Office of the State Long-Term Care Ombudsman Monthly Report

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

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

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

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

This month’s report provides an opportunity to learn a bit more about State Long-Term Care Ombudsman Cynthia Pederson. Cindy has been with the State Long-Term Care Ombudsman’s Office since 2014. She became a certified volunteer ombudsman in 2014. Later that year she joined the Des Moines office as the discharge specialist. In 2017 she became the State Long-Term Care Ombudsman.

In this monthly report, data is being provided on activities of the LLTCO program for complaints, actions and resolution of matters brought to the OSLTCO by long-term care residents and tenants for February 2021.
The top five matters depicted above, including COVID-19 matters, encompass a total of 48% of all of the matters the OSLTCO looked into during February 2021. The national health emergency of COVID-19 and visiting in a long-term care facility were the top matters looked into by the LLTCO. In February 2021 several nursing facilities were still reporting outbreaks.

During the month of February the OSLTCO was able to partially or fully resolve 68% of reported complaints to the satisfaction of the resident/tenant.

**COVID-19 Related Matters**

The national health emergency of COVID-19 continues to be one of the top matters worked on by the LLTCO especially with increases in vaccinations. Examples of COVID-19 related matters include clarifying visitation restrictions and sharing information on current regulations and long-term care facility guidance.
Visitation
The LLTCO continue to receive many questions related to visitation in nursing facilities. While a significant number of counties are showing reductions in the positivity rates related to COVID-19, many nursing facilities are adhering to very strict visitation guidelines that are not always in alignment with the CMS guidelines. Now that the majority of nursing home residents are fully vaccinated, residents are questioning why their loved ones, many of whom are vaccinated, cannot visit more freely. Family members are sometimes driving several hours for a 15 to 30 minute visit with their loved one. Sometimes that visit is not private because staff is present. Residents continue to feel isolated and frustrated which may be contributing to several residents leaving the facility against medical advice or AMA. The LLTCO continue to advocate for residents to have private, in person visits with their loved ones and have also been educating facility staff on the most recent guidance from CMS. Facility leaders are saying that they are waiting for new guidelines now that many residents and staff are vaccinated before they will allow indoor visitation when indoor visitation could be occurring under the current guidelines. One of the LLTCO successfully advocated for a resident to receive compassionate care visits from family members when he was upset and agitated. The LLTCO facilitated a care plan meeting with the resident’s family and staff and it was reported that the resident, who suffered from dementia, was difficult to calm, at times. He had an order for a medication to be given as needed when he was anxious and even violent. The family asked if they could be allowed compassionate care visits during the times the resident was having a particularly difficult day and the facility agreed to allow compassionate care visits.

Care Issues
Care concerns continue to be reported to the LLTCO by family members. When families are allowed to see their loved ones, they often note a weight loss and a lack of assistance with grooming. Family members are reporting that their loved one is not wearing clean clothing and their general appearance is not good. Residents continue to voice long waits for call lights to be answered at times. During the recent cold weather, residents reached out to the OSLTCO complaining of the nursing facilities being cold and the heating systems not working properly. These concerns were confirmed upon further investigation by the LLTCO and temporary measures were implemented to keep the residents warm until the issues could be resolved.

Involuntary Discharges
In February the most frequent reason an assisted living program issued an involuntary transfer was due to an inability to meet a tenant’s level of care. The most frequent reason a nursing facility issued an involuntary discharge was for an emergency discharge situation.

Resident Rights
A resident who lives in a nursing facility wanted to smoke although the facility was transitioning to become a smoke free facility. Current smokers in the building were grandfathered in and allowed to continue smoking, however, new residents were not. The resident had not smoked since moving to the facility but wanted to resume. The LLTCO advocated for this resident and discussions were held with the resident, staff and family. After a smoking assessment was completed, this resident was allowed to smoke during the designated smoking times. He was very satisfied with this outcome. Many residents have voiced frustrations that living in a nursing facility during the past year feels more like living in a prison. Their movement in and out of the facility has been greatly restricted during the pandemic and the stimulation and interaction provided by the staff is less. The residents state that the staff is often too busy to stop and visit for any length of time. Many of the residents have been vaccinated as have their family members and residents are asking when visits will be allowed to occur more freely. Residents have stated that they feel as though they have had no rights during the pandemic and have reached out to the OSLTCO for assistance in exercising their rights.