# Office of the Statewide Long-term Care Ombudsman Program

# Annual Report: FY2022

**One Ashburton Place**
**Boston, MA 02108**

# State data for MA for FFY 2022

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# Case and Complaints Summary

**Total number of cases closed:** **1965**

**Totals Cases per Complainant by Facility Setting**

| Complainant | Nursing Facility | Residential Care Community | Other | Total per complainant |
|---|---|---|---|---|
| Resident | 1192 | 73 | 0 | 1265 |
| Resident representative, friend, family | 343 | 131 | 0 | 474 |
| Ombudsman program | 106 | 11 | 0 | 117 |
| Facility staff | 14 | 14 | 0 | 28 |
| Representative of other agency or program | 26 | 16 | 0 | 42 |
| Concerned person | 1 | 1 | 0 | 2 |
| Resident or family council | 10 | 0 | 0 | 10 |
| Unknown | 23 | 4 | 0 | 27 |
| **Total per facility type** | **1715** | **250** | **0** | **1965** |

**Total number of complaints:** **2743**

**Major Complaint Groups by Type of Facility**

| Complaint Category/Type | Nursing Facility | Residential Care Community | Other | Total by Complaint Type |
|---|---|---|---|---|
| A. Abuse, gross neglect, exploitation | 25 | 28 | 0 | 53 |
| B. Access to Information | 73 | 10 | 0 | 83 |
| C. Admission, transfer, discharge, eviction | 196 | 51 | 0 | 247 |
| D. Autonomy, choice, rights | 326 | 45 | 0 | 371 |
| E. Financial, property | 141 | 37 | 0 | 178 |
| F. Care | 853 | 107 | 0 | 960 |
| G. Activities and community integration and social services | 198 | 12 | 0 | 210 |
| H. Dietary | 223 | 14 | 0 | 237 |
| I. Environment | 237 | 34 | 0 | 271 |
| J. Facility policies, procedures and practices | 56 | 10 | 0 | 66 |
| K. Complaints about an outside agency (non-facility) | 8 | 1 | 0 | 9 |
| L. System and others (non-facility) | 56 | 2 | 0 | 58 |

**Complaint Verifications**

| Verification Status | Nursing Facility | Residential Care Community | Other | Total |
|---|---|---|---|---|
| Verified | 2251 | 300 | 0 | 2551 |

| | | | | |
|---|---|---|---|---|
| Not Verified | 141 | 51 | 0 | 192 |

**Complaint Dispositions**

| Disposition Status | Nursing Facility | Residential Care Community | Other | Total |
|---|---|---|---|---|
| Partially or fully resolved to the satisfaction of the resident, resident representative or complainant | 1475 | 164 | 0 | 1639 |
| Withdrawn or no action needed by the resident, resident representative or complainant | 709 | 147 | 0 | 856 |
| Not resolved to the satisfaction of the resident, resident representative or complainant | 208 | 40 | 0 | 248 |

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## Complaint Types by Type of Facility

| Complaint Category/Type | Nursing Facility | Residential Care Community | Other | Total by Complaint Type |
|---|---|---|---|---|
| A. Abuse, gross neglect, exploitation | 25 | 28 | 0 | 53 |
| A01. Abuse: physical | 10 | 12 | 0 | 22 |
| A02. Abuse: sexual | 2 | 4 | 0 | 6 |
| A03. Abuse: psychological | 6 | 4 | 0 | 10 |
| A04. Financial exploitation | 1 | 1 | 0 | 2 |
| A05. Gross neglect | 6 | 7 | 0 | 13 |
| B. Access to Information | 73 | 10 | 0 | 83 |
| B01. Access to information and records | 65 | 10 | 0 | 75 |
| B02. Language and communication barrier | 5 | 0 | 0 | 5 |
| B03. Willful interference | 3 | 0 | 0 | 3 |
| C. Admission, transfer, discharge, eviction | 196 | 51 | 0 | 247 |
| C01. Admission | 4 | 3 | 0 | 7 |
| C02. Appeal process | 4 | 1 | 0 | 5 |
| C03. Discharge or eviction | 117 | 46 | 0 | 163 |
| C04. Room issues | 71 | 1 | 0 | 72 |
| D. Autonomy, choice, rights | 326 | 45 | 0 | 371 |
| D01. Choice in health care | 26 | 4 | 0 | 30 |
| D02. Live in less restrictive setting | 58 | 7 | 0 | 65 |
| D03. Dignity and respect | 105 | 13 | 0 | 118 |
| D04. Privacy | 22 | 1 | 0 | 23 |
| D05. Response to complaints | 11 | 1 | 0 | 12 |
| D06. Retaliation | 4 | 2 | 0 | 6 |
| D07. Visitors | 29 | 10 | 0 | 39 |
| D08. Resident or family council | 0 | 0 | 0 | 0 |
| D09. Other rights and preferences | 71 | 7 | 0 | 78 |
| E. Financial, property | 141 | 37 | 0 | 178 |
| E01. Billing and charges | 30 | 28 | 0 | 58 |
| E02. Personal property | 111 | 9 | 0 | 120 |

| Complaint Category/Type | Nursing Facility | Residential Care Community | Other | Total by Complaint Type |
|---|---|---|---|---|
| F. Care | 853 | 107 | 0 | 960 |
| F01. Accidents and falls | 23 | 10 | 0 | 33 |
| F02. Response to requests for assistance | 161 | 14 | 0 | 175 |
| F03. Care planning | 52 | 24 | 0 | 76 |
| F04. Medications | 105 | 19 | 0 | 124 |
| F05. Personal hygiene | 94 | 13 | 0 | 107 |
| F06. Access to health related services | 108 | 3 | 0 | 111 |
| F07. Symptoms unattended | 80 | 12 | 0 | 92 |
| F08. Incontinence care | 31 | 3 | 0 | 34 |
| F09. Assistive devices or equipment | 87 | 5 | 0 | 92 |
| F10. Rehabilitation services | 101 | 0 | 0 | 101 |
| F11. Physical restraint | 0 | 2 | 0 | 2 |
| F12. Chemical restraint | 1 | 0 | 0 | 1 |
| F13. Infection control | 10 | 2 | 0 | 12 |
| G. Activities and community integration and social services | 198 | 12 | 0 | 210 |
| G01. Activities | 88 | 6 | 0 | 94 |
| G02. Transportation | 15 | 1 | 0 | 16 |
| G03. Conflict resolution | 31 | 3 | 0 | 34 |
| G04. Social services | 64 | 2 | 0 | 66 |
| H. Dietary | 223 | 14 | 0 | 237 |
| H01. Food services | 142 | 9 | 0 | 151 |
| H02. Dining and hydration | 38 | 2 | 0 | 40 |
| H03. Therapeutic or special diet | 43 | 3 | 0 | 46 |
| I. Environment | 237 | 34 | 0 | 271 |
| I01. Environment | 70 | 12 | 0 | 82 |
| I02. Building structure | 24 | 8 | 0 | 32 |
| I03. Supplies, storage and furnishings | 76 | 3 | 0 | 79 |
| I04. Accessibility | 12 | 1 | 0 | 13 |
| I05. Housekeeping, laundry and pest abatement | 55 | 10 | 0 | 65 |
| J. Facility policies, procedures and practices | 56 | 10 | 0 | 66 |
| J01. Administrative oversight | 2 | 4 | 0 | 6 |
| J02. Fiscal management | 3 | 0 | 0 | 3 |
| J03. Staffing | 51 | 6 | 0 | 57 |

| Complaint Category/Type | Nursing Facility | Residential Care Community | Other | Total by Complaint Type |
|---|---|---|---|---|
| K. Complaints about an outside agency (non-facility) | 8 | 1 | 0 | 9 |
| K01. Regulatory system | 0 | 0 | 0 | 0 |
| K02. Medicaid | 4 | 0 | 0 | 4 |
| K03. Managed care | 1 | 0 | 0 | 1 |
| K04. Medicare | 3 | 0 | 0 | 3 |
| K05. Veterans Affairs | 0 | 0 | 0 | 0 |
| K06. Private Insurance | 0 | 1 | 0 | 1 |
| L. System and others (non-facility) | 56 | 2 | 0 | 58 |
| L01. Resident representative or family conflict | 9 | 1 | 0 | 10 |
| L02. Services from outside provider | 7 | 0 | 0 | 7 |
| L03. Request to transition to community setting | 40 | 1 | 0 | 41 |

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## Complaint Examples

| | Nursing Facility Example | Residential Care Community Example | Optional Complaint Example |
|---|---|---|---|
| Facility type | Nursing Facility | Residential Care Community | N/A |
| Description | A resident indicated she would like to return to the community and requested advocacy to assist with the process. The resident is a refugee from Ghana, with no family in the area. She had been living with her husband in the US and they were in the process of obtaining for her Lawful Permanent Residence or Citizenship when her husband died unexpectedly. She had been working as a CNA when she then suffered a major stroke and was hospitalized. During her incapacity, her immigration status lapsed. She was admitted to a nursing facility for rehabilitation, but because she had no family in the US and was without citizenship, she was unable to access the supports she would need to care for herself in the community. She was not a citizen, nor did she have health insurance and the facility wanted to discharge her to Ghana because she had no form of payment. When speaking with the representative of the Office, the resident provided consent for the Ombudsman Program to investigate the complaint, discuss it with facility staff, and refer to other resources as appropriate and available. The resident was undecided about whether she would like to return to Ghana or consider a lesser level of care in the local area. | The State Ombudsman received a phone call from the Executive Director of an Assisted Living Residence, seeking support for eviction of a resident residing in a Memory Care Unit, because she had eloped twice even though the unit was considered “secured” with locked and alarmed doors. The Executive Director conceded that the facility staff had not conducted a root cause analysis about how this could have happened, and they wanted the family to pay for 1:1 supervision. The family of the resident consequently reached out to the representative when they received an eviction notice, even though they had agreed to pay privately for additional supervision. | N/A |
| Complaint topic | System and Others (non - facility) | Admission, Transfer, Discharge, Eviction | N/A |
| Complaint type | Request to transition to community setting | Discharge or eviction | N/A |
| Verification | Verified | Verified | N/A |

| | | | |
|---|---|---|---|
| Disposition | Withdrawn or no action needed by the resident, resident representative or complainant | Partially or fully resolved to the satisfaction of the resident, resident representative or complainant | N/A |
| Disposition narrative | The representative met with facility staff, sharing resources for potential discharge to the local community. The representative met with the resident on multiple occasions to further discuss her wishes regarding discharge options. The representative facilitated communication and referrals to the Central West Justice Center, an affiliate of Community Legal Aid, which provides free legal assistance to low-income residents of Central and Western Massachusetts, focusing on cases involving humanitarian-based immigration law, employment rights, housing and homelessness issues, as well as access to public benefits, and the ACLU Immigration Protection Project, a coordinated regional program providing immigrants in Western Massachusetts with referrals for legal assistance and connections to other services. The representative provided education to facility staff regarding the resident's transfer and discharge rights and accompanied the resident during the virtual meeting with the Board of Hearings for the appeal of the facility's discharge notice. These actions resulted in the resident obtaining legal counsel for both immigration and Medicaid eligibility, as well as dismissal of the discharge plan from the facility. The resident was ultimately approved for MassHealth so the facility was able to bill for her stay, and she was approved to remain in this country. The resident and her family in Ghana determined that she could not return to Ghana due to lack of supports and resources which would have resulted in an unsafe discharge. The resident expressed sadness about this but acknowledged her need to receive care at the nursing facility as her condition changed so that she could not move to a less restrictive care | The representative met with the resident and the resident's responsible party (daughter), who requested advocacy and provided consent for the Ombudsman Program to investigate the complaint, discuss it with facility staff, and refer to other resources as appropriate and available. The wishes of the resident and her responsible party were to remain at the assisted living residence. The resident was found to be alert, calm, confused but easily redirectable. Exit-seeking behaviors were random in nature and the resident wandered within the building, attempting to find her way back to the unit. The representative met with facility and corporate staff and toured the facility. Upon investigation, it was noted that the doors for the Memory Care Unit were locked with a timed-delay release as per fire safety code. However, the alarm indicating release was not loud enough to be heard by staff, and the release time was unduly short, allowing the resident to easily leave the unit undetected. The representative facilitated a meeting with the resident's responsible party and facility staff, who agreed to rescind the eviction notice and make modifications to their alarm system so that staff pagers would be activated when the initial alarm was activated, and the delay-release would be increased to 15 seconds to allow adequate staff response time. In addition, the facility agreed to provide hourly checks and pay for 1:1 supervision until such time as changes could be made to ensure the safety of the resident and other residents in the Memory Care Unit. The representative provided education to facility staff regarding the needs of residents with dementia who required specialized care and encouraged staff training regarding same. | N/A |

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| | setting. The representative continued to provide regular support. A friend from Ghana who lives locally became involved as the resident's condition declined and was hoping to have the resident transferred to facility closer to the friend. | | |

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## System Issues

| | **System Issue 1** | **System Issue 2** | **System Issue 3** *(Optional)* |
|---|---|---|---|
| System issue topic | C - Admission, Transfer, Discharge, Eviction | L - System and Others (non-facility) | N/A |
| Problem description | On July 5th, 2022, a large assisted living residence in Boston, notified the Massachusetts Executive Office of Elder Affairs and residents of its intention to close on October 5th, in accordance with the regulatory 90-day notice requirement. At the time of notice, there were 80 residents living at the ALR, most of whom were members of a MassHealth Integrated Care Plan. The ALR had a Memory Care Unit. Since most assisted living residences in Massachusetts have primarily private pay arrangements, this further limited options for residents. While many of the residents qualified for nursing home placement, the stakeholders involved felt strongly that such transfers should be avoided if at all possible and that residents should be placed in a community setting with supports, preferably remaining in the catchment area of their managed care program with familiar providers who had been overseeing their care for some time. | Summary of COVID funds application to address volunteer recruitment/retention: During the COVID Pandemic, the program experienced a decrease in the numbers of Ombudsman Volunteers visiting nursing and rest homes. This phenomenon is reflected in both retention and recruitment issues. Although natural attrition occurs yearly, the past few years have seen elevated numbers of Ombudsman Volunteers leaving the program, and fewer new Volunteer Ombudsmen becoming certified. | N/A |

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| Barriers description | There were many agencies involved in assisting residents during the closure of the assisted living residences. Initially, and initial collaboration was challenging as each agency worked independently to address issues but without a good understanding of what other agency's roles were, sometimes resulting in confusion and duplication of services. The Residence was anxious to move quickly to closure and did not always coordinate their own discharge planning with the wishes of the resident and the work of other agencies. There were a number of residents without significant family contact or social supports. This pending closure also followed several other recent closures of assisted living residences in the greater Boston area, such that bed supply was very limited. Since most assisted living residences in Massachusetts have primarily private pay arrangements, this further limited options for residents. | Lack of in-person contact with residents and colleagues due to visitor restrictions and suspension of in-person meetings led to frustration and dissatisfaction for a group motivated by interpersonal relationships. Fear of exposure and concerns about health risks voiced by volunteers and their families was observed: the majority of Ombudsman Volunteers are older adults identified as being in high-risk categories for exposure. In spite of Program Directors' best efforts to continue meetings, outside when possible, virtually through ZOOM or other meeting platforms, some volunteers found the technology challenging and unsatisfying. As Ombudsmen started returning to the facilities on a graduated basis, they were dismayed by what they saw in the facilities, with deterioration in resident conditions, staffing, and morale. The Program was constricted in conducting effective outreach for volunteers during the pandemic although we successfully pivoted to a virtual platform for the classroom training. Once the classroom training was completed, it was challenging for Program Directors to conduct supervisory visits when facilities were often not open to visitors and walking through a building was not an option related to risk of illness spread. As a result, supervisory "visits" often included access and introduction to residents via remote devices which also proved unsatisfying to prospective volunteers with a zeal to make a difference. | N/A |
| Issue status | Newly identified in this reporting year and not fully resolved. | Ongoing issue from last fiscal year | N/A |
| Affected setting | Residential Care Community | Not specific to a setting | N/A |

| | | | |
|---|---|---|---|
| Resolution strategies | Provided information to public or private agency<br>Provided leadership or participated on a task force<br>Developed and disseminated information<br>Recommended changes to laws, regulations, policies or actions through written or oral testimony. | Provided information to the media<br>Developed and disseminated information | N/A |

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| Resolution description | The State Ombudsman participated in a weekly meeting convened by the Executive Office of Elder Affairs, which included representatives from EOEA Programs (Home Care, Protective Services, the Assisted Living Certification Unit, Housing, Legal, Communications, Legislative Affairs) and MassHealth OLTSS (Office of Long Term Supports and Services)). A task force made up of additional stakeholders, including the Secretary of Elder Affairs, leaders of the MassHealth Integrated Care Plans, the Aging and Disability Resource Consortia (ADRC), the local Aging Services and Protection Agency (ASAP), and the City of Boston's Commission on Aging (AgeStrong) was also convened and met regularly through the closure date. Ombudsman Staff visited the ALR several times, holding meetings with residents and their representatives to advise of their rights during the closure process, meeting with facility staff to review specific cases, obtain status updates, provide education/advocacy about residents' rights, and facilitating communication and access for legal and disability advocates to meet with the residents on-site. The Ombudsman representatives provided information to the Incident Command Center and Task Force regarding conditions at the property as staffing, maintenance, security, and infrastructure issues were noted. Although the ALR planned to proceed with ceasing operations as an Assisted Living Residence on October 5th, they were prevailed upon and agreed to continue basic services and access until all the residents moved to a location of their choosing. As the facility was going to be unlicensed, there was extensive advance collaboration amongst the stakeholders to ensure the care needs of the remaining residents were safely met. By the end of the fiscal year, it was anticipated that of the 80 | The State Ombudsman facilitated discussion amongst Regional Program Directors about recruitment and retention strategies, based on a "best practices" model of sharing various approaches. During the summer, some programs hosted monthly meetings outside, encouraging a sense of community by hosting BBQ's and focusing on social as well as programmatic discussions. Volunteers found support in being together and talking about the very real effects of the pandemic on both a personal and professional level. Program Directors adapted a supportive approach to visits so that, for example, if an ombudsman volunteer felt uncomfortable going to a nursing home because of recent COVID activity, the Program Director would do the visit and work with the volunteer to follow-up. Several programs developed more efficient reporting systems, often web-based, to decrease the use of paper and eliminate the need for volunteers to drop off or mail their monthly reports. Volunteers were provided with tablets, cellphones, and Chromebooks to facilitate communication: training and support for this technology was provided. The State Office made training more accessible across Massachusetts, with monthly virtual certification trainings that are split into shorter sessions to enable potential volunteers with work commitments to participate and not have to travel to remote locations. Local Program Directors participated in the trainings so they could provide follow-up support to the prospective volunteer, whether that be technical or programmatic.<br><br>Virtual trainings for new volunteers also included an assistant who could help prospective volunteers access the virtual classes, tests, and materials in real time. One of the larger programs | N/A |

| | | | |
|---|---|---|---|
| | residents discharged, 29% would be moved to a community setting such as independent/supportive apartments or family home, 24% would move to another assisted living residence, 18% would transfer to a rest home, and 30% would transfer to a nursing home. Approximately 29% of the residents who anticipated moving to nursing or rest homes were continuing to engage with a care coordinator from their MassHealth Integrated Care Plan to find a more permanent and less restrictive setting. The Ombudsman representatives planned to conduct follow-up visits and work with residents, families, receiving facilities, and care coordinators to ensure a smooth transition. As a result of the feedback and support from the Incident Command Team and the Task Force, EOEA filed emergency regulations for Assisted Living Residences to increase the closure notification requirements from 90 to 120 days. Stakeholders agreed that much was learned during the process in terms of the roles of different agencies and how collaboration of organizations with different perspectives and experiences led to the overall success of resident relocation. | hired an area coordinator to conduct outreach activities, focusing on demographic analysis and statistics of each town in their catchment area to create more focused and creative recruitment strategies with outreach to organizations beyond the traditional Councils on Aging and Senior Centers. With the most recent round of funding granted in August, 2022, the regional program directors are engaging with their host sites on planning activities to develop media campaigns, speaker series, and augment the work of existing volunteer coordinators. Each host site handles recruitment differently and solutions will be region-specific, although there are opportunities for collaboration amongst the regions, especially with regards to recruitment for the assisted living expansion. | |

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## Organizational Structure

**Office of state LTCO location** Inside state government

| Local Ombudsman Entity Location | Number of Ombudsman |
|---|---|
| Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA. | 17 |
| Social services non-profit agency, with 501(c)(3) status, other than AAA | 1 |
| Legal services provider | 0 |
| Stand-alone local Ombudsman entity - a non-profit agency with 501(c)(3) status – the only program is the local Ombudsman entity | 0 |
| Total number of entities | 18 |

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# Organizational Conflicts of Interest

| Conflict of Interest Type | Location | Remedy |
|---|---|---|
| Conducts preadmission screenings | Both State and Local | At the local level, each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.<br>At the State level, MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents. The Ombudsman Program has moved from the SUA which houses the Assisted Living Certification Unit, to the Executive Office of Health and Human Services, to remediate potential conflict. Regulations were promulgated during the current Federal Fiscal Year to outline separation of duties and the autonomy of the Long Term Care Ombudsman Program.<br>At both State and local levels, communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff. |

| | | |
|---|---|---|
| Provides adult protective services | Both State and Local | At the local level, each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.<br>At the State level, MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents. The Ombudsman Program has moved from the SUA which houses the Assisted Living Certification Unit, to the Executive Office of Health and Human Services, to remediate potential conflict. Regulations were promulgated during this FFY to outline separation of duties and the autonomy of the Long Term Care Ombudsman Program.<br>At both State and local levels, communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff. |
| Has governing board, ownership, investment, or employment interest LTC facility | Local | All local host agencies complete the COI screening during the designation process. The local agency that has a Board member with LTC facility affiliation has in place requirements that the Board member recuse themselves from any discussion regarding the ombudsman program. |

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# Staff and Volunteers

**Office of State Ombudsman Staff**

| | | |
|---|---|---|
| Total staff | 5 | |
| Total full-time equivalent (FTE) | 5 | |
| Total state volunteer representatives | 0 | |
| Total hours donated by state volunteers representatives | 0 | Hours |
| Total other volunteers (not representatives) | 0 | |

**Local Ombudsman Entity Staff**

| | | |
|---|---|---|
| Total staff | 34 | |
| Total full-time equivalent (FTE) | 28 | |
| Total local volunteer representatives | 181 | |
| Total hours donated by local volunteer representatives | 12,682 | Hours |
| Total local volunteers (not representatives) | 0 | |

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# Funds Expended

**Funds Expended from OAA Sources**

| | |
|---|---|
| Federal - OAA Title VII, Chapter 2, Ombudsman | $408,769 |
| Federal - OAA Title VII, Chapter 3 | $0 |
| OAA Title III - State level | $300,000 |
| OAA Title III - AAA level | $1,202,595 |
| **Other Federal Sources** | |
| There are no other Federal sources | |
| Total other Federal funds expended | $913,588 |
| **Other State Sources** | |
| There are no other State sources | |
| Total other State funds expended | $856,803 |
| **Other Local Sources** | |
| There are no other Local sources | |
| Total other Local funds expended | $107,497 |

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# Facility - Number and Capacity

**Licensed Nursing Facilities**

| | |
|---|---|
| Total number | 362 |
| Total resident capacity | 42676 |

**Residential Care Communities**

| | |
|---|---|
| Total number | 326 |
| Total resident capacity | 20307 |

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# Facility - Residential Care Community Information

| RCC type | RCC type definition | Minimum RCC capacity | Maximum RCC capacity |
|---|---|---|---|
| Assisted Living Residence<br>Rest Home | Any entity, however organized, whether conducted for profit or not for profit, which meets all of the following criteria: a) provides room and board; and b) provides, directly by its employees or through arrangements with another organization which the entity may or may not control or own, Personal Care Services for three or more adults who are not related by consanguinity or affinity to their care provider; and c) collects payments or third party reimbursements from or on behalf of Residents to pay for the provision of assistance with the Activities of Daily Living, or arranges for same. (651 CMR12.02)A facility or units thereof that provides or arranges to provide in addition to the minimum basic care and services required in 105 CMR 150.000, a supervised supportive and protective living environment and support services incident to old age for residents having difficulty in caring for themselves and who are ambulatory and do not require Level II or III nursing care or other medical related services on a routine basis. | 3 | |

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# Program Activities

**Certifications and Training**

| | | |
|---|---|---|
| Certification training hours | 36 | Hours |
| Training hours required to maintain certification | 24 | Hours |
| Number of new individuals completing certification training | 37 | |

**Ombudsman Program Activities**

| | |
|---|---|
| Information and assistance to individuals | 5203 |
| Community education | 52 |

**Ombudsman Program Activities - Facilities**

| Activity | Nursing Facility | Residential Care Community |
|---|---|---|
| Training sessions for facility staff | 7 | 7 |
| Information and assistance to staff | 2076 | 546 |
| Number of facilities that received one or more visits | 379 | 292 |
| Number of visits for all facilities | 10723 | 2047 |
| Number of facilities that received routine access | 311 | 69 |
| Total participation in facility survey | 499 | 27 |
| Resident council participation | 191 | 10 |
| Family council participation | 14 | 3 |

**State and Local Level Coordination Activities**

Area agency on aging programs, Facility and long-term care provider licensure and certification programs, The State Medicaid fraud control unit

Other Coordination Activities

**Describe any state or local level coordination and leadership activities with the entities listed, as applicable.**

"The ombudsmen hosted by the local AAA provide orientation to new staff of the agency about the ombudsman program. Depending on the size of the agency, this could be monthly or quarterly. One of the ombudsman programs has a monthly reporting function to the Board of the Directors of the AAA, keeping them apprised of current trends and systems issues. The program directors of each hosted ombudsman unit coordinate with the AAA for volunteer recruitment and retention, including informational campaigns on social media. Most of the local programs also have monthly meetings within the AAA to share systemic concerns, trends in their area, and educational material about each of their functions.

The State Ombudsman collaborates with the Department of Public Health and the Assisted Living Certification unit to share general information about observed trends and patterns. When a closure or emergency situation exists, there is communication regarding the status of the facility and any concerns that may arise during the process. The local ombudsman shares general observations about their homes in advance of standard or complaint surveys upon request of the licensure and certification programs.

The State Ombudsman meets bi-monthly with the Medicaid Fraud Unit of the Attorney General's Office, to discuss current trends and systems issues, and brainstorm approaches to address concerns and advocate for residents in nursing and rest homes. The Medicaid Fraud Unit has also participated in educational programs for ombudsman program directors."