

Lower Savannah Long-Term Care Ombudsman Program

Serving Aiken,
Allendale,
Bamberg, Barnwell, Calhoun,
and Orangeburg Counties



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The Regional Long-Term Care Ombudsmen, Susan Garen and Dana Daniel, wish all staff and residents in the Lower Savannah region a Happy New Year! Whether it is the start of a new calendar year, a new fiscal year or even a new day, we are thankful for the opportunity to be part of the lives of long-term care residents. Because some years bring new staff to the facility and there are always new residents, here are a few reminders and updates from the Long-Term Care Ombudsman Program: The LTC Ombudsman is an **advocate for the resident!** We work to ensure residents' rights are honored through many different ways and seek to help residents resolve any concerns they may have while in a facility. Educating residents, family members

and staff is key to ensuring good care. Education and complaint resolution can be accomplished by a phone call, face to face meeting or even a letter. Ombudsmen encourage self-advocacy as the first step in complaint resolution, but when needed **on site investigations** are completed by staff. The Lower Savannah Regional LTC Ombudsman program is proud to continue to have four volunteers working with us to make routine visits in assigned facilities. They are now referred to as **Volunteer Ombudsmen** and will continue to have photo identification cards and distribute handouts with their name, staff names and the office contact information to residents.

For facilities who do not have a Volunteer Ombudsman, Ombudsman staff will continue to make the **routine, unannounced visits**. Volunteers and staff provide printed information about the program and residents' rights. Ombudsman staff are also available to provide **training to facility staff** on Residents' Rights, the Ombudsman Program, and customer service from the perspective of the Ombudsman. Call us for more information on available trainings, and to schedule a time to talk to your staff. The LTC Ombudsman Program staff are also available to speak to resident or family groups in your facility. Please share a copy of this newsletter with the resident and family group coordinators so they too can give us a call.

Resident and Family Councils

Residents of LTC facilities have a right to hold councils without interruption or interference from facility staff. These councils are a forum through which residents can discuss issues and concerns they may have about their rights and care, which they can bring to the

attention of the facility by way of an appointed staff member. Similarly, loved ones of facility residents have a right to participate in what is known as a family council where they can discuss their concerns about the facility, to be brought to staff attention.

Both resident and family councils are methods of advocacy that can help improve the relationship between residents, family members, and the facility, and resolve issues before they reach the point of needing to be reported.

New Medicare

Cards to Be Issued Starting April 2018

In an effort to better protect against fraud and identity theft, Medicare will issue new cards to beneficiaries from **April 2018 to April 2019**. The new cards will have a number unique to each individual and separate from their Social Security Numbers (example below).



If residents have a different mailing address than the facility in which they are living, please make their families or responsible parties aware that they should keep an eye out for this new card to avoid any interruption of coverage.

When ombudsman staff and volunteers visit, we often hear the same complaints from residents but can't address them because no one will give us consent. We call them "the word on the hall." Below are a few we hear too often.

In Nursing Homes:

- There is not enough staff on duty.
- I don't like the food and can't get anything different.
- I never see the doctor.
- The care plan is a waste of my time, they don't listen to me.
- My belongings are gone

The Word on the Hall

In CRCFs:

- There is nothing to do. I'm bored.
 - I don't get any allowance. They take all of my money.
 - We don't get any snacks unless we buy them.
 - There aren't enough people here to help.
- Are these the comments in your facility halls? Our response to you is to:
- Make sure your staffing level is sufficient to meet the needs of your current group!
 - Make sure your residents get help to label their personal

belongings.

- Remind staff to offer substitutes at meal time. I have personally witnessed issues with a resident not getting a substitute when requested.
- Keep good financial records if you are the rep payee for a resident!
- Connect residents with others who have similar interests. Residents need others to have a conversation with at times. Connect the talkers!
- Make sure your staff is conducting the care plan meeting WITH the resident!

Ageism and Long-Term Care

Ageism is a term first coined in 1969 by Dr. Robert Butler.² It has since been described as "the systemic discrimination of older persons, viewing them as senile, a burden, useless, and invisible."¹ This negative view on the aging population, and the aging process, is still evident in today's society, and further perpetrated by the media and the constant search for the proverbial fountain of youth. As such, ageism is rampant in LTC and often manifests itself in a variety of ways.

One of the ways ageism is shown in LTC is when staff help residents with tasks that they are able and willing to complete on their own.¹ Doing so plays into the belief that older adults are disabled, useless, and unable to do anything for

themselves. Constantly performing tasks for residents that they are able to complete on their own may cause them to believe they are truly unable to perform the task, and lead to an accelerated decline in health and functionality. Ageist thought processes are also implicit when staff provide care to residents without speaking to them, or speaking over them with another staff member.¹ Such actions may make residents feel as though they are viewed as less than human, and only as a means to an end, or a task to complete. It can also lead to missing symptoms residents display that may indicate serious illnesses and conditions.

Another way ageism occurs in LTC facilities is seen in the use of talking down to

residents or the use of "elderspeak" when communicating with them.¹ This habit is problematic because it implies that the resident is less competent than the person speaking with them, or gives the person speaking an impression of authority over the resident.

Staff of LTC facilities need to be aware of the prejudices and beliefs they may have about older adults, and the way these beliefs impact the care that is given. Being more aware of ageism and ageist practices will likely lead to improved resident care and quality of life.

1 Band-Winterstein, T. (2013). Health care provision for older persons: The interplay between ageism and elder neglect. *Journal of Applied Gerontology*, 34(3), 113-127.

2 Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9(4), 243-246.

Nursing homes are now required to send notices of routine transfers and discharges to their regional long-term care ombudsman.

Required reporting to the LTC Ombudsman: Is it the same or different?

It's BOTH!

When **any known or alleged incident of abuse, neglect or exploitation** occurs in either a Nursing Home or Community Residential Care Facility (also called Assisted Living), the administrator or designated staff are required to make a report to the LTC Ombudsman within twenty-four hours or the next working day.¹ The facility should send both the initial report and a copy of the facility's internal review summary. These reports are reviewed by an ombudsman and placed on file. If the ombudsman has questions about the incident or information in the report, the administrator or designated staff person will be contacted. These "self-reports," as they are termed in our office, are not

counted as a complaint filed against the facility.

NOTE: The ombudsman understands that some corporations require reports to be made to the ombudsman that are not allegations of abuse, neglect or exploitation. Those reports are addressed in the same manner as mandated reports.

Notices of routine transfers and discharges from or within a nursing home now have to be routinely sent to the Regional LTC Ombudsman Program staff. These notices should include the facility name, date range of the report and itemized resident information to include the resident's name, location to which they were transferred, the date of the transfer and if the transfer results in a

bed hold for that resident.

Each facility can determine how often these reports are sent but **should be sent no less than twice per month.**

Written reports of allegations of abuse, neglect or exploitation, and routine transfers should be sent by fax to 1-803-335-1013. This number is password protected and can only be accessed by Ombudsman staff.

The Long Term Care Ombudsman should receive by direct mail a copy of any **facility initiated notice of intent to discharge** letter to the resident and/or responsible party. The address is **LSCOG, LTCOP Staff, PO Box 850, Aiken, SC 29802.**

¹ SC Code of Laws §43-34-25 (D)

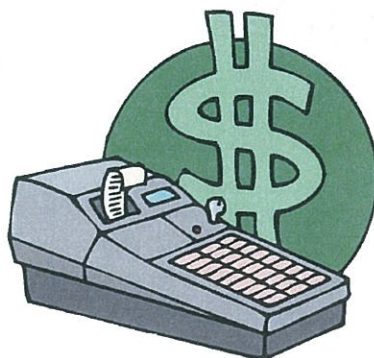
Personal Needs Allowance Increase for OSS/ OSCAP

Residents who live in CRCFs with assistance from Optional State Supplementation (OSS) or OSCAP have a guaranteed personal needs allowance (PNA). Personal needs allowance comes from the resident's monthly income- NOT from their OSS or OSCAP payment. **CRCF operators**, in

2018 the OSS/OSCAP personal needs allowance will increase to \$69 for residents only receiving SSI income and \$89 for residents who have both Social Security Income and SSI. Please make sure that the

residents receive the increase as of January 2018! CRCF residents often voice complaints that they

are not given the correct allowance each month. Accurate and detailed recordkeeping is critical to ensure that residents PNA funds are accounted for and used correctly. PNA can be used for medication copayments but accurate receipts should be kept for each deduction for medication made for that resident. Ombudsman staff can not provide reassurance to the resident and resolve an issue when records are incomplete.



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The South Carolina Long-Term Care Ombudsman Program is governed by the federal Older Americans Act (OAA) and the South Carolina Omnibus Adult Protection Act (OAPA). These laws give ombudsmen the authority to investigate allegations of abuse, neglect, and exploitation, and other complaints filed by and on behalf of residents of long-term care facilities without interference or retaliation from facility staff. Long-term care ombudsmen also work to advocate for changes in long-term care that will improve the quality of care and quality of life of those who reside in these facilities.



Residents Celebrate Christmas

Residents of a community residential care facility in the Lower Savannah Region were able to celebrate Christmas with a visit from Santa and his helpers thanks to the efforts of SC



Electric Cooperatives' W.I.R.E. members (Pictured to the left) and the Lieutenant Governor's Office on Aging Long Term Care Ombudsman Program. The W.I.R.E. members donated presents to fulfill residents' wish lists, some of which included new clothes, snacks,

shoes, and playing cards. Residents were able to open presents, socialize with their guests, and even take individual polaroid pictures with Santa if they wanted to. Residents expressed their gratitude for the presents with hugs, smiles, and a heartfelt letter.



If your facility has participated in any activities that you would like included in the newsletter, please send pictures, a brief description, and written consent from residents or resident responsible parties to use the pictures to ddaniel@lscog.org