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Case and Complaints Summary

Total number of cases closed: **1650**

Totals Cases per Complainant by Facility Setting

Complainant	Nursing Facility	Residential Care Community	Other	Total per complainant
Resident	1041	48	0	1089
Resident representative, friend, family	339	18	0	357
Ombudsman program	102	5	0	107
Facility staff	9	2	0	11
Representative of other agency or program	31	6	0	37
Concerned person	16	2	0	18
Resident or family council	14	0	0	14
Unknown	17	0	0	17
Total per facility type	**1569**	**81**	**0**	**1650**

Total number of complaints: **2160**

Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	35	2	0	37
B. Access to Information	94	2	0	96
C. Admission, transfer, discharge, eviction	199	9	0	208
D. Autonomy, choice, rights	316	19	0	335
E. Financial, property	155	9	0	164
F. Care	683	18	0	701
G. Activities and community integration and social services	126	8	0	134
H. Dietary	176	5	0	181
I. Environment	197	15	0	212
J. Facility policies, procedures and practices	42	4	0	46
K. Complaints about an outside agency (non-facility)	8	1	0	9
L. System and others (non-facility)	35	2	0	37

Complaint Verifications

Verification Status	Nursing Facility	Residential Care Community	Other	Total
Verified	1951	91	0	2042
Not Verified	115	3	0	118

Complaint Dispositions

Disposition Status	Nursing Facility	Residential Care Community	Other	Total
Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	1390	58	0	1448
Withdrawn or no action needed by the resident, resident representative or complainant	485	23	0	508
Not resolved to the satisfaction of the resident, resident representative or complainant	191	13	0	204

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Complaint Types by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	35	2	0	37
A01. Abuse: physical	9	2	0	11
A02. Abuse: sexual	6	0	0	6
A03. Abuse: psychological	12	0	0	12
A04. Financial exploitation	3	0	0	3
A05. Gross neglect	5	0	0	5
B. Access to Information	94	2	0	96
B01. Access to information and records	82	2	0	84
B02. Language and communication barrier	12	0	0	12
B03. Willful interference	0	0	0	0
C. Admission, transfer, discharge, eviction	199	9	0	208
C01. Admission	4	0	0	4
C02. Appeal process	4	0	0	4
C03. Discharge or eviction	136	9	0	145
C04. Room issues	55	0	0	55
D. Autonomy, choice, rights	316	19	0	335
D01. Choice in health care	23	1	0	24
D02. Live in less restrictive setting	51	4	0	55
D03. Dignity and respect	105	4	0	109
D04. Privacy	18	1	0	19
D05. Response to complaints	13	0	0	13
D06. Retaliation	2	0	0	2
D07. Visitors	32	2	0	34
D08. Resident or family council	2	0	0	2
D09. Other rights and preferences	70	7	0	77
E. Financial, property	155	9	0	164
E01. Billing and charges	32	4	0	36
E02. Personal property	123	5	0	128

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
F. Care	683	18	0	701
F01. Accidents and falls	26	2	0	28
F02. Response to requests for assistance	137	1	0	138
F03. Care planning	59	1	0	60
F04. Medications	86	5	0	91
F05. Personal hygiene	76	2	0	78
F06. Access to health related services	69	4	0	73
F07. Symptoms unattended	72	1	0	73
F08. Incontinence care	30	0	0	30
F09. Assistive devices or equipment	76	2	0	78
F10. Rehabilitation services	50	0	0	50
F11. Physical restraint	1	0	0	1
F12. Chemical restraint	1	0	0	1
G. Activities and community integration and social services	126	8	0	134
G01. Activities	47	2	0	49
G02. Transportation	9	2	0	11
G03. Conflict resolution	34	2	0	36
G04. Social services	36	2	0	38
H. Dietary	176	5	0	181
H01. Food services	121	4	0	125
H02. Dining and hydration	32	0	0	32
H03. Therapeutic or special diet	23	1	0	24
I. Environment	197	15	0	212
I01. Environment	64	5	0	69
I02. Building structure	19	3	0	22
I03. Supplies, storage and furnishings	51	3	0	54
I04. Accessibility	8	0	0	8
I05. Housekeeping, laundry and pest abatement	55	4	0	59
J. Facility policies, procedures and practices	42	4	0	46
J01. Administrative oversight	4	3	0	7
J02. Fiscal management	0	0	0	0
J03. Staffing	38	1	0	39

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
K. Complaints about an outside agency (non-facility)	8	1	0	9
K01. Regulatory system	0	0	0	0
K02. Medicaid	3	1	0	4
K03. Managed care	2	0	0	2
K04. Medicare	3	0	0	3
K05. Veterans Affairs	0	0	0	0
K06. Private Insurance	0	0	0	0
L. System and others (non-facility)	35	2	0	37
L01. Resident representative or family conflict	13	2	0	15
L02. Services from outside provider	7	0	0	7
L03. Request to transition to community setting	15	0	0	15

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Complaint Examples

	Nursing Facility Example	Residential Care Community Example	Optional Complaint Example
Facility type	Nursing Facility	Residential Care Community	N/A
Description	A 67-year-old resident contacted the local ombudsman with a request to help facilitate a discharge to a group home through the state's ABI waiver program, for which he had already been approved. The resident had been trying to arrange for this safe discharge for nearly 2 years and felt the facility was intentionally blocking and delaying the discharge. Due to COVID-19, MRC personnel involved with the resident's waiver were not allowed to enter the facility to work directly with the resident or facility staff. The local ombudsman program director arranged an outdoor meeting for the resident, the MRC waiver program staff, a facility representative, and the local ombudsman program director to establish deadlines for the facility to complete the discharge planning, paperwork and other necessary steps. When the facility social worker failed to take the necessary steps for the resident's discharge and told the ombudsman program director that the discharge to a group home was not in the resident's best interest because the resident "lacked social skills," the ombudsman program director advocated	In April, 2020, shortly after the onset of the COVID-19 public health emergency, the Ombudsman Volunteer reported a 6-foot chain link fence with a locked gate was being installed around the perimeter of an area rest home. The program director drove past the facility to verify fence construction was taking place The program director called owner, who was upset that some rest home residents are leaving the property, not using PPE, not practicing social distancing in town, and not washing their hands upon return to rest home. The owner stated that to keep all residents and staff safe from COVID-19, he was erecting a fence to which only staff would have a key and residents would not be able to leave the premises. They would be locked in, violating their rights and creating a safety hazard in the event of fire or other emergency. Owner further stated that the program director could not order him to remove fence when he was erecting it to keep his residents safe. The program director inquired whether it was a fire or safety hazard, and owner stated he did not know. The program director called city fire department to inquire whether	N/A

	for the resident's rights to participate in his own care planning and to live in a less restrictive setting. Over the next 3 months, the program director stayed closely involved, speaking with the resident on a near daily basis and assisting the facility with understanding their responsibilities in the discharge. When the facility social worker failed to complete necessary paperwork or meet the agreed upon deadlines, the program director worked with the facility administrator and the group home supervisor to keep the discharge plan moving forward, per resident's request. When the facility failed to answer resident questions about where he was going or to provide any emotional support for the transition, the resident relied heavily upon the local ombudsman program director for assistance and support.	locked perimeter fence was a violation of fire/safety code, resulting in fire department deploying to the rest home to conduct an inspection and speak with the owner of the property, The owner told the program director that the fire department will allow the fence to remain as it is not a permanent structure set in concrete, but rather held in place with sandbags, allowing the fence panels to be pushed over by residents or first responders in an emergency.	
Complaint topic	Autonomy, Choice, Rights	Environment	N/A
Complaint type	Live in less restrictive setting	Building structure	N/A
Verification	Verified	Verified	N/A
Disposition	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	N/A

Disposition narrative	After waiting two years for the facility to assist him with the discharge, the resident successfully discharged to a group home with the ombudsman program director's assistance and advocacy. The resident has made a smooth transition to the group home and reports that his new residence "feels like heaven."	Following further discussion, the owner stated he would agree to allow residents to leave property if resident agreed to use appropriate PPE while off location, to allow staff to track their returns, and to allow staff to oversee proper resident hand hygiene upon return. The ombudsman notified the owner that he could provide education about these matters but could not force the residents to comply. Upon follow-up, the owner reported no resident complaints about the fence and stated that residents were freely leaving the property through the gate, which allowed for staff to provide PPE for use while off location and to assist residents with proper hand hygiene protocol upon return. The program director has not received any complaints from residents regarding fence and the Ombudsman Volunteer felt satisfied with the resolution.	N/A

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System Issues

	System Issue 1	**System Issue 2**	**System Issue 3** *(Optional)*
System issue topic	C - Admission, Transfer, Discharge, Eviction	E - Financial, Property	N/A
Problem description	The Ombudsman Program began receiving complaints from residents and families of two facilities that were both owned by the same religious organization. One of the facilities, which specializes in mental health and behavioral care, is housed in an old hospital that had been repurposed, and the owners felt the physical plant was no longer viable. They planned to close the facility, moving most of the residents to their other facility, a traditional long term care nursing home about an hour away. Given the complex specialty care provided, there was a great deal of concern in the community about this transition and the time frame of moving large numbers of residents in a short period of time during a pandemic. It is the only long-term care facility in the Commonwealth with the capacity to care for individuals with serious behavioral health and psychiatric needs. The Commonwealth depends upon the facility as a "provider of last resort" for referrals from the Department of Mental Health and Department of Corrections as well as for individuals who have been refused admission in at least three conventional nursing homes, often times many more. As such, staff receive advanced training in caring for this unique population and there are additional ancillary services such as	When the first round of stimulus checks related to the CARES Act were distributed, the local ombudsman program began receiving phone calls from residents, primarily in rest homes, stating they had not received the funds or did not have access to them. When ombudsmen engaged in advocacy, various reasons were provided, including administrators saying they were "representative payees" and therefore entitled to withhold the money from residents they felt would not manage it responsibly, while others stated residents had outstanding debts to the nursing homes, and still others claimed those monies were considered an addition to the Patient Paid Amount and therefore belonged to the nursing homes. Some were responsive to ombudsman advocacy, but others were not, and this resulted in time spent researching the applicable language from the IRS and Social Security Administration to provide as evidence of the residents' right to access these monies. The ombudsman program brought this systems issue to the attention of the State Attorney General's Office, Medicaid Fraud Division, who intervened with facilities to correct misinformation about the use of stimulus checks.	N/A

	on-site mental health professionals to address the needs of the residents and assist staff in providing respectful and therapeutic care. An advocacy group was loosely organized, including the local ombudsman program director, community representatives, family members, and an attorney who is guardian for many of the residents at the closing facility. Eventually, this group of individuals partnered with “Dignity Alliance”, a newly formed advocacy group with experience and training in elder care issues and advocacy. Together, they two groups met with facility ownership, MassHealth, Executive Office of Elder Affairs, Executive Office of Health and Human Services, the Governor’s Office, and DPH. Other advocacy efforts included letter writing, media opportunities, and involvement of local area agencies on aging. The ombudsman spoke always as the “voice of the resident” and felt his participation in this effort was worthwhile, particularly given the nature of the demographic and how disenfranchised many of the residents are. He also worked closely with the ombudsman from the receiving facility’s area, where additional advocacy opportunities existed for residents who were quite anxious about the transfer of residents with behavioral and mental health issues as well as the potential for displacement.		

Barriers description	The need to provide virtual advocacy during the Public Health Emergency presented a barrier to ombudsman contact with residents at the closing facility, who mostly are not able to participate in virtual communication due to cognitive or behavioral issues. This was facilitated by one of the members of the advocacy group, who is the acting guardian for approximately 26 of the residents.	The lack of clear communication about the access to the CARES Act Stimulus Checks for those who receive public benefit contributed to lack of understanding or agreement by facility staff to respect the rights of residents to access the benefit. Once the Office of Attorney General Fraud Unit developed a clear advisory specifically addressing benefit recipients in nursing and rest homes, the number of complaints decreased dramatically.	N/A
Issue status	Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year.	Fully or Partially Resolved including issues that are newly reported or an ongoing issue from last year.	N/A
Affected setting	Nursing Facility	Not specific to a setting	N/A
Resolution strategies	Provided information to public or private agency Provided leadership or participated on a task force Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information Recommended changes to laws, regulations, policies or actions through written or oral testimony.	Provided information to public or private agency Developed and disseminated information	N/A

Resolution description	Although it became clear that the closing facility was not sustainable, the results of the advocacy pushed the date of closure from a hard-line of December 31st, to a more flexible date which addressed the prevalence of the pandemic, availability of vaccine administration, and the need for each individual to be prepared for a smooth transition. The work of the advocacy group and the participation of the ombudsman program brought all the stakeholders together to forge a thoughtful solution that keeps the residents at the center. The work will continue as the receiving facility is prepared to receive the residents, with proper training and infrastructure, as well as support of residents during and following the transition.	Based on this experience and with ombudsman input, the Attorney General's Office developed an advisory letter addressing the specific rights of residents in nursing and rest homes, and did a mass mailing, to ensure that all facilities, residents, and families understood their obligations and rights regarding receipt of stimulus checks.	N/A

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Organizational Structure

Office of state LTCO location State Unit on Aging

Local Ombudsman Entity Location	Number of Ombudsman
Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA.	18
Social services non-profit agency, with 501(c)(3) status, other than AAA	1
Legal services provider	0
Stand-alone local Ombudsman entity - a non-profit agency with 501(c)(3) status – the only program is the local Ombudsman entity	0
Total number of entities	19

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Organizational Conflicts of Interest

Conflict of Interest Type	Location	Remedy
Has governing board, ownership, investment, or employment interest LTC facility	Local	All local host agencies complete the COI screening during the designation process. The local agency that has a Board member with LTC facility affiliation has in place requirements that the Board member recuse themselves from any discussion regarding the ombudsman program.
Conducts preadmission screenings	Both State and Local	All local host agencies complete the COI screening yearly during the designation process. MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents. Communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. The LTCOP reports to different management staff than the programs in question are are located in different divisions. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division.
Licenses, surveys, or certifies LTC facilities	State	The LTCOP is a distinct office within the agency with separate letterhead, logo and phone numbers. The LTCOP has MOU's in place and a strong policy and procedure manual. The Ombudsman has direct and independent contact with legislators and media and is free to take positions on proposed legislation. In preparation for assimilating the AL Ombudsman Program, legislation has been filed and approved to move the program to another agency. The COI that exists with the AL Certification will be eliminated with this move.

Other: Continued stay screenings of LTC residents.	Both State and Local	All local host agencies complete the COI screening yearly during the designation process. MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents. Communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. The LTCOP reports to different management staff than the programs in question are are located in different divisions. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division.
Provides adult protective services	Both State and Local	All local host agencies complete the COI screening yearly during the designation process. MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents. Communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. The LTCOP reports to different management staff than the programs in question are are located in different divisions. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division.

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Staff and Volunteers

Office of State Ombudsman Staff

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

Local Ombudsman Entity Staff

Total staff	31	
Total full-time equivalent (FTE)	27	
Total local volunteer representatives	233	
Total hours donated by local volunteer representatives	11,820	Hours
Total local volunteers (not representatives)	0	

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Funds Expended

Funds Expended from OAA Sources

Federal - OAA Title VII, Chapter 2, Ombudsman	$373,124
Federal - OAA Title VII, Chapter 3	$0
OAA Title III - State level	$300,000
OAA Title III - AAA level	$1,464,232
Other Federal Sources	
There are no other Federal sources	
Total other Federal funds expended	$417,976
Other State Sources	
There are no other State sources	
Total other State funds expended	$234,416
Other Local Sources	
There are no other Local sources	
Total other Local funds expended	$95,032

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Facility - Number and Capacity

Licensed Nursing Facilities

Total number	377
Total resident capacity	44715

Residential Care Communities

Total number	333
Total resident capacity	19678

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Facility - Residential Care Community Information

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

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Program Activities

Certifications and Training

Certification training hours	36	Hours
Training hours required to maintain certification	24	Hours
Number of new individuals completing certification training	32	

Ombudsman Program Activities

Information and assistance to individuals	6616
Community education	147

Ombudsman Program Activities - Facilities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff	6	2
Information and assistance to staff	5077	572
Number of facilities that received one or more visits	382	62
Number of visits for all facilities	7559	998
Number of facilities that received routine access	2	1
Total participation in facility survey	459	22
Resident council participation	136	9
Family council participation	16	0

State and Local Level Coordination Activities

Area agency on aging programs, The State Medicaid fraud control unit

Other Coordination Activities

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

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

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