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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 LLTCO for the northern district of Iowa.

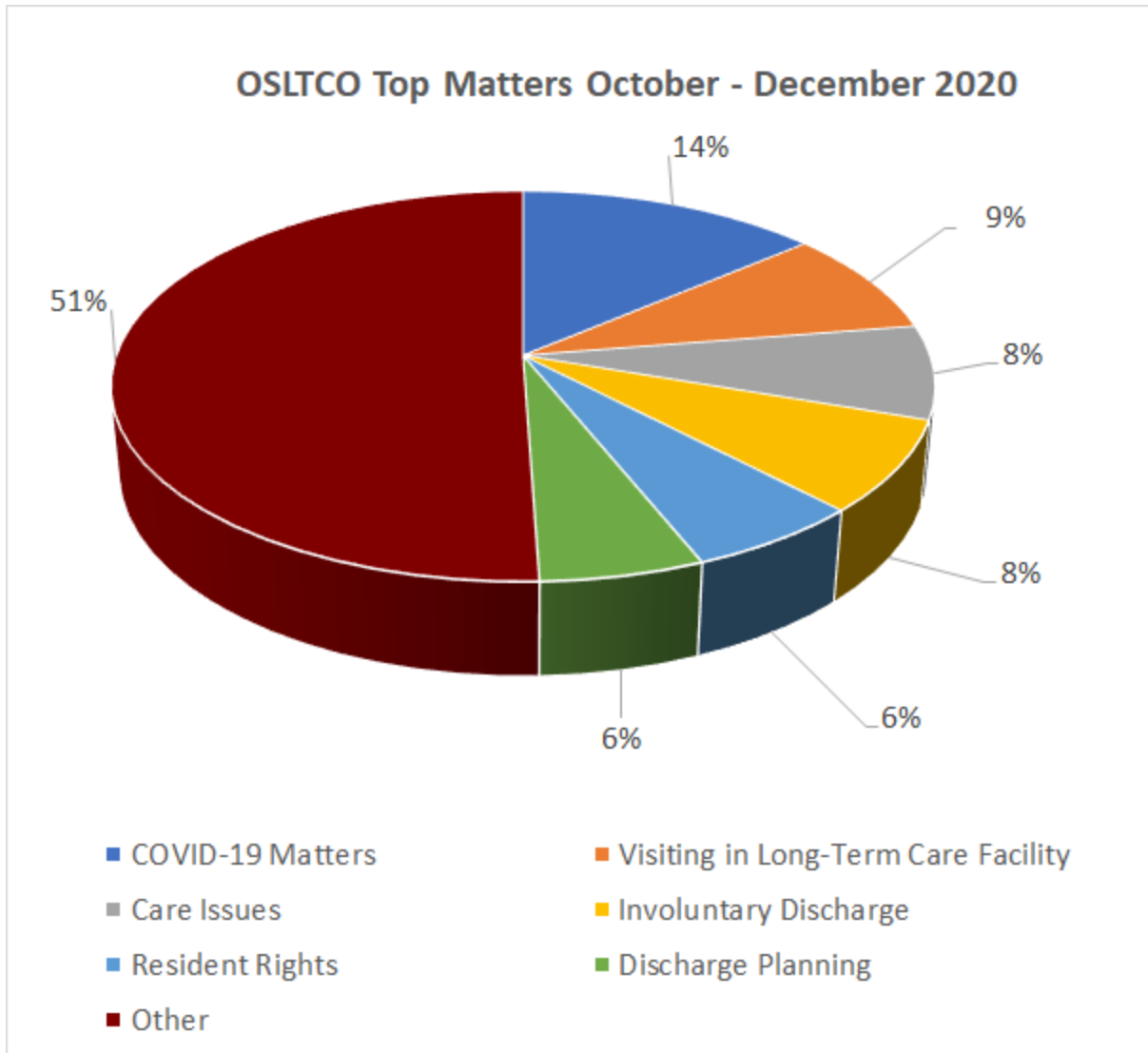
Melanie Kempf has been serving as a local long-term care ombudsman for over 11 years. She and her husband Bruce and daughters Ellison and Blaire live in Carroll County. Melanie enjoys her work because most days present a new scenario or challenge to try to resolve. When she's not working, Melanie enjoys spending time with family and friends and traveling to warm places.

Kim Weaver-Fritzsche has proudly worked for the great people of Iowa for 23 years. Bragging mom of three amazing kids, one yorkie and three rescue kitties. Kim loves cooking, crafts, reading, travel (when she can), and Pinterest.

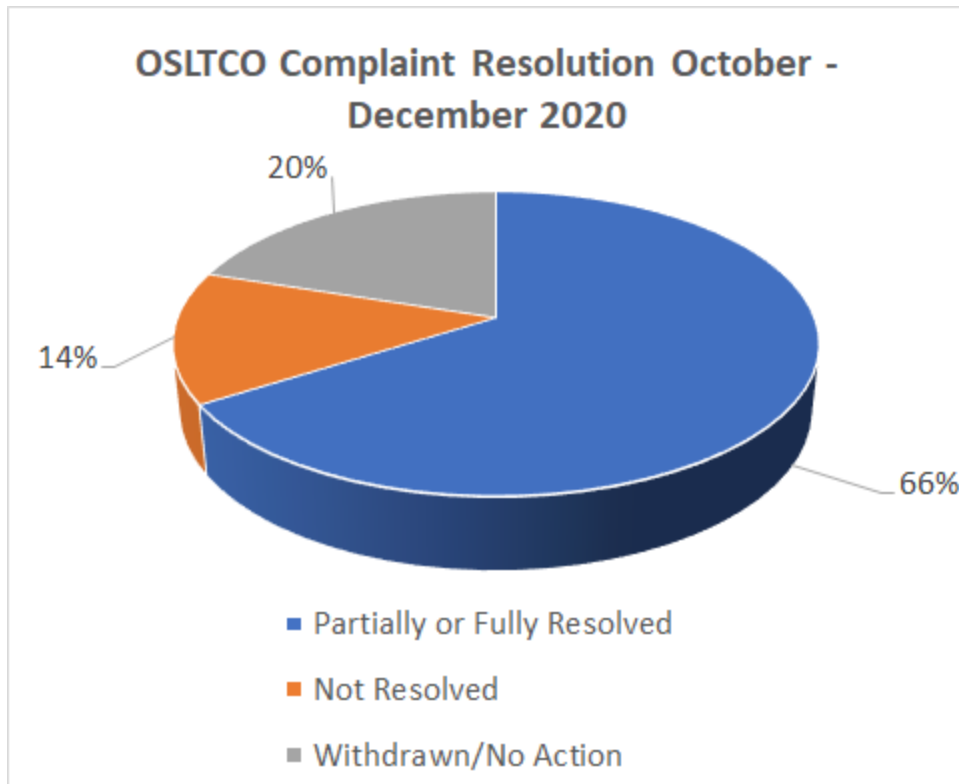
Jennifer Golle has been a Local Long-Term Care Ombudsman for ten years. She grew up in Chicago before settling into north Iowa as a young adult. Jennifer is the proud mother of three children and is happiest when

able to help others. Jennifer has worked in the human services field for 25 years serving those with disabilities of all ages and in multiple settings before becoming a certified ombudsman. Jennifer holds a B.S. degree from ISU and a B.A. from BVU. She has served on various advisory councils including the National Consumer Voice for Quality Long Term Care and currently serves on the I-START council through County Social Services. Jennifer is a dedicated ombudsman who enjoys tenaciously advocating for those in Iowa's long-term care facilities.

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 the first quarter of federal fiscal year 2021.



The top five matters depicted above, in addition to COVID-19 matters, encompass a total of 49% of all of the matters the OSLTCO looked into during the first quarter of federal fiscal year 2021. In line with the national pandemic and COVID-19 visitation restrictions discussed in December's OSLTCO monthly report, visiting in long-term care facilities continues to be the top matter looked into by the local long-term care ombudsman. Physical hygiene, symptoms unattend and medications are the top three care complaints. Also, the OSLTCO received requests for assistance or information regarding involuntary discharge from nursing facilities more than any other long-term care setting.



Overall, the OSLTCO was able to partially or fully resolve 66% of the complaints to the satisfaction of the resident/tenant. Withdrawn or no action complaints happen when action has begun by the representatives of the OSLTCO and the resident/tenant or complainant subsequently does not want the action to continue. The Administration on Community Living requires OSLTCO programs across the nation to report on those complaints.

Visitation

While the Centers for Medicare and Medicaid Services (CMS) has provided guidelines related to visitation, the nursing facilities have been given the ability to develop their own policies. This has resulted in differing interpretations of the CMS guidelines and a wide variety of visitation policies in facilities. The LLTCO have been educating facility staff on the differences between compassionate care visits and end of life visits which are often viewed by facilities as one in the same. Compassionate care visits allow visitation for residents who may be suffering physically and emotionally from separation from loved ones, grieving the loss of a loved one, experiencing a weight loss or dehydration, or becoming more withdrawn. These examples are not an exhaustive list of the reasons why a compassionate care visit should be allowed. Each situation is unique.

Under CMS guidance compassionate care visits are permitted to occur even if the county positivity rate is above 10% or the facility is in outbreak status. Visitors cannot display any symptoms of COVID-19 and must adhere to infection control measures. CMS guidance also requires that facilities must also facilitate a means for residents to communicate with the LLTCO through the use of telephones or technology. Please contact the OSLTCO for further information.

The following is an example of a situation where the LLTCO successfully advocated for a compassionate care visit. A new resident moved to the facility from her daughter’s home where she had lived for the past few years. The resident was experiencing a difficult time adjusting to her new environment which was further hindered by her progressing dementia. The LLTCO successfully advocated for visits between the resident and daughter to occur several times per week which has improved the resident’s quality of life.

End of life visits must occur when death of the resident is imminent. Recently, the LLTCO successfully advocated for the granddaughter of a dying resident to be able to bring her two year old son into the facility for an end of life visit even though the facility was not allowing any visitors under the age of 16 years. The LLTCO stressed the importance of the relationship between the resident and her great-grandson and the facility allowed for visitation just one day before the resident died.

Care Issues

One of the most frequent issues brought to the attention of the OSLTCO related to care concerns. Nursing facility data is collected by Telligen, the Quality Improvement Organization, and supports the OSLTCO data for the first fiscal quarter of 2021 reflecting care concerns that are being voiced by residents and family members. State and National Data collected between November 2019 through May 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. 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>. Residents voice concerns that call lights are taking longer to be answered, baths are not always given as scheduled, wanting to return to some form of communal dining as food is often cold by the time it arrives at the resident rooms and they miss the interaction provided at mealtimes. Family members report that residents often appear unkempt when visiting via electronic means, residents are unshaven, clothing is dirty, fingernails are long, glasses, dentures, or hearing aids are missing.

Involuntary Discharges

Another frequent matter addressed by the OSLTCO involved involuntary discharges. An involuntary discharge occurs when a nursing facility determines that a resident must leave their home at the facility, when the resident would prefer to remain. Early on in the COVID-19 public health emergency, Governor Kim Reynolds issued a suspension of involuntary discharges from nursing facilities for non-payment by residents. However facilities are able to continue to involuntarily discharge residents related to behavioral issues. In addition, some facilities are refusing to accept residents back when they are ready to be discharged from the hospital without the facilities following the required involuntary discharge process. Residents have the right to appeal involuntary discharges however they are not always aware of these rights. The OSLTCO can assist residents in understanding their rights and appealing involuntary discharges.

Residents' Rights

Concerns regarding residents rights have been widespread and encompass many aspects related to the quality of life of nursing facility residents. Residents have reported having to endure many room changes since the beginning of the pandemic with some reporting as many as eight room changes. Residents report having many of their personal items left in their original rooms and going weeks without some of the personal items of importance to them. Some personal items were lost in the many moves. CMS granted waivers to nursing facilities regarding room changes during the pandemic which has contributed to the multiple room changes when rooms are needed for quarantine, isolation and housing of residents who are COVID-19 positive.

Residents have shared concerns about feeling isolated, stating that few activities are being provided to them or staff being too busy to assist with setting up visits through electronic means. Residents have also been concerned about the lack of privacy afforded them during window visits and visits provided through electronic means.

Other rights that residents have voiced concerns about include the following matters. Additional fees being charged if the residents choose not to use the pharmacy preferred by the nursing facility stating that they have

lost the right to choose their own pharmacy without incurring additional costs. Additionally, residents voice concerns that their spiritual needs are not being met given that many facilities are not allowing in person visits from clergy. Finally, residents have voiced concerns about staff who are positive for COVID-19 are being allowed to work and that some staff may not be wearing their PPE correctly.

Discharge Planning

Residents have the right to live in less restrictive environments and are concerned that they are not receiving the proper assistance from the nursing facility staff when they voice a desire to return home or to a less restrictive environment or even more to a different nursing facility. The decision is that of the resident and not the facility staff when determining discharge plans and some of these requests for assistance are going unfulfilled.