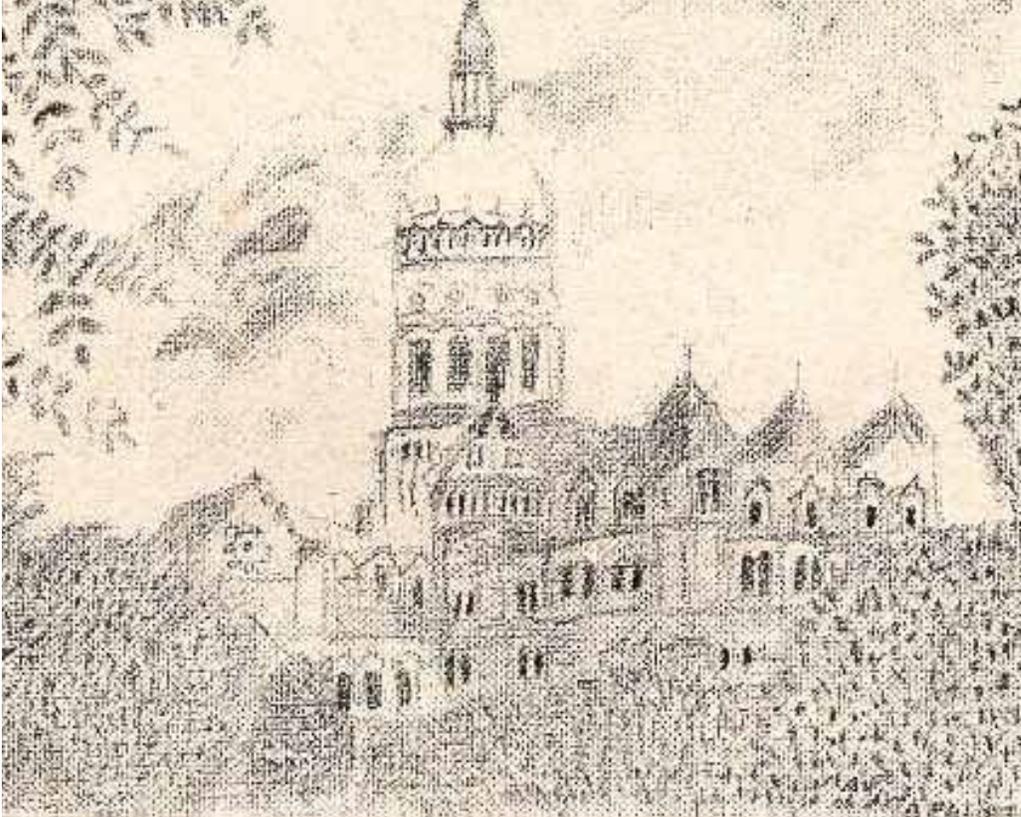


**Office of the  
State Long Term Care Ombudsman**

**State of Connecticut  
DEPARTMENT OF SOCIAL SERVICES**

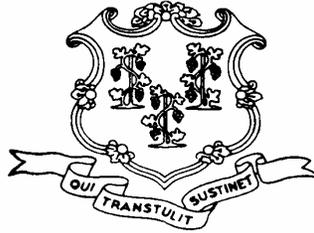


**Annual Report  
Fiscal Year 2004**

*Cover Art by Alice F. Palozie  
Wintonbury Health Care Center,  
Bloomfield, CT.*

*For the past nine years, Ms. Palozie's rendition of the Connecticut's  
State Capitol has graced all publications of  
The Long Term Care Ombudsman Program.*

*Ms. Palozie's creativity has enhanced the quality of life  
of many residents. She was honored for her artistic contributions  
with a commemorative plaque at the  
2002 Voices Forum.*



***M. Jodi Rell***  
Governor  
State of Connecticut

***Patricia Wilson-Coker***  
***Commissioner***  
**Department of Social Services**

***Teresa C. Cusano***  
***State Ombudsman***  
***Office of the State Long Term Care Ombudsman***



**To contact your Regional Ombudsman's office  
call our statewide toll free number  
1-866-388-1888**

**or**

**contact our Central Office by calling  
860-424-5200**

**You may also wish to visit us at:**

**[www.ltcop.state.ct.us](http://www.ltcop.state.ct.us)**

**or via e-mail:**

**[ltcop@po.state.ct.us](mailto:ltcop@po.state.ct.us)**

**This report is the result of the hard work and  
dedication of the staff at the Ombudsman Program.  
Their contributions are appreciated.**

**Report prepared by Jennifer Keyes, Program Consultant**

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***Office of the State Long Term Care Ombudsman***  
**25 Sigourney Street \* Hartford CT 06106**

***Teresa C. Cusano***  
***State Long Term Care Ombudsman***

***Program Staff***  
***(FY 2004)***

|                                   |  |
|-----------------------------------|--|
| <b><i>Vicki DeMartino*</i></b>    | <b><i>North Central Program Secretary</i></b>  |
| <b><i>Margaret Ewald</i></b>      | <b><i>Eastern Regional Ombudsman</i></b>       |
| <b><i>Brenda Foreman**</i></b>    | <b><i>South Central Regional Ombudsman</i></b> |
| <b><i>Sheila Hayden</i></b>       | <b><i>Secretary 2 (Regions I-II-V)</i></b>     |
| <b><i>Cristina MacGillis</i></b>  | <b><i>Central Regional Ombudsman</i></b>       |
| <b><i>Kimberley Massey**</i></b>  | <b><i>Southwest Regional Ombudsman</i></b>     |
| <b><i>Michael Michalski</i></b>   | <b><i>North Central Regional Ombudsman</i></b> |
| <b><i>Desiree Pina</i></b>        | <b><i>Administrative Assistant</i></b>         |
| <b><i>Charlene Thompson</i></b>   | <b><i>Secretary 2 (Regions III-IV-VI)</i></b>  |
| <b><i>Theresa A. Velenzas</i></b> | <b><i>Northwest Regional Ombudsman</i></b>     |

\* ***Our most sincere thanks to Vicki DeMartino, who retired after ten years of state service. Though she will be greatly missed, we wish her a very enjoyable retirement.***

\*\* ***We are please to welcome Brenda Foreman and Kimberly Massey to the Ombudsman Program. Their diverse professional experience will greatly complement our existing staff and we are excited to have them as part of our team.***

# *Operation and Organization*

The Long-Term Care Ombudsman Program (LTCOP) is authorized by Connecticut General Statutes 17b-400 and Section 712 of the Federal Older Americans Act of 1965 as amended from time to time. The LTCOP receives federal funds from Ombudsman-specific funds, Title III and Title VII of the Older Americans Act. The State expends resources from the general fund to meet the maintenance of effort requirements under Title III of the Older Americans Act.

The Program is *independent within* the Department of Social Services, which means while the Program is monitored by the department, the State Ombudsman is the head of the Program and is responsible for the program's administration, budget and operation in accordance with applicable statutes, regulations and policies, and oversees all persons associated with the Program. The State Ombudsman and Administrative Assistant conduct the statewide operation of the program from the Department of Social Services, Central Office. Regional Ombudsmen and support staff are co-located with regional DSS operations.

The LTCOP works to improve the quality of life and quality of care of Connecticut citizens residing in nursing homes, residential care homes, and assisted living communities. All Ombudsman activity is performed on behalf of, and at the direction of residents. All communication with residents, their family members and/or legal guardians, as applicable, is held in strict confidentiality. The LTCOP responds to, and investigates complaints brought forward by residents, family members, and/or other individuals acting on their behalf. Ombudsmen offer information and consultation to consumers and providers, monitor state and federal laws and regulations, and make recommendations for improvement. The Program staff recruits, trains, and supervises Volunteer Resident Advocates who visit nursing homes in their communities and assist residents in resolving concerns.

Through most of the 2004 fiscal year, the Ombudsman Program operated with two-thirds of our Regional Ombudsman staff. The program's current staff and our contingent of dedicated Volunteer Resident Advocates worked diligently throughout the year to maintain the same high quality of service to residents. By the close of FY 2004, the Ombudsman Program was able to staff the two vacant Regional Ombudsman positions and one Secretarial position. While it is good to be restored to our previous staffing level for Ombudsmen, the mandated expansion of LTCOP services to Assisted Living residents will result in a significantly increased workload for the entire staff. Two new Regional Ombudsman positions have been allocated in order to meet the new mandate. These positions are essential to the pilot project and our ability to meet future demand for services, however, they have not yet been filled.

**Teresa C. Cusano**  
***State Ombudsman***

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I am very pleased to present this report of the Long Term Care Ombudsman Program’s activities and accomplishments for fiscal year 2004. This past year has been extremely demanding, with the scope of the program widening to include Assisted Living and LTCOP leadership of the *Connecticut Workgroup on Challenging Behaviors*. Program staff worked diligently to meet the needs of residents while devoting substantial time to these expanded systemic advocacy efforts. The program operated with two-thirds of regular staffing for Regional Ombudsmen until late in the year when the two vacant positions were refilled. I am extremely grateful to my staff for their professionalism and commitment to the mission of the Long Term Care Ombudsman Program.

The Ombudsman Program served a total of 31,115 individuals through various Program activities during FY 2004. We planned and conducted four major conferences during 2004 including: a statewide Volunteer Resident Advocate training; the Eighth Annual Voices Forum; a “major stakeholders” conference to form the Connecticut Workgroup on Challenging Behaviors; and later, the Workgroup’s first educational conference for Connecticut’s long term care providers. The Ombudsman Program also produced a follow up report to our Nursing Facility Relocation Plan and commissioned a study on Special Care Units For Dementia in Connecticut nursing homes. A more detailed overview of these initiatives can be found in our discussion of Systemic Issues beginning on page 35.

As always, our Volunteer Resident Advocates (VRAs) provided an essential link to residents across the state and helped sustain an advocacy presence in more than sixty percent of facilities. They once again exceeded our expectations by “volunteering” to take on additional responsibilities and special projects. Our update to the Nursing Facility Relocation Plan would not have been possible without the assistance of twenty-two VRAs from the Northwestern, South Central, and Southwestern regions, who worked closely with the residents affected by facility closures. In addition, a “veteran” Resident Advocate served as a workshop presenter at the 2004 Annual Statewide VOICES Forum. Please take a moment to read more about our VRAs’ contributions beginning on page 15.

The LTCOP was honored, once again, to host meetings of the Statewide Coalition of Presidents of Resident Councils (SCPRC) in each of the state’s six regions. The meetings provided an important opportunity for Presidents of Resident Councils to discuss issues of concern and share best practices for resolving problems in their facilities. As in past years, residents consistently identified the need for well-trained and qualified staff as their number one priority. Other topics of significant concern continued to include social transportation, quality of care, criminal background checks, and an increase in the personal needs allowance.

Several Presidents of Resident Councils also noted problems arising from poor communication between residents, and between residents and staff, as particularly difficult for Resident Councils to resolve. They provided examples of how residents sometimes become frustrated by the behavior of their peers suffering from Alzheimer's or related dementias. In addition, they discussed concerns about language barriers and misunderstandings caused by cultural differences. They reported that these issues greatly impact the quality of life and quality of care for many residents. It became clear from these discussions that Resident Council leaders needed tools and ideas for use in resolving these situations.

For the 2004 Statewide Voices Forum, the LTCOP developed a new educational workshop, "*Getting to Know Your Neighbor: Issues of Diversity*", and repeated the popular workshop, "*Running an Effective Resident Council*", with a newly added focus on the role of the Resident Council President as a community leader. The workshops were developed and presented by experts from the Alzheimer's Association, Apple Health Care, Department of Public Health, and our own Volunteer Resident Advocate Program.

The open microphone session has become a highlight of the VOICES Forum, and this year was no exception. Residents greatly enjoyed the opportunity to voice their concerns and share ideas with policy makers and legislators. A panel comprised of Regional Ombudsmen and a representative from the Department of Public Health was on hand to respond to residents' questions. The complete 2004 VOICES Forum Final Report can be found in the Appendix .

There were five more facility closings during fiscal year 2004, resulting in the loss of 638 nursing home beds. As in past years, program staff utilized our *Nursing Facility Relocation Plan* to provide assistance in all aspects of the closure process. Ombudsmen worked with residents and families, keeping them informed of their rights and helping them find new homes. The Ombudsman Program responded to requests from the Superior Court to attend court proceedings and provided consultation to the presiding judge with regard to residents' rights and the prevention of transfer trauma. In addition, Volunteer Resident Advocates visited residents before and after they were transferred to their new facilities, providing meaningful interaction with residents affected by the closures.

Systems advocacy remained a priority for the LTCOP throughout 2004. Ombudsmen continued their work as members of the Steering Committee and sub-committees of the Connecticut Nursing Facility Transition Grant. They have been instrumental in facilitating communications between Transition Grant Coordinators and facility staff, and ensuring residents are fully apprised of the options available to them.

I am also glad to report that the LTCOP continued the Social Transportation Pilot Project, in partnership with the Eastern and Western Connecticut Area Agencies on Aging. During 2004, many residents were able to obtain transportation to family celebrations, community events, and social functions without having to worry about the cost. This program has provided a partial solution to a previously insurmountable problem.

We will continue to advocate for a comprehensive resolution that improves residents' access to transportation, and most importantly, supports residents' fundamental right to remain vital and active members of their communities.

As mentioned earlier, the Ombudsman Program embarked on two exciting new initiatives this year; the statutorily mandated expansion of LTCOP services to residents of Assisted Living, and, the development and stewardship of the Connecticut Workgroup on Challenging Behaviors.

During the 2004 legislative session, The Connecticut General Assembly passed Public Act 04-158, creating a pilot program for LTCOP expansion into Assisted Living. The Ombudsman Program is now charged with providing education and advocacy services to residents of Assisted Living, with priority given to state funded congregate and assisted living facilities. While we are committed to responding to the needs of all long term care residents, these added responsibilities represent new challenges for our staff.

We have begun working with the Assisted Living industry to open lines of communication and provide reciprocal education with respect to our roles and expectations. As outreach is expanded, we will do our best to ensure availability of services to all residents while awaiting provision of the two allocated staff positions.

For several years, the Ombudsman Program has observed a growing trend of inappropriate transfers and discharges involving residents with Alzheimer's, dementia, and other challenging behaviors. It has also become evident that this is a truly systemic problem, requiring multifaceted solutions. In addition to policy, legislative, and regulatory issues, there is a dire need for improved training and support for behavioral health and long term care providers.

In January 2004, my office called on the major stakeholders in the long term care arena as well as experts in Alzheimer's, dementia and psychiatric care to attend an initial conference to open lines of communication and explore resolutions. The response was enthusiastic and the Connecticut Workgroup on Challenging Behaviors was formed! Throughout the year, workgroup members have exhibited a true spirit of collaboration and real progress has been made.

The Workgroup's three committees have already accomplished several ambitious goals and objectives including the aforementioned conferences and a comprehensive research paper on the topic of caring for residents with challenging behaviors. Having laid this important groundwork, the Office of the Long Term Care Ombudsman will remain committed to this initiative, both in principle and in practice. As State Ombudsman, I extend my most sincere gratitude and appreciation to the members who have made this progress possible and look forward to another successful year in 2005!

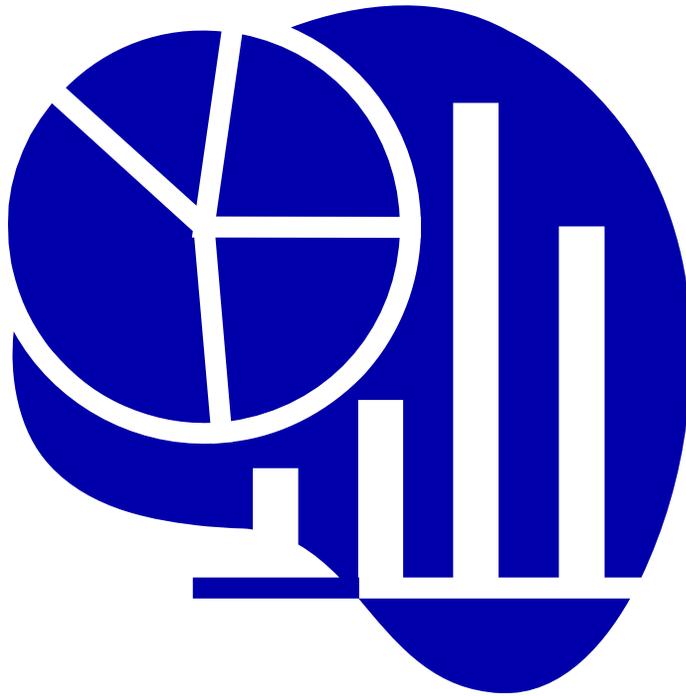
*(please see page 47 for an in-depth discussion of the CWCB's activities, and page 50 for an overview of workgroup members and policy recommendations).*

In the upcoming fiscal year, the Ombudsman Program will strive to sustain these important initiatives while continuing to provide direct advocacy services to residents and families in need. We will make every effort to meet the challenges that evolve as our system adapts to the ever-changing landscape of long term care in Connecticut.

We will support recommendations of the Long Term Care Advisory Council and the Connecticut Workgroup on Challenging Behaviors aimed at promoting quality and choice in long-term care service delivery. Most importantly, we will work diligently to protect individual residents' rights and preserve dignity in the aging process.

This is our quest and characterizes the efforts described in this report.

# *Statistical Data*



## **TOPICS**

**Top Ten Complaints**

**Explanation of Top Ten Complaints**

***Who Makes the Complaints***

***Complaint Resolution***

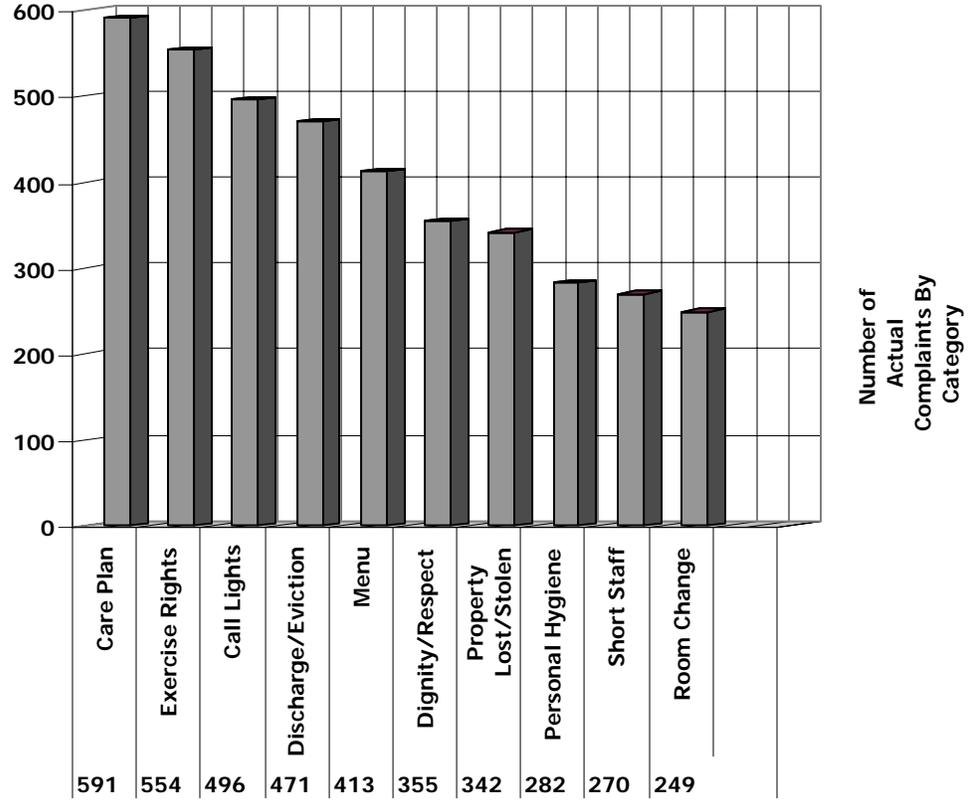
**Program Summary**

***Types of Complaints by Type of Facility***

***Summary of Activities***

***Interesting Facts About Nursing Homes***

**TOP TEN COMPLAINTS IN  
CONNECTICUT  
1999 - 2004**

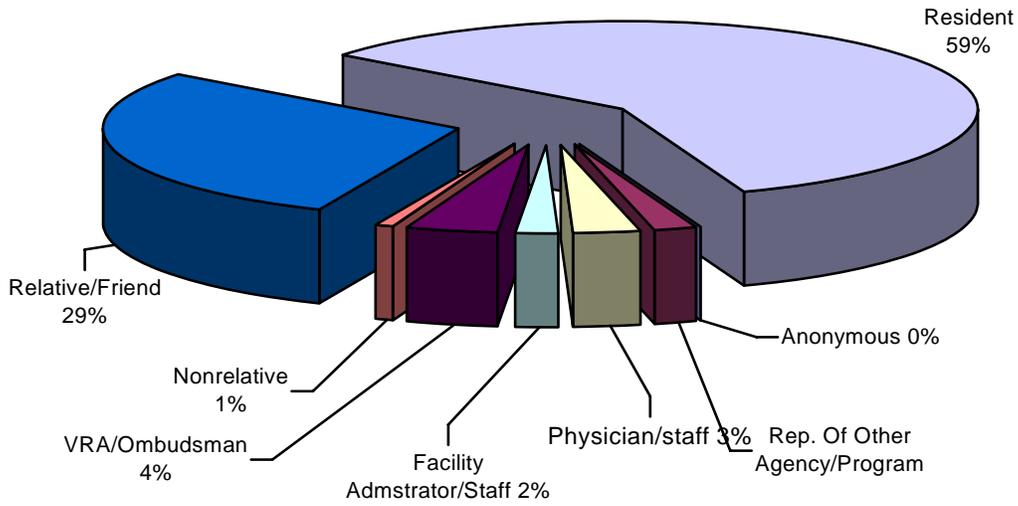


***Top Ten Complaints  
FY 1999 through FY 2004***

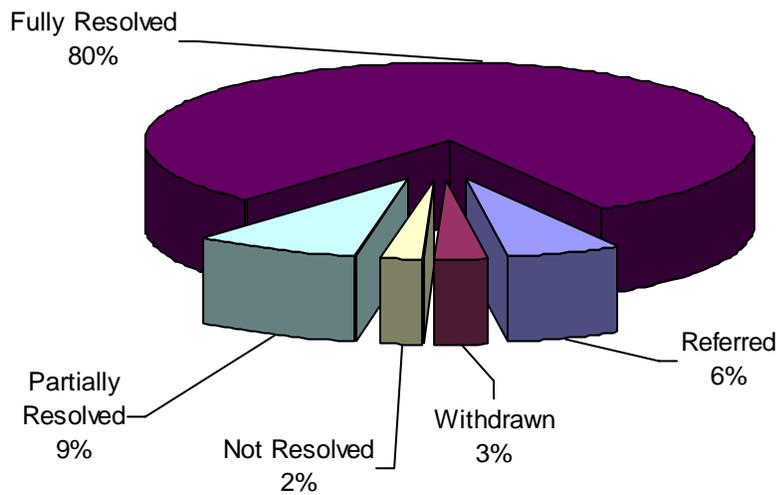
**Complaint categories provide only the identification of the problem area, not a statement of the problem. There are 5 major categories, in the Federal reporting system, with 128 sub-categories. The following is a clarification of the sub-categories that were ranked top ten for the last five years.**

- 1) Care plan/assessment inadequate, plan or Doctors' orders not followed. This is another sub-category of the RESIDENT CARE category and it is used for all problems related to care plan; plan is incomplete or not reflective of the resident's condition; resident/representative not informed; plan is not followed by staff.
- 2) Exercise choice/rights. Sub-category of RESIDENT RIGHTS. Used when the resident is denied choice and exercise of rights on quality of care and quality of life decisions.
- 3) Call lights, requests for assistance. Sub-category of RESIDENT CARE category. This reflects residents' requests not answered, or not answered in a timely manner.
- 4) Discharge/eviction-planning, notice, procedure. RESIDENT RIGHTS category. This sub-category is used when the required notice is not given to resident/representative, notice is incomplete, incorrect; discharge is for inappropriate reasons; discharge planned to inappropriate environment.
- 5) Menu/quantity/quality/variation/choice; a sub-category of QUALITY OF LIFE/DIETARY. It is used for posted menu not served; alternate selections not offered; servings too small; no variety; quality is poor.
- 6) Respect/dignity/staff attitudes, a sub-category of RESIDENT RIGHTS. This sub-category is used when the resident(s) is treated with rudeness, indifference or insensitivity, including failure to knock before entering room and similar problems.
- 7) Property/loss, stolen, used by others, destroyed; a sub-category of RESIDENT RIGHTS/FINANCIAL PROPERTY is used for all property including dentures, prostheses, hearing aids, glasses, etc.; missing/stolen at the facility.
- 8) Personal hygiene, the third sub-category of RESIDENT CARE in the top ten list. This sub-category includes oral hygiene; resident(s) not bathed in a timely manner; not clean; allowed to remain in soiled clothing, diaper, chair, bed; teeth/dentures not cleaned.
- 9) Shortage of staff, a sub-category of ADMINISTRATION/STAFFING, used to indicate insufficient staff to meet the needs of the resident(s) staffing is below the minimum standard.
- 10) Room change/room assignment; another sub-category of RESIDENT RIGHTS. This category is used when residents want a room change or residents object to planned room changes and/or no notice or inadequate notice of change.

## WHO MAKES THE COMPLAINTS



## COMPLAINT RESOLUTION



## *Program Summary*

### *Types of Complaints, by Type of Facility*

|  | <b>Nursing<br/>Homes</b> | <b>Residential<br/>Care Homes</b> |
|--|--------------------------|-----------------------------------|
| 1. Abuse, Gross Neglect, Exploitation            | <b>35</b>                | <b>0</b>                          |
| 2. Access to Information                         | <b>44</b>                | <b>0</b>                          |
| 3. Admissions                                    | <b>188</b>               | <b>7</b>                          |
| 4. Autonomy, Choice, Exercise of Rights, Privacy | <b>261</b>               | <b>3</b>                          |
| 5. Financial, Property                           | <b>100</b>               | <b>3</b>                          |
| 6. Care  | <b>399</b>               | <b>1</b>                          |
| 7. Rehabilitation of Maintenance of Function     | <b>99</b>                | <b>1</b>                          |
| 8. Restraints-Chemical or Physical               | <b>9</b>                 | <b>0</b>                          |
| 9. Activities and Social Services                | <b>42</b>                | <b>1</b>                          |
| 10. Dietary                                      | <b>109</b>               | <b>3</b>                          |
| 11. Environment                                  | <b>111</b>               | <b>1</b>                          |
| 12. Policies, Procedures, Attitudes, Resources   | <b>33</b>                | <b>1</b>                          |
| 13. Staffing                                     | <b>21</b>                | <b>0</b>                          |
| 14. Certification/Licensing Agency               | <b>2</b>                 | <b>0</b>                          |
| 15. State Medical Agency                         | <b>5</b>                 | <b>0</b>                          |
| 16. Systems/Others                               | <b>3</b>                 | <b>0</b>                          |
| <b>TOTAL</b>                                     | <b>1,461</b>             | <b>21</b>                         |

- ❖ A total of 1,482 complaints were investigated in FY04
- ❖ There are 128 sub-categories of complaints, in the sixteen categories listed above.
- ❖ The sub category of *Care Plan/Resident Assessment: inadequate/Doctor's orders not followed* has been in the Top 5 every year since 1998.
- ❖ A large proportion of complaints were two major categories: *Resident Rights and Resident Care*.
- ❖ The sub-category of *Equipment/Building: disrepair, hazard, fire safety, which was new to the top ten in 2003 is fifth in 2004*.
- ❖ Complaints related to direct care include: *Care Planning; Medication; Call lights/Request for assistance; Personal Hygiene; Symptoms Unattended; Toileting/Incontinence care; Accidents/Improper handling; Physician Services*.
- ❖ Complaints related to Resident Rights include: *Access to Information; Admission, Transfer, Discharge and Eviction; Autonomy, Choice, Exercise of Rights, and Privacy*.
- ❖ Out of 1,482 complaints, 80% were Fully Resolved, 9% were Partially Resolved, 6% were Referred to other agencies for enforcement action, 2% were Not Resolved and 3% of the complaints were Withdrawn. (See COMPLAINT RESOLUTION chart).

## Summary of Activities

### **TOTAL**

|  |        |
|--|--------|
| 1) Training for ombudsmen/volunteers               | 80     |
| 2) Technical assistance to ombudsmen/volunteers    | 926*   |
| 3) Training for facility staff                     | 5      |
| 4) Consultation to facilities and providers        | 271    |
| 5) Information and consultation to individuals     | 1,169  |
| 6) Facility visit (non complaint related)          | 2,865  |
| 7) Participation in facility surveys               | 141    |
| 8) Work with Resident Councils                     | 424    |
| 9) Work with Family Councils                       | 41     |
| 10) Community Education                            | 18     |
| 11) Work with Media                                | 9      |
| 12) Monitoring/work on laws, regulations, policies | 1,983* |

- *The Connecticut Long Term Care Ombudsman Program served 31,115 individuals.*
- *A total of 4,099 nursing home visits were made.*
- *Program representatives participated in 141 facility surveys.*
- *Information and Consultation to individuals represents a major category of activities; it provides consumers with the tools necessary for self-advocacy, informs them of their rights and resources available.*
- *The State Ombudsman, Regional Ombudsmen and Residents Advocates provided support at 424 Residents Council meetings; 41 Family Council meetings; 6 Regional Coalition of Presidents of Resident Council meetings; and the Annual Voices Forum.*
- *Category No. 12, includes all systemic advocacy undertaken on nursing home issues such as: work with other agencies and individuals both inside and outside government, on laws, regulations, policies and actions to improve the health, welfare, safety and rights of long term care residents. This also includes attendance at provider network meetings.*

**\*This number represents the total hours of state and regional staff**

# *Interesting Facts About Nursing Homes*

*FY 2004*

- *A total of 27,796 individuals were residing in Connecticut nursing facilities on September 30, 2004, a six percent decrease from the 29,650 individuals receiving care in a nursing facility on the same date in 1999.*
- *On September 30, 2004 there were 246 licensed nursing facilities in Connecticut, nearly three-quarters of which were for-profit organizations.*
- *There were 29,801 nursing facility beds in Connecticut -- 28,254 CCNH beds and 1,547 RHNS beds. In 2004 there were approximately 1,800 fewer licensed beds in the state than there were in 1999, a decrease of nearly 6 percent.*
- *In 2004, residents were predominantly white (89 percent), female (72 percent), widowed (55 percent), and age 75 and older (78 percent).*
- *Between 1999 and 2004 there was an increase in residents under age 55 (25 percent) and a decrease in older residents, particularly among those age 75 and older (10 percent).*
- *In 2004, only 17 percent of nursing home residents were married, the remaining 83 percent were either never married or were widowed, separated or divorced.*
- *Medicaid expenditures for nursing home care in Connecticut have more than doubled over the last decade, from approximately \$500 million in State Fiscal Year (SFY) 1990 to over \$1.023 billion in SFY 2004.*
- *Of the \$3.5 billion spent by the Connecticut Medicaid program in SFY 2004, almost 30 percent was spent on care in nursing facilities.*
- *On September 30, 2004, the primary payment source for nursing facility residents was Medicaid (69 percent), followed by Medicare (15 percent) and private pay, where the resident pays out of pocket (15 percent).*
- *The remaining one percent of residents was covered by either private medical insurance (341) or long-term care insurance (164). Approximately one-quarter of the long-term care insurance coverage was through Connecticut Partnership for Long-Term Care policies.*

***Excerpted from the State of Connecticut Annual Nursing Facility Census - 9/30/2004. Produced by the Policy Development and Planning Division, Connecticut State Office of Policy and Management.***

*The  
Volunteer Resident Advocate  
Program*



**1-866-388-1888**  
**Volunteer Resident  
Advocate Program**  
*Department of Social Services*

**TOPICS**

**Volunteer Resident Advocates:**  
***Contributions to the Long Term Care Ombudsman Program***

***Volunteer Residents Advocates:***  
***Resolving Issues for the Residents They Serve***

***List of Volunteer Resident Advocates For 2004***

**In Memoriam**

## *Volunteer Resident Advocates*

*The Long Term Care Ombudsman Program's Volunteer Resident Advocates are individuals who represent the true spirit of advocacy. Each certified volunteer has completed a comprehensive five-day training and attends monthly in-service meetings provided by Regional Ombudsman staff. They visit their assigned facility weekly and respond to the needs and concerns of the residents.*

*In addition to their time, Volunteer Resident Advocates contribute a vast range of skills and abilities developed through their life experiences and professional careers. They serve as educators, mediators and facilitators. They provide residents and families with a strong sense of empowerment and encourage them to resolve issues independently. Many Resident Advocates also work to effect systems change by supporting resident councils at the facility level and at regional meetings of the Statewide Coalition of Presidents of Resident Councils as well as the annual VOICES forum.*

*Like the residents they serve, Volunteer Resident Advocates come from varied social, cultural and professional backgrounds. They are united by their compassion and desire to make a difference in the lives of others. Their hard work and dedication ensures that the services of the Ombudsman Program are regularly available to thousands of Connecticut's nursing home residents. Our gratitude is extended to them for another year of a job well done!*



# ***VOLUNTEER RESIDENT ADVOCATES' CONTRIBUTIONS TO THE LONG TERM CARE OMBUDSMAN PROGRAM***

FISCAL YEAR 2004

- One hundred and forty-four Resident Advocates served Connecticut's nursing home residents
- Sixty percent of facilities in the state had an active Resident Advocate assigned
- Resident Advocates made 4,099 nursing home visits
- Thirty thousand, nine hundred and seventy-eight residents were reached on visits and special activities by Resident Advocates
- Resident Advocates provided support and participated in 369 Resident Council meetings
- Resident Advocates statewide provided support to the Statewide Coalition of Presidents of Resident Councils and attended regional meetings
- Resident Advocates attended the Voices Forum and acted as facilitators assisting residents in determining their most important quality of care and quality of life issues
- Resident Advocates contacted their legislators and were involved in regional and statewide policy discussions
- Twenty-two Resident Advocates participated in a special project by making follow-up visits to residents who were relocated after the closing of their home



# *Volunteer Resident Advocates*

**T**he Long Term Care Ombudsman Program provides individuals interested in becoming a Volunteer Resident Advocate (VRA) with an in-depth training program. The training is designed around principles of effective negotiation, mediation, and problem solving with a resident-centered philosophy. VRAs spend a minimum of four hours per week in their assigned facility helping residents and families resolve concerns. Many VRAs also spend significant time supporting self-advocacy through Resident Council related activities. The ultimate goal for every VRA is to improve communication between residents, families, and staff, while promoting dignity and quality of life for all residents.

VRAs selflessly give of their unique skills and abilities developed during their personal and professional lives. In return, they are enriched by many new friendships, an expanded understanding of long term care issues, and the satisfaction of making a real difference in the lives of others.

## **2004 VOLUNTEER RESIDENT ADVOCATE PROFILE**

### **EDUCATION PROFESSION**

Professor  
Teacher  
School Principal  
School Psychologist  
Student  
University Administrator

### **HUMAN SERVICE PROFESSION**

Social Worker  
Outreach Director

### **GOVERNMENT PROFESSION**

CPA  
IRS Representative

### **RETAIL PROFESSION**

Administrator  
Sales Manager  
Sales Office  
Manager/Clerk  
Customer Service  
Manager  
Customer Service Rep

### **LAW PROFESSION**

State Supreme Court  
Judge  
Probate Court Judge  
Attorney

### **BUSINESS PROFESSION**

CEO  
Vice President  
Director  
Administrator  
Business Owner  
Manager  
Accountant  
Executive Secretary  
Secretary

### **BANKING PROFESSION**

Bank Vice President  
Manager Financial  
Operation  
Financial Advisor

### **THEATER, TELEVISION & PUBLISHING PROFESSION**

Writer  
Producer  
Publisher  
Editorial Assistant

### **INSURANCE PROFESSION**

Insurance Agent

### **MEDICAL/HEALTHCAR E PROFESSION**

*Physician*  
*Nursing Home Administrator*  
Nurse  
Nursing Supervisor  
Biologist  
Occupational Therapist  
Psychologist  
Lab Technician  
Dietitian  
Vocational Rehab Counselor  
Neuralgic Technologist

### **REAL ESTATE PROFESSION**

Realtor  
Real Estate Developer

### ***CONSTRUCTION & HOME DESIGNERS***

Engineer  
Draftsman

### **AIRLINE INDUSTRY**

Airline Pilot

### **OTHER PROFESSIONS**

Homemaker  
Care Giver-Adult Day Care  
Tractor Trailer Driver

# *Volunteer Resident Advocates... Resolving Issues for the Residents They Serve...*

## *Southwest – Region I*

- A resident complained to her Resident Advocate that she does not get meals as posted on the menu. She expressed a desire to know ahead of time what meal she is getting and did not understand why other residents received meals they had chosen. The Resident Advocate discussed this with the Dietary Department Supervisor who stated there had been miscommunication as he thought the exceptions were made at resident's request. The dietitian visited the resident to re-evaluate preferences and needs. When the Resident Advocate visited the resident again she was very happy with the intervention and follow up.
  
- A resident requested that her electric wheelchair be charged in her room, however, the facility would not allow this because of “federal guidelines”. The Resident Advocate obtained a copy of the guideline from the facility and reviewed it with the Regional Ombudsman. The Ombudsman suggested finding another way to meet the resident's needs. It seemed the underlying issue was that the wheelchair was not charged and ready when resident wanted to utilize it. As a result of the advocate’s intervention, administration and staff developed a schedule for charging that would assure the wheelchair would be ready when needed. The resident was pleased with the intervention and it worked out very well.
  
- Several residents complained that staff members were addressing them as "hon" or "dear" and not using their names, as they would prefer. The Resident Advocate observed this practice as well. The Resident Advocate presented the concern to administration as a general observation. Within the same day, the Advocate was informed that a sensitivity training would be conducted for staff to immediately address this issue. The residents were pleased with the prompt response and the situation improved.
  
- A Resident Advocate was on routine visit when the President of Resident Council complained that the facility was not assisting in arranging transportation to the Regional Coalition of Presidents of Resident Councils meeting. The President and Vice-president wanted very much to attend. The Resident Advocate spoke to the Social Worker and Administrator. The facility agreed to arrange transportation for both residents. They attended the meeting in a van paid for by the facility and were very pleased to be able to do so.

## ***South Central – Region II***

- A Resident Advocate visited with a young resident who was depressed about a recent spinal cord injury. Through research by the Advocate and Social Worker it was discovered that the Connecticut Chapter of the National Spinal Cord Injury Association was very close by. They offered support groups and a program whereby individuals who have visited individuals with new injuries, offered support and provide resource information. This resident is looking forward to her first visit and is very grateful to the Advocate for making the connection.
- Resident Advocates from the South Central, Southwestern and Northwestern regions assisted Northwest Regional Ombudsman, Theresa A. Velenzas with the program's update to the Nursing Facility Relocation Plan. They worked closely with residents affected by two facility closures. Advocates visited residents before and after they were transferred to their new facilities, assisted in gathering relevant data, and provided an essential advocacy presence throughout the process.

## **Eastern – Region III**

- In light of sixteen tragic deaths caused by a Hartford nursing home fire last year, an Eastern CT facility resident raised concerns regarding lack of information on what residents should do in the event of a fire. Two Volunteer Resident Advocates worked with this resident as well as the Resident Council to rectify this situation. The Advocates then discussed the concerns with the Social Worker who agreed written instructions should be available to residents. One resident requested representation on the facility's Safety Committee, however, was informed that Safety Committee meetings were for staff only as OSHA concerns are also discussed. Therefore, Resident Council requested a representative of the Safety Committee attend future Council meetings to address their concerns. Written instructions have also been made available to residents.
- Due to numerous concerns over loss of hearing aides, a Resident Advocate asked their personal audiologist for suggestions. The Audiologist informed her that when a new hearing aide is ordered, a small hook can be installed for minimal cost and a string attached for pinning to the residents clothing. Unfortunately, the hook must be installed when the hearing aide is first purchased. Hooks cannot be added to existing hearing aides. The Resident Advocate was able to pass this information on to staff as well as other Advocates at their next monthly meeting.
- Following the statewide Volunteer Resident Advocate training by the Alzheimer's Association, an Advocate visited with the Director of the Southeastern CT Alzheimer's Association to determine what local resources are available to nursing homes. She learned that a video depicting positive interactions between nurse aides and residents suffering from Alzheimer's Disease is available for in-service training. This information was then shared with the Director of Nurses and Administrator, who agreed that it would be a good addition to their training program.
- A Resident Advocate worked on behalf of a resident who wanted to return home but was experiencing severe pain which he would need to have addressed beforehand. Initially,

staff had dismissed the resident's concerns. When he raised the concern about the potential for addiction due to the prescription pain medications, the Advocate requested advice from the Regional Ombudsman. The Regional Ombudsman was able to identify pain management resources, including Qualidigm (CT's Quality Assurance Agency), and a local hospital with an outpatient pain management clinic as well. The Resident Advocate shared this information with staff and the resident.

- For a number of years, a long time Resident Advocate had reported that residents seemed satisfied with the food prepared at their facility. In the last year, however, the facility decided to begin contracting for meals to be prepared off site. Residents immediately voiced concerns. However, since the new service had not been tried yet, nothing could be done. Once such service was in place, the residents found the meals to be unsatisfactory. They carefully documented their concerns in the Resident Council minutes. In response, the facility announced it would be returning to on-site food preparation.

## **North Central – Region IV**

- A Resident Advocate was visiting with residents right after lunch. One resident was not happy with her lunch as it consisted of a pureed diet. This individual stated that even though she does not have any dentures, she could still eat solid food. With the resident's permission, the Advocate spoke to the dietician about her diet. She asked that the resident's diet be re-evaluated, and as a result, the resident was placed on a soft mechanical diet. The resident has been much happier since this change.
- A resident informed the Resident Advocate that she had limited funds and lamented the fact that she cannot contact relatives because she cannot afford a phone. She was recuperating from major surgery and could not get to the public phone in the hallway. The Advocate met with the Administrator to request that a cordless phone be acquired and made available to those who have similar mobility and financial problems. The Administrator recalled that they already had a cordless phone to an outside line as a backup for the inside phone system. He agreed that the phone was not utilized and therefore could be made available for circumstances as were just described. The resident was informed of this and was very pleased to be able to access a phone to contact her relatives.
- A Resident Advocate was talking with a resident who was upset that the staff was not assisting her to walk. She had difficulty ambulating due to an ulcerated leg. The resident felt she needed physical therapy. The Advocate spoke to her contact the Director of Nurses, who stated she would look into the situation and discuss it with the Attending Physician. Subsequently, authorization was granted and the resident began receiving physical therapy to help her become more independent with her ambulation.
- A resident informed a Resident Advocate that she couldn't walk on her own and occasionally had to wait a long time for assistance to use her bathroom at night. The Advocate spoke to his contact person, and together, they spoke to the resident about the issue. After investigating, it was found that the call bell was only working intermittently. The call bell was replaced. The staff was also given an in-service about being more responsive to call bells.

## *Northwest – Region V*

- A resident complained that she was "cornered" by a representative of a religious group in her room. The unwanted visitor was very aggressive in trying to persuade the resident to convert to her faith and caused the resident to be upset and concerned about her own well-being as well as that of other residents. The Resident Advocate spoke to facility administration and the group was spoken to about the incident. Staff was also advised to be more careful in enforcing policies surrounding general visitation by members representing religious organizations.
- A resident with a serious, life-threatening illness felt she wanted to get some exercise on days she was feeling well enough to do so. The resident was concerned because the staff told her she did not qualify for physical therapy. The Resident Advocate spoke with the Social Worker assigned to the resident who agreed to request an assessment for exercise. It was determined that some bedside exercise would be appropriate for this resident and a schedule was implemented. The resident was very satisfied with the outcome.
- A resident had been told that there would be no smoking allowed anywhere on the facility grounds. The resident was quite upset as he had already been living at the facility for some time and enjoyed smoking in the courtyard. The Resident Advocate met with the Administrator who confirmed that the owner had announced this policy but after discussion, the Administrator agreed to suspend the policy for all current residents and enforce the policy by attrition. The residents were informed and were very pleased with this news.
- During a Resident Advocate's visit, a resident reported that her oxygen supply had been exhausted the previous night and there was a delay in replenishing it. The resident expressed a fear that she would not be found in time in the future and would suffocate. She requested a spare tank in her room at all times and asked the Resident Advocate to facilitate this problem resolution. This was done, and monitoring was also improved on the resident's oxygen levels to the resident's satisfaction.
- A resident complained to the Resident Advocate that an "agency aide" on the night shift had denied her assistance with toileting and had delivered rough care by "throwing" her on the bed. The resident feared complaining but felt it was necessary to do so to protect other residents. She requested the assistance of the Advocate who reported the incident to the appropriate staff. An abuse investigation was initiated involving appropriate agencies, and the aide was not allowed to return for work in the facility.
- A resident complained that she was being involuntarily transferred to another room to accommodate the facility's plans to focus on specialized services on the specified unit. The facility had issued the resident a notice after many months of visits by staff to convince her to move. The resident felt intimidated by the frequent visits from staff to persuade her to move. The resident had lived in the facility for several years and did not want to change rooms. With the Resident Advocate's support and intervention, the involuntary move was cancelled and a consultative process was initiated. It was further agreed that the resident may choose to move in the future under circumstances she has specified, and the facility will not continue to try to convince her otherwise. The Resident Advocate also ensured that

residents on that unit are allowed the same rights and that the facility institute changes only by attrition.

### *Central – Region VI*

- A resident complained to the Resident Advocate on several occasions that a shower did not make her feel clean and she missed being able to take a bath. The resident stated that she knew there was a tub located in the shower room. She asked the Advocate to find out if she could take a bath once or twice a week. Initially, the Administrator said it was not possible because the resident would require a mechanical lift and to many staff to assist. The Resident and Resident Advocate would not take no for an answer. A week later, they met with the Administrator again, and after much discussion, the Administrator agreed to allow the resident one bath a week.
- A Resident Advocate received several complaints from residents that they were not being allowed to use the dining room to eat their dinner, as there was not enough staff to supervise them. The Advocate met with the Resident Council and together the members of the council got together to sign a petition that they wanted to eat in the dining room and not in their rooms. The petition was brought to the Administrator, and subsequently, the dining room was reopened to those residents wishing to eat their dinner there.
- A Resident Advocate noticed during her routine visits that none of the residents had water pitchers by their bedside. She also found many residents were thirsty and were asking for water to be available. Many families were also voicing their concerns out this situation. The Advocate met with the Administrator who stated that if the residents wanted water they could request it. The Advocate explained that policy was not appropriate, especially for residents who are unable to speak for themselves. After consistently advocating on this issue, residents were given bottled water for their bedside.
- A Resident Advocate worked with a resident who desperately wanted to return to the community. The resident's condition was stable, yet no appropriate discharge planning had been discussed. The resident wanted to explore Assisted living and other options. The Advocate consulted with staff on the resident's right to live in a less restrictive setting. Just 45 days later, the resident moved into an assisted living type environment.
- A Resident Advocate was receiving numerous complaints from a young resident with disabilities. The resident was distressed at the lack of recreational activities suitable for him. He reported that he had requested the facility assist him in obtaining a computer, but had not seen any results. As it turned out, the facility had avoided doing this because they feared having to buy the computer and/or supply them for all the residents. The Advocate contacted a community organization that donates computers to people in need. Within one month the resident received his own computer.

*“We Make A Living By What We Get  
But We Make A Life By What We Give”*

*~ Sir Winston Churchill*

**2004**  
***Volunteer Resident Advocates***

**CENTRAL**

*Richard Alden*  
*Nancy Brescia*  
*Ellen Dove*  
*John Farnham*  
*Phyllis Gebo*  
*Fayette Gordon*  
*Sharon Gray*  
*Robert Gunderson*  
*George Hagi*

*Anne Keane*  
*Gordon Kilduff*  
*Gordon Lawrence*  
*Helen McLaughlin*  
*Michael Miller*  
*Carol Nadolny*  
*Douglas Robbins*  
*Evyonne Yazdzik*

**EASTERN**

*Janet Aston*  
*Jeanne Baker*  
*Ann Chick*  
*Bob Chick*  
*Edward David*  
*Ellen English*  
*Marcia Erickson*  
*Meredith Henry*  
*Irene Herden*  
*W. Lee Highmore*  
*Edward Hyland*  
*Sylvia Klauber*

*Don Madura*  
*Annette Makstela*  
*Bonnie McNeill*  
*Rose Andree Meeker*  
*Sara O'Hearn*  
*William Rosen\**  
*Raymond Roy*  
*Gail Shea*  
*Joe Stafford*  
*R. David Stamm*  
*Norman Tworek\**  
*Nicholas Welchman*

**SOUTHWEST**

*Sharon Agvent*  
*Katherine Allen*  
*Eddie Antonelli*  
*James Becker*  
*Lucille Becker*  
*Gwen Dexter*  
*Rose DiMartino*  
*Shirley Eaton*  
*John Giagnorio*

*Lore Handy*  
*Alice Henry*  
*Michael Iodice*  
*Mabel Jones*  
*Alphonse Noe*  
*Edward O' Malley*  
*Barbara Perlman*  
*Sam Romeo*

2004  
*Volunteer Resident Advocates*

**SOUTHCENTRAL**

*Lorna "Jo" Brooks  
Lola Bullenkamp  
David Cowan  
Mike Cummings  
Diane Gladstone  
Dean Howard  
Dorothy Howard  
Gail Kline  
Maureen Laucks  
Cyrille LeBlanc  
Jane Massey  
Julia Odell  
Mary Peters*

*Donna Planeta  
Robert Powers  
June Purcell  
Bob Raynor  
Havi Stander  
Frances Cianci-Stratton  
Betty Sumner  
Donald Walkley  
Elois Williams  
David Winograd  
Mary Ziehler  
Lois Ann Zima*

**NORTHWEST**

*Walter Ackerman  
John Addyman  
Beatrice Arneson  
John Berner  
Charles Boufford  
Michael Capozzi  
Frederick Clark  
Renee David  
Eleanor DiLorenzo  
Rocco Farina  
Eugene Farrell*

*John Flaxman  
Don Granger  
Dan Kraut  
Thomas Marczewski  
Jim McLaughlin  
Anthony Mennone  
Brenda Mikelskas  
Joan Stankewicz  
Herm Whitehead  
Robert Woodford*

2004

Volunteer Resident Advocates

**NORTHCENTRAL**

*Christine Abrom*

*Joann Arsenault*

*Boyce Batey*

*Paul Coleman*

*Mary Conboy*

*Raymond Crosier*

*Gregory Dondero*

*Robert Donnelly*

*Robert Erickson*

*Karen Fishman*

*Martin Gough*

*Ann Grogan*

*Frank Hawkins*

*Josephine Johnson*

*John Lanergan*

*Monica Lee*

*Donna Mendenhall*

*George Morison*

*Joyce Reid*

*Robert Roden*

*Judith Santasiera*

*Jannette Seay*

*Joseph Sikora*

*Fay Snyder*

*Edward Timbrell*

*Russell Tonkin*

*Zeti Van Riel*

*John Vanderbilt*

*Sally VanMeter*

*Rachel Yardeni*

*Cheryl Zeiner*

*In Memoriam*

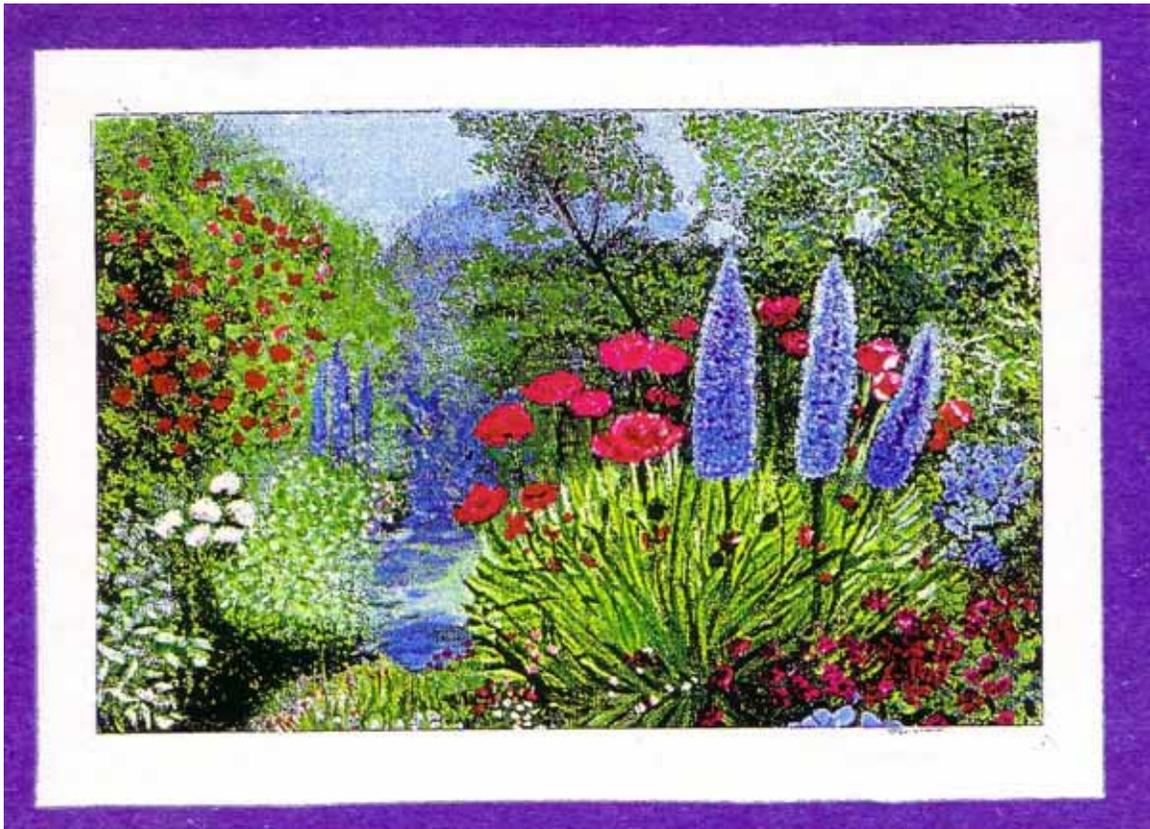
***Norman Tworek*** – *As a voice for the residents at his nursing facility for over eight years, “Norm” was a very persistent and loyal Volunteer Resident Advocate, steadfast in his efforts to raise and resolve residents’ concerns.*

***Professor William Rosen*** – *For more than nine years, “Bill” dedicated himself to effecting positive change- not only for individual residents and resident councils – but on a systemic level - by advocating and presenting testimony on behalf of nursing home residents throughout the State of Connecticut.*

Their work touched the lives of many residents and the staff of the Ombudsman program. We are most grateful for their contributions.

# Resident Councils...

## **Empowering Individuals**



*Drawing by Alice Polozie  
Wintonbury Health Care Center, Bloomfield CT*

### **TOPICS**

*Council Independence*

*Dignity & Respect*

*Access to Information*

*Quality of Life*

*The Statewide Coalition of Presidents of Resident Councils*

## ***Resident Councils***

### ***Empowering individuals...united for change***

#### **ISSUE ADDRESSED: COUNCIL INDEPENDENCE**

- ❖ A Resident Council organized a by-laws subcommittee. Recently, they voted on their recommendations and they were accepted by the full Resident Council. An election was scheduled. Maintenance staff made a locked voting box available to assist in maintaining integrity in the process. Efforts have also been made to address any special needs of residents to enable them to cast their vote (i.e. the locked voting box will be brought to residents who are bedridden). Other Presidents of Resident Councils and Volunteer Resident Advocates have requested copies of these by-laws to be shared with their respective Resident Councils as an example.
- ❖ A Resident Council had complained to administration that the minutes of their meetings were inaccurate and did not reflect the grievances raised. As a result, residents could not remember or follow through on problems discussed at previous meetings. Since there was no documentation of the problems, it seemed impossible for residents to seek resolution. During the facility survey by the Department of Public Health, the residents shared this problem with the team leader. The facility was asked to immediately ensure that Resident Council minutes are documented to the satisfaction of the members of Resident Council and that grievances be addressed properly once documented.
- ❖ Another Resident Council began utilizing an “executive board”, to allow members to share concerns without staff present, prior to the regular meeting. Members are also asked for program/speaker ideas based on their concerns, if applicable. These concerns and program ideas are then put together to formulate the program of the regular meeting. The President then decides which members of the staff will be needed to address the residents' concerns and they are invited to attend the meeting. This has resulted in an increase in resident participation, better identification of concerns and ideas for the Resident Council meetings.
- ❖ A Resident Council has steadfastly refused their facility administration’s many requests for donations from the Council to purchase items that the facility should be responsible for purchasing. They provided all members with the opportunity to vote on the issue and they unanimously rejected the idea. In doing so, they reminded the facility that the Council is independent in all respects, including decision making on financial matters.

## **ISSUE ADDRESSED: DIGNITY & RESPECT**

- ❖ One Resident Council's meeting minutes identified residents' ongoing frustration with having to wait for their trays while others were served and/or frustration in having to wait for the correct items while their table companions ate their meals. The Department of Public Health surveyors reviewed these unresolved issues dating back to September of 2003. In July 2004, the facility addressed this issue as part of the survey plan of correction, indicating that the residents would receive their meals at the same time and that the professional and non-professional staff had been in-serviced to serve all the meals to one table at the same time and to obtain missing items in a timely fashion.
- ❖ A Resident Council had complained to administration that staff was particularly loud during change of shift, disrupting residents' sleep and peace. The residents also complained that staff frequently communicated with each other in foreign languages in the presence of residents while delivering care. This problem went unresolved for several months. During the survey, the Resident Council minutes were shared and the surveyors found that the residents should have had their grievance resolved. The facility was asked to incorporate a solution in their plan of correction.

## **ISSUE ADDRESSED: ACCESS TO INFORMATION**

- ❖ A Resident Council requested that a portion of the schedule for their Volunteer Resident Advocate be listed on the daily activity board. That would give residents a better idea as to when they would be able to access their Residents Advocate since most visits are announced.
- ❖ A Resident Council helped resolve the issue of residents not knowing who was assigned as their CNA for the day. Now the name of the charge nurse as well as the CNA is posted in each resident's room, daily, as a reminder to them.
- ❖ Another Resident Council advocated for staff to wear color coded, large print name tags so residents will know which discipline is entering their room, i.e., CNA, Nursing, Dietary, Recreation, etc. After some time, the Administration agreed to implement their suggestions.

## **ISSUE ADDRESSED: QUALITY OF LIFE**

- ❖ A Resident Council facilitated a physical plant improvement in their facility. There was a lovely courtyard where residents loved to go for fresh air, however, the pavement was uneven making many residents feel unsafe, especially those in wheelchairs. The Resident Council worked with administration and got the area repaved, making it safe for all residents to enjoy.

## *The Statewide Coalition of Presidents of Resident Councils*

*“Working toward the self-empowerment  
of Connecticut’s nursing home residents”*

Resident Councils are instrumental in resolving problems and effecting changes within individual facilities. Presidents of Resident Councils are a vital part of this process and serve as leaders in their nursing home communities. The Statewide Coalition of Presidents of Resident Councils (SCPRC) represents the collective voice of Resident Councils from every corner of the state. The Coalition, in partnership with the Ombudsman Program, works to enhance the quality of life for all nursing home residents by developing best practices and advocating for legislative and policy change.

Regional meetings of the SCPRC are attended by Presidents of Resident Councils or their designees. Regional meetings are scheduled twice a year to discuss trends and share issues of concern. The initial meeting is held during the legislative session to enable Presidents of Resident Councils to be advised on all proposed and raised bills and contact legislators or relevant committees as needed. Furthermore, members testify before the legislature, make appointments to visit with legislators, and when appropriate, send letters to the editor of major newspapers. Through their involvement at Coalition meetings, Resident Council Presidents represent the interests of all nursing home residents.

The second round of the Coalition meetings, which are held three months before the VOICES Forum, are planned to discuss the developments that occur as the legislative session closes. Time is also set aside to discuss trends and issues that are having a negative effect on nursing home residents. Best practices used by nursing home Resident Councils to address and/or resolve various situations are highlighted and encouraged. The meetings culminate in a planned agenda for the Voices Forum based on the concerns and informational needs of Presidents of Resident Councils and nursing home residents at large.

Statewide Coalition of Presidents of Resident Councils  
Connecticut Long Term Care Ombudsman Program  
Combined Mission Statement

To pursue a partnership supporting resident self-advocacy by: uniting, enlightening, and strengthening Resident Councils as a vehicle for self-advocacy; co-sponsoring regional Coalition meetings that identify major trends and issues; bringing residents’ voices and agendas to the legislative process; and establishing a partnership for a process of creating systemic changes.

# *Long Term Care Issues & Systemic Advocacy*



**Annual VOICES Forum where Presidents of Resident Councils address issues of concern**

## **TOPICS**

*Facility Closures*  
*Follow-up Relocation Study*  
*Least Restrictive Setting*  
*Quality of Care*  
*Failures to Readmit & Inappropriate Discharges*  
*Social Transportation*  
*Special "Dementia Care" Units*  
*2004 Legislative Session – CT General Assembly*

# ***Long Term Care Issues & Systemic Advocacy***

## ***Facility Closures ~***

There were five facility closures in Connecticut during FY 2004. Predominantly, the closures were related to the financial instability of facilities' ownership. Some facilities had been placed under court ordered receiverships and were in various stages of bankruptcy proceedings. Most facilities also had significant environmental and physical plant problems over the years, which had never been addressed. Finding new owners for these facilities proved futile due to the enormous capital investment needed to bring the facilities into regulatory compliance. In addition, some facilities struggled with chronically low census and difficult labor relations. The closures resulted in the loss of 638 nursing home beds.

As in past years, Long Term Care Ombudsman Program staff utilized our previous study on transfer trauma and the corresponding *Nursing Facility Relocation Plan* to provide assistance in all aspects of the closure process. Ombudsmen worked with residents and families, keeping them informed of their rights and helping to find new homes. The Ombudsman Program attended court proceedings and provided consultation to the presiding judge with regard to residents' rights and the prevention of transfer trauma. The State Ombudsman maintained optimal communication with legislators and the Department of Social Services throughout the receivership and closure process to ensure residents were fully represented as decisions were being made.

In the upcoming year, we will continue to monitor potential closure situations and respond to the concerns of residents and families. We will look for opportunities to advocate for fiscally sound nursing home management practices and policies that support accountability. We are committed to ensuring Connecticut's nursing home residents have access to quality care, and a choice in where the care is delivered. On the legislative level, the Office of the State Long Term Care Ombudsman will support proposals that seek to remedy the underlying causes of nursing home closures.

## ***Follow up Relocation Study ~***

Ombudsman Program staff, under the leadership of Theresa A. Velenzas, Regional Ombudsman, worked on a follow up report to our original study on Transfer Trauma using data collected during and following two of this year's closures. The purpose of the report is to ensure that the *Nursing Facility Relocation Plan* remains an effective tool for protecting residents while incorporating newly identified resources and strategies to aid in future nursing home closures.

The *Nursing Facility Relocation Plan* was developed in 1999 as a blueprint for protecting the health, safety, welfare and rights of nursing home residents should they be forced to move due to the closure of their home. At the time of the Grant Street closing, the Long Term Care Ombudsman Program commissioned Waldo Klein, PhD, from the UCONN School of Social Work to conduct a study to evaluate the residents' well being before, during and after their relocation. The Ombudsman Program convened a Nursing Facility Closure Response Coalition to protect residents' rights, provide legal representation, and respond to residents and families throughout the relocation process. The cooperation and commitment of the Coalitions' member agencies helped minimize negative outcomes for residents.

Early in this fiscal year, the Ombudsman Program was in the midst of two facility closures. It was determined that a follow up to the Grant Street Study would be an ideal way to update the Relocation Plan and ensure its continued effectiveness. The LTCOP devised a short questionnaire and enlisted the assistance of Volunteer Resident Advocates to provide follow-up visits to residents after they were transferred to their new facility. This project design ensured a consistent advocacy presence and meaningful interaction with residents in the closing facilities. Ombudsmen and Resident Advocates were able to gather necessary information, while simultaneously offering interventions and providing feedback concerning the residents' welfare.

The primarily overwhelmingly indicates this project is been a helpful tool in assisting residents and assessing the effectiveness of the existing plan. The Ombudsman Program will continue to recommend policies and support ongoing research aimed at protecting vulnerable residents affected by closures and transfers.

### ***Least Restrictive Setting ~***

The Connecticut Long Term Care Ombudsman Program has participated with the Olmstead Coalition and Nursing Home Transition Program for the past four years. A significant amount of time has been devoted to this effort through staff representation on the Steering Committee for the federal Nursing Home Transition Grant and work with related subcommittees.

In the first phase of the grant, the Connecticut LTCOP worked with other advocates to facilitate outreach and education to residents regarding their right to transition back into the community. This effort has expanded to include education through one to one consultations with residents, families, workgroup and committee contacts, representatives of state and private agencies, and all contacts in the healthcare arena. In the event of nursing home closures, the LTCOP works with facility staff and court appointed receivers to ensure residents are fully apprised of their right to seek community options and informed of the assistance available to them. Regional Ombudsman and Volunteer Resident Advocates have assisted and supported several residents in the transition process.

As members of the State Legislature's Long Term Care Advisory Council and Long Term Care Planning Committee, the Ombudsman Program supports several pilot programs currently operating or slated for start up in the state. The Assisted Living Demonstration Project extends the purview of the Connecticut Home Care Program for Elders to include four subsidized assisted living sites with a total of 219 units statewide. Individuals who qualify based on functional and financial need can receive assisted living services to prevent unnecessary institutionalization. Additional pilots include private pay and state funded assisted living programs with varying eligibility criteria.

The Ombudsman Program's advocacy will continue to center on expansion of successful pilots, support for nursing home transition programs, new parameters for PCA waivers, and all efforts to shift Connecticut's long term care paradigm away from institutionalization.

### ***Quality of Care ~***

There have been increasing problems surrounding the provision of long term care services for individuals with challenging behaviors related to Alzheimer's, dementia or mental illness. Residents are subjected to traumatic transfers, inappropriate discharges and unnecessary

hospitalizations. The result is not improved care and treatment, but rather, an undue burden on residents, families, health care providers, and government resources.

Several factors have influenced the growth of this trend including: a lack of appropriate psychiatric care and crisis intervention services; the absence of proactive assessment and care planning to prevent and address behavioral issues; and a serious lack of qualified staff to implement and monitor care plans. Federal and state policies that fail to recognize the significant care needs of residents with Alzheimer's, dementia, and mental illness, have exacerbated the situation and resulted in a severely diminished quality of care. Many facilities have been conditioned to view these residents as "problems" that increase the possibility of scrutiny and ramifications from state survey agencies. The current structure of our long-term care system has inadvertently created significant barriers to quality care for individuals with behavioral health needs.

Recognizing the negative impact on all involved, the Office of the State Long Term Care Ombudsman convened the *Connecticut Workgroup on Challenging Behaviors* (CWCB) in January 2004. The multi-agency, multi-disciplinary group is comprised of the major stakeholders in Connecticut's long-term care arena as well as experts in the fields of psychiatric and dementia care. Beginning with the initial conference, and continuing throughout the year, workgroup members have exhibited a true spirit of collaboration and real progress has been made.

The Workgroup's three committees have designed several initiatives to resolve this very complex problem. The *Care and Case Discussion Committee* provides a venue for evaluation of current "crisis" situations and whenever possible, suggested interventions or resolutions. They have developed a working document, "*Suggested Guidelines and Interventions*", to aid providers in assessing behaviors and promoting model interventions. The *Training Committee* worked diligently throughout the year to identify the educational needs of providers and others in the long term care system relative to caring for residents with Alzheimer's, dementia or mental illness. The result was a second conference, focused on education and best practices in caring for residents with challenging behaviors. More than 200 nursing home Administrators, Directors of Nursing, Social Workers, and Admissions/Discharge Planners attended and participated in their choice of seven professional workshops. The National Association of Social Workers and the Connecticut Nurses' Association approved the workshop curriculum, enabling attendees to receive continuing education credits. The Training Committee has already begun planning the Workgroup's next educational conference for 2005.

The *Policy, Legislation, and Regulation Committee* conducted an extensive literature review on the topic of caring for residents with Alzheimer's, dementia and mental illness. This formed the basis for the development of a position paper designed to explore causal factors, demographic trends, industry standards, regulation, and best practices in state and national policy. This document includes nine comprehensive recommendations for state government and private sector stakeholders to utilize in rectifying current systemic problems and planning for the future....see page for details

The Workgroup has enjoyed an extremely productive and rewarding first year, however, there is more work to be done. As this report is written, several short and long-term goals are being developed to specifically address all nine recommendations. Each committee will undertake multiple projects including: planning conferences and educational forums; developing best practice and training materials for consumers and providers; researching policy and regulatory systems; and monitoring and supporting legislative proposals. These initiatives will help create a

healthcare continuum that is responsive to the behavioral health needs of Connecticut's long-term care residents.

### ***Failures to Readmit & Inappropriate Discharges ~***

Complaints involving inappropriate discharges and failure to readmit continued to be prevalent during FY 2004. Most commonly, residents are sent out to area hospitals for "evaluation" and subsequently denied the right to return to their homes. Facilities generally assert, "they cannot provide the care the resident needs" or "they feel the resident is a danger to themselves or others". Some facilities attempt to "discharge the resident to the hospital" while others pressure families to locate alternate placement, as they will not be accepting the resident back. In rare circumstances, the resident is truly in need of more intense psychiatric care and cannot have their needs met in a nursing home. In either case, these practices have placed a significant burden on hospital emergency rooms, in-patient floors, psychiatric units, discharge planners, Ombudsmen, and most profoundly, residents and their families.

While the problem often originates in the assessment and care planning process, the inappropriate discharge and/or failure to readmit merely perpetuates the cycle of poor care. Residents' suffer exacerbation of physical conditions, increased confusion, disruption in needed care and therapies, and anxiety at the prospect of losing their home and having to acclimate to a new facility. This causes the resident's condition to appear more medically complex than it actually is under normal circumstances. As the situation escalates, the focus shifts from the care and treatment of the resident to the debate over who will have to deal with the "problem". Since there is no source from which to obtain a truly objective clinical opinion, the providers' opposing positions result in an impasse. Additionally, relationships between families and facilities suffer irreparable damage during this time.

In those instances where a resident's needs truly cannot be met in a skilled nursing facility, it is evident that Connecticut lacks viable alternatives to nursing homes for the provision of comprehensive behavioral care. Often, residents are forced to remain in acute care settings for long periods and face a very uncertain future. This practice also translates into extraneous costs to the Medicare, Medicaid and private insurance systems.

In response, the Office of the State Long Term Care Ombudsman developed a model protocol to guide staff interventions when called upon to resolve crisis situations. The protocol is designed to prioritize the resident's well being while finding a resolution that is realistic and equitable. Ombudsmen facilitate communication between providers and educate all parties with respect to the relevant laws and regulations protecting the resident.

In addition, the *Connecticut Workgroup on Challenging Behaviors* has targeted this issue as a natural extension of the effort to improve quality of care. The Workgroup's three committees have developed several initiatives aimed at alleviating the immediate problems and achieving long-term resolutions. The Care and Case Discussion Committee provides a venue for evaluation of current "crisis" situations and whenever possible, suggested interventions or resolutions. Their newly developed "*Suggested Guidelines and Interventions*" will be refined and expanded as best practices are identified.

The Training Committee ensured that all the educational workshops provided at the *Caring for Residents with Challenging Behaviors* conference focused on quality of care and prevention

of crisis situations. A workshop provided by experts in acute psychiatric hospital care detailed comprehensive assessment, intervention, and treatment processes, stressing the importance of weighing the “risk versus benefit” of emergency transfers.

The Policy, Regulation and Legislation Committee is currently preparing several proposals for legislative and policy change. Specific recommendations for reducing unnecessary transfers and improving quality of care will be presented to agency leaders and legislators in early 2005.

## ***Social Transportation ~***

For several years, residents of Connecticut nursing homes have lived with very little access to social (non-medical) transportation. Presidents of Resident Councils from across the state have consistently raised this as one of the top three issues most in need of legislative attention. From the time of admission, many residents are unable to participate in community life outside the nursing home. Simple trips to the library, church, or a family wedding or funeral are virtually impossible, leading to a greatly diminished quality of life.

The State of Connecticut has an intricate web of transportation providers. There is very little continuity, with regional transit districts, city, and town-based programs all developed independently. Funding is equally diverse and service varies from place to place accordingly. Some providers struggle just to keep up with the demands of the elderly and disabled population outside of nursing homes. This has also made it more difficult for providers to understand that nursing home residents have the right to access services and be treated as any other citizen of the community. It also appears that certain state and/or federal regulations may inadvertently promote discrimination against nursing home residents. For example, a particular grant may require restrictions on demographic targets, service areas, or other socio-economic criteria.

Even if a resident is able to access local transportation, they often face tremendous difficulties when trying to obtain a ride outside of a defined “service area”. In addition, many providers have raised concerns about duplication of services, believing Medicaid covers general transportation costs for nursing home residents. There has also been debate about whether nursing home residents should be accompanied by an aide while utilizing community transportation. Collectively, these factors give rise to a system wherein the adequacy and availability of service is as varied as the provider network itself.

The Ombudsman Program has taken a creative, multi-pronged approach to resolving this issue. Ombudsmen address individual cases as they arise, working with providers and nursing homes to meet resident needs. Several cases have been resolved successfully with the help of Volunteer Resident Advocates who have identified community resources and brokered new partnerships between municipalities and nursing homes. In one case, a town owned van was made available for part time use by a nursing home. The regular driver volunteered additional time to drive, mitigating the problem with insurance coverage.

Beginning in November 2003, the Office of the State Long Term Care Ombudsman partnered with the Eastern and Western CT Agencies on Aging to develop an innovative transportation program for nursing home residents. The *Social Transportation Pilot Project* was specifically designed to fund the cost of a ride to a community destination or social event. Requests have

generally been granted on a “one time only” basis due to funding limitations and to ensure equitable opportunity for all residents who wish to make a request. Many residents have been served by the program and have been able to attend family weddings, christenings, funerals, and holiday celebrations. Others have enjoyed trips to local community centers, computer classes, and to other nursing homes for visits with mothers, husbands, brothers and sisters.

The Ombudsman Program’s work on this critical issue will continue and great effort will be made to improve residents’ access to social transportation. *The Social Transportation Pilot Project* will continue and transportation will remain prevalent in our discussions with policy makers at every level.

## ***Special “Dementia Care” Units ~***

The Ombudsman Program has long been concerned about the designation of *special dementia care units* in Connecticut’s long term care facilities. Ombudsmen frequently receive inquiries and requests for information about what the term “special care unit” actually means. Consumers want to know where to find definitions, policies, and regulations governing their operation. For several years, program staff responded to this question by explaining residents’ rights, nursing home regulations, and drawing on experiences with local facilities. There is little more that can be done due to the fact that no “standard” description of special care units currently exists. The Ombudsman Program has found very little information to define core requirements related to staff training, environment, specialized programming, and quality of care. To date, much of the information available to the public is general and anecdotal in nature.

In an effort to provide clarification, the Office of the Long Term Care Ombudsman commissioned the Waldo Klein, Ph.D from the University of Connecticut School of Social Work to conduct a study of special care units in Connecticut. The study design utilized a combination of interviews and voluntary completion of a survey questionnaire. In addition to the Ombudsman Program, the Alzheimer’s Association, CT Association of Health Care Facilities (CAHCF) and the CT Association of Not-for-profit Providers For the Aging (CANPFA) participated in the interview process. Administrators from 137 nursing homes completed and returned the questionnaire. Approximately 45 of these respondents indicated that they operate a special dementia care unit and/or program.

The study, *“Special Care Units For Dementia: A Survey of Connecticut Nursing Homes”*, revealed that Connecticut’s special care units are quite varied in design and programming, but also share common practices and philosophies. Among those commonalities is a commitment to staff training and support, and a strong focus on specialized, therapeutic recreation. Slowly, industry-wide best practices are being developed and shared among providers, but no significant standards or regulations exist. It appears further research will be needed to comprehensively identify models of care that lead to the best quality of life for residents.

We extend our appreciation to all who participated in this study. The Ombudsman Program will incorporate the findings into our future legislative and advocacy efforts pertaining to “*special dementia care units*”. We will also utilize specific information to educate the public, and support the development of quality standards to ensure the very best care for those who need it most.

**2004 Legislative Session ~ CT General Assembly**

**The Ombudsman Program drafted and presented  
testimony on the following bills:**

- ✓ HB # 5002 ~ An Act Requiring Ninety Days Written Notice to Nursing Home Residents Prior to Closure
- ✓ HB # 5004 ~ An Act Concerning Admissions and Care of Patients in Nursing Homes
- ✓ HB # 5007 ~ An Act Establishing a Pilot Program to Provide Personal Care Assistance under the CT Home Care Program for Elders
- ✓ SB # 3 ~ Act Concerning the Duties of the Conservator of Person
- ✓ SB #14 ~ An Act Concerning Criminal Background Checks for Nursing Home Employees and Volunteers Who Provide Direct Care to Residents
- ✓ SB # 4 ~ An Act Concerning Services Provided by the Long Term Care Ombudsman in Managed Residential Communities and the Patient’s Bill of Rights for Residents of Nursing Homes and Chronic Disease Hospitals

## *Partnerships and Associations ~*

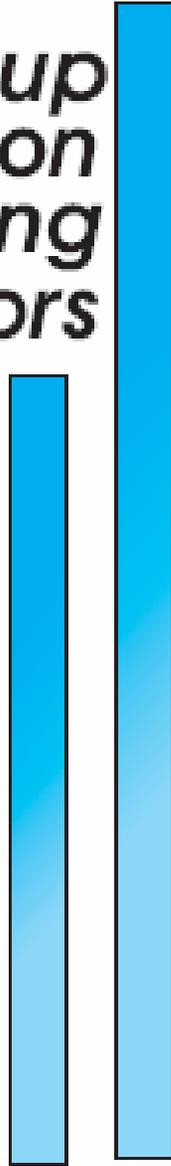
The Ombudsman Program works closely with other agencies and advocacy groups that share concerns about residents' care and well-being. These partnerships include memberships, associations, consultations, regularly scheduled meetings, joint efforts, and appointments to task forces and workgroups:

- The Connecticut Workgroup on Challenging Behaviors - *sponsored by the Ombudsman Program – includes the following members: Alzheimer's Association; Alzheimer's Resource Center of CT; Apple Health Care; Athena Health Care; Braceland Center for Mental Health and Aging; Centers for Medicare & Medicaid Services, Region I; CT. Association of Health Care Facilities; CT. Association of Not-for-Profit Providers for the Aging; CT. Department of Mental Health and Addiction Services; CT. Department of Public Health; CT. Department of Social Services: Alternate Care Unit and Social Work and Preventive Services; CT. Legal Rights Project; Greater Hartford Legal Assistance; Haven Health Care; Institute of Living; MedOptions, Inc.; UCONN School of Social Work.*
- Advisory Council on Long Term Care - Attendance at all meetings representing the interests of nursing home residents.
- AARP - Partnership in VRA recruitment and legislative agenda.
- Area Agencies on Aging – Collaborative effort resulting in two innovative pilot projects to directly benefit nursing home residents.
- Breaking the Bonds
- Department of Public Health and Department of Mental Health and Addiction Services - consultation and/or trainings related to strike actions and quality of care issues.
- National Association of State Ombudsmen
- National Citizen's Coalition for Nursing Home Reform (NCCNHR)
- Nursing Home Transition Grant - Steering Committee and sub-committees.
- Ongoing partnerships with state elderly services and local aging networks.
- Participant at local, state, and legislative meetings and judicial hearings on nursing home closures.
- Participant at all meetings hosted by the DSS Commissioner on nursing home issues.
- Qualidigm - Nursing Home Quality Initiative – Attended monthly meetings as a member of major stakeholders round table.



# *The Connecticut*

*Workgroup  
on  
Challenging  
Behaviors*



## ***Connecticut Workgroup on Challenging Behaviors ~Mission Statement~***

*“The **Workgroup** is committed to promoting a healthcare culture that is person-centered and responsive to the behavioral health needs of individuals in long-term care settings. We achieve this by facilitating the development of best practices, advocating for legislative and policy change, and coordinating educational opportunities for providers”*

### ***Member Organizations***

*Sponsored by the Office of the State Long Term Care Ombudsman and in partnership with the Alzheimer’s Association; Alzheimer’s Resource Center of CT; Apple Health Care; Athena Health Care; Braceland Center for Mental Health and Aging; Centers for Medicare & Medicaid Services, Region I; CT. Association of Health Care Facilities; CT. Association of Not-for-Profit Providers for the Aging; CT. Department of Mental Health and Addiction Services; CT. Department of Public Health; CT. Department of Social Services: Alternate Care Unit and Social Work and Preventive Services; CT. Legal Rights Project; Greater Hartford Legal Assistance; Haven Health Care; Institute of Living; MedOptions, Inc.; UCONN School of Social Work.*

The Workgroup is comprised of three committees, each with distinct goals and objectives. The *Care and Case Discussion Committee* reviews case scenarios, interventions, and outcomes, identifies successful strategies, makes recommendations and drafts model guidelines. The *Training Committee* develops provider education tools designed to support healthcare professionals and caregivers, focusing on areas of need identified by the Care and Case Discussion Committee. The *Policy, Regulation and Legislation Committee* examines current policies, regulations, and resources to enhance care delivery and develop proposals for future policy and legislative guidelines.

The following is excerpted from the Connecticut Workgroup on Challenging Behaviors’ (CWCB) research paper “Addressing Resident and Staff Needs in Coping with the Phenomenon of Challenging Behaviors in Connecticut Nursing Homes.”

### **Conclusion**

Nursing homes are, and most likely will remain, important sites for the care of individuals with behavioral health needs. And, as the state’s population ages and the demand for long-term care services increases, failure to address their needs as well as the needs of nursing staff will result in the escalation of problems related to challenging behaviors. Therefore, the State of CT must develop and implement a systemic approach to meeting the long-term care needs of persons with challenging behaviors, an approach that promotes quality care, avoids costly and unnecessary hospital stays, and assures a safe environment for residents and staff.

Accomplishing this goal will require a broad-based collaborative effort, one that addresses staffing and staff education and training, funding, and regulations. Key solutions center on education for health care system managers and nursing home staff, examination of appropriate reimbursement to nursing homes, and alternative placements for individuals who do not need nursing home care.

To this end, under the auspices of the Office of the State Long-Term Care Ombudsman, the CT Workgroup on Challenging Behaviors will take the lead in working with state policymakers to bring about the change necessary to address the assessment and treatment of nursing home residents with challenging behaviors and the capacity of nursing homes and their staff to care for them. Recommendations that speak to this multifaceted problem are listed below in no particular order of priority.

### **Recommendations**

- (1) Identify best practices for caring for residents with challenging behaviors being utilized in CT nursing homes. Hold on-going statewide forums to present and share this information.
- (2) Develop an assessment tool and collect data on the special care units currently operating in the State of CT with respect to criteria and procedures for admission, transfer, and discharge, the special services provided, and staff levels, training, and supervision.
- (3) Require nursing homes operating special care units to fully disclose to state agencies, as mandated by statute (C.G.S. Sections 17b-262 and 19a-512a), as well as the public, the criteria and procedures for admission, transfer, and discharge, the special services provided, and staff levels, training, and supervision for such units.
- (4) Upon review of the following efforts:
  - Two studies conducted by the Legislative Program Review and Investigations Committee in 2000 and 2001 respectively: *Staffing in Nursing Homes* and *Medicaid Rate Setting for Nursing Homes*;
  - The *Final Report of the Ad Hoc Task Force on Nursing Home Costs* issued in 2002; and
  - The current U.S. Department on Health and Human Services Nursing Home Quality Initiative wherein the Center for Medicare and Medicaid Services is undertaking an aggressive action plan for nursing home improvements, including improved accuracy of the Medicare payment systems; improved access for those with greatest care needs; and directing the appropriate level of resources to nursing homes to furnish high quality care, including performance incentives related to quality (USDHHS, December 22, 2004); the CT General Assembly, in consultation with the CT Workgroup on Challenging Behaviors, should implement a reimbursement methodology for long-term care facilities to adequately cover

the cost of staffing, training, and programming required to meet the behavioral health needs of residents.

(5) Pilot a mobile care integration team (CIT) that would travel to nursing homes specifically to work with nursing staff on implementing appropriate interventions with residents with challenging behaviors. The CIT would be interdisciplinary and would not only assist in the assessment of, but also in the development of behavior care plans. The CIT would also be responsible for educating and training staff in behavior management as well as about dementia and mental illness.

(6) Assure that hospital staff and nursing home management receives education about assessment and treatment of individuals with challenging behaviors, including the importance of their role in supporting the efforts of direct care staff.

(7) Assure that programs educating and training practical nurses for licensure and nurses' aides for certification place adequate emphasis on behavior management training, including the understanding of dementia and mental illnesses.

(8) Assure that nursing homes provide regular, ongoing staff education and training in assessment of challenging behaviors, and the understanding of dementia and mental illness. Behavioral interventions for persons with dementia are different from those utilized for persons with serious and persistent mental illness.

(9) While this document does not specifically focus on nursing home residents with mental illness, the next four recommendations would improve the mental health services and placement options provided them: (a) Reinstate Annual Resident Review (ARR), originally mandated under OBRA 1987, but terminated in CT in 1996. Under ARR, nursing home residents identified to have a serious mental illness would be evaluated by qualified mental health professionals (QMHPs) at least annually, and more often as necessary, to assess their psychiatric status. This would allow the QMHPs to consult with nursing home staff about residents' conditions and needs. (b) Request that the Department of Social Services (DSS), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Mental Retardation review the current process of PASRR (Preadmission Screening Resident Review) to assess whether changes would improve the screening and evaluation of nursing home applicants/residents with serious mental illness and/or mental retardation. (c) Request that the Department of Public Health (DPH), under their responsibilities to license and certify CT nursing homes, to review facilities' implementation of the mental health services recommendations specified in PASRR Determination Notices issued to nursing home

residents with serious mental illness. (d) DSS and DMHAS should explore the feasibility of implementing a home and community-based services waiver for adults with psychiatric disabilities who reside in, or would otherwise be admitted to, a long-term care facility.

***Our thanks to the members of the Policy, Regulation, and Legislation Committee for their dedication to this project. In particular, we would like to recognize Ms. Jennifer Glick, Connecticut Department of Mental Health and Addiction Services, who conducted extensive research and authored this paper.***

***To obtain a complete copy, please contact the  
Office of the State Long Term Care Ombudsman***

# *Ode To Mother*

BY VICTORIA BOWER

*Smith House*

*There is no other in the world,  
Once you're grown, give it a whirl  
For you'll realize, she's quite a girl  
She'll change you and bathe you,  
And feed you and such,  
That's why you'll grow to love her so much.  
She doesn't mind binding hurt knees  
Or sit with you through the sniffles  
And she'll smile back at you when you show her your dimples.  
A poinsettia for Christmas, a rose for the Spring  
You'll feel bouncy and bubbly to know she loves you more than anything.  
It didn't matter if there were two, six, or nine,  
She loved each one equally and did just fine.  
She shared our hopes and dreams and plans  
And no matter what comes, she does all that she can.  
She raised us with dignity, honor and pride  
And over the years, she took so much in stride.  
She gave us respect, oh but never neglect  
And when we did wrong,  
She just said what the heck.  
So remember my friend, never forget,  
And be true and sincere  
Your mother is definitely one you must always revere.*



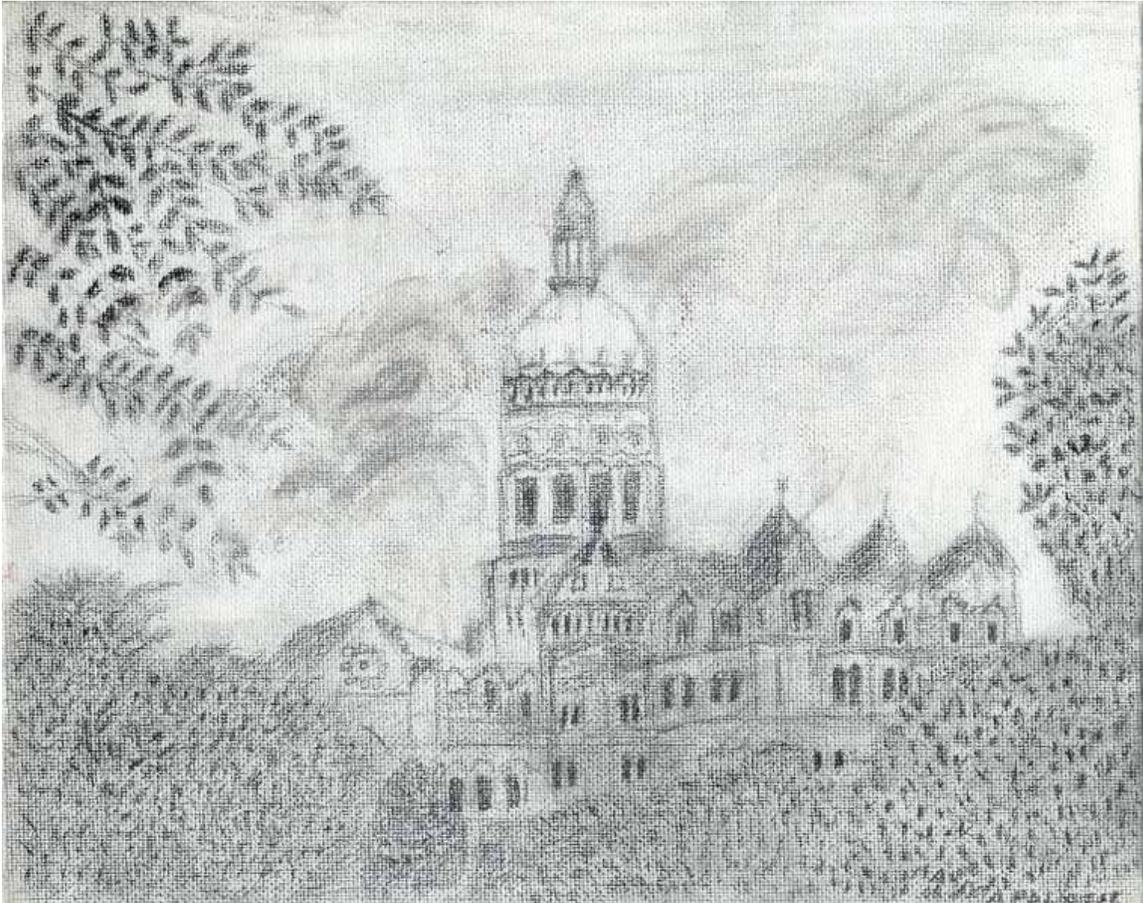
# ***APPENDIX***



## **VOICES Forum 2004**

*VOICES Forum VIII*  
*October 4, 2004*  
*Final Report*

**Prepared by:**  
**The Office of the State Long Term Care Ombudsman**



**The Statewide Coalition of Presidents of Resident Councils  
&  
Office of the State Long Term Care Ombudsman**

***FROM THE OLDER AMERICANS ACT OF 1965:***

**“The Ombudsman shall... personally or through representatives of the office, provide technical support for the development of Residents’ Councils to protect the well-being and rights of residents.”**

***FROM THE NURSING HOME REFORM ACT OF 1987  
(OBRA):***

A nursing facility must protect and promote the rights of each resident, including:

- the right of the resident to organize and participate in resident groups in the facility
- the right to voice grievances with respect to treatment or care that is furnished, or not furnished, without discrimination or reprisals
- the right to prompt efforts by the facility to resolve grievances

*" You Must Hold Onto Your Ideals and Always  
Have the Courage to Speak Your Mind"*

*~ Carol Rosenwald*

*In September of 1996, nursing home resident and activist Carol Rosenwald, with assistance from the Ombudsman Program, began organizing residents across the state to advocate for improvements in the long term care system. Carol envisioned a time when the "VOICES" of nursing home residents could be heard "beyond the walls" of their facilities. She became the founder of the Statewide Coalition of Presidents of Resident Councils and the driving force behind the first "VOICES" Forum in 1997. As a large group of voting constituents, residents were able to speak directly with political leaders and public officials about important issues affecting their quality of life.*

*VOICES 2004 marked the eighth anniversary of Carol's vision and of this historic event. Our heartfelt thanks to the many courageous residents who have attended VOICES over the years and worked to inspire systems change. You have our deepest admiration and respect.*

# ***The Statewide Coalition of Presidents of Resident Councils***

***“Working toward the self-empowerment  
of Connecticut’s nursing home residents”***

Resident Councils are instrumental in resolving problems and effecting changes within individual facilities. Presidents of Resident Councils are a vital part of this process and serve as leaders in their nursing home communities. The Statewide Coalition of Presidents of Resident Councils (SCPRC) represents the collective voice of Resident Councils from every corner of the state. The Coalition, in partnership with the Ombudsman Program, works to enhance the quality of life for all nursing home residents by developing best practices and advocating for legislative and policy change.

Regional meetings of the SCPRC are attended by Presidents of Resident Councils or their designees. Regional meetings are scheduled twice a year to discuss trends and share issues of concern. The initial meeting is held during the legislative session to enable Presidents of Resident Councils to be advised on all proposed and raised bills and contact legislators or relevant committees as needed. Furthermore, members testify before the legislature, make appointments to visit with legislators, and when appropriate, send letters to the editor of major newspapers. Through their involvement at Coalition meetings, Resident Council Presidents represent the interests of all nursing home residents.

The second round of the Coalition meetings, which are held three months before the VOICES Forum, are planned to discuss the developments that occur as the legislative session closes. Time is also set aside to discuss trends and issues that are having a negative effect on nursing home residents. Best practices used by nursing home Resident Councils to address and/or resolve various situations are highlighted and encouraged. The meetings culminate in a planned agenda for the Voices Forum based on the concerns and informational needs of Presidents of Resident Councils and nursing home residents at large.

*Statewide Coalition of Presidents of Resident Councils  
Connecticut Long Term Care Ombudsman Program  
Combined Mission Statement*

*To pursue a partnership supporting resident self-advocacy by: uniting, enlightening, and strengthening Resident Councils as a vehicle for self-advocacy; co-sponsoring regional Coalition meetings that identify major trends and issues; bringing residents’ voices and agendas to the*

# *THE VOICES FORUM PAST AND PRESENT*



## ***Eight Annual Voices Report October 4, 2004***

On Monday, October 4, 2004, the Office of the State Long Term Care Ombudsman sponsored the Eighth Annual Voices Forum. The event was co-convened by the Commissioner of the State of Connecticut Department of Social Services and the Statewide Coalition of Presidents of Resident Councils. A total of 327 individuals attended the VOICES Forum this year, representing 95 long term care facilities. This annual gathering of Presidents of Resident Councils provides residents from across the state with an opportunity to bring the problems and concerns they face to the attention of policy makers and elected officials who can influence decisions pertaining to the quality of care and quality of life of nursing home residents.

On arrival, each President was presented with a *Resident Council Handbook* complete with a customizable cover and “by the month” tabs for keeping Resident Council Minutes and plenty of room for follow-up documentation. The binder contained other helpful information including the Residents’ Bill of Rights, Forum workshop summaries, nursing home checklists, and the 2004 edition of Resident Councils Best Practices (Volume V). Residents also had time for informal, facilitated table discussions while waiting for all guests to arrive. Presidents were able to discuss the challenges most commonly faced by Resident Councils and identify the issues they would like to see addressed through legislative and policy changes (see page).

Department of Social Services Commissioner Patricia Wilson-Coker delivered opening remarks. She spoke about the Statewide Coalition of Presidents of Residents Councils as an essential link between the concerns of individual residents and the policy discussions that govern our long term care system. She praised Council Presidents for their dedication to their fellow residents and willingness to speak on behalf of those who cannot advocate for themselves.

The next speaker was Teresa C. Cusano, State Ombudsman. In keeping with the theme of Residents’ Rights Week 2004 - “*Spotlight on Quality: Focus on Resident’s Rights*”- her message centered on the role of Resident Council Presidents as “leaders in their nursing home communities.” She encouraged them to work to preserve the autonomy of their Councils and praised them for their “courage and commitment to the spirit of positive change.” In light of upcoming elections, she outlined resident’s voting rights and stressed the importance of protecting privacy and autonomy in the process. In closing, she thanked the residents for their support of the SCPRC and for helping to make her tenure as State Ombudsman “both challenging and inspiring”.

Morning activities featured two educational workshops; the first, “Getting to Know Your Neighbor: Issues of Diversity” was presented by Carol Levitt, Regional Program Coordinator for the Alzheimer’s Association and Lynn MacLean, Nurse Consultant with Apple Healthcare; the second workshop, “Running An Effective

Resident Council: A Community Leader’s Role” was conducted by Annette Makstela, Volunteer Resident Advocate and Barbara Yard, Health Program Supervisor with the State Department of Public Health.

As in past years, a highlight of the afternoon’s activities was an open-microphone session wherein residents were invited to voice concerns and questions on any topic. If desired, residents also had the opportunity to ask a panel comprised of Regional Ombudsmen and a Nurse Consultant from the Department of Public Health to respond to their questions and concerns.

Another program highlight was the annual presentation of the *Carol Rosenwald “Spirit of Advocacy” Award*. The Carol Rosenwald Award was established in 2000 in honor of her energy, commitment, and spirit. The award is presented to an organization or individual who works to improve the quality of care and quality of life for nursing home residents. This year’s honorees were The Honorable Judge Jerry Wagner of the Connecticut Superior Court and Mr. William Hanley, President of Resident Council and Executive Board Member of the Statewide Coalition of Presidents of Resident Councils.

Judge Wagner received the award in appreciation of his commitment to protecting nursing home residents' rights. While presiding over nursing home closure proceedings, he consistently showed genuine concern and respect for residents affected by the financial problems and closures of their homes. Judge Wagner called on the Ombudsman Program to represent and protect residents' rights when they were confronted with these difficult circumstances. He has gone above and beyond the requirements of his job by spending time visiting each facility, talking with residents, and meeting with Resident Council Presidents. He was vigilant in his efforts to help residents remain in the place they call home, ensuring that closures occurred only as a last resort. In doing this, he affirmed each resident’s value as an individual and helped make unavoidable closures a less traumatic experience for residents and families.

William “Bill” Hanley received the award in recognition of his tireless work and exemplary leadership as Resident Council President. Throughout his many years of service, he has never wavered in his commitment to improving the quality of care and life for his fellow residents at the Willows. As a member of the Executive Board of the SCPRC, he has generously shared his valuable experience with other council presidents through faithful attendance at Coalition meetings and VOICES Forums. Many of his council’s successes and best practices have been a source of encouragement to residents across the state and have helped to make their councils more independent and effective.

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| For the purposes of this report, reference to “attendees” participating in the VOICES Forum means all individuals who attended the event including; residents, nursing home staff, legislators, public officials and others. References to “Residents” attending the VOICES Forum pertain to Presidents of Resident Councils and/or their designees. |
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## Facilitated Table Discussions

Volunteer Resident Advocates who were trained to be table facilitators began discussions on issues as soon as nursing home residents arrived. Initial discussions focused on the question, “what are the issues most frequently brought up at Resident Council meetings?” Facilitators documented the responses of residents and the results are shown in the table below.

The column on the left reflects the issue or topic as voiced by residents while the column on the right indicates the *number of tables* from which the issue or topic was reported. There were eight guests seated at each of thirty-seven tables, with an average of four residents seated per table. It is important to keep in mind that although more than one resident may have raised the same issue, it is counted only once per table.

| Issue/Concern   | # Tables Reporting |
|---|--------------------|
| Care – Quality  | 17                 |
| Environment - no room for wheelchair mobility                   | 8                  |
| Environment – poor housekeeping/physical plant                  | 16                 |
| Food - cold /wrong temperature                                  | 26                 |
| Food - lack of variety/quality                                  | 20                 |
| Laundry - missing/damaged                                       | 16                 |
| Medicaid - needed services not covered                          | 13                 |
| Medications - administered incorrectly/late/in hallways         | 7                  |
| Personal Property – Stolen/ lost (excludes laundry)             | 13                 |
| PNA - Need Increase   | 21                 |
| PNA - not available/timely                                      | 3                  |
| Quality of Life – for younger residents                         | 6                  |
| Quality of Life – can't go outdoors or into community           | 19                 |
| Recreation – Choice/availability on weekends                    | 17                 |
| Recreation – variety/information available                      | 6                  |
| Resident Council - no response from Admin                       | 8                  |
| Resident Rights – Inappropriate room changes                    | 4                  |
| Resident Rights - no privacy                                    | 14                 |
| Resident Rights - smoking policy/too restrictive                | 8                  |
| Resident's Rights - Staff unaware/not supportive                | 5                  |
| Staff – disrespectful   | 12                 |
| Staff - does not know residents or care plans                   | 17                 |
| Staff - Need background checks                                  | 8                  |
| Staff - no/slow response to call bells                          | 22                 |
| Staff - noisy at night/turn on lights                           | 15                 |
| Staff - physical therapy short staffed/unavailable              | 17                 |
| Staff - poor quality/training/pool staff                        | 26                 |
| Staff – Shortage/ Residents in halls shouting for assistance    | 20                 |
| Staff - speak other languages/talk on cell phones in res. rooms | 11                 |
| Staff - unavailable/no one to walk with                         | 18                 |
| Supplies – Shortages  | 6                  |
| Telephone – availability/privacy                                | 3                  |
| Transportation - unavailable/too costly                         | 18                 |
| Water/hydration - unavailable/inaccessible                      | 7                  |

## ***Workshop I: “Getting To Know Your Neighbor: Issues of Diversity”***

*Presented by:*

*Carol Levitt, Regional Coordinator, Alzheimer’s Association*

*Lynn MacLean, Nurse Consultant, Apple Healthcare*

This new workshop was developed in response to concerns raised by residents at regional Coalition meetings and through complaints to Ombudsmen and Resident Advocates. Many residents expressed that they have difficulty interacting or communicating with their nursing home neighbors and often, with staff as well. Residents report feeling frustrated with residents who wander into their rooms and exhibit other unpredictable behaviors. In addition, the varied ethnic and cultural backgrounds of individual residents and staff can present significant barriers in communication and make it more difficult to resolve issues. Often this leads to misunderstandings, confrontations, and in some cases, physical altercations.

Carol Levitt conducted the first half of this workshop. She provided an educational presentation about Alzheimer’s and related dementias with the goal of helping Presidents of Resident Councils gain a better understanding of why other residents behave the way they do. She focused on defining the many symptoms of the disease, associated behaviors, as well as suggested interventions. Examples of how environmental triggers inherent to many nursing homes can exacerbate confusion and cause wandering, rummaging, repetitive actions, calling out, and irritability.

Residents were encouraged to have patience in these situations as the resident suffering with Alzheimer’s or dementia has no awareness of the impact their behaviors have on others. Ms. Levitt provided handouts with tips for communicating with residents and best practices for care planning and behavioral interventions (see page ). She discussed basic techniques residents can use for redirection as opposed to reaction and how this can lead to less stress for everyone.

Another vital message was a reminder to Council Presidents that while greater sensitivity is encouraged, no resident should sacrifice their own rights to privacy and quality of life. The balance between individual rights and the rights of the whole community should always be considered. Residents were encouraged to utilize their Resident Council and work with facility Administration to resolve these issues.

Lynn MacLean conducted the second component of this workshop. She focused on ways to help residents better understand how cultural and ethnic differences effect their daily interactions – resident to resident and resident to staff. In the nursing home environment, as in any community, these differences can serve to either bond people together or strongly divide them. When these issues are not addressed in a positive manner, the unfortunate result is poor communication between residents and staff.

Ms. MacLean provided examples of how residents can find creative ways to improve communication and build positive relationships. Some ideas included: designing recreation activities to help residents get to know one another by talking about their life experiences and background; having residents and staff teach each other the basics of their native language; and encouraging residents and their families to share cultural traditions.

In addition, residents were reminded that interpersonal relationships have a tremendous impact on their quality of life, and therefore, they have the right to expect facility staff to take the issues seriously. For instance, residents have the right to communicate with their caregivers *in their own language* at all times. They also have the right to privacy, respect, and to have their individual preferences taken into account. Ms. MacLean offered suggestions for Resident Councils to pro-actively address these issues and illustrated successful strategies utilized in Apple Healthcare facilities.

Workshop I - Handout  
*courtesy of the Alzheimer's Association*

### ***Communication Tips***

- People will receive: 7% of our words, 38% of tone of voice, volume, and inflection, 55% of non-verbal body signals: facial expression, body language!
- Don't argue-you will never win!
- Always approach from the front
- Give 2 choices when asking questions or a "yes/no" question
- Stay calm- do not raise your voice!
- Who, What, Where-identify yourself and what it is you desire from the individual with the memory impairment
- Be specific: "Let's eat soup" instead of "Let's eat lunch."
- Give only one step directions
- Do NOT talk down to anyone!
- Repeat what you have said if not understood the first time
- Use their name!
- Be patient-remember to give respect and dignity
- Remember that this is a PHYSICAL disease and there is a REASON for the communication difficulty
- Validate feelings (fear, confusion, agitation, loss)
- Think about the environment-is the TV blaring? Is the person not able to pay attention to you due to a distraction?
- Notice facial expressions-yours and theirs
- Laugh!!!
- Use redirection to another activity or staff member
- Gentleness goes a lot further than forcefulness
- Remember, the person with dementia is doing the very best they can given their impairment-be empathetic

***Resident Councils* can be part of the solution by presenting ideas to administrative staff. In addition to comprehensive care planning, there are many recreational ideas that benefit residents with Alzheimer’s or dementia including:**

- A rummaging box with items such as: unmatched socks, clothing, postcards, knick-knacks, jewelry, beads, shells, shiny rocks, or old pocketbooks
- Laundry baskets with unfolded linens or clothing
- Old keys, pocketbooks, clipboards, large, life-like stuffed animals such as dogs and cats
- Large puzzle pieces
- Photo books or large coffee table books with pictures
- Vintage hats, clothing, old photographs
- Monopoly money or photocopy real money on green paper
- Lava lamps, bubble tubes, and other sensory items
- A “busy” room for the above items to redirect an individual towards-people who wander are usually bored and need a task to do
- Plastic PVC pipes to put together (for the men)
- Tools (for the men)
- Photos of old movie stars
- Videos such as Lawrence Welk, Mitch Miller, Shirley Temple, Re-runs of “I Love Lucy” and other old TV shows
- A CD player with oldies
- Scraps of material
- A piano
- CD players with headphones
- Old hymn books and other spiritual items

**These items are well worth the investment as they provide meaningful activity and help turn challenging behaviors into positive action!**

## ***Workshop II: “Running an Effective Resident Council: A Community Leader’s Role”***

*Presented by:*

*Annette Makstela, Volunteer Resident Advocate*

*Barbara Yard, Health Program Supervisor, Department of Public Health*

This workshop has been featured at every Voices Forum since 2002. In addition to positive feedback on evaluations, the Ombudsman Program continuously hears about success stories from Council Presidents who attend the workshop in the past. Several Resident Councils, utilizing the information gained at the initial workshop, returned to their facilities and implemented new practices. By reviewing and strengthening policies for recording minutes, communicating with facility administration, and participating more fully in the survey process, Resident Councils got results! This confirmed the ability of Resident Councils to effect change and underscored their importance as residents’ main tool for self-advocacy.

This year’s workshop revisited the fundamentals of Resident’s Rights, but expanded the discussion to focus on the role of Resident Council Presidents as community leaders. Annette Makstela, a new presenter this year, shared her experiences as a Resident Advocate working with her facility’s Resident Council and Administration to improve quality of care and quality of life issues. She described her own struggle to understand the behavior of a resident who was suffering from Alzheimer’s disease. She too, had been unsure of what to do and frustrated by what seemed to be an impossible situation. Over time, however, she was able to work with the Ombudsman Program and facility staff to identify strategies for communicating with the resident. After attending an Ombudsman Program training with the Alzheimer’s Association, she took what she had learned to the Resident Council President. Together, they were able to educate other council members as well as staff, providing them with the helpful ideas and strategies she had learned. This provided a shining example of how Presidents of Resident Council can be an integral part of the problem solving process.

Barbara Yard provided an overview of the model for an effective Resident Council (see page). She discussed creative ways Resident Council Presidents can strengthen their group’s independence and increase resident participation. Ms. Yard also encouraged Presidents to consider utilizing smaller groups of residents, organized into “committees” to address specific issues. For example, five or six resident council members could form a “food committee” that works on resolving complaints about dietary issues and makes suggestions for future improvement and quality assurance. Using this approach, residents become more involved in the problem solving process and are able to contribute to the Council in a meaningful way. Ms. Yard urged residents to remember that all resident complaints, whether handled by the full Council or a smaller committee, must be recorded in the full Resident Council minutes. The following pages contain this information and additional best practices for Council leadership. To further assist Presidents in assessing the strengths and weaknesses of their Resident Councils, the LTCOP’s “Resident Council Profile” questionnaire was once again distributed and completed at the forum. Results are displayed on page 14

## Questions & Answers for Resident Council Presidents

### **How do we get more residents involved in Resident Council?**

*To get more residents involved evaluate the following...*

**1.) Do the residents know the function of the Resident Council?**

If not, you may want to hold an informational meeting regarding the council, its function and how to get involved.

**2.) Do the residents know who is on the Resident Council and who to talk to if they have a problem?**

Introductions of Resident Council members can be done at the informational meeting. Does the Resident Council have committees in which residents can sit on instead of mentioned above. Additionally, you may want to set up a bulletin board in the facility dedicated to the Resident Council. Here you can post the executive committee with their pictures and room numbers, dates and times of meetings, as well as highlighting the resolutions to problems the Resident Council was successful in getting.

**3.) Are there other opportunities for residents to get involved? being an officer?**

Consider starting subcommittees of the Resident Council that will address problems of that nature when they arise, i.e. Food Committee, Safety Committee, Welcoming Committee, etc. If residents are not able to get to meetings, is there a designated person that can voice their concerns from their floor or wing? Create positions on the Resident Council for floor/wing representatives.

**4.) Are the meeting times convenient and posted?**

Talk to residents and find out if they are aware of the meetings, their time, location and date. Some councils hold morning meetings, while others prefer afternoon meetings. It is also common for some councils to hold two meetings per month, one in the morning and the other in the afternoon to accommodate those residents who are not able to make the other meeting time.

**5.) Are the meetings organized?**

Residents may not want to be involved in a “gripe session” or the personal agenda of one member. Create an agenda and stick to it. This will allow positive work to be accomplished in an effective, efficient manner.

**6.) Are residents with hearing or visual impairments accommodated?**

Seat those with hearing and visual deficits closest to the officers to facilitate participation of those members and to avoid frustration and lack of participation and interest.

## **How do we overcome fear of retaliation?**

Being dependent on nursing facility staff for much of their direct care causes many nursing home residents to fear retaliation if they complain about their care or about other aspects of the nursing home in which they reside. Recognizing the vulnerability of nursing home residents, the U.S. Congress passed The Nursing Home Reform Act of 1987, which contained the Nursing Home Residents' Bill of Rights. The law states "A resident shall be permitted to present grievances on behalf of himself or others to the administrator, the Long Term Care Facility Advisory Board, the residents' advisory council, State governmental agencies or other persons without threat of discharge or reprisal in any form or manner whatsoever" (4153-122 Grievances). Furthermore, the law goes on to state that staff may not "transfer a resident" if the resident makes a report (4153-608 Retaliation).

In addition, residents need to feel comfortable discussing their issues and complaints at Resident Council meetings. Therefore, strict confidentiality must be maintained in regard to complainants. It is critical for accountability reasons that the minutes of Resident Council meetings contain all complaints registered during meetings. However, unless otherwise noted, complainants should be anonymous. Some Resident Councils hold a "members only" session at the beginning of the meeting to allow members to bring forward concerns in an anonymous way.

## **How do we get a better response to grievances once people speak up?**

It should not be a secret what goes on at the Council meetings. Minutes should be taken at each meeting to document the activities and complaints of the Council and any smaller, "issue specific" committees. Some Resident Councils may ask the Activity Director to take minutes, however if the Resident Council does not want staff attending, but needs someone to take the minutes, they may wish to request a tape recorder. The minutes could be typed from the recording immediately following the meeting. The Council should maintain all meeting minutes in a manner that allows them to be easily available to residents who wish to review actions and discussions of previous meetings.

Minutes should be provided to all departments with the permission of the Council within a designated amount of time. If there is an urgent matter, it needs to be addressed immediately. Complaints that are documented in the Resident Council meeting and are registered with administration or staff should be responded to, in writing, within a reasonable amount of time. If complaints are not responded to, the Resident Council can register complaints with the Department of Public Health or other outside agencies, like the Long Term Care Ombudsman Program. Staff will realize that it is to their advantage to respond personally and promptly to the Council.

It is important that Presidents of Resident Councils share the Council minutes with surveyors from the Department of Public Health during their annual survey process. Once again, the minutes should never state who is making a suggestion or complaint unless the resident gives permission to have their name recorded. For example, if a resident voices concern about slow response to call bells, but is reluctant to be identified, information regarding the shift and/or

location can be documented without using the resident's name. This is an essential step in helping residents feel comfortable enough to participate but wish to safeguard their privacy and confidentiality.

The minutes should state all issues by department or category. The minutes should show a date by which the department head needs to report a resolution. There should be some type of proof attached to the response or resolution. The plan needs to be signed by the department head and dated. For example, a resident complains that the food tray arrives in the room cold. The Dietary Director might meet with the resident to conduct an investigation that tracks the time trays are delivered to the floor, and the time and temperature of the tray once it is delivered to the room. The Dietary Director then submits the findings and what corrective measures were implemented to ensure the tray is delivered hot. This information needs to be submitted, in writing, to the Resident Council before the next meeting.

- ***Remember*** ... an active Resident Council can be very valuable to the facility's management team. By documenting residents' concerns the Resident Council helps the Administrator stay informed about the quality of service being delivered by each department. Pro-active Administrators review Resident Council minutes, investigate concerns, resolve issues and respond to the Council accordingly. It behooves any Administrator to find out about concerns and rectify them rather than having to respond to a poor survey! In this way, the relationship is mutually beneficial.
- ***Be consistent*** ... it takes time to build a strong Council, however it can be done! Your Regional Ombudsman and Volunteer Resident Advocate can answer any questions you may have and assist in strengthening your Resident Council. Call to request a copy of Resident Councils Best Practices, Volume V, a compilation of successful and innovative ideas from councils across CT. Other helpful materials are also available on request:
  - ✓ A summary of Resident's Rights suitable for posting or distributing
  - ✓ Detailed descriptions of Residents Rights excerpted from the federal *Guidance to Surveyors for Long Term Care Facilities*
  - ✓ Synopsis of federal laws pertaining to residents' rights to voice grievances
  - ✓ Examples of suggested Resident Council committees & tips
  - ✓ Tips for protecting residents' rights to vote
  - ✓ Medicare's Nursing Home Checklist

## **A MODEL RESIDENT COUNCIL IS ONE WHICH IS RUN...**

- *By residents*
- *With support, and minimal interference, from staff at the facility*
- *Where issues are brought forward and followed up at the next meeting*
- *Where different committees address and follow-up on issues raised*
- *Where concerns and problems are promptly addressed by the appropriate departments*
- *Where all residents feel comfortable in raising issues and speaking freely*
- *Where residents can have access to information as needed and requested by the Council*
- *Where residents are treated in a dignified manner and their issues are taken seriously*
- *As a vehicle to effect positive changes for all residents in the facility*

## ***Residents' Legislative Agenda & Recommendations~***

The primary concerns raised by residents at the VOICES Forum included:

- Transportation– affordable and accessible social (non-medical) transportation;
- Improved staffing – increased staffing levels to ensure resident care plans are fully implemented and residents' individual needs met;
- Increased training - ongoing, professional training to caregivers to support provision of consistently high quality care;
- Criminal Background checks – to protect residents' safety and right to keep and use personal belongings

Many of these issues have been “voiced” by Presidents of Resident Councils at every VOICES Forum for the past eight years. On behalf of the Statewide Coalition of Presidents of Resident Councils, the LTCOP will present these priorities to legislators and policy makers at the beginning of the 2005 Legislative Session, and throughout the year. The LTCOP will strongly urge legislators to consider these issues and concerns for legislative action.

In recent years, the Ombudsman Program and the SCPRC have worked together to influence legislative changes and develop creative solutions. We fought for – and won – a much-needed raise in the Personal Needs Allowance, and a new mandate for a 25% increase in the required hours of training for certified nurse aides. With the assistance of the Eastern and Western Connecticut Area Agencies on Aging, we have been able to offer the *Social Transportation Pilot Project*, which has given residents access to transportation services that are otherwise unavailable.

If we want to see this progress continue - we must all do our part. We strongly encourage all residents and families to continue advocating with local lawmakers and state legislators through their individual Family and Resident Council activities. Elected officials need to hear about the issues directly from residents as much as possible!

The Ombudsman Program has provided training and materials at past Voices Forums and Statewide Coalition meetings to support residents in drafting petitions, writing letters, and contacting elected officials to invite them to Resident Council meetings. For additional copies of these materials, or to request technical assistance from Ombudsman Program staff, please contact your Regional Ombudsman's office.

The Office of the State Long Term Care Ombudsman will also submit this final report to Patricia Wilson-Coker, Commissioner of the Department of Social Services to keep her informed on these important issues and concerns of Connecticut citizens residing in nursing homes.

| n=83   | <u>YES</u>       | <u>NO</u>  | <u>Sometimes/<br/>Don't know</u> | <u>Not Answered/<br/>Not Applicable</u> |  |
|--|------------------|------------|----------------------------------|---|--|
| Does your Resident Council hold regularly scheduled meetings?  | 80               | 3          |                                  |   |  |
| Are Residents fully involved in planning and leading Council meetings?                                       | 70               | 7          | 6                                |   |  |
| Is there a planned agenda for meetings?  | 70               | 8          | 5                                |   |  |
| Are all Council members made aware of the agenda prior to the meeting?                                       | 56               | 24         | 3                                |   |  |
| Are all concerns raised at the Council mtgs documented in the minutes?                                       | 66               | 14         | 3                                |   |  |
| Do you believe that most residents believe they can speak freely, without fear of reprisal?                  | 70               | 13         |                                  |   |  |
| Do members of the Council appear to be interested in the meetings?   | 75               | 5          | 8                                |   |  |
| Are Council minutes posted or available to all residents?  | 59               | 24         |                                  |   |  |
| Do the majority of residents know about the Resident Council and it's purpose?                               | 67               | 16         |                                  |   |  |
| Does the Resident Council have written by-laws and/or policies?  | 66               | 12         | 5                                |   |  |
| Are most staff aware of the role of the Council?   | 73               | 7          | 3                                |   |  |
| Is the facility Administration supportive of the Council?  | 72               | 8          | 3                                |   |  |
| Are the recommendations of the Council given serious consideration by the Administration?                    | 68               | 12         | 3                                |   |  |
| Council for input before making changes that affect the residents?   | 55               | 24         | 4                                |   |  |
| If a Volunteer Resident Advocate has been assigned to your home, is he/she invited to your Council meetings? | 56               | 6          |                                  | 21                                      |  |
|  |                  |            |                                  |   |  |
|  |                  |            |                                  |   |  |
|  | <u>President</u> | <u>TRD</u> | <u>Social Services</u>           | <u>Other staff/N/A</u>                  |  |
| Who is the person assigned to support your Resident Council?   | 6                | 63         | 10                               | 4                                       |  |

## **Acknowledgements**

*The Connecticut Long Term Care Ombudsman Program acknowledges the following individuals who served as workshop presenters and panelists:*

### ***Presenters:***

*Ms. Carole Levitt – Regional Coordinator, Alzheimer’s Association*

*Ms. Lynn MacLean – Nurse Consultant, Apple Health Care*

*Ms. Annette Makstela – Volunteer Resident Advocate, LTCOP*

*Ms. Barbara Yard – Health Program Supervisor, CT. Department of Public Health*

### ***Panelists:***

*Ms. Maureen Klett, Health Program Supervisor, CT. Department of Public Health*

*Ms. Cristina MacGillis, Regional Ombudsman, LTCOP*

*Mr. Michael Michalski, Regional Ombudsman, LTCOP*

*Ms. Theresa A. Velenzas, Regional Ombudsman, LTCOP*

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*Ned Grayeb  
Dicie Balash  
Debbie Blondin  
Wil Echevarria  
Hiram Negron*

*~ A special thanks to all our Volunteer Resident Advocates who served as table facilitators and support Resident Councils throughout the year ~*

The following resources contributed to the information shared in this report:

**National Citizens Coalition for Nursing Home Reform**  
(Resident Council Resources & 2004 Residents’ Rights Week Materials)

The Nursing Home Reform Act of 1987



**To contact your Regional Ombudsman's office  
call our statewide toll free number  
1-866-388-1888**

**or**

**contact our Central Office by calling  
860-424-5200**

**You may also wish to visit us at:**

**[www.ltcop.state.ct.us](http://www.ltcop.state.ct.us)**

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