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# **ADVOCACY NOW: A GUIDE FOR CARE REVIEW COMMITTEE FUNCTIONING**

## **Office of The State Long-Term Care Ombudsman**

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IOWA LONG-TERM CARE RESIDENTS' ADVOCATE/OMBUDSMAN PROGRAM  
ADVOCACY NOW: A GUIDE FOR CARE REVIEW COMMITTEE FUNCTIONING

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INTRODUCTION

Welcome to the Iowa State Long-Term Care Ombudsman Program. This Program is designed to be a statewide advocacy system with the sole purpose of ensuring that the RIGHTS OF CITIZENS are protected and guaranteed while the citizens reside in our long-term health care facilities. The backbone of this system is the Care Review Committee volunteers (Health Care Advocates). The effectiveness of this system depends primarily upon the quality of volunteers, your dedication to the long-term care residents and your willingness to be of service to your fellow human beings.

The Care Review Committee (CRC) system is unique to Iowa, even though all states, under federal law, have an Office of the State Long-Term Care Ombudsman. The CRC system has existed since 1971. The Ombudsman Program was created by federal law in 1978. Under Iowa law, every licensed long-term care facility must have a Care Review Committee of 3 or more volunteer advocates. These facilities may be Nursing Facilities (NF), Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), Intermediate Care Facilities for the Mentally Retarded (ICF-MR), Intermediate Care Facilities for Persons with Mental Illness (ICF-PMI), Residential Care Facilities (RCF), Residential Care Facilities for the Mentally Retarded (RCF-MR) or Residential Care Facilities for the Mentally Ill (RCF-MI).

With the increased aging and mobility of our population, it is anticipated that the need for long-term institutional care will also increase. With longevity comes an increased risk of one's development of chronic health - physical and mental - problems which require the professional care that long-term care facilities are designed to provide. In addition to the elderly, some citizens who are mentally ill, mentally retarded or developmentally disabled will require care in a long-term care facility.

Upon entering a long-term care facility, a resident (not "patient") may experience feelings ranging from those of acceptance to utter despair. Many profound emotions are experienced at this time. These emotions will affect interpersonal relationships within the facility. Residents may acquiesce to complacency and give up or they may continue to assert their independence and self-esteem. Staff may strive to provide services in a very caring and understanding manner or they may treat residents as "objects" and thus abridge the rights of residents to be treated respectfully as human beings. For these reasons, it is imperative that there is continuous community involvement in our long-term care facilities.

It is essential for the well-being of residents that community volunteers maintain a marked presence in long-term care facilities. A presence which will ensure that conditions and practices within facilities are monitored with an objective and independent eye. A presence which will ensure advocacy on behalf of residents to protect their rights in long-term care facilities.

FEDERAL (OLDER AMERICANS ACT) REQUIREMENTS  
FOR THE STATE LONG-TERM CARE OMBUDSMAN PROGRAM

The plan shall provide the following assurances, with respect to a long-term care ombudsman program:

- (A) The State agency will establish and operate, either directly or by contract or other arrangement with any public agency or other appropriate private nonprofit organization, other than an agency or organization which is responsible for licensing or certifying long-term care services in the State or which is an association (or an affiliate of such an association) of long-term care facilities (including any other residential facility for older individuals), and Office of the State Long-Term Care Ombudsman (in this paragraph referred to as the "Office") and shall carry out through the Office a long-term care ombudsman program which provides an individual who will, on a full-time basis --
  - (i) investigate and resolve complaints made by or on behalf of older individuals who are residents of long-term care facilities relating to action, inaction, or decisions of providers, or their representatives, of long-term care services, of public agencies, or of social service agencies, which may adversely affect the health, safety, welfare, or rights of such residents;
  - (ii) provide for training staff and volunteers and promote the development of citizen organizations to participate in the ombudsman program; and
  - (iii) carry out such other activities as the Commissioner deems appropriate.
- (B) The State agency will establish procedures for appropriate access by the ombudsman to long-term care facilities and patients' records, including procedures to protect the confidentiality of such records and ensure that the identity of any complainant or resident will not be disclosed without the written consent of such complainant or resident, or upon court order.
- (C) The State agency will establish a statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities for the purpose of identifying and resolving significant problems, with provision for submission of such data to the agency of the State responsible for licensing or certifying long-term care facilities in the State and to the Commissioner on a regular basis.
- (D) The State agency will establish procedures to assure that any files maintained by the ombudsman program shall be disclosed only at the discretion of the ombudsman having authority over the disposition of such files, except that the identity of any complainant or resident of a long-term care facility shall not be disclosed by such ombudsman unless--

- (i) such complainant or resident, or the individual's legal representative, consents in writing to such disclosure; or
  - (ii) such disclosure is required by court order.
- (E) In planning and operating the ombudsman program, the State agency will consider the views of area agencies on aging, older individuals, and provider agencies;
- (F) The State agency will--
- (i) ensure that no individual involved in the designation of the long-term care ombudsman (whether by appointment or otherwise) or the designation of the head of any subdivision of the Office is subject to a conflict of interest;
  - (ii) ensure that no officer, employee or other representative of the Office is subject to a conflict of interest; and
  - (iii) ensure that mechanisms are in place to identify and remedy any such or other similar conflicts.
- (G) The State agency will--
- (i) ensure that adequate legal counsel is available to the Office for advice and consultation and that legal representation is provided to any representative of the Office against whom suit or other legal action is brought in connection with the performance of such representative's official duties; and
  - (ii) ensure that the Office has the ability to pursue administrative, legal, and other appropriate remedies on behalf of residents of long-term care facilities.
- (H) The State agency will require the Office to--
- (i) prepare an annual report containing data and findings regarding the types of problems experienced and complaints received by or on behalf of individuals residing in long-term care facilities, and to provide policy, regulatory, and legislative recommendations to solve such problems, resolve such complaints, and improve the quality of care and life in long-term care facilities;
  - (ii) analyze and monitor the development and implementation of Federal, State, and local laws, regulations, and policies with respect to long-term care facilities and services in that State, and recommend any changes in such laws, regulations, and policies deemed by the Office to be appropriate;
  - (iii) provide information to public agencies, legislators, and others, as deemed necessary by the Office, regarding the problems and concerns, including recommendations related to such problems and concerns, of older individuals residing in long-term care facilities;
  - (iv) provide for the training of the Office staff, including volunteers and other representatives of the Office in--

## ELDER IOWANS ACT, 249D, CODE OF IOWA

### 249D.41 Purpose.

The purpose of this chapter is to establish the long-term care resident's advocate program operated by the Iowa commission of elder affairs in accordance with the requirements of the Older Americans Act of 1965, and to adopt the supporting federal regulations and guidelines for its implementation. In accordance with chapter 17A, the commission of elder affairs shall adopt and enforce rules for the implementation of this subchapter.

### 249D.42 Long-term care resident's advocate - duties.

The Iowa commission of elder affairs, in accordance with section 3027(a.12) of the federal Act, shall establish the office of long-term care resident's advocate within the commission. The long-term care resident's advocate shall.

1. Investigate and resolve complaints about administrative actions that may adversely affect the health, safety, welfare or rights of elderly in long-term care facilities.
2. Monitor the development and implementation of federal, state, and local laws, regulations and policies that relate to long-term care facilities in Iowa.
3. Provide information to other agencies and to the public about the problems of elderly in long-term care facilities.
4. Train volunteers and assist in the development of citizens' organizations to participate in the long-term care resident's advocate program.
5. Carry out other activities consistent with the resident's advocate provisions of the federal Act.
6. Administer the care review committee program.
7. Report annually to the general assembly on the activities of the resident's advocate office.

The resident's advocate shall have access to long-term care facilities, private access to residents, access to residents' personal and medical records, and access to other records maintained by the facilities or governmental agencies pertaining only to the person on whose behalf a complaint is being investigated.

### 249D.43 Authority and responsibilities of the commission.

To ensure compliance with the federal Act the commission of elder affairs shall establish the following:

1. Procedures to protect the confidentiality of a resident's records and files.
2. A statewide uniform reporting system.
3. Procedures to enable the long-term care resident's advocate to elicit, receive, and process complaints regarding administrative actions which may adversely affect the health, safety, welfare, or rights of elderly in long-term care facilities.

### 249D.44 Care review committee - duties - disclosure - liability.

1. The care review committee program is administered by the long-term care resident's advocate program.

2. The responsibilities of the care review committee are in accordance with the rules adopted by the commission pursuant to chapter 17A. When adopting the rules, the commission shall consider the needs of residents of each category of all licensed health care facility as defined in chapter 135C.1, subsection 4, and the services each facility may render. The commission shall coordinate the development of rules with the mental health and mental retardation commission to the extent the rules would apply to a facility primarily serving persons who are mentally ill, mentally retarded, or developmentally disabled. The commission shall coordinate the development of appropriate rules with other state agencies.

3. A health care facility shall disclose the names, addresses, and phone numbers of a resident's family members, if requested, to a care review committee member, unless permission for this disclosure is refused in writing by a family member.

4. Neither the state nor any care review committee member is liable for an action undertaken by a care review committee member in the performance of duty, if the action is undertaken and carried out in good faith.

- (I) Federal, State, and local laws, regulations, and policies with respect to long-term care facilities in the State;
  - (II) investigative techniques; and
  - (III) such other matters as the State deems appropriate;
- (v) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illness established under part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 et seq.) and under the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (Public Law 99-319); and
- (vi) include any area or local ombudsman entity designated by the State Long Term Care Ombudsman as a subdivision of the Office. Any representative of an entity designated in accordance with the preceding sentence (whether an employee or an unpaid volunteer) shall be treated as a representative of the Office for purposes of this paragraph.
- (I) The State will ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.
- (J) The State will--
- (i) ensure that willful interference with representatives of the Office in the performance of their official duties (as defined by the Commissioner) shall be unlawful;
  - (ii) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident or employee for having filed a complaint with, or providing information to, the Office; and
  - (iii) provide for appropriate sanctions with respect to such interference, retaliation and reprisals; and
  - (iv) ensure that representatives of the Office shall have--
    - (I) access to long-term care facilities and their residents; and
    - (II) with the permission of a resident or resident's legal guardian, have access to review the resident's medical and social records or, if a resident is unable to consent to such review and has no legal guardian, appropriate access to the resident's medical and social records.
- (K) The State agency will prohibit any officer, employee, or other representative of the Office to investigate any complaint filed with the Office unless the individual has received such training as may be required under subparagraph (H)(iv) and has been approved by the long-term care ombudsman as qualified to investigate such complaints.

## CHAPTER 8

### LONG-TERM CARE RESIDENT'S ADVOCATE/OMBUDSMAN

#### 321-8.1(249D) Purpose.

8.1(1) *General rule.* The department shall operate a statewide long-term care resident's advocate/ombudsman program in cooperation with appropriate state and local agencies such as the office of the citizen's aide/ombudsman, the Iowa department of public health, the department of inspections and appeals, the Iowa department of human services and the AAAs.

8.1(2) *Care review committee program administration.* The program shall include the administration of the care review program identified in Iowa Code section 249D.4.

#### 321-8.2(249D) Long-term care resident's advocate/ombudsman duties.

8.2(1) *Program administration.* The department shall employ an individual (hereinafter called the resident's advocate/ombudsman) to administer the long-term care resident's advocate/ombudsman program in accordance with the requirements of the Act and Iowa Code chapter 249D.

8.2(2) *Duties of the resident's advocate/ombudsman.* The resident's advocate/ombudsman shall perform the following duties:

- a. Investigate and resolve complaints and grievances that may adversely affect the health, safety, welfare or rights of residents;
- b. Administer the care review committee system pursuant to these rules and assist the committees in the performance of their duties through training and technical assistance;
- c. Monitor the development and implementation of federal, state and local laws, regulations and policies that relate to long-term care facilities;
- d. Provide information to the public and to state and local agencies about problems of persons in long-term care facilities;
- e. Train long-term care facility staff in conjunction with training provided to care review committee members;
- f. Assist in the development of organizations to participate in the long-term care resident's advocate/ombudsman program; and
- g. Comment and make recommendations on administrative actions under consideration by an agency or authority which may affect residents in long-term care facilities.

321-8.3(249D) **Access requirements.** The resident's advocate/ombudsman shall have access to long-term care facilities, private access to residents, access to the personal and medical records of residents and access to other records maintained by the facilities or governmental agencies or their agents, pertaining to the complaint(s) being investigated.

8.3(1) *Visits to facilities.* The resident's advocate/ombudsman may enter any long-term care facility without prior notice. After notifying the person in charge of the facility of the resident's advocate/ombudsman's presence, the resident's advocate/ombudsman may communicate privately and without restriction with any resident who consents to the communication.

8.3(2) *Visits to resident's living area.* The resident's advocate/ombudsman shall not observe the private living area of any resident who objects to the observation.



8.3(3) *Restrictions on visits.* The facility staff member in charge may refuse or terminate a resident's advocate/ombudsman's visit with a resident only when written documentation is provided to the resident's advocate/ombudsman that the visit is a threat to the health and safety of the resident. The restriction shall be ordered by the resident's physician and the order shall be documented in the resident's medical record.

8.3(4) *Request agency assistance.* The resident's advocate/ombudsman may request cooperation, assistance and data that will enable the resident's advocate/ombudsman to execute any of the resident's advocate/ombudsman's duties and powers under the Older Americans Act from any governmental agency or its agent or AAA.

8.3(5) *Copies of medical and personal records.* All medical and personal records maintained by a facility shall be confidential and shall not be available for copying by the resident's advocate/ombudsman except under the following circumstances.

a. The information is requested by the resident's advocate/ombudsman who provides the facility with a written waiver signed by the person about whom the information is sought, the person's guardian, conservator, legal representative or responsible party, as defined under rule 481-58.1(135C), Iowa Administrative Code. Each signed consent shall designate specifically the person or agency to whom the information is to be provided, and the information shall be provided only to that person or agency; or

b. The information is sought by a court order.

8.3(6) *Records needed to resolve complaints.* Except as limited by subrule 8.3(5), the resident's advocate/ombudsman may review and copy any files or other records of a long-term care facility, or of any government agency pertaining to the care of residents that may be considered necessary to the resident's advocate/ombudsman for the resolution of a complaint.

#### **321-8.4(249D) Authority and responsibilities of the department.**

8.4(1) *Confidentiality and disclosure.* The complaint files maintained by the resident's advocate/ombudsman program shall be maintained as confidential information and may not be disclosed unless the resident's advocate/ombudsman authorizes disclosure.

a. The resident's advocate/ombudsman shall not disclose the identity of any complainant or resident, or any identifying information obtained from a resident's personal or medical records unless the complainant or resident, or the legal representative of either, consents in writing to the disclosure and specifies to whom the information may be disclosed.

b. The resident's advocate/ombudsman may use materials in the files for the preparation and disclosure of statistical, case study and other pertinent reports provided that the means of discovering the identity of particular persons is not disclosed.

8.4(2) *Referral of complaints or grievances.*

a. When the resident's advocate/ombudsman encounters facts which may indicate the failure to comply with state or federal laws or regulations, the resident's advocate/ombudsman shall refer the case to the appropriate agency.

b. When the resident's advocate/ombudsman encounters facts that may warrant the institution of civil proceedings, the resident's advocate/ombudsman shall refer the case appropriately for administrative and legal assistance.

c. When the resident's advocate/ombudsman encounters facts which may indicate the misconduct or breach of duty of any officer or employee of a long-term care facility or government agency, the resident's advocate/ombudsman shall refer the case to the appropriate authorities.

d. The resident's advocate/ombudsman program shall initiate follow-up activities on all referred complaints and grievances.

8.4(3) *Reporting.* The resident's advocate/ombudsman program shall maintain a statewide uniform reporting system to collect and analyze information on complaints and grievances in long-term care facilities in accordance with requirements of the Act and Iowa Code section 249D.4.

a. Information provided by the department of inspections and appeals, individuals and agencies to whom cases were referred, and care review committees shall be used in the reporting system.

b. No information from this reporting system that threatens the confidentiality of residents or complainants shall be made public without the written permission of affected residents or complainants.

c. Any information from this reporting system which identifies a specific facility shall state that problems identified in that facility have been corrected, if problems identified have been corrected to the satisfaction of the resident's advocate/ombudsman and the department of inspections and appeals.

d. The complaint and grievance documentation and reporting system shall include, where available:

- (1) The source and date of the complaint or grievance;
- (2) Name, location, and type of facility;
- (3) Facility licensure and certification status;
- (4) Description of the problem;
- (5) Billing status of the resident;
- (6) Method by which the complaint was received; and
- (7) Description of follow-up activities and date of resolution.

e. The resident's advocate/ombudsman program shall prepare an annual report analyzing the complaint and statistics collected and provide this report, by January 15 of each year, to AoA, the office of the governor, the general assembly of Iowa, the Iowa department of inspections and appeals, the Iowa department of human services, and AAAs.

## CHAPTER 9 -- CARE REVIEW COMMITTEES

### RULES AND INTERPRETATION

#### 321-9.1(249D) CARE REVIEW COMMITTEES ESTABLISHED.

**9.1(1) COMMITTEE FOR EACH LICENSED FACILITY.** A CARE REVIEW COMMITTEE SHALL BE ESTABLISHED FOR EACH LICENSED HEALTH CARE FACILITY AS DEFINED IN IOWA CODE SECTION 135C.1 IN ACCORDANCE WITH IOWA CODE SECTION 135C.25 AND CHAPTER 249D AND SHALL OPERATE WITHIN THE SCOPE OF THESE RULES.

*INTERPRETATION: All licensed health care facilities in the state -- including nursing facilities, skilled nursing facilities, intermediate care facilities, intermediate care facilities for the mentally retarded or mentally ill, residential care facilities, residential care facilities for the mentally retarded or the mentally ill -- must have a Care Review Committee in existence. Chapter 135C.1 and 135C.25 and Chapter 249D specify the need for all licensed facilities to have a Care Review Committee.*

**9.1(2) COMMITTEE MEMBERSHIP.** THE COMMITTEE SHALL CONSIST OF AT LEAST THREE MEMBERS OR A NUMBER SUFFICIENT TO MAINTAIN A RATIO OF 1 MEMBER TO 15 RESIDENTS WITH THE MAXIMUM SIZE NOT TO EXCEED 12 MEMBERS. THE RATIO SHALL BE WAIVED BY THE DEPARTMENT IF THE COMMITTEE DEMONSTRATES THE ABILITY TO CARRY OUT THE FUNCTIONS OUTLINED IN THESE RULES WITH FEWER MEMBERS.

*INTERPRETATION: The Care Review Committee will be responsible for requesting a waiver, in writing, from the Department of Elder Affairs, if the committee wishes to maintain fewer members on the committee (more than fifteen [15] residents to one [1] Care Review Committee member). If a Care Review Committee has better than a 1:15 ratio, this is acceptable, and the committee does not need to request a waiver. The committee or members may function for more than one facility, subject to being appointed to each facility. Requests for any waivers will be reviewed by Ombudsman Program staff. The factors outlined below will be considered and recommendations made to the Executive Director and Commission for the Department. The Commission will take action on these requests at a regularly scheduled Commission meeting. The Care Review Committee will then be notified of the Commission's decision. Because of this process, it could be two to three months before the Committee gets final word on its request for a waiver.*

*Before a waiver will be granted, the Commission for the Department of Elder Affairs will first consider:*

- 1. How timely Care Review Committee members conduct, record and file resident reviews with the facility;*
- 2. The frequency of Care Review Committee meetings;*

3. *Whether the Care Review Committee meeting minutes are filed with the appropriate area agency on aging and the facility administrator;*
4. *The survey history of the facility; and*
5. *The history of complaints and problems identified at the facility.*
6. *Whether the Care Review Committee members have been functioning within the scope of these rules and the intent of the program.*

**9.1(3) COMMITTEE MEMBER RESIDENCE. MEMBERS SHALL RESIDE WITHIN THE SERVICE AREA OF THE FACILITY.**

*INTERPRETATION: Service area is interpreted here as within a 25-mile radius of the health care facility. If a member moves outside of the 25-mile radius, it will be up to the Department of Elder Affairs and that member to decide if the member can continue to discharge functions in a satisfactory manner. The Department of Elder Affairs will review member involvement if a concern develops with an inactive member. The Care Review Committee, Department of Inspection and Appeals, health care facility, area agency on aging, or County Coordinator may notify the Department, either verbally or in writing, of the concern.*

**321-9.2(249D) APPLICATION FOR COMMITTEE MEMBERSHIP. ANY INDIVIDUAL MAY APPLY TO THE DEPARTMENT FOR MEMBERSHIP. AAAS AND OTHER ORGANIZATIONS ARE ENCOURAGED TO RECOMMEND NAMES OF POTENTIAL VOLUNTEERS FOR CARE REVIEW COMMITTEE MEMBERSHIP TO THE DEPARTMENT.**

*INTERPRETATION: Any individual, organization, association, or agency -- including Care Review Committee members, AAAs (area agencies on aging), County Care Review Committee Coordinators or facility staff -- may recommend names of potential members to the Department of Elder Affairs. There is a listing of area agencies on aging (AAAs) and the counties they cover in the Appendix.*

**9.2(1) APPLICATION FORMS. APPLICATION FORMS MAY BE OBTAINED FROM ANY AAA OR THE DEPARTMENT ADDRESS IN RULE 2.1(249D).**

*INTERPRETATION: Application forms for membership can be obtained from the Office of the State Long-Term Care Ombudsman, Iowa Department of Elder Affairs, 914 Grand Avenue - Suite 236, Des Moines, Iowa 50319; or telephone (515) 281-5426 or toll-free 1-800-532-3213. Area agencies on aging will also have these forms available.*

**9.2(2) SUBMISSION OF FORMS. EACH APPLICANT SHALL COMPLETE AND SUBMIT AN APPLICATION FOR MEMBERSHIP TO THE DEPARTMENT ADDRESS IN RULE 2.1(249D).**

**INTERPRETATION:** *All applications for Care Review Committee membership shall be sent to: Office of the State Long-Term Care Ombudsman, Iowa Department of Elder Affairs, 914 Grand -- Suite 236, Des Moines, Iowa 50319. The Iowa Department of Elder Affairs will accept applications on form 004-0077 only. If these forms are not available locally, through the Area Agency on Aging, they may be requested from the Iowa Department of Elder Affairs.*

**9.2(3) MEMBERSHIP RESTRICTION.** APPLICATIONS FOR MEMBERSHIP ON CARE REVIEW COMMITTEES WILL BE ACCEPTED UNLESS THE APPLICANT HAS AN OWNERSHIP INTEREST IN A FACILITY; OR IS EMPLOYED BY THE FACILITY; OR IS RELATED TO AN EMPLOYEE, BOARD MEMBER, OR LICENSEE OF THE FACILITY; OR IS A PUBLIC EMPLOYEE INVOLVED WITH THE SPONSORING OR PLACEMENT OF RESIDENTS IN THE FACILITY; OR IS AN ADMINISTRATOR OF THE LONG-TERM CARE FACILITY; OR IS A PROFESSIONAL CONSULTANT TO THE FACILITY. RELATIVES SHALL BE DEFINED AS ANY ONE OF THE FOLLOWING: FATHER, MOTHER, SON, DAUGHTER, BROTHER, SISTER, AUNT, UNCLE, FIRST COUSIN, NEPHEW, NIECE, WIFE, HUSBAND, FATHER-IN-LAW, MOTHER-IN-LAW, SON-IN-LAW, DAUGHTER-IN-LAW, BROTHER-IN-LAW, SISTER-IN-LAW, STEPPARENT, STEPBROTHER, STEPCHILD, STEPSISTER, HALF SISTER, HALF BROTHER, GRANDPARENT OR GRANDCHILD.

**INTERPRETATION:** *All applications for membership will be considered for Care Review Committee membership by the Department of Elder Affairs.*

**9.2(4) WAIVER OF MEMBERSHIP RESTRICTION.** THE WAIVER OF MEMBERSHIP RESTRICTION FOR RELATIVES IN SUBRULE 9.2(3) MAY BE REVIEWED AND APPROVED BY THE COMMISSION AND GRANTED, IF IT CAN BE DOCUMENTED TO THE DEPARTMENT THAT EFFORTS HAVE BEEN MADE INDIVIDUALLY OR JOINTLY BY THE CARE REVIEW COMMITTEE, AAA, OR THE DEPARTMENT TO CONTACT AND RECRUIT ALTERNATIVE APPLICANTS.

**INTERPRETATION:** *The Care Review Committee shall be responsible for requesting a waiver, in writing, from the Department of Elder Affairs. The request for a waiver should address the member's objectivity, the size of the community, and the necessity of the member serving on the committee; e.g., because it is a rural community and/or no one else is available to serve. Requesting a waiver does not mean automatic approval. Upon receiving the request for a waiver, the Department of Elder Affairs will review the information and will provide an initial response to the Care Review Committee within fifteen (15) working days. Current members whose relative(s) become employee(s), owner(s), etc., of the facility must also follow this procedure and apply for a waiver or resign from the Care Review Committee. Requests for any waivers will be reviewed by Ombudsman Program staff. The factors outlined below will be considered and recommendations made to the Executive Director and Commission for the Department. The Commission will take action on these requests at a regularly scheduled Commission meeting. The Care Review Committee will then be notified of the Commission's decision. Because of this process, it could be two to three months before the Committee receives the Commission's decision on its request for a waiver.*

*Before a waiver will be granted, the Commission for the Department of Elder Affairs will first consider:*

- 1. How timely Care Review Committee conducts, records and files resident reviews with the facility;*
- 2. The frequency of Care Review Committee meetings;*
- 3. Whether the Care Review Committee meeting minutes are filed with the appropriate area agency on aging and the facility administrator;*
- 4. The survey history of the facility; and*
- 5. The history of complaints and problems identified at the facility.*
- 6. Whether the Care Review Committee members have been functioning within the scope of these rules and the intent of the programs.*

**9.2(5) COMMITTEE MEMBERSHIP FOR FACILITIES FOR MENTALLY ILL, MENTALLY RETARDED OR DEVELOPMENTALLY DISABLED. APPLICATIONS FOR CARE REVIEW COMMITTEE MEMBERSHIP FOR ANY FACILITY CARING PRIMARILY FOR PERSONS WHO ARE MENTALLY ILL, MENTALLY RETARDED, OR DEVELOPMENTALLY DISABLED SHALL BE ACCEPTED ONLY AFTER CONSULTATION WITH THE DIRECTOR OF THE DIVISION OF MENTAL HEALTH, MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES OF THE IOWA DEPARTMENT OF HUMAN SERVICES. THE APPLICATIONS SHALL BE CONSIDERED ACCEPTABLE IF THE DIRECTOR OF THE DIVISION OF MENTAL HEALTH, MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES OF THE IOWA DEPARTMENT OF HUMAN SERVICES INSTITUTES NO DISQUALIFYING ACTION WITHIN TEN DAYS OF NOTIFICATION OF THE PROPOSED APPOINTMENTS.**

*INTERPRETATION: All applications for membership shall be sent to the Department of Elder Affairs regardless of the population served by the facility. If the facility serves the mentally retarded, mentally ill or developmentally disabled, the Department will coordinate appointments with the appropriate agencies. The Department of Elder Affairs will notify the committee, the facility and the Area Agency on Aging of the decision. The standard application form is to be completed by all Care Review Committee applicants.*

**321-9.3(249D) APPOINTMENT TO CARE REVIEW COMMITTEES.**

**9.3(1) NOTIFICATION.** MEMBERS OF THE CARE REVIEW COMMITTEE SHALL BE APPOINTED FROM INDIVIDUALS WHOSE APPLICATION FOR MEMBERSHIP HAS BEEN ACCEPTED ACCORDING TO THIS RULE. APPOINTMENTS SHALL BE MADE BY LETTER WITHIN 45 DAYS OF NOTIFICATION OF A VACANCY BY THE EXECUTIVE DIRECTOR OR DESIGNEE. APPROPRIATE AAAS AND FACILITIES SHALL BE NOTIFIED OF THE APPOINTMENT.

*INTERPRETATION: Upon receiving the application for membership, the executive director of the Department of Elder Affairs or the designee will respond within forty-five (45) days with a decision. Attempts will be made to respond within fourteen (14) days. Potential Care Review Committee members must receive approval from the Department of Elder Affairs prior to assuming their duties. The Department will also be responsible for notifying the area agency on aging (AAA) and the care facility of the appointment.*

**9.3(2) TRAITS OR SKILLS.** APPOINTMENT OF CARE REVIEW COMMITTEE MEMBERS MAY BE MADE FROM ACCEPTED APPLICANTS WHO MAY, BUT ARE NOT REQUIRED TO, POSSESS A COMBINATION OF THE FOLLOWING TRAITS OR SKILLS: KNOWLEDGE OF THE LONG-TERM CARE SYSTEM; UNDERSTANDING OF THE AGING PROCESS; TRAINING IN THE HUMAN SERVICES FIELD; EXPERIENCE IN COMPLAINT IDENTIFICATION, PROCESSING, AND DOCUMENTATION; A COMMITMENT TO THE WELFARE AND RIGHTS OF RESIDENTS; AND UNDERSTANDING OF THE TYPES AND NEEDS OF CLIENTS SERVED BY THE FACILITY.

*INTERPRETATION: Potential members may have life experiences which may qualify them for membership and be considered invaluable for this position. The Department of Elder Affairs is looking for caring, objective, conscientious, observant persons to serve on the committee. These are guidelines for consideration of potential members. Persons with varying backgrounds and experiences will be encouraged for Care Review Committee membership, but having these qualities is not a prerequisite or requirement to serving on the Care Review Committee.*

**9.3(3) PREFERENCE.** PREFERENCE FOR MEMBERSHIP ON CARE REVIEW COMMITTEES MAY BE GIVEN TO APPLICANTS WITH BACKGROUNDS AND EXPERTISE THAT DIFFER FROM EXISTING MEMBERS OF THE SAME COMMITTEE.

*INTERPRETATION: In order to have a Care Review Committee representative of the community in which the facility is located, preference may be given to some applicants whose background/ training may be different from other applicants or current members.*

**321-9.4(2149D) CANCELLATION OF APPOINTMENTS TO CARE REVIEW COMMITTEES.**

**9.4(1) REASONS FOR CANCELLATION.** A CARE REVIEW COMMITTEE MEMBER'S APPOINTMENT MAY BE CANCELED BY THE EXECUTIVE DIRECTOR FOR ANY OF THE FOLLOWING REASONS: FALSIFICATION OF INFORMATION ON THE APPLICATION FOR MEMBERSHIP FORM, ACTING AS A MEMBER

WITHOUT APPOINTMENT, ATTENDING LESS THAN ONE HALF OF THE MEETINGS CONVENED EACH YEAR BY THE CARE REVIEW COMMITTEE CHAIRPERSON, VOLUNTARY RESIGNATION, AND ACTIONS WHICH ARE FOUND BY THE EXECUTIVE DIRECTOR TO VIOLATE THESE RULES OR THE INTENT OF THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM.

*INTERPRETATION: The executive director of the Department of Elder Affairs shall be responsible for making the decision for a Care Review Committee member's termination of service. The Care Review Committee's input may be solicited or requested and will be considered when the decision is being made.*

**9.4(2) FILING AN OBJECTION.** A FACILITY ADMINISTRATOR WHO OBJECTS TO THE MEMBERSHIP OF THE CARE REVIEW COMMITTEE FOR THAT FACILITY MAY FILE AN OBJECTION WITH THE EXECUTIVE DIRECTOR. THE OBJECTION SHALL BE CONSIDERED AND INVESTIGATED AS A CONFIDENTIAL COMPLAINT.

*INTERPRETATION: An objection being filed does not mean the Care Review Committee member will be automatically terminated from the committee, nor will a prospective member be automatically denied membership. The executive director of the Department of Elder Affairs will make this decision and may request and consider the opinions of the Care Review Committee when making this decision. This will be investigated as is any other complaint received by the Ombudsman. Objections to a prospective member will also be investigated.*

**9.4(3) NOTIFICATION OF CANCELLATION.** THE EXECUTIVE DIRECTOR SHALL NOTIFY, IN WRITING, THE REMAINING COMMITTEE MEMBERS, THE APPROPRIATE AAA AND THE FACILITY OF THE CANCELLATION OF CARE REVIEW COMMITTEE MEMBERS' APPOINTMENTS.

*INTERPRETATION: The executive director of the Department of Elder Affairs or the director's designee will be responsible to inform the appropriate persons and agencies of the cancellation.*

**321-9.5(249D) REQUEST FOR RECONSIDERATION OF APPOINTMENT OR CANCELLATION OF APPOINTMENT.**

**9.5(1) TIMELINE OF REQUEST.** A REQUEST FOR RECONSIDERATION OF THE DECISION OF THE EXECUTIVE DIRECTOR CONCERNING THE APPOINTMENT OR CANCELLATION OF A CARE REVIEW COMMITTEE MEMBER MAY BE MADE IN WRITING TO THE DEPARTMENT WITHIN 30 DAYS OF THE WRITTEN NOTICE OF THE EXECUTIVE DIRECTOR'S DECISION.

*INTERPRETATION: The request for reconsideration of a care review member must be in writing and submitted to the executive director of the Department of Elder Affairs no later than thirty (30) days after the notice of the initial decision for appointment or termination is made. Appeals will not be considered after thirty (30) days. The date of the postmark on the envelope will be used to determine if the request was filed within 30 days. The request for reconsideration should indicate why the*



*decision should be reversed, and provide facts or statements to give evidence that the member would or would not serve in an appropriate capacity.*

**9.5(2) TIMELINE FOR RESPONSE. THE EXECUTIVE DIRECTOR SHALL CONSIDER THE REQUEST AND NOTIFY THE REQUESTING PARTY OF THE DIRECTOR'S DECISION REGARDING THE REQUEST WITHIN 30 DAYS OF RECEIVING WRITTEN NOTICE OF THE REQUEST.**

*INTERPRETATION: The executive director of the Department of Elder Affairs, or designee, shall inform the requesting party of the decision.*

**321-9.6(249D) CARE REVIEW COMMITTEE STRUCTURE AND MEETINGS.**

**9.6(1) STRUCTURE. EVERY COMMITTEE SHALL HAVE A CHAIRPERSON AND SECRETARY SELECTED BY THE MEMBERSHIP. THE CHAIRPERSON SHALL COORDINATE THE ACTIVITIES OF THE COMMITTEE. THE SECRETARY SHALL RECORD MINUTES OF EACH MEETING AND PREPARE REPORTS AS NECESSARY.**

*INTERPRETATION: Job descriptions of the chairperson and secretary are outlined below. Each Care Review Committee is responsible for notifying the Department of Elder Affairs of changes in officers, resignations, and deaths within ten (10) days, on the Change of Status form attached in the Appendix. Additional forms can be obtained from the area agency on aging (AAA).*

**CARE REVIEW COMMITTEE POSITION DESCRIPTIONS**

*CHAIRPERSON: To coordinate the activities of the Care Review Committee and to serve as a spokesperson for communications with the facility administrator, the Area Agency on Aging, the Iowa Department of Elder Affairs, and the Iowa Department of Inspections and Appeals.*

*1) Schedules and conducts Care Review Committee meetings. Introduces new members to the Committee.*

*2) Acts as a spokesperson for the Care Review Committee. Represents the Committee in discussions with the facility administrator and residents.*

*3) Notifies Iowa Department of Elder Affairs and administrator of changes of status of Committee members. May offer nominations of prospective Care Review Committee members (along with others) to the Area Agency on Aging or the Iowa Department of Elder Affairs.*

*4) Notifies the Iowa Department of Elder Affairs of serious or unresolved complaints identified by or referred to the Care Review Committee.*

*5) Performs the regular responsibilities of a Care Review Committee member.*

**SECRETARY:**

- 1) *Records minutes of the Care Review Committee meetings.*
- 2) *Ensures meeting minutes are distributed to the facility administrator and the Area Agency on Aging within 10 days of the meetings.*
- 3) *Ensures that Quarterly Complaint Reporting forms are submitted to the Area Agency on Aging within 10 days of the quarterly meetings.*
- 4) *Serves in place of the chairperson when the chairperson is not available.*
- 5) *Performs the regular responsibilities of a Care Review Committee member.*

**9.6(2) MEETINGS. THE COMMITTEE SHALL MEET AT LEAST QUARTERLY AND ON OTHER OCCASIONS AS REQUIRED TO ACCOMPLISH ITS RESPONSIBILITIES. THE CHAIRPERSON SHALL NOTIFY ALL MEMBERS OF THE TIME AND PLACE OF EACH MEETING.**

**INTERPRETATION:** *Meetings are to be held at least four times yearly on at least a quarterly basis, but may be held more frequently if the committee desires. The Iowa Department of Elder Affairs encourages more frequent meetings for special concerns. It is the responsibility of the committee chairperson to call the meetings and set the agenda. This is not to be done by the administrator.*

**CRC QUARTERLY MEETING MINUTES:** *The following items are to be discussed at your quarterly meetings and recorded in your meeting minutes:*

1. *Synopsis of positive aspects of life for residents.*
2. *Synopsis of negative aspects of life for residents.*
3. *Synopsis of residents' participation and input into the planning and implementation of daily living activities in the facility.*
4. *Problems addressed by CRC.*
5. *Responses/reaction of facility to complaints addressed by residents, families, and/or CRC.*
6. *Recommendations made by CRC to facility administrator/supervisory staff and how the facility acted upon these.*
7. *Types and number of complaints received or referred by the CRC.*
8. *Number of residents reviewed and how often reviews of residents and facility are conducted.*

9. *Issues which need to be addressed during the upcoming quarter.*

10. *Who attended the meeting.*

11. *Date, time and location of next quarterly meeting.*

*Please make two (2) copies of your quarterly meeting minutes. File one copy with the administrator of your facility and send a copy to the CRC Coordinator at the Area Agency on Aging which serves your county.*

**A. THE ADMINISTRATOR OR STAFF OF THE FACILITY SHALL NOT ATTEND COMMITTEE MEETINGS EXCEPT UPON REQUEST OF THE COMMITTEE.**

*INTERPRETATION: The Iowa Department of Elder Affairs recognizes that involvement by facility administrators and staff can be beneficial to the Care Review Committee when all committee members consider this appropriate. We would encourage, however, that the committee reserve a portion of the meetings to discuss confidential concerns or issues without the administrator or staff present.*

**B. CONFIDENTIAL INFORMATION SHALL NOT BE DISCUSSED DURING MEETINGS WHEN MEMBERS OF THE GENERAL PUBLIC ARE PRESENT.**

*INTERPRETATION: General policy issues (e.g., resident rights, general observations, visitation) may be discussed, although specific residents' names should not be discussed when the general public is present--for purposes of confidentiality. The Department of Elder Affairs encourages the Care Review Committee to hold public meetings yearly to inform the public and family members of Care Review Committee functions and resident rights and responsibilities. If members of the general public wish to share their observations about quality of life for residents in the facility, they should be encouraged to do so. Assistance in coordinating such public meetings may be sought from the Area or County Care Review Coordinator.*

**C. THE SECRETARY SHALL SUBMIT WRITTEN MINUTES TO THE ADMINISTRATOR AND TO THE DEPARTMENT AT THE CONCLUSION OF EACH MEETING.**

*INTERPRETATION: Minutes of the meetings should be submitted within ten working days to the facility administrator and to the Care Review Committee Coordinator at the area agency on aging. The Area Agency on Aging is considered by the Iowa Department of Elder Affairs as the designee for this purpose. Minutes do not need to be sent directly to the Department of Elder Affairs. The Care Review Committee is encouraged to keep a copy. For purposes of confidentiality, generalizations may need to be made. Identification of residents is not appropriate in the minutes. Recording forms are attached which can be used, or each committee may use its own forms. If the Care Review Committee chooses to use its own forms, the committee secretary is encouraged to send a copy of the form to the Department of Elder Affairs for review.*

**D. COMMITTEE MINUTES SHALL BE RETAINED BY THE FACILITY FOR A PERIOD OF AT LEAST TWO YEARS AND SHALL BE AVAILABLE TO THE DEPARTMENT OF INSPECTIONS AND APPEALS AND THE DEPARTMENT OF ELDER AFFAIRS UPON REQUEST.**

*INTERPRETATION: Minutes must be retained for a period of not less than two years and made available upon request to the Department of Inspections and Appeals and the Department of Elder Affairs.*

**321-9.7(249D) RESPONSIBILITIES OF THE COMMITTEE.**

**9.7(1) DUTIES. THE COMMITTEE SHALL REPRESENT AND ADVOCATE FOR THE RIGHTS OF RESIDENTS OF THE FACILITY.**

*INTERPRETATION: Care Review Committees are not meant to be adversaries of the facility, but are expected to assertively and objectively protect the rights of residents. They are to consider the rights and feelings of staff and others when addressing problems on behalf of residents. However, the rights of the residents must be the prevailing factor considered.*

*VOLUNTEER: To serve as an advocate for long-term care facility residents by inquiring about their care and to help resolve any concerns or complaints which are encountered.*

*1) Periodically visit facility and residents to observe conditions and practices in the facility, and inquire about the residents' care and their satisfaction with the quality of life they are experiencing.*

*2) Conduct resident evaluations at least annually by interviewing residents and by observing and noting their physical, mental, environmental and social conditions.*

*3) Attend Care Review Committee meetings, at least on a quarterly basis, in order to review and discuss resident evaluations to date.*

*4) Attend scheduled training for Care Review Committee members.*

*5) Respond to concerns and complaints about resident care. Work cooperatively with the Care Review Committee, residents, families, legal representatives, agencies, and the facility administrator to resolve such problems.*

**9.7(2) THE COMMITTEE OR INDIVIDUAL MEMBERS SHALL:**

**A. CONDUCT A REVIEW OF EACH RESIDENT ANNUALLY ACCORDING TO THE PROCEDURES IDENTIFIED IN RULE 9.10(249D);**

*INTERPRETATION: Members are encouraged to meet more than one time yearly with residents, but residents' reviews must be completed at least once yearly. Refer to rule 9.10 for procedures of resident reviews.*

**B. INVESTIGATE COMPLAINTS AND GRIEVANCES ACCORDING TO THE PROCEDURES ESTABLISHED IN RULE 9.11(249D); AND**

*INTERPRETATION: Refer to 9.11 for procedures in handling complaints and grievances.*

**C. PARTICIPATE IN A TRAINING SESSION APPROVED BY THE DEPARTMENT AT LEAST ONCE PER YEAR.**

*INTERPRETATION: Training sessions are necessary to maintain knowledge of current developments and needed to assure consistent representation in the best interests of residents. Specific training tapes (available from the area agency on aging) may be substituted for an on-site training session, but may not be substituted for on-site training more than once in a two-year period. Each member is responsible for informing the Department of Elder Affairs or the Area Care Review Committee Coordinator if unable to attend training. Care Review Committee members will be expected to attend training on topics not covered in previous training sessions attended. Members can be removed from the committee for failure to attend training, but the Iowa Department of Elder Affairs will not automatically remove a committee member for failure to attend a training session. Compliance with this section will be addressed with the Care Review Committee member who fails to attend training. If a Care Review Committee member is involved in subsequent training that could be viewed as equivalent to Care Review Committee training, the member will be responsible for contacting the Iowa Department of Elder Affairs in writing to request approval for the training to be substituted. These training sessions do not have to be conducted by the Department, but need to be approved by the Department. Refer to 9.14.*

**321-9.8(249D) COMMITTEE ACCESS AND ASSISTANCE.**

**9.8(1) ACCESS. THE COMMITTEE SHALL HAVE ACCESS TO THE FACILITY AND PRIVATE ACCESS TO THE RESIDENTS.**

*INTERPRETATION: Access to the facility is determined here as the freedom to go to the facility when Care Review Committee members choose, and the Care Review Committee members having the right to enter the facility. Private access to the resident is interpreted as the freedom to meet privately with the resident for visits and resident reviews. The rules on residents' rights specify that "each resident may communicate, associate, and meet privately with persons of his/her choice, unless to do so would infringe upon the rights of other residents." Visiting hours shall be posted at the facility where this information is readily accessible to residents, visitors, and staff. Care Review Committee members do not need to inform the facility before they visit. If a Care Review Committee member specifically makes a visit to conduct resident reviews, the Care Review Committee member is responsible for informing the person in charge of the member's presence. If the*

*administrator indicates no desire to be notified of care review visits, then it is not necessary to do so.*

*Under Sections 135C.25, subpart 3, and 249D.44, subpart 3, of the Code of Iowa:*

*"A health care facility shall disclose the names, addresses, and phone numbers of a resident's family members, if requested, to a care review committee member, unless permission for this disclosure is refused in writing by a family member."*

*This means that you have a right to know who the resident's family members of record are so that you may contact them. This could be helpful in cases when residents are unable to communicate or you are looking into concerns/complaints on behalf of a resident. If Care Review Committee members are restricted from obtaining this information, assistance may be obtained from the Ombudsman.*

**9.8(2) ASSISTANCE TO THE COMMITTEE. THE COMMITTEE MAY REQUEST INFORMATION, ADVICE AND COUNSEL FROM THE FACILITY ADMINISTRATOR, MEDICAL OR HEALTH PROFESSIONALS OR SPECIALISTS, AAAS, THE DEPARTMENT OR FROM OTHER STATE AND LOCAL AGENCIES.**

*INTERPRETATION: Within the requirements of residents' rights and confidentiality, Care Review Committee members may request information from the facility administrator, staff, other professionals, or agencies. If the information or assistance requested is not forthcoming, the committee member should contact the Iowa Department of Elder Affairs' Resident's Advocate/Ombudsman, who will intervene as appropriate.*

**A. THE PHYSICIAN'S CERTIFICATION OF CARE SHALL BE MADE AVAILABLE TO THE COMMITTEE BY THE ADMINISTRATOR OF THE FACILITY.**

*INTERPRETATION: A physician's certification of care specifies the appropriate level of care that the resident needs, e.g., skilled nursing care, intermediate care. Upon request, the Care Review Committee member shall be permitted to see the level of care ordered by the physician. The Iowa Foundation for Medical Care periodically reviews charts of Title 19 (Medicaid) recipients to ensure an appropriate level of care is being maintained.*

**B. PHYSICIANS WHO HAVE PATIENTS RESIDING IN THE FACILITY SHALL HAVE THE RESPONSIBILITY OF ASSISTING THE COMMITTEE UPON REQUEST.**

*INTERPRETATION: Before a Care Review Committee member seeks a physician's opinion, the member should consult the director of nursing or the nurse in charge regarding medical concerns. If the Care Review Committee member is not satisfied after the interaction, the member may contact the physician directly. If the physician refuses to provide information (which may occur), the Care Review Committee*

*member may contact the Resident's Advocate/Ombudsman who will intervene as appropriate. The physician must be fully apprised by the Care Review member why the contact has been made, the Care Review Committee's role and how the information will be used, as outlined below.*

**C. UPON CONTACTING ANYONE ON BEHALF OF RESIDENTS IN THE PERFORMANCE OF DUTIES, THE CARE REVIEW COMMITTEE MEMBER SHALL CLEARLY IDENTIFY ONESELF AS A CARE REVIEW COMMITTEE MEMBER WHO IS A VOLUNTEER ADVOCATE AND SHALL CLEARLY STATE THE PURPOSE AND JUSTIFICATION FOR THIS CONTACT.**

*INTERPRETATION: If a Care Review Committee member contacts a physician, or other health professional or agency on behalf of a resident, the committee member is to make it quite clear that he or she is a Care Review Committee member. This committee member should also explain his or her role and why this contact is being made.*

**321-9.9(259D) CONFIDENTIALITY.**

**9.9(1) RESTRICTION ON ACCESS. CARE REVIEW COMMITTEE MEMBERS SHALL NOT HAVE ACCESS TO THE FOLLOWING:**

**A. MEDICAL, FINANCIAL OR PERSONAL RECORDS OF THE RESIDENTS; OR**

*INTERPRETATION: Care Review Committee members do not have access to a resident's own records. However, if a resident requests to see that resident's records, that right should be afforded, unless the physician has specified in the medical record why it would be detrimental for the resident to review specific parts of the medical records. The remainder of the records would be open to the resident. If the resident chooses to show the Care Review Committee member the records and the resident is present, the Care Review Committee member may review the records. If a resident is unable to communicate needs, the Care Review Committee member is encouraged to visit with staff or family to determine if the resident's needs are being met. Residents are responsible for determining how much information may be communicated to Care Review Committee members. Care Review Committee members may discuss residents' needs and care with staff, but need to realize that staff may not share some information about specific residents, which may be determined as confidential information in residents' records. The facility is required to provide the Care Review Committee with the names, addresses, and phone numbers of residents' families, upon request, except when the family has prohibited such disclosure in writing prior to the request. If review of records are necessary in order to pursue a concern, the Residents' Advocate/Ombudsman should be contacted.*

**B. RECORDS OF THE SOCIAL SERVICES DEPARTMENT OF THE FACILITY.**

*INTERPRETATION: The same procedure applies as outlined in 9.9(1)a. interpretation above.*

**9.9(2) NONDISCLOSURE OF INFORMATION. THE COMMITTEE SHALL NOT DISCLOSE INFORMATION CONCERNING THE RESIDENTS OR THE OPERATION OF THE FACILITY IN A MANNER THAT WILL IDENTIFY INDIVIDUALS OR THE FACILITY, EXCEPT TO THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM OR AS REQUESTED IN PROCEEDINGS INVOLVING THE INVESTIGATION OF A FACILITY BY THE DEPARTMENT OF INSPECTIONS AND APPEALS.**

*INTERPRETATION: Confidentiality shall be maintained consistently. If a resident verbalizes a complaint, it is recommended that the Care Review Committee member visits with staff about general facility policies and procedures, relevant to the complaints; e.g., what is the procedure for answering call lights...what is the procedure for giving out medication? In this manner, the Care Review Committee member is not breaching confidentiality. If the circumstances are such that the concern or complaint is serious and warrants a breach of confidentiality, the situation should be discussed with other Care Review Committee members to solicit suggestions. This could mean putting a concern on "hold" and informing the Ombudsman of this. If additional assistance or guidance is needed, the Care Review Committee member may contact the Resident's Advocate/Ombudsman at the Department of Elder Affairs.*

**321-9.10(249D) COMMITTEE PROCEDURES.**

**9.10(1) RESIDENT REVIEWS. TO EVALUATE THE DEGREE OF SATISFACTION THAT RESIDENTS HAVE WITH THE QUALITY OF LIFE EXPERIENCED IN THE FACILITY IN WHICH THEY RESIDE, THE FOLLOWING PROCEDURES SHALL BE USED:**

**A. RESIDENT REVIEWS SHALL BE RECORDED, INCLUDING RESPONSES TO QUESTIONS ASKED OF RESIDENTS OR THEIR REPRESENTATIVES.**

*INTERPRETATION: Resident review must be completed annually (at least one yearly, but preferably more frequently). Care Review Committee members are encouraged to visit more frequently. The Resident Review Forms (as attached in Appendix) are optional, as long as the information is written by the committee members and filed with the administrator. This review includes talking with residents, staff, and families; and observing residents at different times of the day and different days of the week, including weekends and evenings, over a period of time.*

**B. THE COMMITTEE SHALL ESTABLISH A SCHEDULE FOR AT LEAST ONE PRIVATE INTERVIEW ANNUALLY WITH EACH RESIDENT IN THE FACILITY.**

*INTERPRETATION: A private interview includes access to a room where the Care Review Committee member and resident can visit in private. Care Review*



*Committee members may visit and conduct resident interviews more frequently, if they so desire. During these interviews, the Care Review Committee member should try to find out how the resident feels about the quality of life experienced and if the resident has any concerns.*

**9.10(2) REVIEW VISITS. COMMITTEE MEMBERS SHALL MAKE SOME VISITS WITHOUT PRIOR NOTICE TO THE FACILITY TO OBSERVE RESIDENTS AT DIFFERENT TIMES OF THE DAY. COMMITTEE MEMBERS SHALL NOTIFY THE STAFF PERSON IN CHARGE OF THE FACILITY THAT THEY ARE IN THE FACILITY.**

*INTERPRETATION: Review of residents is a year-long process of observations and chats. Committee members are encouraged to make some unannounced visits to the facility and observe how residents are treated by staff and others during activities, meal times, on weekends, evenings, and times when no activities are being conducted for residents. Care Review Committee members are encouraged to talk with residents, staff, families, visitors, etc., during these times. These are golden opportunities for Care Review Committee members to learn of the quality of life experienced by residents and the impressions of visitors to the facility.*

**9.10(3) REVIEW REPORTS. THE REPORT OF EACH RESIDENT REVIEW SHALL BE DISCUSSED AND PROVIDED TO THE ADMINISTRATOR OF THE FACILITY FOLLOWING THE PRIVATE INTERVIEW OF THE RESIDENT. REPORTS SHALL BE RETAINED BY THE FACILITY FOR A PERIOD OF AT LEAST TWO YEARS. THE REPORT SHALL BE AVAILABLE TO THE DEPARTMENT OF INSPECTIONS AND APPEALS AND DEPARTMENT OF ELDER AFFAIRS, UPON REQUEST.**

*INTERPRETATION: Care Review Committee members are responsible for submitting or providing resident reviews to the administrator within ten (10) days of conducting the resident reviews. A review form is included in the appendix for your use if you wish. The Resident Review Forms are available from the Area Agencies on Aging or from the Iowa Department of Elder Affairs (or Care Review Committee members may replicate the attached form). The completed form should be kept on file at the facility for the Department of Inspections and Appeals to review.*

**9.10(4) COMPLAINTS AND GRIEVANCES DURING REVIEWS. COMPLAINTS AND GRIEVANCES IDENTIFIED BY THE RESIDENT DURING RESIDENT REVIEWS SHALL BE HANDLED ACCORDING TO SUB-RULE 9.11(2) AND SHALL NOT BE RECORDED WITH RESIDENT REVIEWS.**

*INTERPRETATION: Complaints and grievances are to be written on forms other than the resident review forms for confidentiality purposes. Complaints and grievances do not have to be in writing, although to do so will assist in chronologically identifying the events which led to the initiation of the complaint and/or grievance. Care Review Committee members do not need to send a copy of every complaint or inform the Department of Elder Affairs of complaints immediately unless 1) the Care Review Committee member feels uncomfortable in dealing with the particular problem, 2) the Care Review Committee member is experiencing difficulty with resolving*

the complaint, or 3) the complaint/problem is life or health threatening. Life or health threatening situations should be reported immediately by calling the Ombudsman at 1-800-532-3213 or (515) 281-5426, but must be followed up in writing to the Resident's Advocate/Ombudsman at the Iowa Department of Elder Affairs within seventy-two (72) hours.

**321-9.11(249D) COMMITTEE RESPONSE TO COMPLAINTS AND GRIEVANCES.**

**9.11(1) GENERAL RULE. THROUGHOUT THE INVESTIGATION OF ALL COMPLAINTS AND GRIEVANCES, THE COMMITTEE SHALL MAINTAIN OBJECTIVITY AND ACT AS ADVOCATES FOR RESIDENTS WITHOUT BEING ADVERSARIES OF THE FACILITY.**

*INTERPRETATION: It is important for Care Review Committee members to remain objective. Objectivity will enable members to function as advocates rather than as adversaries. The member's role is to gather information to clarify the situation and try to resolve the matter, if at all possible. If a Care Review Committee member is experiencing difficulty in remaining objective, the member may need to back off and refer the complaint. Other Care Review Committee members, area agency on aging staff, or the Resident's Advocate/Ombudsman at the Department of Elder Affairs may be able to assist in the process. It is the responsibility of the Care Review Committee members to contact the aforementioned individuals if assistance is desired. It is important to remember that there are at least two sides to every issue.*

**A. THE DIGNITY AND PRIVACY OF RESIDENTS WILL BE MAINTAINED BY ALL PERSONS INVOLVED IN A COMPLAINT OR GRIEVANCE INVESTIGATION.**

*INTERPRETATION: Care Review Committee members should respect the privacy of residents by knocking on the door and waiting to be acknowledged before entering the room. If a resident is unable to communicate or respond, the Care Review Committee member should knock and verbally indicate who the member is before entering the room. When arriving at the facility, if the resident is involved in or otherwise receiving personal care, the Care Review Committee member should wait until the resident or staff member is finished before engaging in a visit. If residents are unable to communicate, Care Review Committee members are encouraged to visit with staff or family members to determine if the resident's needs are being met, and to learn the ways in which they communicate with the resident. When visiting with a resident in his or her room, the Care Review Committee member must honor the roommate's right to privacy at all times. It might be necessary to take the resident to another room where privacy can be assured, if the roommate does not wish to leave the room for a moment while the Care Review Committee member visits with the resident.*

**B. THE COMMITTEE MAY RECEIVE AND INVESTIGATE COMPLAINTS OR GRIEVANCES REGARDING THE RIGHTS AND WELFARE OF RESIDENTS OF A FACILITY USING THE PROCEDURES APPROPRIATE TO THE SOURCE OF THE COMPLAINT, EITHER FROM AN INDIVIDUAL OR DEPARTMENT OF INSPECTIONS AND APPEALS.**

*INTERPRETATION: Care Review Committee members are not required to conduct all complaint investigations themselves. If a Care Review Committee member is uncomfortable in handling a particular complaint, is having difficulty resolving it, or cannot resolve it in two (2) weeks, the Care Review Committee member should refer it to the Long-Term Care Resident's Advocate/Ombudsman at the Iowa Department of Elder Affairs. Care Review Committee members are encouraged to visit with individuals close to the complaint or situation and who have some authority to resolve the issue. It is recommended that the complaint be investigated within a week of receipt. The Care Review Committee member shall keep the resident or family informed of the resolution process.*

**C. THE COMMITTEE SHALL SOLICIT THE INPUT OF THE COMPLAINANT OR RESIDENT REGARDING THE COMPLAINANT'S OR RESIDENT'S WISHES ON ACTION TO BE PURSUED BY THE COMMITTEE.**

*INTERPRETATION: All Care Review Committee members are responsible for asking the complainants what they want the Care Review Committee member to do. Sometimes, the resident may only want the member to listen. The Care Review Committee member may want to encourage the complainant or resident to visit with staff directly about a concern. The Care Review Committee should not reject a complaint, however, just because a complainant refuses to visit with staff directly.*

**D. THE PURPOSE OF THE COMMITTEE RESPONSE TO COMPLAINTS OR GRIEVANCES IS TO SEEK THE MUTUALLY SATISFACTORY RESOLUTION OF PROBLEMS AND PREVENT UNNECESSARY RECOURSE TO REGULATORY ACTION AGAINST A FACILITY. THIS PURPOSE SHALL NOT, HOWEVER, PREVENT SUCH REGULATORY ACTION WHEN NECESSARY TO PROTECT OR ACHIEVE THE RIGHTS OF RESIDENTS.**

*INTERPRETATION: Care Review Committee members are responsible for monitoring and assisting, as necessary, with the resolution process. It is important that the Care Review Committee members attempt to negotiate resolutions which will be satisfactory to each party involved. However, it must be remembered throughout the negotiations that the Care Review Committee member represents the residents and that the rights of the residents are the barometer by which the solutions are to be measured. Regulatory action is defined as action taken by a local, State, or federal agency having the authority to regulate any activity in the facility.*

**9.11(2) ACTION UPON RECEIPT OF A COMPLAINT OR GRIEVANCE. UPON RECEIPT OF A COMPLAINT OR GRIEVANCE, THE COMMITTEE WILL CONTACT THE FACILITY ADMINISTRATOR TO DISCUSS THE ALLEGATIONS, ONLY IF THE CONTACT DOES NOT VIOLATE CONFIDENTIALITY, AND SHALL FORWARD A COPY OF THE COMPLAINT OR GRIEVANCE TO THE RESIDENT'S ADVOCATE/OMBUDSMAN.**

*INTERPRETATION: Confidentiality must be maintained when Care Review Committee members take complaints to the administrator or to staff. Care Review Committee members may ask general policy questions which relate to the complaint: e.g., general visiting hours, procedure for moving to a new room. Keep in mind that reporting related previous events could identify a resident. If a resident gives approval to identify oneself, then the Care Review Committee member may do so. If a resident is not able to communicate, the resident's legal representative may give approval. Complaints do not need to be forwarded to the Department of Elder Affairs unless the Care Review Committee member feels it needs to receive departmental attention. For those complaints not needing departmental attention, the committee should include them in the quarterly meeting minutes and complaint statistics by indicating the number, types, and what happened to the complaints addressed. All life- or health-threatening situations must be reported in writing to the Department of Elder Affairs within seventy-two (72) hours. It is preferred that these life- or health-threatening situations be reported to the Ombudsman immediately at 1-800-532-3213 or (515) 281-5426.*

**A. INFORMATION WHICH MAY IDENTIFY THE COMPLAINANT OR RESIDENT SHALL BE CONFIDENTIAL UNLESS THE COMPLAINANT OR RESIDENT HAS GIVEN WRITTEN PERMISSION TO THE CARE REVIEW COMMITTEE FOR THE DISCLOSURE OF THE IDENTITY.**

*INTERPRETATION: Care Review Committee members must obtain written approval in the form of a statement from a resident to disclose that resident's name to anyone other than the staff of the Ombudsman Program or the Department of Inspections and Appeals. If the resident is unable to communicate, the Care Review Committee member must obtain approval from the resident's legal representative before disclosing resident identity. The committee may wish to contact the Ombudsman or the resident's legal representative before disclosing any information which could identify the resident who is unable to communicate. If a Care Review Committee member observes a violation of resident rights, the Care Review Committee member is obligated to address the issue with staff or the administrator. If a Care Review Committee member observes an incident, that member may indicate to staff, "I observed a resident ...."*

**B. A COMMITTEE MEMBER WILL INVESTIGATE OR FORWARD THE COMPLAINT OR GRIEVANCE TO THE RESIDENT'S ADVOCATE/OMBUDSMAN WITHIN SEVEN CALENDAR DAYS OF RECEIPT. LIFE OR HEALTH THREATENING COMPLAINTS WILL BE FORWARDED WITHIN 72 HOURS.**

*INTERPRETATION: Care Review Committee members may refer a complaint to the Department of Elder Affairs if they need assistance or want the Resident's Advocate/Ombudsman to investigate. All life- or health-threatening complaints must be referred in writing within 72 hours, preferably immediately, by calling the Ombudsman at 1-800-532-3213 or (515) 281-5426. Even if a complaint is not life- or health-threatening, and the Care Review Committee cannot initiate an investigation of the complaint or is uncomfortable with the complaint, it is to be referred to the Ombudsman within the week.*

**C. THE INVESTIGATING CARE REVIEW COMMITTEE MEMBER SHALL MAKE AN UNANNOUNCED VISIT TO THE FACILITY, AND UPON ARRIVAL AT THE FACILITY, MAY NOTIFY THE STAFF PERSON IN CHARGE OF THE FACILITY THAT THE MEMBER IS IN THE FACILITY.**

*INTERPRETATION: Care Review Committee members are not required to inform facility staff of arrival in the facility for purposes of investigating a complaint. All efforts must be made to maintain confidentiality. The Care Review Committee member(s) should not notify staff of his/her/their presence in the facility until after talking with the resident(s) involved in the complaint.*

**D. THE COMMITTEE MEMBER INVESTIGATING THE COMPLAINT OR GRIEVANCE WILL, TO THE EXTENT POSSIBLE, ASCERTAIN THE FACTS OF THE SITUATION BY TALKING WITH RESIDENTS, STAFF AND OTHERS WHO MIGHT HAVE INFORMATION REGARDING THE MATTER UNDER INVESTIGATION, AND THROUGH PERSONAL OBSERVATIONS OF CONDITIONS AND ACTIVITIES IN THE FACILITY.**

*INTERPRETATION: When investigating a situation/complaint, the Care Review Committee members should determine the facts utilizing questions of WHO, WHAT, WHERE, WHEN, WHY, and HOW. Conversations with staff, family, and resident, as well as the Care Review Committee member's observations, may assist in obtaining facts. Obtaining the facts is half the solution. The Committee should never ASS/U/ME that what is heard or seen is necessarily what it first appeared to be.*

**E. THE COMMITTEE SHALL ATTEMPT TO RESOLVE THE SITUATION TO THE MUTUAL SATISFACTION OF THE FACILITY ADMINISTRATOR AND THE COMPLAINANT.**

*INTERPRETATION: Mutual agreement is the desired outcome, with all parties feeling they have gained something. Care Review Committee members are involved to represent residents. Good working relationships with the facility are encouraged. However, when assertively advocating on behalf of residents, the Care Review Committee member may find it necessary to take a position in opposition to the administrator's views.*

**F. IF, AFTER 14 DAYS, A RESOLUTION HAS NOT BEEN REACHED, THE COMMITTEE SHALL FILE A WRITTEN REPORT WITH THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM. THE REPORT SHALL DOCUMENT ALL ATTEMPTS OF RESOLUTION PURSUED BY THE COMMITTEE. THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM SHALL FORWARD A COPY OF THE REPORT TO THE DEPARTMENT OF INSPECTIONS AND APPEALS.**

*INTERPRETATION: The Care Review Committee chairperson or designee is responsible for submitting a report to the Department of Elder Affairs if a resolution has not been reached within 14 days. It is the responsibility of the Resident's Advocate/Ombudsman to forward the report to the Department of Inspections and Appeals.*

**G. THE COMMITTEE WILL INFORM THE COMPLAINANT OF ANY ACTION TAKEN IN RESPONSE TO THE COMPLAINT OR GRIEVANCE WITHIN 20 DAYS OF RECEIPT.**

*INTERPRETATION: Care Review Committee members are responsible for keeping the complainant informed of progress, referrals or stalemates.*

**321-9.12(249D) COMPLAINTS REFERRED FROM THE DEPARTMENT OF INSPECTIONS AND APPEALS. THE FOLLOWING PROCEDURES SHALL APPLY TO COMPLAINTS REFERRED BY THE DEPARTMENT OF INSPECTIONS AND APPEALS TO THE DEPARTMENT OF ELDER AFFAIRS:**

*INTERPRETATION: The Department of Inspections and Appeals is responsible for regulating care facilities by monitoring compliance with state and federal standards, where applicable, and may refer some complaints to the Iowa Department of Elder Affairs.*

**9.12(1) REFERRAL PROCESS.** COMPLAINTS OR GRIEVANCES RECEIVED OR INITIATED BY THE DEPARTMENT OF INSPECTIONS AND APPEALS MAY BE REFERRED FOR INVESTIGATION TO THE CARE REVIEW COMMITTEE BY TRANSMITTAL TO THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM AT THE DEPARTMENT, ADDRESS IN SUBRULE 2.1(2).

*INTERPRETATION: The Resident's Advocate/Ombudsman at the Iowa Department of Elder Affairs is responsible for informing the Care Review Committee of the request for assistance in resolving complaints filed with the State.*

**9.12(2) CONFIDENTIALITY.** INFORMATION THAT MAY IDENTIFY THE COMPLAINANT OR RESIDENT SHALL BE CONFIDENTIAL.

*INTERPRETATION: Confidentiality shall be maintained at all times unless the resident gives approval to be identified. If a Care Review Committee member is having difficulty maintaining confidentiality, the Care Review Committee member may contact the Area Care Review Committee Coordinator or the Iowa Department of Elder Affairs for assistance.*

**9.12(3) NOTIFICATION. THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM WILL PROVIDE ADEQUATE INFORMATION WITHIN THREE DAYS TO A MEMBER OF THE APPROPRIATE CARE REVIEW COMMITTEE. WRITTEN NOTIFICATION WILL BE PROVIDED WITHIN SEVEN DAYS.**

*INTERPRETATION: The Resident's Advocate/Ombudsman with the Department of Elder Affairs is responsible for contacting the Care Review Committee chairperson within three days of receiving the complaint, and for requesting the assistance of the Care Review Committee in resolving it. The Ombudsman is responsible for sending sending a follow-up letter to the committee; confirming the telephone cc*

**9.12(4) INVESTIGATION. A COMMITTEE MEMBER WILL INVESTIGATE THE COMPLAINT OR GRIEVANCE IN ACCORDANCE WITH RULE 9.11(249D).**

*INTERPRETATION: Care Review Committee members are responsible for following the procedures for investigating complaints as outlined in rule 9.11. The Care Review Committee chairperson is responsible for determining which Care Review Committee member will assist in investigating. If the committee chairperson is not available, the Department of Elder Affairs will be responsible for choosing a Care Review Committee member. The selected Care Review Committee member shall be responsible for apprising the chairperson of the situation upon the chairperson's return. The Care Review Committee member is responsible for informing the Department of Elder Affairs in writing of the resolution within ten (10) days of the resolution. This notice should indicate what the problem was and what was done.*

**321-9.13(249D) ROLE OF THE AAAS. AAAS SHALL CARRY OUT THE FOLLOWING ACTIVITIES IN SUPPORT OF THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM:**

*INTERPRETATION: AAA stands for Area Agency on Aging. AAAs have a Care Review Committee Coordinator for the committee to use as a resource. The Care Review Committee should ask who this person is. Attached in the Appendix is a listing of all the Area Agencies on Aging and the counties covered by each AAA.*

**1. ADVISE THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM ON THE TRAINING NEEDS OF CARE REVIEW COMMITTEES IN THE PLANNING AND SERVICE AREA OF THE AREA AGENCY;**

*INTERPRETATION: AAAs are to inform the Department of Elder Affairs of Care Review Committee training needs. Care Review Committee members are encouraged to contact the Area Agency on Aging to inform them of desired training.*

**2. ASSIST THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM IN TRAINING AND COORDINATING THE TRAINING OF CARE REVIEW COMMITTEE MEMBERS;**

*INTERPRETATION: AAAs are responsible for conducting or assisting in training or coordinating training sessions for Care Review Committee members.*

**3. DISTRIBUTE DEPARTMENT-PROVIDED FORMS IF REQUESTED BY CARE REVIEW COMMITTEES;**

*INTERPRETATION: All forms provided by the Department of Elder Affairs for Care Review Committees are available at Area Agencies on Aging. The Care Review Committee secretary is responsible for contacting AAAs for needed forms.*

**4. ASSIST CARE REVIEW COMMITTEES TO OBTAIN LEGAL AND OTHER TECHNICAL ASSISTANCE;**

*INTERPRETATION: Care Review Committee members are responsible for contacting AAAs for legal assistance, i.e, if residents have legal questions or need legal assistance. If Care Review Committee members have questions regarding legal issues, they may contact their AAA or the Department of Elder Affairs, if the AAA is unable to respond.*

**5. RECRUIT APPLICANTS FOR MEMBERSHIP ON CARE REVIEW COMMITTEES; AND**

*INTERPRETATION: AAAs are responsible for recruiting and providing the Iowa Department of Elder Affairs with the names of potential Care Review Committee names. County Care Review Committee Coordinators and Care Review Committee members may also recruit potential members and submit their names to the AAA or to the Ombudsman Program at the Department of Elder Affairs for consideration.*

**6. ASSIST IN THE RESOLUTION OF COMPLAINTS OR GRIEVANCES BEING INVESTIGATED BY CARE REVIEW COMMITTEES OR THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM AS REQUESTED.**

*INTERPRETATION: Care Review Committee members are responsible for contacting the AAA or the Ombudsman Program at the Department of Elder Affairs if they need assistance in complaint resolution. The AAA is not expected to conduct on-site investigations, but may respond to questions and provide information as requested, or refer a committee's complaint to the Ombudsman.*

**321-9.14(249D) APPROVAL OF TRAINING.**

**9.14(1) POTENTIAL PROVIDER REQUIREMENTS. THE PROVIDER OF PROPOSED TRAINING FOR CARE REVIEW COMMITTEE MEMBERS SHALL SUBMIT THE TRAINING AGENDA, FACILITY, AND OBJECTIVES TO THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM FOR APPROVAL 30 DAYS PRIOR TO THE DATE OF THE PROPOSED TRAINING.**

*INTERPRETATION: Providers of proposed Care Review Committee training may include, but are not limited to, AAAs, County Care Review Committee Coordinators, community colleges, administrators, and the Resident's Advocate/Ombudsman Program. The Department of Elder Affairs shall be responsible for monitoring training sessions. If Care Review Committee members feel they need training, they may contact any provider, who will need to obtain approval from the Department of Elder Affairs. Care Review Committee members are responsible to inform the providers of the 30-day prior approval required by the Resident's*



*Advocate/Ombudsman Program at the Department of Elder Affairs. The Department is to be sent a copy of the agenda, location, objectives for the proposed training session, and who will be conducting the training session. The Ombudsman, Area and County Care Review Committee Coordinators are exempt from this requirement.*

**9.14(2) TIMELINE FOR APPROVAL OR DISAPPROVAL. THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM SHALL APPROVE OR DISAPPROVE THE PROPOSAL AND NOTIFY THE PROVIDER OF THE PROPOSED TRAINING WITHIN TEN WORKING DAYS OF RECEIPT OF THE PROPOSAL.**

*INTERPRETATION: The Resident's Advocate/Ombudsman Program at the Department of Elder Affairs will determine if the training proposed by providers is to be approved. The decision will be transmitted to the provider in writing.*

**9.14(3) PROVIDER REPORTS. UPON COMPLETION OF THE CARE REVIEW COMMITTEE TRAINING, THE PROVIDER OF THE TRAINING SHALL SUBMIT A LIST OF THE NAME AND ADDRESS OF EACH CARE REVIEW MEMBER TRAINED AND THE NAME AND ADDRESS OF THE LONG-TERM CARE FACILITY AT WHICH EACH TRAINED CARE REVIEW COMMITTEE MEMBER SERVES, TO THE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM WITHIN TEN DAYS FOLLOWING COMPLETION OF THE TRAINING COURSE.**

*INTERPRETATION: Training providers are responsible for informing the Department of Elder Affairs of training course attendance. The names of the Care Review Committee members, facility which they represent, and the topic and length of the training are to be sent to the Ombudsman Program at the Department of Elder Affairs.*

# APPENDICES

## RESIDENTS' RIGHTS

The Rights to which residents of the facility are entitled include, but are not limited to, the right to:

1. Be fully informed in writing of his/her rights and responsibilities and of all rules governing resident conduct.
2. Be fully informed in writing of any amendments to policies on residents' rights, responsibilities and rules governing conduct.
3. Be fully informed in writing of all services and pertinent charges.
4. Be fully informed of his/her health and medical condition.
5. Be given the opportunity to participate in planning his/her total care and medical treatment.
6. Give informed written consent before participating in experimental research.
7. Not be involuntarily transferred or discharged from the facility except for:
  - a. medical reasons
  - b. his/her welfare or that of others; or
  - c. non-payment of bills - going from private pay status to Medicaid (Title 19) does not constitute non-payment.
8. Exercise his/her rights as a resident of the facility and as a citizen.
9. Submit complaints or recommendations concerning the policies or services of the facility to any person or agency of the resident's choice and be free from restraint, interference, coercion, discrimination or reprisal.
10. Manage his/her personal financial affairs.
11. Be free from mental or physical abuse.
12. Be free from chemical or physical restraints unless authorized in writing as necessary by the person's physician for a specified period.
13. Be treated with consideration, respect and full recognition of his/her dignity and individuality.
14. Privacy during treatment and care of personal needs.
15. Have records, including information in an automatic data bank, treated with confidentiality.
16. Give written consent before the facility may release information from his/her records to someone not authorized by law to receive it.
17. Privacy during visits by a spouse.
18. Share a room in the facility if both husband and wife are residents of the facility.
19. Not perform services for the facility except under special circumstances at the Veteran's Home or the County Care facility.
20. Communicate, associate and meet privately with individuals of his/her choice, unless this infringes on the rights of another resident.
21. Send and receive personal mail unopened.
22. Make and receive phone calls uncensored.
23. Be assisted in writing letters or making phone calls.
24. Participate in social, religious and community group activities or to refuse to participate in any activities.
25. Choose his/her own physician or pharmacist.
26. Refuse treatment except in cases of mental illness.
27. Retain and use personal possessions and clothing as space permits.

If you cannot readily locate information required to be prominently posted in the facility, consult with the administrator and point out the need to display the information where it will be publicly available.

## **Posted Information:**

Under Iowa law, each long-term care facility licensed as a Nursing facility (NF), Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Intermediate Care Facility for the Mentally Retarded (ICF-MR), Intermediate Care Facilities for Persons with Mental Illness (ICF-PMI), Residential Care Facility (RCF), Residential Care Facilities for the Mentally Ill (RCF-MI), or Residential Care Facility for the Mentally Retarded (RCF-MR) must abide by the regulations promulgated under the State Residents' Rights Law of 1981. One of the provisions of this law is that each of these facilities must prominently post information which will enhance advocacy efforts on behalf of residents without any fears of retaliation. This information should be located in the facility where people can find it on their own at any time and with no difficulty. The information should be posted at a height that anyone standing or seated in a wheelchair can read the information. The posted information needs to be of a size print that even people with poor vision can read it.

The things which MUST be posted include the names, addresses and phone numbers of the Care Review Committee members, the State Long-Term Care Residents' Advocate/Ombudsman, the survey agency and the local law enforcement agency. Also to be posted are the Residents' Rights and the text of section of 135C.46 of the Code of Iowa. Nursing Facilities are further required to prominently post the latest inspection reports for public review.

### The Ombudsman

#### State Long-Term Care Residents' Advocate/Ombudsman

Iowa Department of Elder Affairs  
Clements Building, 3rd Floor  
200 10th St  
Des Moines, IA 50309-3609

515/281-5426 or 1-800-532-3213

### The Survey Agency

Division of Health Facilities  
Iowa Department of Inspections and Appeals  
Lucas State Office Building  
Des Moines, Iowa 50319  
515/281-4115

Section 135C.46 of the Code of Iowa basically states that:

#### "135C.46 RETALIATION BY FACILITY PROHIBITED

- "1. A facility shall not discriminate or retaliate in any way against a resident or employee of the facility who has initiated or participated in any proceeding authorized by [law]. A facility which violates this section is subject to a penalty of not less than two hundred fifty nor more than five thousand dollars ..., or to immediate revocation of the facility's license.
- "2. Any attempt to expel from a health care facility a resident by whom or upon whose behalf a complaint has been submitted ... within ninety days after the filing of the complaint or the conclusion of any proceeding resulting from the complaint, shall raise a rebuttable presumption that the action was taken by the licensee in retaliation for the filing of the complaint."

UNDER THE 1987 FEDERAL NURSING HOME REFORM LAW (OBRA) RESIDENTS OF NURSING FACILITIES HAVE THE FOLLOWING RIGHTS IN ADDITION TO ALL OF THEIR CONSTITUTIONAL RIGHTS OF CITIZENSHIP:

### **Rights to Information**

Homes must inform residents of their rights at admission and upon request and provide:

- the latest inspection results and any plan of correction submitted by the facility.
- advance notice of changes in their room or roommate;
- a written copy of the rights, including rights regarding personal funds, their right to file a complaint with the facility and how to contact the ombudsman and the state survey agency;
- written information at admission and throughout their stay, about the services available under the basic rate and any extra charges for extra services (and for Medicaid residents, a list of services covered by Medicaid and those for which there is an extra charge); and
- prominently display written and oral information about how to apply for Medicaid benefits and how to receive a refund for private payments that Medicaid pays retroactively.

### **Self-Determination**

Nursing homes must support residents' self-determination and respond to their needs and concerns. Under the law, residents have the right to:

- choose their personal physician;
- full information, in advance, and participation in planning care and treatment;
- reasonable accommodation by the facility for individual needs and preferences;
- voice grievances without reprisal and receive a prompt response from the facility; and
- organize and participate in resident groups (and organize family groups).

### **Personal and Privacy Rights**

Nursing home residents have the right to maintain old bonds and establish new ones within and outside the nursing home and to do so in privacy. Residents have the right to:

- participate in social, religious and community activities as they choose;
- privacy in medical treatment, accommodations, personal visits, written and telephone communications and meetings of resident and family groups; and
- confidentiality of personal and clinical records.

### **Visiting Rights**

The law gives residents the right to receive visits with varying restrictions:

- immediate access by a personal physician and by representatives from the regulatory agencies and the ombudsman program.
- immediate access by relatives, with the resident's consent;
- visits "subject to reasonable restriction" for others who visit with the resident's consent;
- reasonable visits by organizations or individuals providing health, social, legal, or other services, subject to the resident's consent; and
- ombudsman access to clinical records with residents' consent, in accordance with state law.

### **Transfer and Discharge Rights**

OBRA specifies permissible reasons for transfer and established protection such as advance notice, the right to appeal a transfer; and the right to return to the nursing home if appropriate.

Reasons for transfer - Nursing homes must not transfer or discharge the resident unless the:

- facility is unable to meet the residents' medical needs;
- resident's health has improved such that she/he no longer needs nursing home care;
- health or safety of other residents is endangered;
- resident has failed, after reasonable notice, to pay for her stay in the facility.

### **Notice to residents and their representatives before transfer:**

- Timing - at least 30 days in advance, or as soon as possible if more immediate changes in health require more immediate transfer.
- Content - reasons for transfer; the resident's right to appeal the transfer; the name address and phone number of the ombudsman program (or the Protection and Advocacy Program).
- Returning to the FACILITY - Notice informs resident she/he may request the bed be held, and explains how many days Medicaid will pay for the bed-hold, the facility's bed-hold policy, and the right to return to the next available semi-private bed if Medicaid bed-hold coverage ends.
- Orientation - A facility must prepare and orient residents to ensure safe and orderly transfer from the facility.

### **Protection of Personal Funds**

Under the law, if a resident chooses to have the home manage his/her funds, the home must:

- keep funds over \$50 in an interest bearing account, separate from the facility account;
- keep other funds available in a separate account or petty cash fund;
- keep complete and separate accounting of each resident's funds, with a written record of all transactions, available for review by residents and their representatives;
- not charge resident for items or service covered by Medicaid, specifically, routine personal hygiene items and services.
- notify Medicaid residents when their balance comes within \$200 of the Medicaid limit and the effect of this on their eligibility;
- upon a resident's death, turn funds over to resident's trustee; and
- purchase a surety bond to secure resident's' funds in its keeping.

### **Protection Against Medicaid Discrimination**

OBRA prohibits discrimination in treatment of residents and protects residents from fraudulent activities at admission. Under the law, a nursing facility must:

- have identical policies and practices regarding the provision of services required for all individuals regardless of source of payment;
- provide information on how to apply for Medicaid;
- not request, require or encourage residents to waive their rights to Medicaid;
- not transfer or discharge residents solely because they have changed their payment source from private pay to Medicaid;
- not require another person (commonly known as a "responsible party") to guarantee payment as a condition of a resident's admission or continued stay;
- not "charge, solicit, accept or receive gifts, money, donations or other considerations" as a precondition for admission or continued stay for persons eligible for Medicaid.

### **Abuse and Restraint Rights**

Each resident is to be protected from abuse and inappropriate physical and chemical restraints:

- freedom from physical or mental abuse, corporal punishment, or involuntary seclusion;
- freedom from restraints used for discipline or the convenience of staff;
- restraints used only under a physician's written orders to treat a resident's medical symptoms and ensure her safety and the safety of others;
- drugs to control mood, mental status or behavior given only with physician's order in a written plan of care for a specific medical symptom; annual review for appropriateness by an independent, external expert.

### **Rights of Incompetent Residents**

The law provides that when an individual is judged by a court to be incompetent in accordance with state law, the resident's rights "shall devolve upon, and, to the extent judged necessary by a court of competent jurisdiction, be exercised by the person appointed under state law to act on the resident's behalf."



**IOWA STATE LONG-TERM CARE RESIDENTS' ADVOCATE/OMBUDSMAN PROGRAM  
CARE REVIEW COMMITTEE APPLICATION\***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street, Box, or Route)

\_\_\_\_\_  
(City) (Zip Code)

Phone: Home ( ) Work ( )

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Occupation: \_\_\_\_\_

Former Occupation (if retired): \_\_\_\_\_

Department of Elder Affairs Use:

Approved \_\_\_\_\_

Conflict \_\_\_\_\_

Phone \_\_\_\_\_

Letter \_\_\_\_\_

PSA \_\_\_\_\_ Co. # \_\_\_\_\_

FAC # \_\_\_\_\_

**PART I -- INTEREST**

1. For which facility are you applying to serve on the CRC?

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

(Street, Box, or Route)

(City)

(Zip Code)

Phone: ( ) County: \_\_\_\_\_

Current Administrator: \_\_\_\_\_

Does this facility care primarily for people who are mentally ill, mentally retarded, or developmentally disabled?

Yes \_\_\_\_ No \_\_\_\_

2. Please discuss why you are interested in serving on a Care Review Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did you become aware of the existence of Care Review Committees? If you information came from a specific person, please list the person's name, job title, and where he/ she works.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Throughout this application, "facility" refers to licensed long-term care facility. "Resident" refers to a person who lives in one of these facilities. "Relative" means anyone related to the applicant by affinity or consanguinity to the third degree.

4. Please discuss how you feel you could help residents if you were appointed to a Care Review Committee:

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**PART II – EXPERIENCE**

1. Please describe your past and present work experiences.

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2. Please describe your past and present volunteer experiences.

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3. What skills do you feel you have that could be utilized by a Care Review Committee?

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4. What kinds of things do you think would be most difficult for you if you were on a Care Review Committee?

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**PART III – FAMILIARITY**

Please indicate "Yes" or "No" for items below and provide names when requested.

\_\_\_\_\_ Own or have a financial interest in a facility/facilities.

\_\_\_\_\_ Consult professionally with a facility/facilities.

\_\_\_\_\_ Work in a facility/facilities. Name of facility/facilities: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Have been employed at some time by a facility. Name of facility/facilities: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Am related to (an) employee(s) of a facility. Relationship(s) and facility/facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Am a board member of a facility/facilities.

\_\_\_\_\_ Am a public employee who sponsors or places residents in facilities.

\_\_\_\_\_ Inspect or evaluate facilities professionally.

\_\_\_\_\_ Administer a facility/facilities. Name of facility/facilities: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Know people well who work for the facility for which CRC I am applying.  
Their names and job titles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Know people who live in the facility for which CRC I am applying.

\_\_\_\_\_ Am related to (an) owner/licensee of a facility. Relationship(s) and facility/facilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV – REFERENCES**

Please list names, addresses, and phone numbers of two people not associated with a facility whom you would like to use as references.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

**PART V – COMMITMENT**

1. I understand that my role on a Care Review Committee requires fulfilling the following responsibilities in a thorough and ethical manner:
  - a. be an advocate for the rights of the residents;
  - b. be familiar with daily life at the facility, especially as it affects each resident;
  - c. periodically meet with each resident;
  - d. quarterly meet with fellow Care Review Committee members; and
  - e. attend at least one training session for Care Review Committee members annually.
  
2. I agree to fulfill these responsibilities if appointed to serve.
  
3. All of the information I have given is accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED APPLICATION TO:**

**Office of the State Long-Term Care Ombudsman**  
Iowa Department of Elder Affairs  
Clements Building, 3rd Floor  
200 10th St  
Des Moines, IA 50309-3609

Telephone: 515 (241-5426) or 1-800-532-3213

—  
The Care Review Committee Coordinator  
at your local Area Agency on Aging

## IOWA LONG-TERM CARE RESIDENT'S ADVOCATE/OMBUDSMAN PROGRAM

### INSTRUCTIONS FOR COMPLETING CARE REVIEW COMMITTEE FORMS/REPORTS

#### GENERAL INSTRUCTIONS

"AAA" - Indicate the name of the Area Agency on Aging representing the county in which the facility is located, e.g., if the facility is located in Buchanan County, write "Hawkeye Valley Area Agency on Aging."

"COUNTY" - Indicate the county in which the facility is located, e.g., you might live in Story County, but serve on the CRC for a facility in Boone County.

#### 1. CHANGE OF STATUS REPORT

The CRC Change of Status Report should be completed and forwarded to the Department of Elder Affairs by the CRC Chairperson within 10 days after changes occur. AAA (Area Agency on Aging) should be identified by name. County means the county in which the care facility is located. Include the name and address of only the member(s) changing status. Enter in front of the member's name, the appropriate code number denoting a new committee chairperson, new committee secretary, new address or telephone number for the member, or resignation from the committee. The Area CRC Coordinators may also use this form to forward previously unreported information which comes to their attention.

#### 2. CRC QUARTERLY COMPLAINT REPORTING FORM

"Complaint" means a report concerning resident care, resident rights, physician services, medications, financial matters, administrative actions, food and nutrition, sanitation or building problems, which could adversely affect the residents. On the other hand, a complaint could involve issues not related to the care facility, but which affect residents.

The CRC Quarterly Complaint Reporting Form is NOT to be used to interview residents or review the facility. This form is suggested for use by the Care Review Committee on a quarterly basis to tabulate only those complaints/grievances/concerns brought to the attention of the Committee or observations made by the committee. If used, this form is to be completed by the entire committee as a group and not by individual members.

This form is provided to make it easier for Care Review Committees to identify, address and report complaints as becomes necessary, Section 321-9.11(2) of the Iowa Administrative Code requires that if the committee has a complaint or grievance, the committee "...shall forward a copy of the complaint or grievance to the resident's advocate/ombudsman." It is the thinking of the Department of Elder Affairs that, instead of requiring a committee to send a written report every time that an unhappy, disgruntled, or misinformed resident, family member, or staff contacts the committee, this Complaint Reporting Form could be used to send reports only every three (3) months, thereby saving time for all parties concerned.

Please send the completed reporting form to the Area Agency on Aging within 10 days following the CRC quarterly meetings.

- a. Identify the facility and the county in which the facility is located.
- b. "Months Covered" means the time frame between your last meeting and this CRC meeting, e.g., June 15, 1989-September 25, 1989.
- c. "Primary Level of Care" means the level of licensure for the facility. If the facility is licensed for more than one level of care, the primary level of care is that level for which most beds in the facility are licensed, e.g., the facility might have 15 SNF beds, 90 ICF beds, 10 RCF-MR beds and 20 RCF beds, so the primary level of care would be ICF. NOTE: NF category will not go into effect until after October 1, 1990.
- d. "Total Number of Persons Filing Complaints" means the total number of different people -- whether residents, staff, families of residents, anonymous callers, etc. -- who have shared complaints/concerns about the facility and the care provided to residents during the period covered by this report. CRC members might not have an accurate count, but each can estimate the number of contacts he/she has had and write down the cumulative count of people sharing concerns with the CRC. It does not matter whether these contacts were by phone, face to face, or by mail. The total number of persons filing complaints will usually be smaller than the total number of complaints received.
- e. "Types of Complaints/Concerns" -- (Note there is no Category "I"). Within each major category (e.g., A. Resident Care) are many sub-categories which reflect regulations governing long-term care facilities and specific complaints people have filed in the past. One person's complaints may cover more than one category or sub-category. An anonymous caller might claim that:

"Mother, who is unable to do anything for herself, was taken to the dining room and left to sit at her table for 45 minutes before lunch was served. I found her sitting there in her thin nightgown, the back open and the gown halfway up her hips. She smelled as though she had not had a bath. The tray was placed in front of her for 20 minutes before the aide got around to feeding her cold mashed potatoes and a dried-up hamburger."

The above would fall into the following categories and sub-categories:

Resident Care	-- A-01, A-03, A-15
Food/Nutrition	-- E-01, E-02, E-05, E-15
Administrative	-- F-01
Residents' Rights	-- G-18, G-29

- f. Enter the number of complaints received for a particular subcategory in the blank at the left. To the right, indicate how many of those complaints were resolved; how many more referred; and of those which were resolved or referred, how many were actually verified. Mark only items that have been subjects of complaints.
- g. At the end of each category, enter total numbers for each column. At the end of the report, enter grand totals for all categories.

### 3. CRC MEETING MINUTES/REPORT

The Care Review Committee Meeting Minutes/Report form is recommended for use by the CRC secretary. Minutes of CRC meetings should be submitted to the facility administrator and to the Care Review Committee Coordinator at the area agency on aging within 10 days after the meetings. (Minutes do not need to be sent directly to the Department of Elder Affairs.)

- a. The Care Review Committee is encouraged to keep a copy of the meeting minutes.
- b. Identification of residents is not appropriate in the minutes. Generalizations may be necessary for purposes of confidentiality.
- c. Indicate the name of the facility, as well as the County in which the facility is located. This will help to prevent errors when we encounter more than one facility with the same name.
- d. Indicate the date of the CRC meeting.

- e. List the names of all the people in attendance at the CRC meeting. This includes CRC members, staff (if they had been invited to attend the meetings), as well as others whom the CRC might have invited, e.g., Area or County CRC Coordinator, residents, families, etc.
- f. "Number of reviews" refers to the total number of completed review reports submitted to the administrator by the Care Review Committee during that quarter. A single "visit" to a resident does not constitute a "review." Resident review reports do not require any specific form, but a written report of some sort is to be generated on each resident and given to the administrator within 10 days of completion of each resident's review.
- g. Indicate the positive aspects identified by residents/families or observed by the CRC. The CRC may indicate here the problems/concerns/issues pending from the previous quarter which were taken care of by the facility.
- h. Indicate the negative aspects identified by residents/families or observed by the CRC.
- i. Indicate the type of recommendations which the CRC has made to staff in order to improve conditions or resolve problems/concerns on behalf of residents. Also indicate the responses/reactions/outcomes of those recommendations.
- j. Indicate the types of issues/complaints/concerns which are still pending and need further attention during the upcoming quarter.

4. FACILITY REVIEW FORM

This is an OPTIONAL form which the committee may use at the committee's discretion. Prior to 1987, this was a requirement of all committees. This is no longer mandated. However, many committees across the state have found this form helpful in focusing on the general conditions in the facility. This form, if used, may be shared with the administrator and the Area Care Review Committee Coordinator.

5. RESIDENT REVIEW FORM

This is an OPTIONAL form. Each resident must be reviewed on at least an annual basis and a report filed with the administrator of the facility. This form or any other method of a written report may be utilized to record review findings.



**CRC CHANGE OF STATUS REPORT**  
**IOWA LONG-TERM CARE RESIDENTS' ADVOCATE/OMBUDSMAN PROGRAM**

AAA \_\_\_\_\_ COUNTY \_\_\_\_\_ ( )  
NAME #

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(CRC Chairperson or Area CRC Coordinator) MONTH DAY YEAR

FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ENTER THE CODES BY A MEMBER'S NAME, INDICATING THE ACTION WHICH APPLIES TO THAT INDIVIDUAL. REPORT ONLY CHANGES ON THIS FORM

ACTION:	CODE
Chairperson	1
Secretary	2
New Address	3
New Telephone Number	4
Resignation	5

\_\_\_\_\_ Member's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Member's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Member's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Member's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

Route to Ombudsman Unit

THIS IS A TALLYSHEET TO BE USED ONLY FOR THE TABULATION OF COMPLAINTS RECEIVED OR PROBLEMS OBSERVED. THIS IS NOT FOR INTERVIEWING RESIDENTS OR EVALUATING FACILITIES. THIS IS TO BE COMPLETED QUARTERLY BY THE GROUP, NOT BY EACH INDIVIDUAL.

## CARE REVIEW COMMITTEE QUARTERLY COMPLAINT REPORTING FORM

IOWA STATE LONG-TERM CARE RESIDENTS' ADVOCATE/OMBUDSMAN PROGRAM

PLEASE COMPLETE THIS FORM AT EACH CRC  
QUARTERLY MEETING AND FORWARD IT TO  
THE AREA AGENCY ON AGING

FACILITY \_\_\_\_\_

COUNTY \_\_\_\_\_

MONTHS COVERED \_\_\_\_\_

TOTAL NUMBER OF PERSONS FILING COMPLAINTS: \_\_\_\_\_

PRIMARY LEVEL OF CARE:

\_\_\_ NF \_\_\_ SNF \_\_\_ ICF \_\_\_ RCF \_\_\_ ICF-MR \_\_\_ ICF-PMI \_\_\_ RCF-MR \_\_\_ RCF-MI

SIGNATURE \_\_\_\_\_

### TYPES OF COMPLAINTS/CONCERNS:

#### A. RESIDENT CARE

# <u>RECEIVED</u>		# <u>RESOLVED</u>	# <u>REFERRED</u>	# <u>VERIFIED</u>
___	A-01 Inadequate hygiene care	___	___	___
___	A-02 Bedsores, decubitus ulcers	___	___	___
___	A-03 Not dressed appropriately	___	___	___
___	A-04 Not turned	___	___	___
___	A-05 Not walked, exercised	___	___	___
___	A-06 Restraints not checked every 30 minutes or removed every 2 hours	___	___	___
___	A-07 Requests for assistance not answered promptly	___	___	___
___	A-08 Inadequate supervision of resident	___	___	___
___	A-09 Kept up too long or awakened too early	___	___	___
___	A-10 Improper accident procedures	___	___	___
___	A-11 Resident falling	___	___	___
___	A-12 Physical abuse by staff	___	___	___
___	A-13 Mental abuse by staff	___	___	___
___	A-14 Verbal abuse by staff	___	___	___
___	A-15 Neglect (specify) _____	___	___	___
___	A-16 Dehydration	___	___	___
___	A-17 Doctor not called when needed or requested	___	___	___
___	A-18 Poor staff attitudes	___	___	___

#  
RECEIVED

# # # \*  
RESOLVED | REFERRED | VERIFIED

_____	A-19	Staff poorly trained	_____	_____	_____
_____	A-20	Restorative nursing inadequate	_____	_____	_____
_____	A-21	Rehabilitation (OT, PT, ST) services lacking, or inadequate	_____	_____	_____
_____	A-22	Social services lacking	_____	_____	_____
_____	A-23	Dental care neglected	_____	_____	_____
_____	A-24	Diagnostic services inadequate	_____	_____	_____
_____	A-25	Few activities (leisure, religious) available	_____	_____	_____
_____	A-26	Inadequate care plan	_____	_____	_____
_____	A-27	Medical equipment (wheelchairs, walkers, etc.) not maintained or cleaned properly	_____	_____	_____
_____	A-28	Clothing in poor condition	_____	_____	_____
_____	A-29	Residents left wet or soiled	_____	_____	_____
_____	A-30	Assistance with mail, phone calls, reading, etc., not provided as needed or requested	_____	_____	_____
_____	A-31	Call lights out of reach of residents or disconnected	_____	_____	_____
_____	A-32	Fresh, clean, cool water not provided or not changed in resident's room	_____	_____	_____
_____	A-33	Sexual abuse by staff	_____	_____	_____
_____	A-34	High turnover of direct care staff	_____	_____	_____
_____	A-35	Staff not responding promptly to call lights	_____	_____	_____
_____	A-36	Other (specify) _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

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B. PHYSICIAN SERVICES

_____	B-01	Schedule of visits	_____	_____	_____
_____	B-02	Billing	_____	_____	_____
_____	B-03	Inaccessible, unresponsive	_____	_____	_____
_____	B-04	Diagnosis, treatment	_____	_____	_____
_____	B-05	Not responsive in emergency	_____	_____	_____
_____	B-06	Does not take Medicare/Medicaid	_____	_____	_____
_____	B-07	Other _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

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C. MEDICATIONS

_____	C-01	Not given according to orders	_____	_____	_____
_____	C-02	Administered by inappropriate staff	_____	_____	_____
_____	C-03	Over-sedation	_____	_____	_____
_____	C-04	Shortage	_____	_____	_____
_____	C-05	Given against resident's will	_____	_____	_____
_____	C-06	Other (specify) _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

D. FINANCIAL

_____	D-01	Billing/accounting in error, denied	_____	_____	_____
_____	D-02	Access to own money denied	_____	_____	_____
_____	D-03	Not informed of charges	_____	_____	_____
_____	D-04	Charges for services not rendered	_____	_____	_____
_____	D-05	Charges not approved in advance	_____	_____	_____
_____	D-06	Questionable charges	_____	_____	_____
_____	D-07	Misuse of personal funds by facility	_____	_____	_____
_____	D-08	Deposits, other money not returned	_____	_____	_____
_____	D-09	Billing resident for services paid for by another source or double billing	_____	_____	_____
_____	D-10	Money not accounted for	_____	_____	_____
_____	D-11	Other _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

E. FOOD/NUTRITION

_____	E-01	Food cold	_____	_____	_____
_____	E-02	Food unappetizing or little variety provided	_____	_____	_____
_____	E-03	Choices not given	_____	_____	_____
_____	E-04	Snacks not provided	_____	_____	_____
_____	E-05	Not assisted in eating or not assisted in a timely manner	_____	_____	_____
_____	E-06	Special diet not followed	_____	_____	_____
_____	E-07	Preference not considered	_____	_____	_____
_____	E-08	Water not provided with meals	_____	_____	_____
_____	E-09	Nutritionally poor	_____	_____	_____
_____	E-10	Religious or cultural preferences for foods now followed	_____	_____	_____
_____	E-11	Insufficient amount	_____	_____	_____
_____	E-12	Food served/residents fed under unsanitary conditions	_____	_____	_____

#  
RECEIVED

# # #  
RESOLVED | REFERRED | VERIFIED

_____	E-13	Time span between meals	_____	_____	_____
_____	E-14	Lack of table service adapted according to resident's condition	_____	_____	_____
_____	E-15	Residents made to sit in dining rooms long before/after meals are served/consumed	_____	_____	_____
_____	E-16	Residents not allowed to eat at their own pace	_____	_____	_____
_____	E-17	Food brought out and left sitting before residents are served	_____	_____	_____
_____	E-18	Other _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

=====

F. ADMINISTRATIVE

_____	F-01	Insufficient staff to meet residents' needs	_____	_____	_____
_____	F-02	Admissions procedures	_____	_____	_____
_____	F-03	Admission refused due to Medicaid status	_____	_____	_____
_____	F-04	Discharge plans, procedures	_____	_____	_____
_____	F-05	Improper placement	_____	_____	_____
_____	F-06	Transfer due to Medicaid status	_____	_____	_____
_____	F-07	Other improper transfer	_____	_____	_____
_____	F-08	Bed not held	_____	_____	_____
_____	F-09	Room changes/assignment	_____	_____	_____
_____	F-10	Roommate conflict	_____	_____	_____
_____	F-11	Improper use of staff	_____	_____	_____
_____	F-12	Facility not providing transportation for residents to medical, dental appointments, etc.	_____	_____	_____
_____	F-13	Language barrier, (including sign)	_____	_____	_____
_____	F-14	Laundry procedures	_____	_____	_____
_____	F-15	Required names, addresses, etc., not posted	_____	_____	_____
_____	F-16	Facility's refusal to provide CRC with names, addresses, and telephone numbers of resident's families or legal representative	_____	_____	_____
_____	F-17	Facility's refusal to work with the CRC	_____	_____	_____
_____	F-18	Other (specify) _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

=====

G. RESIDENT RIGHTS

_____	G-01	Restrictions on right to complain	_____	_____	_____
_____	G-02	No grievance procedures	_____	_____	_____
_____	G-03	Religious rights restricted	_____	_____	_____
_____	G-04	Civil liberties (e.g. vote) restricted	_____	_____	_____
_____	G-05	Social/community activities restricted	_____	_____	_____
_____	G-06	Medical discrimination other than admission or transfer	_____	_____	_____
_____	G-07	Religious discrimination	_____	_____	_____
_____	G-08	Race discrimination	_____	_____	_____
_____	G-09	Sex discrimination	_____	_____	_____
_____	G-10	Not informed of condition	_____	_____	_____
_____	G-11	Not informed of rights, policies	_____	_____	_____
_____	G-12	Confidentiality of records	_____	_____	_____
_____	G-13	Access to own records	_____	_____	_____
_____	G-14	Denied rights	_____	_____	_____
_____	G-15	Visiting hours	_____	_____	_____
_____	G-16	Mail opened/not given	_____	_____	_____
_____	G-17	No phone privacy	_____	_____	_____
_____	G-18	Not treated with dignity, respect	_____	_____	_____
_____	G-19	Physical abuse by other resident	_____	_____	_____
_____	G-20	Verbal abuse by other resident	_____	_____	_____
_____	G-21	Use of possessions restricted	_____	_____	_____
_____	G-22	Kept in facility against will	_____	_____	_____
_____	G-23	Personal items lost, stolen or used by others	_____	_____	_____
_____	G-24	Violation of privacy	_____	_____	_____
_____	G-25	Married - share room	_____	_____	_____
_____	G-26	Not informed of policy changes	_____	_____	_____
_____	G-27	Denied involvement in care plan development	_____	_____	_____
_____	G-28	Unnecessarily restrained	_____	_____	_____
_____	G-29	Residents' lives unreasonably regimented	_____	_____	_____
_____	G-30	Residents Council not allowed to function independently	_____	_____	_____
_____	G-31	Intimidation by staff or threats of discharge	_____	_____	_____
_____	G-32	Retaliation by facility as a result of complaints	_____	_____	_____
_____	G-33	Sexual abuse by other resident	_____	_____	_____
_____	G-34	Other (specify) _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

#  
RECEIVED

# # #  
RESOLVED | REFERRED | VERIFIED

H. SANITATION, LAUNDRY, BUILDING

_____	H-01	Cleanliness	_____	_____	_____
_____	H-02	Safety factors (exits, fire, railings, etc.)	_____	_____	_____
_____	H-03	Offensive odors	_____	_____	_____
_____	H-04	Appearance	_____	_____	_____
_____	H-05	Pests	_____	_____	_____
_____	H-06	Bathrooms	_____	_____	_____
_____	H-07	Linens	_____	_____	_____
_____	H-08	Handicap accessibility	_____	_____	_____
_____	H-09	Bed, bedside equipment	_____	_____	_____
_____	H-10	Storage space (amount, security of)	_____	_____	_____
_____	H-11	Supplies	_____	_____	_____
_____	H-12	Heating	_____	_____	_____
_____	H-13	Cooling, ventilation	_____	_____	_____
_____	H-14	Lighting	_____	_____	_____
_____	H-15	Water temperature	_____	_____	_____
_____	H-16	Wet floors	_____	_____	_____
_____	H-17	Other (specify) _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

J. NOT AGAINST FACILITY

_____	J-01	Financial (bad debts, exploitation)	_____	_____	_____
_____	J-02	Medicaid not providing services	_____	_____	_____
_____	J-03	Medicaid reclassification	_____	_____	_____
_____	J-04	Other Medicaid problem except discrimination	_____	_____	_____
_____	J-05	SSI, Social Security	_____	_____	_____
_____	J-06	Medicare	_____	_____	_____
_____	J-07	Insurance	_____	_____	_____
_____	J-08	Guardianship, conservatorship, power of attorney	_____	_____	_____
_____	J-09	Family problems	_____	_____	_____
_____	J-10	Wills	_____	_____	_____
_____	J-11	Outside social services agency	_____	_____	_____
_____	J-12	Needs less restrictive placement	_____	_____	_____
_____	J-13	Survey agency	_____	_____	_____
_____	J-14	Other (specify) _____	_____	_____	_____
_____	TOTALS		_____	_____	_____

GRAND TOTALS

**WHEN COMPLETED, PLEASE SUBMIT THIS FORM TO THE AREA AGENCY ON AGING**

RESIDENT REVIEW  
CARE REVIEW COMMITTEE REPORT

FACILITY \_\_\_\_\_ LOCATION \_\_\_\_\_

RESIDENT \_\_\_\_\_ ROOM NO. \_\_\_\_\_ BED NO. \_\_\_\_\_

(Code: Y=Yes, N=No; NA=Not Applicable) County \_\_\_\_\_

A. CLEANLINESS

Is resident clean? \_\_\_\_\_ Does resident get two baths/showers weekly? \_\_\_\_\_  
Is hair clean and combed? \_\_\_\_\_ Are nails clean and trimmed? \_\_\_\_\_  
Is clothing clean and appropriate? \_\_\_\_\_ Are surroundings clean and attractive? \_\_\_\_\_ Is air free of odors? \_\_\_\_\_  
Are eyeglasses clean? \_\_\_\_\_ Are teeth/dentures clean? \_\_\_\_\_ Are wheelchairs/walkers clean? \_\_\_\_\_

B. WELFARE AND SAFETY

Does resident show signs of malnutrition/dehydration? \_\_\_\_\_ Are there barriers/ obstacles that threaten the resident's safety? \_\_\_\_\_ Are proper restraints used for resident's safety: In chair? \_\_\_\_\_, in bed? \_\_\_\_\_, on toilet? \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. PHYSICAL, MENTAL, SOCIAL

Does resident participate in planned activities? \_\_\_\_\_ Are the spiritual and emotional needs respected and provided for? \_\_\_\_\_ Does the resident have contact with family? \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. PERSONAL PRIVILEGES

Is a personal shopper available, when needed? \_\_\_\_\_ Does resident have someone to turn to for a personal need? \_\_\_\_\_  
Are personal messages delivered to the resident promptly? \_\_\_\_\_ Does the resident receive mail unopened? \_\_\_\_\_  
Is space for privacy provided for visitors and residents? \_\_\_\_\_ Are hair care services available? \_\_\_\_\_

E. FOOD SERVICES

Is a special diet provided resident if needed? \_\_\_\_\_ Is eating assistance provided if needed? \_\_\_\_\_ Is food: Attractively served? \_\_\_\_\_, Warm? \_\_\_\_\_, Tasty? \_\_\_\_\_. Do meal service practices: Permit eating at a leisurely pace? \_\_\_\_\_, encourage residents to eat at tables in dining rooms? \_\_\_\_\_, provide a pleasant mealtime experience? \_\_\_\_\_  
Is fresh water available at all times? \_\_\_\_\_ Are meals served on schedule? \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. PROBLEMS

Have there been any incidents or complaints which should be noted?  
\_\_\_\_\_  
\_\_\_\_\_

G. CONCLUSION

Is the facility meeting the needs of this resident? \_\_\_\_\_  
If not, in what ways? \_\_\_\_\_  
\_\_\_\_\_

=====

RECOMMENDATIONS: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: If the administration fails to acknowledge the intent of these findings and recommendations, you may report to the Iowa Department of Elder Affairs.**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ SIGNATURE \_\_\_\_\_



PLEASE ADD COMMENTS THAT YOU FEEL ARE APPROPRIATE, AND CALL TO THE ATTENTION OF THE SURVEY NURSE ANY RECOMMENDATIONS THAT YOU FEEL ARE NECESSARY

**CARE REVIEW COMMITTEE REPORT -- FACILITY**

FACILITY \_\_\_\_\_ DATE COMPLETED \_\_\_\_\_

REPORT SUBMITTED BY (Care Review Committee Member Names): \_\_\_\_\_

DIETARY:

YES

NO

Do meal service practices:

Permit eating at a leisurely rate?

\_\_\_\_\_

\_\_\_\_\_

Encourage residents to eat at tables in dining room?

\_\_\_\_\_

\_\_\_\_\_

Encourage socialization and provide a pleasant mealtime experience?

\_\_\_\_\_

\_\_\_\_\_

Is food attractively served and at the proper temperature?

\_\_\_\_\_

\_\_\_\_\_

Provide mealtimes comparable to those normally obtained in the community?

\_\_\_\_\_

\_\_\_\_\_

Is fresh drinking water available to residents in their rooms?

\_\_\_\_\_

\_\_\_\_\_

Is eating assistance provided if necessary?

\_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

INDEPENDENCE ENCOURAGED IN ACTIVITIES OF DAILY LIVING:

Is self-help encouraged in:

Eating?

\_\_\_\_\_

\_\_\_\_\_

Personal hygiene?

\_\_\_\_\_

\_\_\_\_\_

Exercise?

\_\_\_\_\_

\_\_\_\_\_

Recreation?

\_\_\_\_\_

\_\_\_\_\_

Are emergency call signals in working order and placed within reach of residents?

\_\_\_\_\_

\_\_\_\_\_

Are they answered within a reasonable period of time?

\_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

**ACTIVITIES:**

YES

NO

Are the following available:

- Current newspapers?
- Current magazines and books of interest to the majority of residents?
- Radio?
- Television?
- Clock?
- Calendar of planned activities?
- Activity program planned for groups and individuals?
- Telephone?
- Privacy for visiting when requested?
- Outdoor recreation as appropriate?
- Observance of special events (holidays, birthdays, community events, etc.)?
- Transportation?
- Spiritual guidance?

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COMMENTS: \_\_\_\_\_

**WELFARE AND SAFETY:**

- Are all areas of the facility well-lighted?
- Are halls and thoroughfares kept free of clutter and encumbrances?
- Is the physical structure of the facility free of physical barriers which would hinder access of any resident to services of the facility or to outside exits?
- Are furnishings of the facility in good repair?
- Are employees knowledgeable of their responsibilities in emergency situations?
- Is housekeeping carried out with regard to the safety of residents?
- Are there regular fire drills?
- Are smoking areas well defined?
- Is an adequate temperature maintained in the facility?

_____	_____
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COMMENTS: \_\_\_\_\_

**STAFF:**

- Is there enough staff to get work done?
- Are they pleasant to the patient or resident?
- Are they neatly groomed?
- Are they responsive to visitors?
- Are they available to residents within a reasonable time?
- Are they cooperative with the Care Review Committee?

_____	_____
_____	_____
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COMMENTS: \_\_\_\_\_

**COMPLAINTS**

- Is there a written procedure for the filing of complaints regarding resident care and services?
- Are written records kept of the resolution of the complaint?

_____	_____
_____	_____

COMMENTS: \_\_\_\_\_

AREA AGENCY DIRECTORS

AREA 1 (private non-profit organization)

Bruce Butters Director  
NorthLand Area Agency on Aging  
808 River St  
Decorah IA 52101  
319/382-2941 or 2942 or 1-800-233-4603  
FAX--319/382-6248

AREA II-V-XII (private non-profit organization)

Lahoma Counts Director  
Elderbridge Area Agency on Aging  
22 N Georgia Ste 216  
Mason City IA 50401  
515/424-0678 or 1-800-243-0678  
Fort Dodge 515/955-5244 or 1-800 543-3280  
Carroll 712/792-3512 or 1-800-543-3265  
FAX--515/424-2927

AREA III (private non-profit organization)

David Welle Director  
Northwest Aging Association  
2 Grand Ave PO Box 7840  
Spencer IA 51301-7840  
712/262-1775 or 1-800-242-5033  
FAX--712/262-7520

AREA IV (private non-profit organization)

Rick Motz Director  
Area IV Agency on Aging  
508 Frances Bldg  
505 5th St  
Sioux City IA 51101  
712/279-6900 or 1-800-798-6916  
FAX--712/233-3415

AREA VI-VII (private non-profit organization)

Donna Harvey Director  
Hawkeye Valley Area Agency on Aging  
2101 Kimball Ave Ste 320  
Waterloo IA 50702-5057  
319/272-2244 or 1-800-779-8707  
FAX--319/272-2455

AREA VIII (private non-profit organization)

Linda McDonald Director  
Scenic Valley Area VIII Agency on Aging  
2013 Central  
Dubuque IA 52001  
319/588-3970---FAX 319/588-1952

**ELDER AFFAIRS FAX #---515/281-4036**

**IOWA DEPT OF ELDER AFFAIRS  
NURSING HOME OMBUDSMAN--1-800-532-3213**

AREA IX (separate organizational unit)

Marvin Webb Director  
Great River Bend Area Agency on Aging  
PO Box 3008  
Davenport IA 52808-3008 (mailing address)  
736 Federal St  
Davenport IA 52803 (physical address)  
319/324-9085 or 1-800-892-9085  
FAX--319/324-9384

AREA X (separate organizational unit)

Thomas Miskimen Director  
Heritage Area Agency on Aging  
6301 Kirkwood Blvd SW PO Box 2068  
Cedar Rapids IA 52406-2068  
319/398-5559 or 1-800-332-5934  
FAX--319/398-5533

AREA XI (private non-profit organization)

Joel Olah Director  
Aging Resources of Central Iowa  
5835 Grand Ave Ste 106  
Des Moines IA 50312-1439  
515/255-1310  
FAX--515/255-9442

AREA XIII (private non-profit organization)

Barbara Blocker Director  
Southwest 8 Senior Services, Inc.  
3319 Nebraska Ave  
Council Bluffs IA 51501  
712/328-2540 or 1-800-432-9209  
FAX--712/328-6899

AREA XIV (private non-profit organization)

Lois Houston Director  
Area XIV Agency on Aging  
228 N Pine St  
Creston IA 50801  
515/782-4040---FAX 515/782-4519

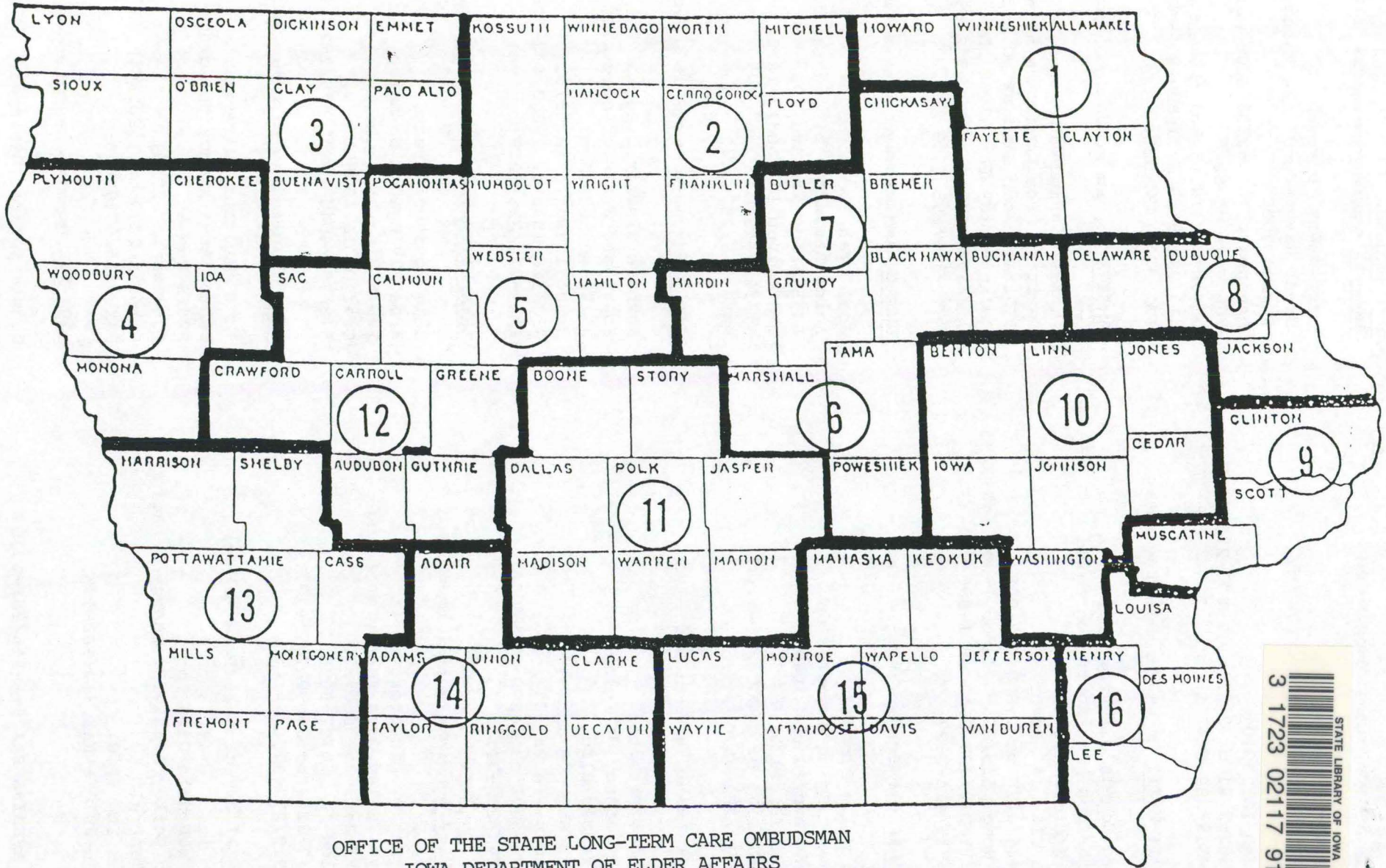
AREA XV (private non-profit organization)

Kris Saulsbury Director  
Seneca Area Agency on Aging  
228 E 2nd St  
Ottumwa IA 52501  
515/682-2270 or 1-800-642-6522  
FAX--515/682-2445

AREA XVI (private non-profit organization)

Dennis Zegarac Director  
Southeast Iowa Area Agency on Aging  
509 Jefferson St  
Burlington IA 52601  
319/752-5433 or 1-800-292-1268  
FAX--319/754-7030

The numbers on the map indicate which Area Agency  
serves the counties outlined in black



OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN  
IOWA DEPARTMENT OF ELDER AFFAIRS  
200 10th St - 3rd Floor  
Des Moines IA 50309-3609  
515/281-5426 or 1-800-532-3213

