency is an isolated incident, part of a pattern, or widespread throughout the facility. For some violations, nursing homes have an opportunity to correct the deficiency before remedies may be imposed. Any or all of the following sanctions can be imposed to enforce compliance with the Nursing Home Reform Act:

- Directed in-service training of staff;
- Directed plan of correction;
- State monitoring;
- Civil monetary penalties;
- Denial of payment for all new Medicare or Medicaid admissions;
- Denial of payment for all Medicaid or Medicare patients;
- Temporary management; and
- Termination of the provider agreement.

The state of nursing home quality 22 years later

Since Congress passed a law designed to improve the quality of nursing homes 2 decades ago, nursing homes have improved, but there are still a lot of problems. This is the conclusion of a new report by the Kaiser Family Foundation that examines the progress nursing homes have made over the past 22 years since the Nursing Home Reform Act of 1987 became law.

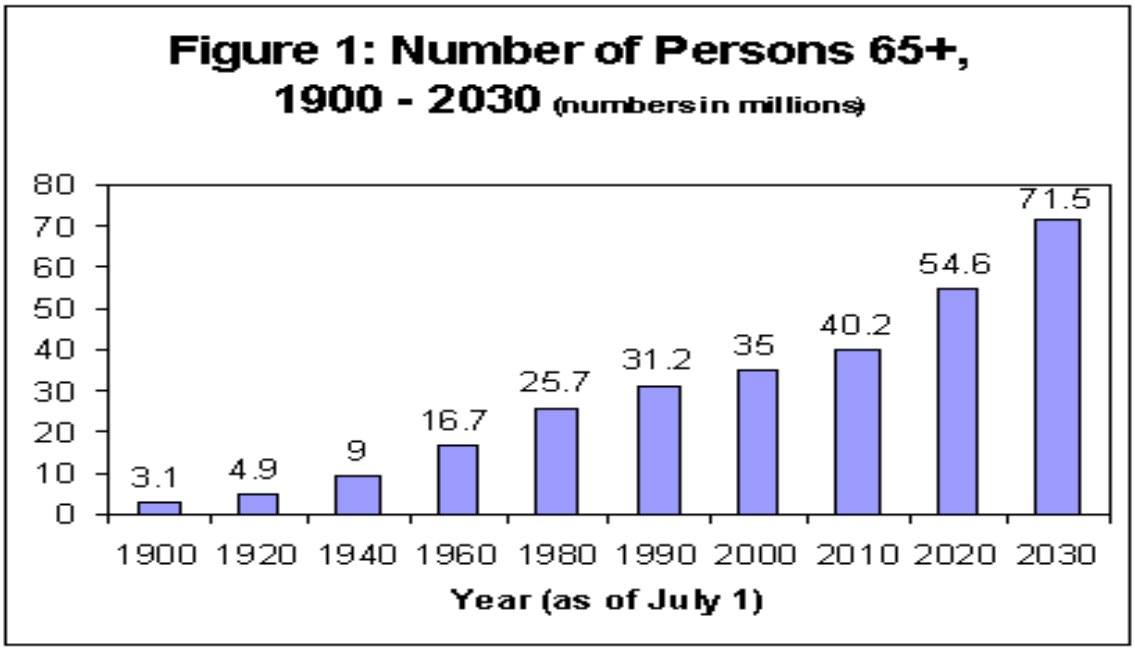
According to the report, one of the biggest improvements since the passage of the Nursing Home Reform Act is the reduction in the use of physical restraints, which can decrease a resident's muscle tone and cause other health problems. In 2006, fewer than 6 percent of long-stay nursing home residents had been restrained during the last 7 days. In addition staffing levels and training have improved slightly.

Although there have been improvements, the report notes there are still serious problems. The number of facilities cited for violations is still high. In 2006, nearly one-fifth of all certified facilities were cited for deficiencies that caused harm or immediate jeopardy to residents. Staffing levels have improved somewhat, but studies indicate that nursing homes are still significantly understaffed. In addition, while there were improvements in the system immediately after the law's passage, improvements seem to have plateaued.
The report examines some possible future strategies for improving care, including reforming Medicaid and Medicare reimbursement, changing organizational culture, and providing more information to consumers.

The full report can be downloaded from **http://www.kff.org/medicare/7717.cfm**

Why is this important?----Because we are living longer and it is very likely that the need for quality long term care facilities will increase.

The Aging of America



THE NUMBERS
Someone turns 50 years of age every 6 seconds. *55 million people in the U.S. are over 55 years of age and 34 million are over 65 years old - and that figure will double by 2030.*

Median age in the U.S. today is 43. By the year 2014, the youngest baby boomers will be 50 years of age and the oldest will be 68.

People over 50 account for 43 percent of all U.S. households.

The over-85 age group is the fasting-growing segment of the population.

By 2020, the senior population will number approximately 115 million.

The Office continues to be a major source of information for the public regarding Advanced Healthcare Directives, Durable Power of Attorney, Nursing Home Patients' Bill of Rights and Involuntary Discharges.

For other helpful information, see our web site:
http://www.state.nj.us/publicadvocate/seniors/elder/

STATE OF NEW JERSEY
DEPARTMENT OF THE PUBLIC ADVOCATE

DPA Home
Public Interest
Developmental Disabilities
Mental Health
Senior Citizens
Elder Ombudsman
Citizen Concerns
Utility Customers
Children
Divisions
Contact Us
News

Home > Senior Citizens > Helpful Information

Helpful Information

What is the Ombudsman for the Institutionalized Elderly?

How do I decide in advance what medical treatment I want?

Durable Power of Attorney Questions and Answers

Read the Nursing Home Bill of Rights

View nursing home report cards

New law provides information on nursing homes, adult daycare

Advancing excellence in America's Nursing Homes national campaign

New Jersey's licensing regulations for nursing home and Long Term care facilities

Making Difficult End-of-Life Decisions

When should I report suspected elder abuse or neglect?

Read regulations for assisted-living facilities.

How to Choose a Nursing Home

Helpful Links

Aging and Disability Resource connection
Caregivers NJ
Veteran's Service
Tax Information for Seniors
AARP
Medicare/Medicaid
Federal Consumer Debt Collection Act

The work of the Office of the Ombudsman for the Institutionalized Elderly is done by a small, but extraordinarily dedicated staff. They are recognized here for their efforts and devotion.

Office of the Ombudsman Staff 2008-2008

Lisa Adinolfi, R.N.	Field Investigator, Nursing Care
Audrey Anderson, J.D.	General Counsel, Advocacy
Debra H. Branch, J.D.	Ombudsman
Benjamin Bruno	Field Investigator
Joann Cancel	Program Development Specialist
Maryanne Chamberlain	Customer Service Representative
Barbara Collis*	Field Investigator, Nursing Care
Frederick Golz, R.N.	Field Investigator, Nursing Care
William E. Hill	Field Investigator
Richard Kitson	Field Investigator
V. Gail Meszaros	Field Investigator
Paul Plumeri	Field Investigator
James Plastine	Nursing Consultant
Frederick Paugh	Field Investigator
Anita Scheckter	Program Development Specialist
Patricia Sharkey	Secretarial Assistant
Sharon Sniderman	Senior Management Assistant
Nalini Sundaresan, R.N.	Field Investigator, Nursing Care
Stanley Szot	Field Investigator
Rita Victor	Principal Clerk Typist
Joseph Wattai*	Field Investigator*
Frederick Zeilsdorff	Field Investigator
Doris Ziefle, R.N.	Field Investigator, Nursing Care

- *part time, special services employee*

CONCLUSION

The New Jersey Office of the Ombudsman for the Institutionalized Elderly remains a vital and effective presence in advocating for and securing the rights of the more than 120,000 men and women who make their homes in long term care facilities in this State. Whether their home happens to be a State-run Veteran's home, a non-profit or for-profit nursing facility, a residential health care facility, a "Class C" boarding home, or an Assisted Living facility, no amount of abuse, neglect or exploitation is acceptable.

Our challenge, and our passion, is to assure all of these New Jersey citizens that they will receive good quality care, and enjoy a good quality of life as long as they live.

NJ State Annual Ombudsman Report for Federal FY2008 - Part I.A

Agency or organization which sponsors the State Ombudsman Program: Ombudsman

Part I - Cases, Complainants and Complaints

A. Cases Opened

Provide the total number of cases opened during reporting period.	3,316

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.

NJ State Annual Ombudsman Report for Federal FY2008 - Part I.B

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	97	26	4
2. Relative/friend of resident	711	137	12
3. Non-relative guardian, legal representative	22	9	1
4. Ombudsman/ombudsman volunteer	32	3	0
5. Facility administrator/staff or former staff	1,509	364	32
6. Other medical: physician/staff	40	8	1
7. Representative of other health or social service agency or program	96	65	2
8. Unknown/anonymous	90	30	9
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	34	8	1

Total number of cases closed during the reporting period:	3,343

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

NJ State Annual Ombudsman Report for Federal FY2008 - Part I.C

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:	7,658

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.

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)	395	68
2. Abuse, sexual	41	12
3. Abuse, verbal/psychological (including punishment, seclusion)	266	50
4. Financial exploitation (use categories in section E for less severe financial complaints)	32	52
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	68	14
6. Resident-to-resident physical or sexual abuse	94	34
7. Not Used		
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	19	1
9. Access by or to ombudsman/visitors	29	12
10. Access to facility survey/staffing reports/license	1	0
11. Information regarding advance directive	2	1
12. Information regarding medical condition, treatment and any changes	101	23
13. Information regarding rights, benefits, services, the resident's right to complain	7	36
14. Information communicated in understandable language	0	0
15. Not Used		
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	12	16
17. Appeal process - absent, not followed	0	1
18. Bed hold - written notice, refusal to readmit	21	3
19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonme	205	62
20. Discrimination in admission due to condition, disability	2	0
21. Discrimination in admission due to Medicaid status	3	22
22. Room assignment/room change/intrafacility transfer	37	14
23. Not Used		
D. Autonomy, Choice, Preference, Exercise of Rights, Privacy		
24. Choose personal physician, pharmacy/hospice/other health care provider	2	0
25. Confinement in facility against will (illegally)	51	9
26. Dignity, respect - staff attitudes	162	14
27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke	33	6
28. Exercise right to refuse care/treatment	33	10
29. Language barrier in daily routine	53	3
30. Participate in care planning by resident and/or designated surrogate	24	3
31. Privacy - telephone, visitors, couples, mail	10	4
32. Privacy in treatment, confidentiality	18	6
33. Response to complaints	37	6
34. Reprisal, retaliation	23	2
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)	54	24
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	28	6
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	65	22
39. Not Used		
Resident Care		
F. Care		
40. Accidental or injury of unknown origin, falls, improper handling	340	26
41. Failure to respond to requests for assistance	156	10
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	721	113
43. Contracture	7	0
44. Medications - administration, organization	179	45
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	130	8
46. Physician services, including podiatrist	52	6
47. Pressure sores, not turned	135	9
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	191	26
49. Toileting, incontinent care	70	3
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced us	25	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	63	30
52. Not Used		
G. Rehabilitation or Maintenance of Function		
53. Assistive devices or equipment	71	5
54. Bowel and bladder training	2	0
55. Dental services	16	0
56. Mental health, psychosocial services	2	1
57. Range of motion/ambulation	7	0
58. Therapies - physical, occupational, speech	33	2
59. Vision and hearing	4	1
60. Not Used		
H. Restraints - Chemical and Physical		
61. Physical restraint - assessment, use, monitoring	15	1
62. Psychoactive drugs - assessment, use, evaluation	29	1
63. Not Used		
Quality of Life		
I. Activities and Social Services		
64. Activities - choice and appropriateness	18	4
65. Community interaction, transportation	4	0
66. Resident conflict, including roommates	26	7
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	20	4
68. Not Used		
J. Dietary		
69. Assistance in eating or assistive devices	46	2
70. Fluid availability/hydration	46	1
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	29	12

72. Snacks, time span between meals, late/missed meals	16	2
73. Temperature	3	0
74. Therapeutic diet	24	0
75. Weight loss due to inadequate nutrition	52	3
76. Not Used		
K. Environment		
77. Air/environment: temperature and quality (heating, cooling, ventilation, water, no	25	1
78. Cleanliness, pests, general housekeeping	37	13
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	40	14
80. Furnishings, storage for residents	5	1
81. Infection control	32	5
82. Laundry - lost, condition	6	0
83. Odors	25	2
84. Space for activities, dining	2	2
85. Supplies and linens	6	2
86. Americans with Disabilities Act (ADA) accessibility	0	0
Administration		
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	104	31
88. Administrator(s) unresponsive, unavailable	14	33
89. Grievance procedure (use C for transfer, discharge appeals)	2	0
90. Inappropriate or illegal policies, practices, record-keeping	303	162
91. Insufficient funds to operate	1	2
92. Operator inadequately trained	0	0
93. Offering inappropriate level of care (for B&C/similar)	1	16
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)	12	3
97. Shortage of staff	43	9
98. Staff training	23	12
99. Staff turn-over, over-use of nursing pools	5	2
100. Staff unresponsive, unavailable	39	12
101. Supervision	9	5
102. Eating Assistants	0	0
Not Against Facility		
N. Certification/Licensing Agency		
103. Access to information (including survey)	0	0
104. Complaint, response to	1	0
105. Decertification/closure	0	0
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
110. Not Used		
O. State Medicaid Agency		

111. Access to information, application	1	0
112. Denial of eligibility	4	2
113. Non-covered services	1	0
114. Personal Needs Allowance	0	0
115. Services	0	0
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	118	27
118. Bed shortage - placement	0	0
119. Facilities operating without a license	0	0
120. Family conflict; interference	186	49
121. Financial exploitation or neglect by family or other not affiliated with facility	366	116
122. Legal - guardianship, conservatorship, power of attorney, wills	159	53
123. Medicare	1	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	0	0
126. Protective Service Agency	0	0
127. SSA, SSI, VA, Other Benefits/Agencies	0	0
128. Request for less restrictive placement	7	1
Total, categories A through P	6,038	1,433

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	0
130. Hospital or hospice	20
131. Public or other congregate housing not providing personal care	0
132. Services from outside provider (see instructions)	167
133. Not Used	
Total, Heading Q.	187

Total Complaints*	7,658

* (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.)

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:	2,621	826	112

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)	1	2	0
b. Which were not resolved* to satisfaction of resident or complainant	179	47	1
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	108	25	6
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	60	30	8
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	0	0	0
e. For which no action was needed or appropriate	51	12	5
f. Which were partially resolved* but some problem remained	686	228	8
g. Which were resolved* to the satisfaction of resident or complainant	4,953	1,089	159
Total, by type of facility or setting	6,038	1,433	187

Grand Total (Same number as that for total complaints on pages 1 and 7 7,658

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