

2007 Annual Report



State of New Jersey Office of the Ombudsman for the Institutionalized Elderly

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State of New Jersey

DEPARTMENT OF THE PUBLIC ADVOCATE

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JON S. CORZINE
Governor

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October 29, 2007

TO: The Honorable Jon S. Corzine, Governor
Members of the Legislature and
Fellow New Jerseyans

I am pleased to submit this Report of Accountability of the Office of the Ombudsman for the Institutionalized Elderly, covering Fiscal Year 2006. This report will provide you with a comprehensive picture of New Jersey's Long-Term Care Ombudsman Program, as we continue to strive together to improve the quality of care and quality of life of the residents of our long-term care facilities: the people who call these places "Home."

There have been several significant initiatives begun or continued in the Ombudsman's office over the past year, which have enhanced our ability to be of service to New Jersey's most valuable citizens, at minimal cost to the taxpayers.

- We continue to train and retain volunteer advocates. Our small army of volunteers maintains a personal presence of the Ombudsman in the majority of New Jersey's nursing facilities.
- We also continue our leadership role in the area of biomedical ethics. Fourteen regional long-term care ethics committees are now operating throughout the State, and every long-term care facility now has access to one of these committees.
- Finally, we are assisting long-term care administrators to effect a cultural change in the facilities – a project that can lead to improvement in the quality of life experienced by our most vulnerable elderly.

I look forward to working with you to improve the quality of life for some of New Jersey's most vulnerable citizens.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Ronald K. Chen".

Ronald K. Chen
Public Advocate

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Accomplishments of New Jersey's Office of the Ombudsperson for the Institutionalized Elderly during Federal Fiscal Year 2006

The Ombudsman Program serves elderly residents of 1155 facilities, comprising:

- 371 Nursing Homes licensed under N.J.A.C. 8:39
- 228 Assisted Living and Comprehensive Personal Care Homes licensed under N.J.A.C. 8:36
- 217 Class C and D Boarding Homes licensed under N.J.A.C. 5:27
- 131 Adult Day Care Programs licensed under N.J.A.C. 8:43F
- 124 Free-standing Residential Health Care Facilities, licensed under N.J.A.C. 8:43
- 31 Residential Health Care Facilities in Long-Term Care licensed under N.J.A.C. 8:43
- 13 Public and Private Mental Hospitals licensed under 8:43G
- 11 Alternate Family Care entities licensed under N.J.A.C. 8:43B
- 11 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

Program Operations:

- Conducted 2,881 investigations and resolved 6,394 individual complaints.
- Made 525 visits to long-term care facilities other than in response to complaints.

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 New Jersey Task Force on Cancer and Aging.
- 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 New Jersey Prescription Drug Benefit Consortium
- Participated on the Alzheimer's Association Forum of New Jersey Professionals
- Participated on Ocean County Prosecutor's Elder Scams Task Force

Volunteer Recruitment and Coordination

- Recruited and placed 61 new Volunteer Advocates in 61 long-term care facilities.
- Coordinated the work of 177 Volunteer Advocates who provided 16,069 hours of service.

Public Awareness and Outreach

- Participated in the Ocean County Prosecutor's annual Senior Fest day.
- Participated in radio interview show, "Stepping Stones."
- Featured in *Star Ledger* news articles re: Assisted Living

Training and Education

- Provided 8 - 32 hour training courses for Ombudsman Volunteers
- Provided 12 New Jersey SEED training sessions for facility personnel and members of Regional Long-Term Care Ethics Committees
- Provided 4 New Jersey SEED training sessions for Ombudsman Volunteers

- Provided 74 in-service training sessions for facility staff on abuse and neglect, resident rights, and mandatory reporting.

Inter-Agency Coordination

- Participated in Medicaid Fraud Unit's full day training for State and local investigators.
- Participated as an evaluator in the Department of Health & Senior Services' Assisted Living Best Practices Program.

Bankruptcy Monitoring:

- Served as Patient Care Ombudsman in Chapter 11 Proceedings of Passaic Beth Israel Medical Center
- Presented on the Role of the Patient Care Ombudsman at the 25th Annual American Bankruptcy Institute Conference in Washington, DC

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.

LONG TERM CARE OVERVIEW

When the last federal census was taken in 2000, 17.2% of New Jersey's residents were over the age of 60. The Census Bureau predicts that, by the year 2030, 25.7%, *i.e.*, more than one out of every four New Jerseyans, will be over the age of 60. The fastest-growing segment of that population will be those aged 85 and older. That group will more than double, from 135,999 in 2000 to 290,911 in 2030.¹

State of New Jersey 2000-2030 Population Projections and Percent Change from Year 2000

Year	Age 60+	% Change	Age 85+	% Change
2000	1,443,782	-----	135,999	-----
2005	1,538,945	+06.6%	166,642	+22.5%
2010	1,710,530	+18.5%	198,835	+46.2%
2015	1,897,613	+31.4%	219,957	+61.7%
2020	2,135,704	+47.9%	229,814	+68.9%
2025	2,364,545	+66.7%	248,238	+82.5%
2030	2,518,734	+74.4%	290,911	+113.9%

The need for quality long-term care services is likely to increase proportionately. As the demand for long-term care services continues to rise, the demand on institutions and community-based healthcare providers will also increase. The nursing home population has been relatively stable over the past ten years, because the number of discharges from nursing homes has approximated the number of new admissions. The number of licensed nursing home beds in New Jersey has increased only 4% in the past ten years, from 49,417 in 1997 to 51,374 in 2007.² However, in that same period, the number of licensed Assisted Living beds has grown from a negligible number to 17,787.³

Generally healthy persons with limited care needs, and persons in the early stages of dementia, who would have gone into nursing homes ten years ago, are now going into assisted living facilities. While the licensed bed capacity of nursing homes has not changed significantly in ten years, the patient mix has changed dramatically. Nursing homes are now caring for sicker, needier persons, with much more complex and demanding care needs.

We anticipate that this trend will continue, as the population ages. However, some believe that there will be a decrease in the use of facility-based services, due to advances in medical technology, new home design that is "senior/disabled friendly," consumer preference to stay at home, and federal and state policies favoring home and community based services. Time alone will tell whether these factors will counter-balance the extreme increases in the number of older people requiring long-term care.

¹ Data Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

² Data Source: N.J. Department of Health and Senior Services.

³ According to the Department of Health and Senior Services, the first assisted living facilities were licensed in New Jersey around 1994 and the number of beds licensed by 1997 was small. Reliable figures are not available until the end of calendar year 2003, at which time there were 15,873 licensed AL beds.

PROGRAM OPERATIONS

The Year in Review

September 2006 saw the arrival of Alice Dueker as the first Director of the Division of Elder Advocacy.

October 2006 saw the Ombudsman as the keynote speaker for the Hospice & Palliative Care Association's advanced nursing seminar. Approximately 80 hospice nurses from around the state were in attendance. October also saw the submission of the initial 60-day report of Patient Care Ombudsman in the Chapter 11 reorganization of Passaic Beth Israel Medical Center.

November 2006 saw the Ombudsman give a presentation at New Jersey Medical School on use of DNR Orders in long-term care. November also saw the Ombudsman working in cooperation with the Alzheimer's Association of New Jersey, addressing behavioral issues in assisted living.

December 2006 saw the Office of the Ombudsman provide Advanced Ethics Training for the Society of Social Work Leadership.

January, 2007 saw the Assembly Health and Senior Services Committee hearing testimony regarding A-1433 (Increase of PNA allowances to \$50/monthly), and reporting the bill out of committee. January also saw the Ombudsman staff presenting a seminar to fellowship students at Rutgers University School of Social Work regarding end-of-life planning and decision making.

February 5, 2007 saw the promulgation by the Department of Health and Senior Services of long-awaited new regulations for Assisted Living Residences, Assisted Living Programs, and Comprehensive Personal Care Homes. Also, S-942/A-2029, requiring the DHSS to disclose ownership of long-term care facilities and adult day care facilities, unanimously passed both houses of the legislature on February 22, 2007

On Sunday, March 4, 2007, the Bergen *Record* published a front-page article regarding Assisted Living facilities, which referenced this Office several times, and informed the public regarding our activities. Other papers affiliated with the *Record* published the same story, or portions of it, later in the week.

Also in March, the Federal CMS issued termination letters to Atlantis Rehabilitation and Nursing Center (Carney's Point) effective March 23, 2007, and Americana Rehabilitation and Nursing Center (Maple Shade) effective March 29, 2007. This was the first time in recent memory that CMS had taken such action. Before CMS cut off Medicaid funding, however, the facilities were sold, and CMS suspended the termination to permit the new owners opportunity to bring the facilities into compliance with federal regulations.

April, 2007, saw the N.J. Ombudsman present to the American Bankruptcy Institute's 25th annual conference, regarding the new Patient Care Ombudsman provisions of the U.S. Bankruptcy Code.

May 2007 saw testimony by the federal General Accounting Office on the subject of Nursing Home Reform, before the U.S. Senate Special Committee on Aging. The report concluded that continued attention is needed to improve the quality of care in a small but significant share of nursing homes. New Jersey fared well in the report, showing serious deficiencies in 15.5% of nursing homes, as compared to the national average of 18.9%. Also in May, the Ombudsman presented on the subject of "Nursing Home Reform" at the N.J. AFL-CIO sixth annual Eldercare Conference.

On Tuesday night, May 15, 2007, two (2) nursing homes and one (1) assisted living facility were evacuated as a precaution due to wildfires raging in the area of Route 72, Manahawkin. More than 300 residents needed to be relocated temporarily, but no residents were injured.

June 2007 saw our 11th Annual Volunteer Recognition Luncheon. The Ombudsman presented at ARC of NJ 18th Annual Conference on Medical Care for Persons with Developmental Disabilities, and a representative of the Office presented at the annual meeting of the New Jersey Association of Non-Profit Homes for the Aging.

July 2007 saw the departure of Alice Dueker, Division Director, who moved to California with her family.

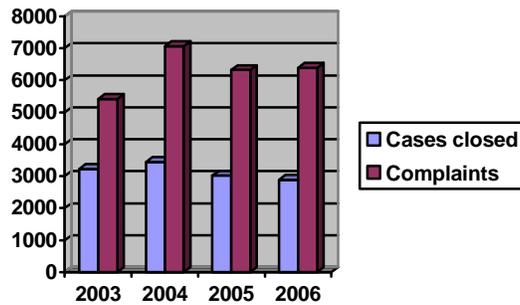
August 2007 saw the participation of the Office in the Ocean County Prosecutor's Senior Crimes Task Force's Third Annual Senior Fest.

Most Frequent Complaints

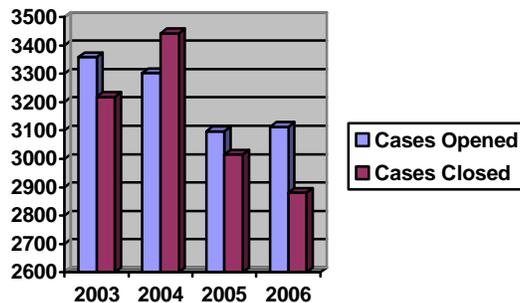
Complaint investigations are the primary responsibility of the Ombudsman program, both under the mandate of the Federal Older Americans Act (42 U.S.C. 3058g) and State law (N.J.S.A. 52:27G-7.2 and 8). Ombudsman staff makes every effort to resolve complaints at the bedside, and work closely with residents and facility staff to offer recommendations for improved care. In FFY 2006, we opened 3,113 cases, and closed 2,881 cases, representing 6,394 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 ten most frequently encountered were:

- Care plan/assessment inadequate, lack of patient/family involvement, failure to follow plan or physician orders – 810
- Inadequate record keeping - 384
- Abuse, physical – 382
- Accidental or injury of unknown origin; falls; improper handling - 361
- Abuse, verbal – 272
- Financial exploitation by family or other not affiliated with the facility – 260
- Symptoms unattended, no notice to others of changes in condition – 247
- Medications: administration, organization – 198
- Dignity, respect; staff attitudes – 190
- Discharge, eviction: planning, notice, procedure – 166

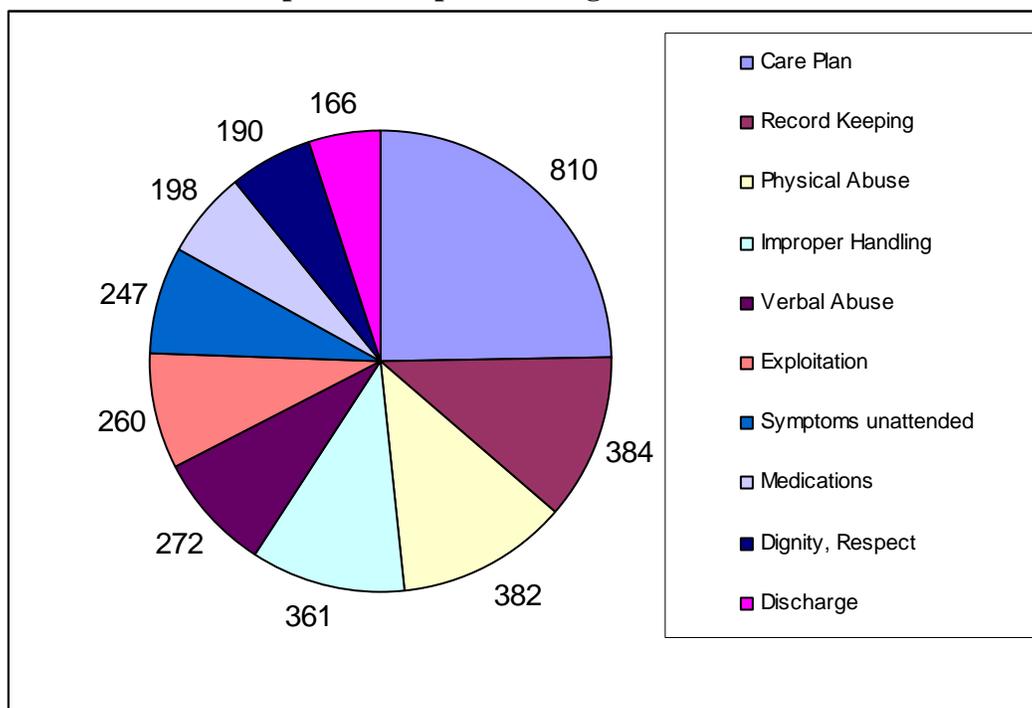
Complaints Investigated FFY 2003-2006



Cases opened / Cases Closed FFY 2003-2006



Top Ten Complaint Categories FFY 2006



Example of an Abuse Case

Resident is a 71-year-old female, with diagnoses of hypovolemia, CVA (stroke), dementia, and osteoporosis. She is completely dependent upon staff for care. On one evening, an aide hooked the resident's call bell onto the privacy curtain, out of her reach. The resident was unable to call for help with toileting, and urinated on the bed pad. The resident removed the wet pad from under her, and dropped it on the floor. When the aide came in the room and saw the wet pad on the floor, she became agitated. She picked up the pad and threw it in the resident's face, stating loudly, "I have to walk on this floor!"

The aide was terminated from employment at the facility, and ultimately placed on the State's Nurse Aide Abuse Registry. She can no longer work as a nurse aide in New Jersey.

Example of a Neglect Case

Resident is an 83-year-old female, with diagnoses of depression, hypertension, cardiomyopathy, congestive heart failure, a fractured hip and shoulder. She was care-planned as a fall risk. Her care plan also called for a right arm sling and an abductor pillow at all times, side rails and side rail protectors on the bed. She resided at the facility for 14 days.

On the evening of her admission, the resident was placed in a room at the end of the hall. She did not use the call bell system, but called out when she needed assistance. Her location was not conducive to a prompt response. The resident was not cleaned or

changed for the first two days she was in the facility. On the day of her death, she was found by an aide to have fallen between the bed and the wall. When found, she was in a kneeling position, and not breathing. CPR was instituted, 911 was called, and she was transferred to the hospital, where she was pronounced.

Our findings were referred to the Department of Health and Senior Services, Division of Health Facilities Evaluation and Licensing. The licensing agency cited the facility with multiple serious deficiencies.

Example of a Financial Exploitation Case

The resident is a 91-year-old widow. In 2003, the resident gave power-of-attorney to her pastor. While in a fiduciary capacity to the resident, the minister took at least \$160,000, and probably as much as \$172,000 from her, her sole major assets were her \$187,000 home and \$16,000 in savings. The minister claimed the money constituted “gifts.” There is no evidence that the resident was capable of exercising good judgment at the time these “gifts” were given, and ample evidence that she was incapacitated and exercising poor judgment when she was finally evaluated two months after the last “gift.”

It is the conclusion of our investigation that the minister abused her trust and exerted undue influence over her for his own personal gain, transferring between 79% (by his own admission) and 84% of her assets to himself for no legal consideration and without legal entitlement to do so.

Our findings were referred to the County Prosecutor, the Social Security Administration, and the Medicaid Fraud Section of the Attorney General’s Office. A guardianship application was made, and the Public Guardian was appointed to oversee this resident’s care. The guardian is working to obtain restitution of the resident’s funds.

Volunteer Ombudsman Corps

The Office's Volunteer Advocacy Program, first piloted in 1993, continues to thrive. We have trained more than 400 volunteers, of whom 177 are currently active, and placed in 170 facilities throughout the State. After completing 32 hours of training in communication, observation, and trouble-shooting skills, the advocates visit nursing facilities near their homes a minimum of four hours each week, and address resident concerns on such issues as living conditions, daily activities, and quality of care. It is the philosophy of the Office that concerns of this nature are best resolved at the bedside, before they develop into complaints. In that regard, the corps of volunteers has become a valuable asset of the Office.

New Jersey has a very dedicated and caring corps of volunteers. Far too often, our volunteers are the only visitors a resident may have. Good quality care should not depend on the "squeaky wheel" principle: the resident whose family makes the most noise gets cared for, while others are neglected. Having an advocate to speak for all the residents, whether their families are near or far, or they have no families at all, is the best way to assure that **CARE** remains the key word in Long-term Care. Our advocates are in facilities, working pro-actively to make sure that minor concerns don't grow into major quality of care complaints.

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.

During this year, approximately half of our volunteers participated in a special ethics education program, designed to make them aware of the existence and operation of our regional long-term care ethics committees, as well as to educate them in dealing with such "everyday ethics" issues as roommate disputes, issues of sexuality, and resident hygiene. Volunteers learned how the regional committees can be of assistance to their facilities, and as a result, some volunteers have even joined regional ethics committees.

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.) and AARP to recruit more volunteer advocates.

Recognition of our volunteer program has been wide-spread and positive. Our Statewide Volunteer Coordinator, Joann Cancel, has been tapped to chair the Governor's 2008 annual conference on volunteerism.

Ethics and End-of-Life Care

As a result of the New Jersey Supreme Court's 1985 decision *In the Matter of Claire C. Conroy* (98 N.J. 321, 1985), the Office of the Ombudsman has become the overseer of ethical decision making in New Jersey's long-term care facilities.

Regional Long-Term Care Ethics Committee Development and Training

In December, 1998, the Office of the Ombudsman for the Institutionalized Elderly, in cooperation with the Cooper Hospital University Medical Center, received a three-year grant from the Robert Wood Johnson Foundation, to sponsor and encourage the development of a statewide network of Regional Long Term Care Ethics Committees. Our initial goal was twelve (12) such committees; we have met and exceeded this goal. By the end of the grant period, fourteen (14) such committees had been created, and these regional committees are functioning as the only Statewide network of regional long-term care ethics committees anywhere in the country. Nursing homes and other providers of long-term care are encouraged to tap this resource when confronted with issues of bio-medical ethics, or merely the day-to-day ethical issues that arise everywhere.

Consistency of approach and methodology was a concern in creating this network. As part of the Robert Wood Johnson Foundation grant, we developed a five-session educational program and curriculum. The introductory intensive session (1½ days) presents ethical theory and case methodology customized for long-term care. Follow-up sessions 1 and 2 address ethical issues relating to the law, decision-making capacity, and pain management. Follow-up sessions 3 and 4 address advance care planning, the role of culture and spirituality, and educating and utilizing ethics committees. During the grant period, this curriculum was offered eleven (11) times, in various locations throughout the State. More than 700 health care professionals, representing more than 200 long-term care facilities in the State, participated.

This program has received such widespread support and enthusiasm in the community, that, notwithstanding the conclusion of the three-year Robert Wood Johnson Foundation grant, the Office has committed to the continuation of these training sessions as long as there are individuals desiring the training. Pursuant to this commitment, in December 2003, this Office teamed with the Office of Public Guardian (OPG) and the Bureau of Guardianship Services in the Division of Developmental Disabilities (BGS), to offer a twelfth intensive training session. In all, more than 125 individuals, including staff of the OPG and the BGS, participated.

In 2005, we decided to take the training to the regions. Each Regional Long-Term Care Ethics Committee (LTEC) was given the opportunity to sponsor a training in its region. By July 2007, we had conducted 15 such trainings, and more than 200 individuals participated. In all, more than 1,000 individuals have now been trained in the SEED methodology.

In October 2007, we will again partner with the Bureau of Guardianship Services to offer two more intensive training sessions.

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. More importantly, family members who visit their loved ones in facilities, must know how to contact us.

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.

This year, the Office of the Ombudsman partnered with the Rutgers University School of Social Work to obtain grant funding and carry out an innovative gerontology fellowship program for masters level social work students. We are hopeful that this program will encourage MSW students to work with the elderly. In addition to this partnership, Ombudsman representatives made presentations to medical, nursing and social work students at various local colleges and nursing programs, including Rutgers, UMDNJ, William Paterson College, Monmouth University, and Kean University. Speaking to students about residents' rights before they enter into a healthcare profession is vital to their understanding of the ombudsman program and its mission. The Office also provides in-service education to facilities on advance directives, conflict resolution, and reporting.

In addition to Rutgers University School of Social Work, the Office actively partners with other organizations to enhance awareness of long term care issues in the community. This year, Ombudsman representatives have spoken at the state-wide conferences of the Alzheimers Association, the Hospice and Palliative Care Association, and the ARC of New Jersey, among others. For the past six years, the Ocean County Prosecutor's Office has sponsored a Senior Fest, which is attended by large numbers of seniors from Ocean County, the County with the largest population of seniors, and the surrounding area. The Office of the Ombudsman took part in the inaugural Senior Fest Day, and has had a representation there every year since.

After the devastating fires in Southern Ocean County in May, which threatened two nursing homes and an assisted living facility, causing their evacuation, the Ombudsman was present when the residents were permitted to return. Family members who rushed to be with their loved ones expressed open appreciation of the Ombudsman's presence at this stressful time.

Finally, with the incorporation of the Office into the Division of Elder Rights in the Department of the Public Advocate, this year saw the development of a new and informative web page, www.nj.gov/publicadvocate/seniors/elder.

Consumer Information

The Office continues to be a major source of information for the public regarding Advance Directives for Health Care. Ever since the New Jersey Supreme Court's *Conroy* decision in 1985, designating the Office of the Ombudsman as the overseer of end-of-life decision making in long-term care, individuals and organizations throughout the State have looked to the Office for information on end-of-life care.

After the Florida case of Terry Schiavo in 2005, the Office partnered with the Department of Health and Senior Services to produce an informational brochure on Advance Directives. The information contained in that brochure is also available on our website.

We also distribute, in hard-copy and on the web site, the Nursing Home Patients' Bill of Rights, and offer advice to seniors and their families on selecting an appropriate long-term care setting to meet their needs.

STAFF

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 2006-2007

Lisa Adinolfi, R.N.	Field Investigator, Nursing Care
Audrey Anderson, J.D.	General Counsel, Advocacy
Benjamin Bruno	Field Investigator
Joann Cancel	Program Development Specialist
Maryanne Chamberlain	Customer Service Representative
Jennifer Linz Cooper, M.S.W.	Medical Social Work Consultant
Edward Corrales	Field Investigator (retired 3/2/2007)
Frederick Golz, R.N.	Field Investigator, Nursing Care
William E. Hill	Field Investigator
William P. Isele, M.A., J.D.	Ombudsman
Michael Karwacki	Field Investigator* (retired 6/1/ 2007)
Richard Kitson	Field Investigator
V. Gail Meszaros	Field Investigator
Paul Plumeri	Field Investigator
James Plastine	Nursing Consultant
Frederick Paugh	Field Investigator (started 3/5/2007)
Terrie Raychel*	Clerk Typist*
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
Steve Tassie	Field Investigator
Rita Victor	Principal Clerk Typist
Joseph Wattai*	Field Investigator*
Rachael Wise*	Volunteer Specialist* (resigned 3/31/2007)
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.

~

"The test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old, the incurable, the helpless, are the true gold mines of a culture."

- Rabbi A. J. Heschel, Ph.D. (1907-1972), theologian, scholar, civil rights activist