

Office of the State Long-term Care Ombudsman Program

Annual Report Summary: FY2023



**One Ashburton Place
Boston, MA 02108**

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Case and Complaints Summary

Total number of cases closed: 2342

Totals Cases per Complainant by Facility Setting

| Complainant | Nursing Facility | Residential Care Community | Other | Total per complainant |
|---|------------------|----------------------------|-------|-----------------------|
| Resident | 1497 | 107 | 0 | 1604 |
| Resident representative, friend, family | 430 | 146 | 0 | 576 |
| Ombudsman program | 89 | 4 | 0 | 93 |
| Facility staff | 12 | 5 | 0 | 17 |
| Representative of other agency or program | 29 | 12 | 0 | 41 |
| Concerned person | 0 | 0 | 0 | 0 |
| Resident or family council | 6 | 3 | 0 | 9 |
| Unknown | 1 | 1 | 0 | 2 |
| Total per facility type | 2064 | 278 | 0 | 2342 |

Total number of complaints: 3426

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 | 36 | 30 | 0 | 66 |
| B. Access to Information | 100 | 8 | 0 | 108 |
| C. Admission, transfer, discharge, eviction | 222 | 39 | 0 | 261 |
| D. Autonomy, choice, rights | 414 | 64 | 0 | 478 |
| E. Financial, property | 220 | 39 | 0 | 259 |
| F. Care | 1130 | 112 | 0 | 1242 |
| G. Activities and community integration and social services | 239 | 20 | 0 | 259 |
| H. Dietary | 264 | 18 | 0 | 282 |
| I. Environment | 270 | 42 | 0 | 312 |
| J. Facility policies, procedures and practices | 59 | 10 | 0 | 69 |
| K. Complaints about an outside agency (non-facility) | 8 | 1 | 0 | 9 |
| L. System and others (non-facility) | 73 | 8 | 0 | 81 |

Complaint Verifications

| Verification Status | Nursing Facility | Residential Care Community | Other | Total |
|---------------------|------------------|----------------------------|-------|-------|
| Verified | 2762 | 282 | 0 | 3044 |

| | | | | |
|--------------|-----|-----|---|-----|
| Not Verified | 273 | 109 | 0 | 382 |
|--------------|-----|-----|---|-----|

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 | 1984 | 195 | 0 | 2179 |
| Withdrawn or no action needed by the resident, resident representative or complainant | 858 | 157 | 0 | 1015 |
| Not resolved to the satisfaction of the resident, resident representative or complainant | 193 | 39 | 0 | 232 |

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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 | 36 | 30 | 0 | 66 |
| A01. Abuse: physical | 18 | 13 | 0 | 31 |
| A02. Abuse: sexual | 3 | 2 | 0 | 5 |
| A03. Abuse: psychological | 6 | 3 | 0 | 9 |
| A04. Financial exploitation | 8 | 3 | 0 | 11 |
| A05. Gross neglect | 1 | 9 | 0 | 10 |
| B. Access to Information | 100 | 8 | 0 | 108 |
| B01. Access to information and records | 91 | 7 | 0 | 98 |
| B02. Language and communication barrier | 9 | 1 | 0 | 10 |
| B03. Willful interference | 0 | 0 | 0 | 0 |
| C. Admission, transfer, discharge, eviction | 222 | 39 | 0 | 261 |
| C01. Admission | 5 | 2 | 0 | 7 |
| C02. Appeal process | 4 | 1 | 0 | 5 |
| C03. Discharge or eviction | 129 | 31 | 0 | 160 |
| C04. Room issues | 84 | 5 | 0 | 89 |
| D. Autonomy, choice, rights | 414 | 64 | 0 | 478 |
| D01. Choice in health care | 29 | 6 | 0 | 35 |
| D02. Live in less restrictive setting | 123 | 5 | 0 | 128 |
| D03. Dignity and respect | 128 | 22 | 0 | 150 |
| D04. Privacy | 21 | 7 | 0 | 28 |
| D05. Response to complaints | 13 | 3 | 0 | 16 |
| D06. Retaliation | 2 | 5 | 0 | 7 |
| D07. Visitors | 17 | 5 | 0 | 22 |
| D08. Resident or family council | 2 | 1 | 0 | 3 |
| D09. Other rights and preferences | 79 | 10 | 0 | 89 |
| E. Financial, property | 220 | 39 | 0 | 259 |
| E01. Billing and charges | 51 | 22 | 0 | 73 |
| E02. Personal property | 169 | 17 | 0 | 186 |

| Complaint Category/Type | Nursing Facility | Residential Care Community | Other | Total by Complaint Type |
|--|------------------|----------------------------|----------|-------------------------|
| F. Care | 1130 | 112 | 0 | 1242 |
| F01. Accidents and falls | 33 | 8 | 0 | 41 |
| F02. Response to requests for assistance | 183 | 16 | 0 | 199 |
| F03. Care planning | 70 | 25 | 0 | 95 |
| F04. Medications | 163 | 22 | 0 | 185 |
| F05. Personal hygiene | 139 | 9 | 0 | 148 |
| F06. Access to health related services | 115 | 3 | 0 | 118 |
| F07. Symptoms unattended | 122 | 11 | 0 | 133 |
| F08. Incontinence care | 44 | 5 | 0 | 49 |
| F09. Assistive devices or equipment | 127 | 6 | 0 | 133 |
| F10. Rehabilitation services | 120 | 1 | 0 | 121 |
| F11. Physical restraint | 1 | 1 | 0 | 2 |
| F12. Chemical restraint | 2 | 1 | 0 | 3 |
| F13. Infection control | 11 | 4 | 0 | 15 |
| G. Activities and community integration and social services | 239 | 20 | 0 | 259 |
| G01. Activities | 75 | 12 | 0 | 87 |
| G02. Transportation | 15 | 0 | 0 | 15 |
| G03. Conflict resolution | 49 | 7 | 0 | 56 |
| G04. Social services | 100 | 1 | 0 | 101 |
| H. Dietary | 264 | 18 | 0 | 282 |
| H01. Food services | 161 | 14 | 0 | 175 |
| H02. Dining and hydration | 51 | 3 | 0 | 54 |
| H03. Therapeutic or special diet | 52 | 1 | 0 | 53 |
| I. Environment | 270 | 42 | 0 | 312 |
| I01. Environment | 80 | 17 | 0 | 97 |
| I02. Building structure | 32 | 7 | 0 | 39 |
| I03. Supplies, storage and furnishings | 80 | 5 | 0 | 85 |
| I04. Accessibility | 15 | 2 | 0 | 17 |
| I05. Housekeeping, laundry and pest abatement | 63 | 11 | 0 | 74 |
| J. Facility policies, procedures and practices | 59 | 10 | 0 | 69 |
| J01. Administrative oversight | 6 | 6 | 0 | 12 |
| J02. Fiscal management | 3 | 0 | 0 | 3 |
| J03. Staffing | 50 | 4 | 0 | 54 |

| Complaint Category/Type | Nursing Facility | Residential Care Community | Other | Total by Complaint Type |
|--|------------------|----------------------------|-------|-------------------------|
| K. Complaints about an outside agency (non-facility) | 8 | 1 | 0 | 9 |
| K01. Regulatory system | 0 | 0 | 0 | 0 |
| K02. Medicaid | 4 | 0 | 0 | 4 |
| K03. Managed care | 1 | 0 | 0 | 1 |
| K04. Medicare | 2 | 1 | 0 | 3 |
| K05. Veterans Affairs | 1 | 0 | 0 | 1 |
| K06. Private Insurance | 0 | 0 | 0 | 0 |
| L. System and others (non-facility) | 73 | 8 | 0 | 81 |
| L01. Resident representative or family conflict | 22 | 3 | 0 | 25 |
| L02. Services from outside provider | 14 | 2 | 0 | 16 |
| L03. Request to transition to community setting | 37 | 3 | 0 | 40 |

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Organizational Structure

Office of state LTCO location

Inside state government

| Local Ombudsman Entity Location | Number of Ombudsman |
|---|---------------------|
| Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA. | 16 |
| 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 | 17 |

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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 | 36 | |
| Total full-time equivalent (FTE) | 30 | |
| Total local volunteer representatives | 199 | |
| Total hours donated by local volunteer representatives | 15,797 | 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 | \$447,141 |
| Federal - OAA Title VII, Chapter 3 | \$0 |
| OAA Title III - State level | \$300,000 |
| OAA Title III - AAA level | \$1,230,316 |
| Other Federal Sources | |
| | |
| Total other Federal funds expended | \$832,880 |
| Other State Sources | |
| State General Funds | |
| Total other State funds expended | \$947,661 |
| Other Local Sources | |
| Private grants/funds | |
| Total other Local funds expended | \$205,875 |

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Facility - Number and Capacity

Licensed Nursing Facilities

| | |
|-------------------------|-------|
| Total number | 354 |
| Total resident capacity | 41852 |

Residential Care Communities

| | |
|-------------------------|-------|
| Total number | 329 |
| Total resident capacity | 23530 |

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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. | 3 | |

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Program Activities

Certifications and Training

| | | |
|---|----|-------|
| Certification training hours | 36 | Hours |
| Training hours required to maintain certification | 24 | |
| Number of new individuals completing certification training | 61 | |

Ombudsman Program Activities

| | |
|---|------|
| Information and assistance to individuals | 5288 |
| Community education | 57 |

Ombudsman Program Activities - Facilities

| Activity | Nursing Facility | Residential Care Community |
|---|------------------|----------------------------|
| Training sessions for facility staff | 5 | 6 |
| Information and assistance to staff | 1214 | 580 |
| Number of facilities that received one or more visits | 369 | 329 |
| Number of visits for all facilities | 12828 | 2510 |
| Number of facilities that received routine access | 334 | 79 |
| Total participation in facility survey | 519 | 14 |
| Resident council participation | 195 | 15 |
| Family council participation | 11 | 8 |

