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Office of the State Long-Term Care Ombudsman Monthly Report

The Office of the State Long-Term Care Ombudsman (OSLTCO) is mandated by the Older Americans Act. Each state is required to have an OSLTCO; however each state OSLTCO operates in a different manner. The OSLTCO is a state office that provides advocacy for lowans living in the long term care settings that include nursing facilities, residential care facilities, assisted living facilities and elder group homes. In Iowa the OSLTCO includes the State Long-Term Care Ombudsman, Local Long-Term Care Ombudsman program (LLTCO), the Volunteer Ombudsman Program (VOP), an Empowerment Specialist and the Managed Care Ombudsman Program (MCOP).

Each LLTCO provides direct advocacy to lowans living in long-term care by looking into complaints made by or on behalf of residents and tenants. LLTCO are assigned to either the northern district of the state or the southern district of the state. At the direction and permission of the resident/tenant, LLTCOs work toward the desired complaint resolution. Volunteer Ombudsman also provide direct advocacy to lowans living in nursing facilities by looking into complaints made by or on behalf of residents. With resident permission, volunteer ombudsman work to get the resident's desired outcome to a complaint. Volunteer Ombudsman are assigned to a single facility and are required to be in that facility at least three hours per month during the time when there is not a public health emergency declaration.

The empowerment specialist program will allow for self-directed advocacy by residents and tenants. Resident councils are recognized in the Older Americans Act as a mechanism for residents to improve the quality of life in long-term care facilities via self-directed advocacy. The Empowerment Specialist works directly with residents and tenants of Iowa's long-term care facilities to equip them with the skills they need to establish resident councils in facilities, works to support existing resident councils, and also works to educate facility administration in understanding the facility's obligations to work to resolve issues brought to the facility's attention from the resident council.

The OSLTCO also houses the MCOP. While not recognized under the Older Americans Act, the MCOP advocates for managed care members who reside in a long-term care facility or who receive services under one of the home and community based waivers. The MCOP separately publishes a monthly report on the activity of that program.

This month's report provides an opportunity to learn a bit more about the Volunteer Ombudsman Program Coordinator, Empowerment Specialist and Administrative Assistant for the OSLTCO.

The Volunteer Ombudsman Program Coordinator is Lisa Van Klavern. Lisa recently moved to the Des Moines area from the rural area of southeast/south central Iowa. Volunteering has been a large part of her personal life and she cherishes the memories as well as the skills she has learned while volunteering. Volunteering gives her the opportunity to help others and give back to my community. In her free time, Lisa loves to hike trails and search out the next waterfall, bridge or scenic view nature has to offer.

Empowering others to improve in the direction they wish to grow, to belong and to make a self-determined difference is the driving force behind Pam Mollenhauer's relentless pursuit as the Empowerment Specialist.

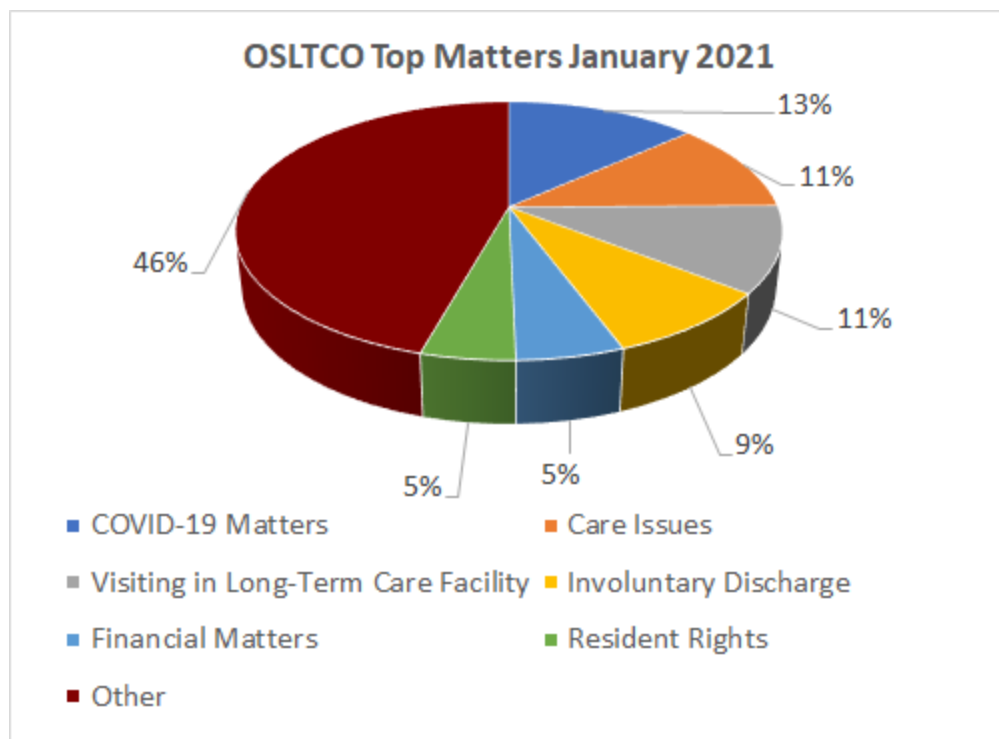
Over the years Pam has held many extracurricular leadership positions and to this day, she actively serves in a variety of public roles for the betterment of public health across the State. Pam holds a governor-appointed

commission to the Statewide Independent Living Council (SILC). She currently serves her city on the Pleasant Hill Planning and Zoning Commission and serves Polk County as a board member of the Polk County Conservation Commission. Her efforts to champion inclusion of all people regardless of age or ability, in harmony with a safe and healthy environment, is a continual personal and professional pursuit.

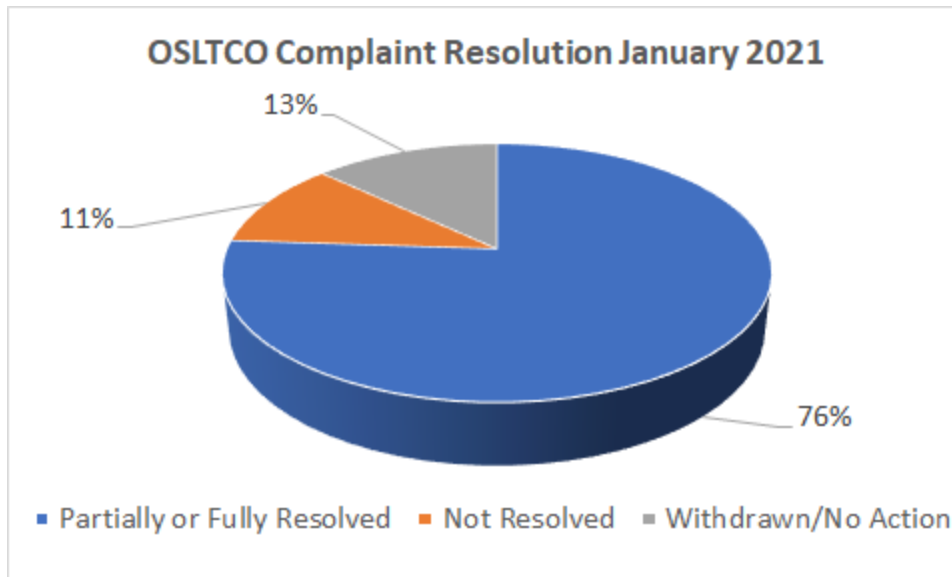
Both Pam and her husband Doug came from large Eastern and Central Iowa families and have lots of siblings, which is the foundation of her teamwork ethic. She and Doug are blessed with two grown children, a future son-in-law, two grandchildren and two adopted stray cats from the State Fair. Even though Pam enjoys many interests and hobbies, time spent with family and friends is most treasured and at the top of the list.

Katie Mulford is the Administrative Assistant for the OSLTCO. For the past 15 years she has served in a variety of capacities to assist and grow the OSLTCO including serving on the WellSky Ombudsman workgroup. She has served as the interim executive secretary for the Iowa Department on Aging, on the Alzheimer’s Disease Task Force, assisted the Coordinated Community Response team, assisted the Substitute Decision Maker Task Force prior to the creation of the Office of Public Guardian, and received a Governor’s Excellence Award. Katie holds a bachelor of science degree in psychology from Iowa State University. She has two children and enjoys attending all of their activities.

In this monthly report, data is being provided on activities of the LLTCO program for complaints, actions and resolution of long-term care residents and tenants for January 2021.



The top five matters depicted above, in addition to COVID-19 matters, encompass a total of 54% of all of the matters the OSLTCO looked into during January 2021. The national health emergency of COVID-19 continues to be the top matter looked into by the local long-term care ombudsman especially with vaccination in full swing in long-term care facilities across the State of Iowa.



During the month of January the OSLTCO was able to partially or fully resolve 76% of the complaints to the satisfaction of the resident/tenant.

COVID-19 Related Matters

The national health emergency of COVID-19 continues to be the top matter looked into by the local long-term care ombudsman especially with vaccination in full swing in long-term care facilities across the State of Iowa. Examples of COVID-19 related matters include clarifying visitation restrictions and sharing information on current regulations and long-term care facility guidance.

Visitation

We are nearing the one-year mark from when we first began hearing the term COVID-19. Since that time unfortunately that terrifying term has become commonplace in our daily vocabulary and taken an unimaginable toll on the population served in long-term care facilities. The upheaval of residents' daily lives and loss that residents' have faced cannot be adequately measured. As the process of administration of the COVID-19 vaccines continues and hopefully brings facilities to a place where the word visitation is no longer followed by the word restrictions, the OSLTCO will continue to work to resolve visitation issues with resident and resident decision maker permission.

CMS guidance requires that compassionate care visits can occur even if the county positivity rate is above 10%, or the facility is in an outbreak status. Visitors can not display any symptoms of COVID-19 and must adhere to infection control measures.

Recent examples of successful visitation advocacy by a LLTCO include the following:

A nursing facility resident was under the care of hospice and the facility was not allowing the family to visit. In the family's words, "COVID regulations, even though we respected their intent, we felt gave too much leeway for Nursing Homes to lock families out with no compassion". The family had visited their mother five to six days per week prior to the lockdown and the facility was refusing to allow the family to visit, even as their mother neared the end of life. The LTCO was successful in advocating for family visits which the family described as a gift. In a similar situation, the LTCO advocated for a son to have in person visits with his mother. As a result, she began eating again and the family said, "We would like to impress upon others that non-English speakers in long-term care often miss the touch of loved ones and hearing their language. Your advocacy has made a difference in our lives and our Mother's [life]".

Care Issues

One of the most frequent issues brought to the attention of the OSLTCO are related to care concerns. These concerns include responses to requests for assistance, medications, assistive devices or equipment, rehabilitation services and restraints.

Nursing facility data is collected by Telligen, the Quality Improvement Organization, and supports the OSLTCO data for the period ending in October 2020 reflecting care concerns that are being voiced by residents and family members. State and national data collected between March 2020 and October 2020 versus the pre-pandemic six month period shows increases in the number of residents experiencing excess weight loss, hi-risk/unstageable pressure ulcers, and signs and symptoms of depression. There has also been an increase in the use of antipsychotic medications. Residents are also experiencing a decrease in the ability to move independently and an increase in the need for assistance with activities of daily living which are defined as dressing, bathing, toileting, dining, mobility, oral care and communication activities. Questions regarding this data can be directed to <https://www.telligenqinqio.com>.

Involuntary Discharges

Involuntary discharges were another issue addressed for residents and tenants in January. Involuntary discharges occur when the facility staff wants a resident or tenant to move, but the resident or tenant would prefer to stay at that facility. There have been recent situations where a nursing facility refused to accept a resident back from the hospital and had not issued the proper involuntary discharge notice. Residents and tenants must be given a notice when a facility initiates an involuntary discharge and there are specific reasons why a resident or tenant may be asked to leave. When our office receives a copy of that notice, the LLTCO assigned to that matter reaches out to the resident/tenant or the resident's/tenant's decision maker to explain their rights during the process of the involuntary discharge. Public Health Emergency Declarations by Governor Reynolds have suspended involuntary discharges for non-payment but involuntary discharges for other reasons continue.