

South Carolina Long Term Care

Ombudsman

Working to educate and empower residents to know and exercise their rights



2013 ANNUAL REPORT

Office of the State Long-Term Care Ombudsman Program

Lt. Governor's Office on Aging

A. Dale Watson, State Long Term Care Ombudsman



Tell me, and I'll forget, show me, and I may not remember,
involve me, and I'll understand.

Native American Proverb



Long Term Care Ombudsman Program

The South Carolina Long Term Ombudsman Program is governed by the federal Older Americans Act and by South Carolina Law. The Office of the State Long Term Care Ombudsman is housed in the Lieutenant Governor's Office on Aging and administers the statewide program through ten regional offices. These programs are located within Area Agencies on Aging and funded with federal, as well as state and local dollars. There is no charge for services provided by the Long Term Care Ombudsman Program.

The Long Term Care Ombudsman Program works to improve the quality of life and quality of care of all residents in long term care facilities in South Carolina by advocating on their behalf.

Residents in long term care facilities are often physically and emotionally vulnerable, facing daily challenges in pursuing a meaningful quality of life. Residents or families can call upon an Ombudsman to assist with resolving problems regarding care. Long Term Care Ombudsmen (LTCO) receive complaints about long-term care services and then voice the residents' concerns to nursing homes, residential care facilities, and other providers of long-term care.

Experience has shown that when residents and/or families understand the long-term care system, they are able to effectively advocate for themselves. By educating residents, families and facility staff, the Ombudsman Program fosters an understanding and knowledge of the long-term care system.

The Long Term Care Ombudsmen works with the residents, facility staff and the resident's family or legal representative to resolve problems and concerns about the quality of care and services residents receive.

Ombudsmen often serve as the voice for residents and encourage access to advocacy by educating residents about quality care, providing a mechanism to file a complaint, and by guiding residents through the process of advocating on their own behalf.

Some of the services provided by Long Term Care Ombudsmen:

Advocacy;

Investigation and resolution of complaints made by or on behalf of residents;

Informing residents about services provided by long-term care providers, public agencies, health and social service agencies or other services to assist in protecting their health, safety, welfare, and rights;

Regular and timely access to Ombudsman services for residents and timely responses to complaints;

Analyzing, commenting on, and monitoring the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions pertaining to the health, safety, welfare and rights of residents;

Advocating for public policy initiatives affecting long-term care;

Supporting the development of resident and family councils in facilities to protect the well-being and rights of residents.

South Carolina Ombudsmen:

Provide a Helping Hand to Vulnerable Adults



Unlike Long Term Care Ombudsmen in many other states, South Carolina Long Term Care Ombudsmen receive and investigate complaints about the abuse, neglect and exploitation of residents in facilities. In 2006, a change in the Omnibus Adult Protection Act resulted in the LTCO gaining the additional responsibilities in investigating in adult care homes for the Department of Disabilities and Special Needs and the Department of Mental Health. Currently, the LTCOP advocates for residents in nursing homes, assisted living/residential care facilities ICF/ID, community training homes, and supervised living programs. On average, the LTCO serve as advocates for residents in long term care facilities.

2013 Accomplishments

South Carolina local ombudsmen:

Investigated **3,814** cases Investigated **8,497** complaints

Conducted **270** training sessions for ombudsmen, facility staff, and volunteers

Trained **3,780** facility staff and/or volunteers

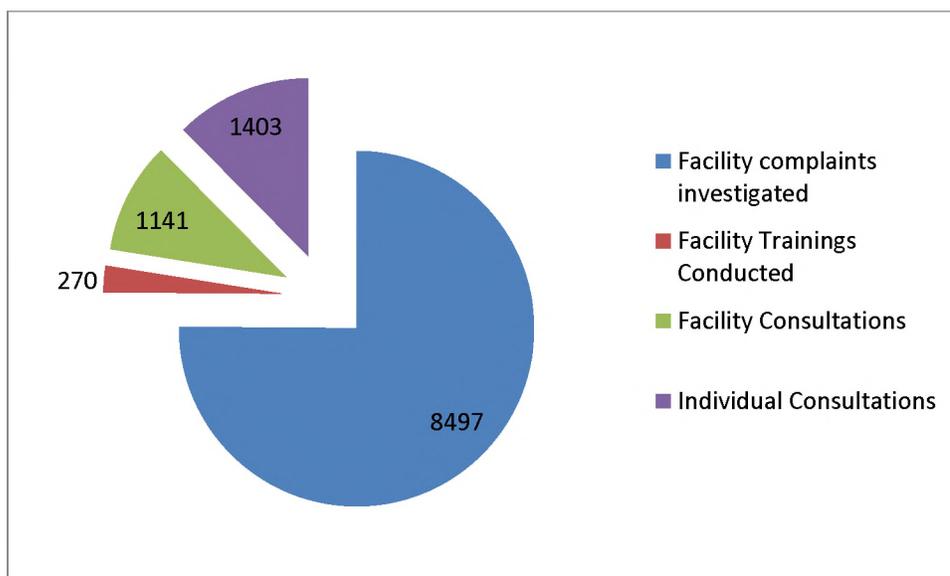
Conducted **194** community education sessions

Provided a total of **2,544** consultations; **1,141** to facilities and **1,403** to individuals

Conducted **2,753** routine/friendly visits to facilities

Visited **16,230** residents in long term care facilities

Investigations, Trainings, and Consults

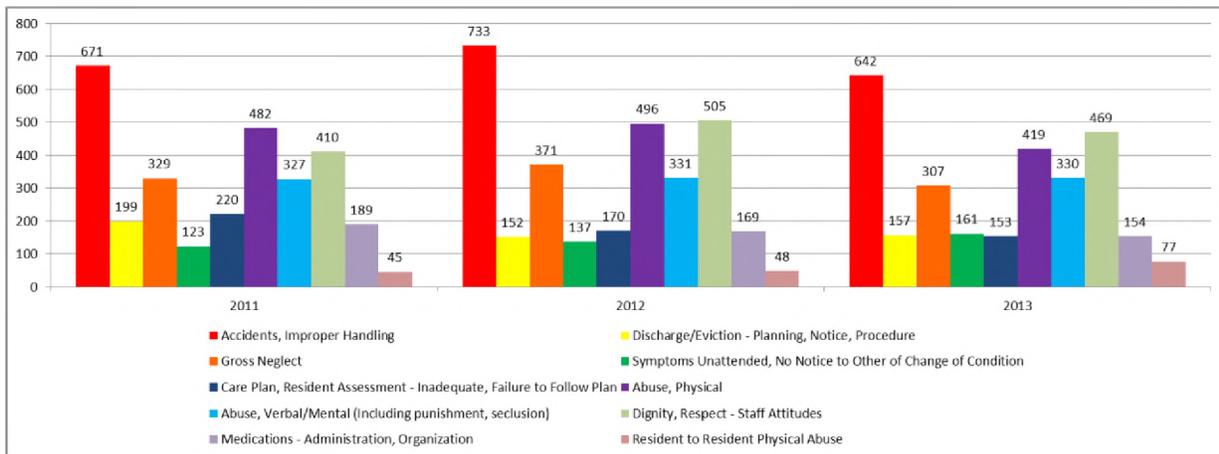


Complaint Data

In 2013, quality of care complaints included 861 Accidents/Improper Handling, for nursing and residential care/assisted living facilities. In nursing facilities, this has been the number one complaint for the past four years. Dignity, Respect-Staff Attitudes (726 complaints) is the second highest complaint. Physical Abuse, Gross Neglect and Verbal Abuse round out the top five complaints for nursing facilities; while, Medication Administration, Verbal Abuse and Physical Abuse add to the top five for residential care/assisted living facilities.

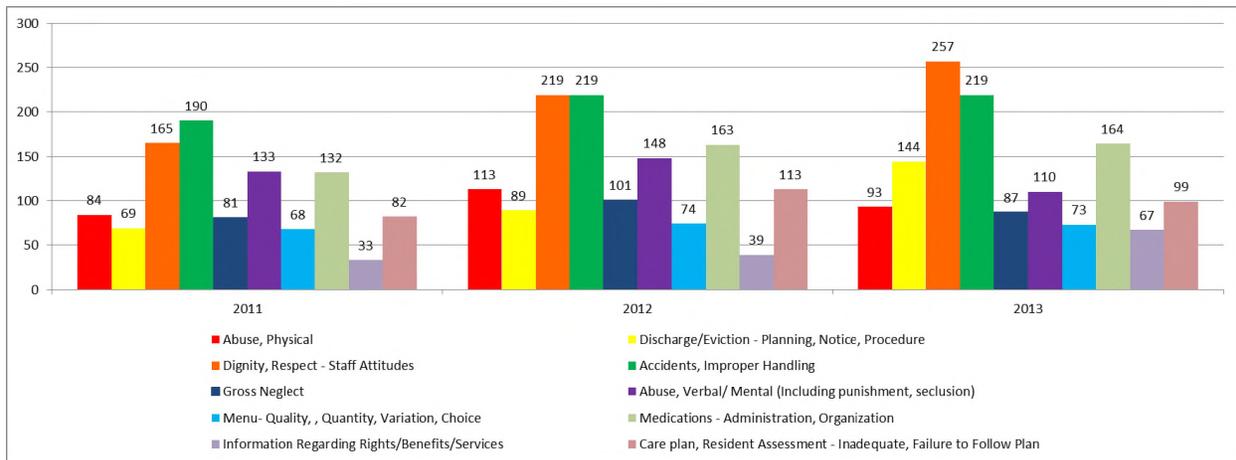
Top Five Complaints in Nursing Facilities and the number of reported complaints

1. Accidents, Improper Handling 642
2. Dignity, Respect-Staff Attitudes 469
3. Physical Abuse 419
4. Gross Neglect 330
5. Abuse, Verbal/Mental 307



Top Five Complaints in Residential Care Facilities and the number of reported complaints

1. Accidents, Improper Handling 257
2. Dignity, Respect-Staff Attitudes 219
3. Medication-Administration 164
4. Abuse, Verbal/Mental 144
5. Physical Abuse 110



2013 Recommendations

Funding Increase for the Long Term Care Ombudsman Program:

Reductions in the federal and state budgets resulted in a decrease in funding for aging programs to include the Long Term Care Ombudsman Program. As a result 3 full time positions were eliminated. Due to the cuts, complaint resolution time has increased and ombudsmen are not able to visit residents in facilities as frequently as in the past.

Education on Advance Directives and prior planning to ensure that a surrogate decision making process is in place in the event of incapacity:

Prior to residents needing care, aging advocates should encourage the execution of Advance Directives and other legal documents that will protect individual rights.



Volunteer Friendly Visitor Program

The Volunteer Friendly Visitor Program experienced both challenges and significant successes in the 2012-2013 Federal Fiscal year. Lack of staffing presented recruiting constraints and AARP is no longer actively recruiting for the program due to their fiscal limitations. As the following table shows, volunteers decreased with a resultant decrease in all other areas.

Year (October-September)	# Volunteers	Visits	Time	# Visited	First Visits	>5 minutes
2011-2012	35	553	1378	7457	813	3515
2012-2013	33	423	921	3077	596	1962
Difference	-2	-130	- 457	-4380	-217	-1653

While the number of volunteers at the end of the year appears to be almost the same, there was a greater than 50% turn over in volunteer staffing. Although new participants came on board, many of them came later in the year and were both new and in the training process, so visit time, and number of residents visited both decreased.

Additionally, we lost one of our long-time volunteers, who consistently visited 4 or 5 individuals privately, but would conclude almost every visit with a group session of 15 or more residents.

Change in the Ombudsmen/Coordinators also affected some of the regions. Region 1, Appalachia which had long been the preeminent region in this program changed coordinators twice and ran without a coordinator for a period of time, resulting in having to start the program again from the ground level. Most of the regions are actively recruiting and training and should recognize a statistical positive change in the next year. While other change in staffing is anticipated, it will occur in less active regions and should not affect the volunteer statistics.



Legal Services/Public Outreach

The four-year Model Approaches to Legal Services Grant from the Administration on Aging ended in August 2013. Program successes include establishing partnerships with some of SC's preeminent private practice attorneys, major legal entities in this state such as the SC Bar, the SC Access to Justice Commission, two law schools (one at USC, one at Charleston Law), Probate Judges and Courts in numerous areas of the state, as well as other advocate partners.

Achievements during those four years include the new SC Senior Citizen's Handbook which was heralded in May of 2013 as one of the State's Ten Notable Documents of 2012; collaboration with the Coalition for the Seriously Ill (CSI) in developing a new Advance Directive in SC (Physicians Orders for Scope of Treatment), resulting in SC being listed as one of the developing states for the national initiative and pilot programs developed under the SC Medical Association and SC Hospital Association Partnership that will deploy in both Charleston and Greenville areas in the 2013-2014 year.

Grant funding was used to create resources that were designed specifically to be sustainable in the coming years, after grant funding ends. In four years, the agency received approximately \$375,000 from AoA and through partnering with legal resource providers providing leadership in those relationships, funding was leveraged to more than ten times that amount, at a value of over \$4,000,000.

In 2013-2014, development and implementation of the SC Legal Assistance Delivery Standards has provided a mechanism to obtain and track the types of legal assistance being provided statewide as well as the volume of those services. First year reporting is currently underway.

Long Term Care Ombudsmen Make a Difference

Long Term Care Ombudsmen advocate for and on behalf of residents in facilities. Our advocacy efforts impact the quality of life and quality of care for those who reside in long term care facilities. Below are examples of how we make a difference in the lives of vulnerable adults.

One of South Carolina's local ombudsmen was able to assist a resident of one of our Veteran's Nursing Center. He is one of the younger veterans. This resident expressed an interest in being able to go to jury duty. The administrator said usually when the court system finds out the resident resides in a nursing home they automatically move to the next person on the list. The ombudsman met with the Activity Director and Social Services Director about the resident wanting to attend the jury duty and the need for transportation to be arranged. It was explained that the resident had a voice and wished to fulfill his civil duty just as he has served our country. This allowed the resident to be empowered. The resident was satisfied with the outcomes of this complaint. He discussed with this advocate that he was dressed very nice and arrived on time. The court room gave him a standing ovation when they announced his name and his services in the Marines. It was a proud moment for him.

Submitted by Appalachia Ombudsman's Program

Ombudsmen play a major role when a facility closes. There were several facilities in this region that faced closure, leaving many vulnerable adults with questionable placement options. Finding a bed for a vulnerable adult is not an easy assignment considering limited beds in SC and source of payment. When the facilities were noted to be providing compromising services, the Long-Term Care Ombudsmen began weekly visits to make sure residents were being fed, getting their medications, and made sure resident concerns were being addressed. The Ombudsman staff also began to locate available beds to prepare for the possible facility closure. When the decision was finalized about the facility closures, the Ombudsman made sure the residents were properly informed of the closure, their options and their Rights. The Ombudsman assisted with the direction for placement and made sure resident belongings and medications were properly packed and taken to their new residence. The Ombudsman also made after-placement visits to make sure residents were adjusting to their new residence and if not, assisted with finding alternate placement. A facility closure is an emotional ordeal for a vulnerable adult. The weekly visits made by the Long-Term Care Ombudsman developed trust. On the day of closure the residents saw that face of trust and advocacy that they were accustomed to seeing for weeks before the closure.

Submitted by Central Midlands Ombudsman's Program

During emergency closure of facilities, residents are often asked to move immediately to another facility. Many of the residents do not have basic hygiene supplies (soap, toothpaste, towels, etc.) to take with them to the new facility. Often, their lifelong possessions are gathered and placed in large trash bags since few of the residents have luggage to transport their belongings. After discussing this with the Lieutenant Governor and his staff, the Lieutenant Governor's office partnered with a private entity who supplied 50 duffle bags of emergency supplies for residents who are relocating under emergency situations. The Relocation Bags contain personal hygiene items, clothing, and other essential items to help residents transition to their new homes with dignity and respect. This year the number of residents that were displaced due to emergency facility closures declined from the reported 40 residents last year. Long Term Care Ombudsmen were present to distribute the relocation bags to the residents and assist these residents with finding new homes and adjusting to their new environments. The LTCO visited with the residents at their new homes and worked to ensure they received their benefits and their reoccurring income.



COMMUNITY OMBUDSMAN PROGRAMS	COUNTIES SERVED	TELEPHONE NUMBERS
Region 1: Appalachia	Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg	1-800-434-4036 (Toll Free) 864-242-9733 (Local)
Region 2: Upper Savannah	Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda	1-800-922-7729 (Toll Free) 864-941-8070 (Local)
Region 3: Catawba	Chester, Lancaster, York, Union	1-800-662-8330 (Toll Free) 803-329-9670 (Local)
Region 4: Central Midlands	Fairfield, Lexington, Newberry, Richland	1-800-391-1185 (Toll Free) 803-376-5390 (Local)
Region 5: Lower Savannah	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg	1-866-845-1550 (Toll Free) 803-649-7981 (Local)
Region 6: Santee-Lynches	Clarendon, Kershaw, Lee, Sumter	1-800-948-1042 (Toll Free) 803-775-7381 (Local)
Region 7: Pee Dee/Vantage Point	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro	1-866-505-3331 (Toll Free) 843-383-8632 (Local)
Region 8: Waccamaw	Georgetown, Horry, Williamsburg	1-888-302-7550 (Toll Free) 843-546-8502 (Local)
Region 9: Trident	Berkeley, Charleston, Dorchester	1-800-864-6446 (Toll Free) 843-554-2280 (Local)
Region 10: Lowcountry	Beaufort, Colleton, Hampton, Jasper	1-877-846-8148 (Toll Free) 843-726-5596 (Local)
State Long Term Care Ombudsman's Office	Statewide	1-800-868-9095 (Toll Free) 803-734-9900 (Local)