



40-Hour Basic Course For Activity Directors

Ombudsman Program Resident Rights

Sheri Jones



Resident Rights

New Mexico Long-Term Care Ombudsman Program



New Mexico Long-Term Care Ombudsman Program

- **Resident-Centered Advocacy Services**
 - Nursing Homes and Assisted Living
- **Federally and State-Mandated Program**
 - Health Oversight Agency
 - Authority to conduct investigations, access medical records, assess civil monetary penalties
 - Facility access anytime, for any reason
 - Licensed and Unlicensed facilities
 - Education & Outreach, Systems and Legislative Advocacy
- **“Carrier of the Message”**
 - Friendly visits, investigates and resolves complaints
 - Advocates on behalf of the resident
 - Independent of the long-term care facility
 - Free and Confidential

Aging in NM:

- In 2015, there were 486,868 people age 60 and older in New Mexico.
- By the year 2030, 32.5% of New Mexico's population will be age 60 or older. New Mexico will rank 3rd in the nation in percentage of population age 60 and older.
- The 85+ population of New Mexico will more than triple from 23,306 in 2000 to 75,629 in 2030.
- 31,000 people in New Mexico are directly suffering from Alzheimer's disease or related disorders; this is projected to increase to 43,000 New Mexicans by 2025.

Long term care in NM:

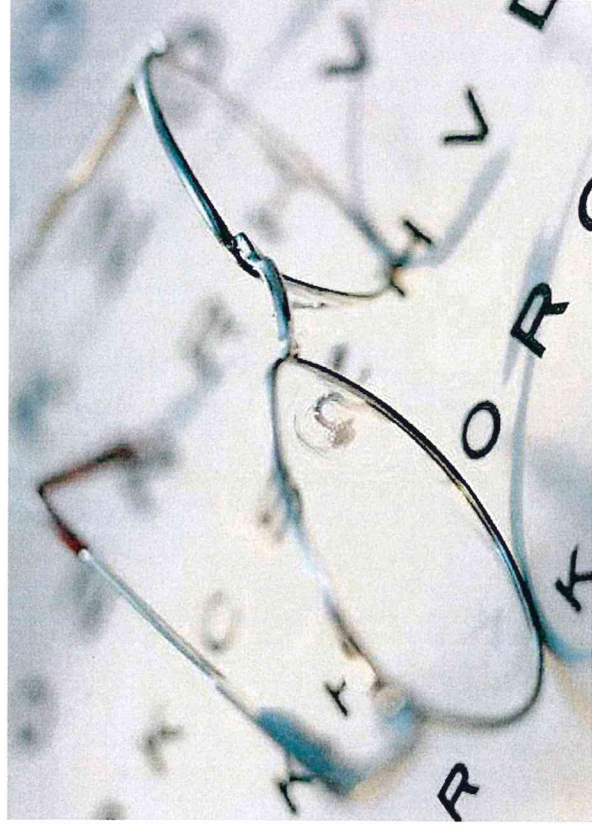
- Approx. 70 Nursing Facilities (National – 15,660 facilities)
- 5,500 Nursing Home Residents (National - 1.3 million residents)
- Approx. 230 Assisted Living Facilities
- 52% of people turning age 65 who will need some type of long-term care services in their lifetimes.
- Of people who will need long-term care, 14% will need it for longer than five years.
- Medicaid is the primary payer for formal long term care services, covering about 43% (\$146 billion) of all long term care services spending.

Resident Rights & Wishes

Vs.

Resident Best Interests

Rights of Residents



Long-Term Care residents have special rights; they are in addition to the rights we all have as citizens of the U.S.

Rights of Residents

- Fairness
- Freedom
- Choice
- Privacy

AND....

**The Right to live in the least
restrictive setting possible**

Fairness

- Be treated with respect
- Be free from discrimination
- Receive information about all services and their costs
- Receive a written description of your legal rights and responsibilities
- Live in a safe and clean facility
- Be served appetizing and nutritious meals
- Be given help when you need it

Freedom

- Be free from restraints
- Be free from physical, emotional and verbal abuse
- Be free from financial exploitation
- Participate in activities
- Participate in resident association
- Appeal any unjustified room changes
- Come and go from the facility
- Voice complaints and have them promptly resolved

Choice

- Decide to accept or refuse medical treatment
- Understand and participate in your plan of care
- Choose your doctor, pharmacist or other health care professional
- Be given information about your medical condition and health
- Be given information about your eligibility for benefits
- Manage your own finances

Privacy

- Keep and use your personal belongings without loss or damage
- Receive private and confidential medical care and records and have your records remain confidential.
- Privacy in your room, visits, phone conversations and mail.

What is abuse/neglect/exploitation

- **Abuse** – the **willful** infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish
- **Neglect** – the **failure** to provide goods and services necessary to avoid physical harm, mental anguish or mental illness
- **Exploitation** – the **deliberate** misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent*

Examples of Abuse

- Non-accidental bruising
- Belittling and shaming, calling demeaning names
- Intentional withholding of medical treatment (including medication)
- Punishing for real or imagined actions
- Non-prescribed use of mechanical or chemical restraints

Examples of Neglect

- Food, medication or personal care withheld
- Failure to thrive not linked to diagnosis
- Malnourishment or dehydration
- Spends long periods of time in own feces or urine
- Untreated medical conditions
- Has bedsores (pressure/decubitus ulcers)
- Failure to respond to requests for help

Examples of Exploitation

- Uses the resident's finances to meet non-resident needs (caregiver, family, guardian, etc.)
- Coerces resident to become their power of attorney, guardian, or representative payee or a beneficiary of will/estate/property

Report to DOH

- Any injury of unknown origin or injury resulting from abuse or neglect
 - jurisdiction over facility staff actions

Report to APS

- Abuse/neglect/exploitation by Non-facility staff
 - Example: son spending dad's trust fund instead of paying the facility

Working Together

What you can do

- Be aware of who we are & what we do
- Share our information with residents, families & other staff
- Contact us for consultation/information
- Inform us of residents who wish to transition

How we can help

- Investigate & work to resolve complaints
- Advocate for Residents' rights
- Consultation/Information
- Training
- Advocate for systems change

For More Information:

**New Mexico Long-Term Care
Ombudsman Program**

1-866-451-2901



Resident Council
Connections
Residents Rights



Resident Council

What, Why, How, and Does it Really Make a Difference?



Resident Council

What is it?

- A “Resident Council” is an independent, organized group of people living in a long-term care facility that meets on a regular basis to discuss concerns, develop suggestions on improving services or resolve differences in their home. Every Resident Council is different, due to differences in both the residents who participate and in the support from the facility. Usually residents who can, speak up for those who cannot.



Why have a Resident Council?

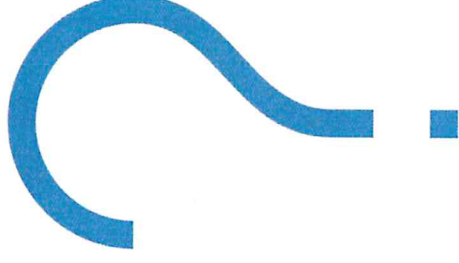
- The lives of long- term care residents are heavily controlled by laws, rules and policies set by the government and facility. Compromises in lifestyle become necessary due to health problems and the close quarters in which residents live. These compromises and controls can make residents feel like their opinions and preferences do not matter. Many long-term care residents are not content to give up control over their lives and they should not have to. They want an active role in life and the chance to influence decisions which affect them. A Resident Council gives them that chance.

How do I make it affective?

- Meetings are scheduled at regular times and locations.
- Meetings include a planned agenda.
- Meetings are conducted in an orderly way giving everyone who wishes to speak an equal opportunity.
- Basic parliamentary procedures can keep the meeting organized and allows all residents to participate in the decision-making process.
- Staff persons, family members, POAs and ombudsmen attend council meetings only if invited and approved by every resident council member – not by majority vote.
- Resident leadership is preferred; however, an interested, committed staff person or volunteer can provide leadership.
- <https://itcombudsman.org/uploads/files/support/hi-resident-council-brochure.pdf>

Does it really make a difference

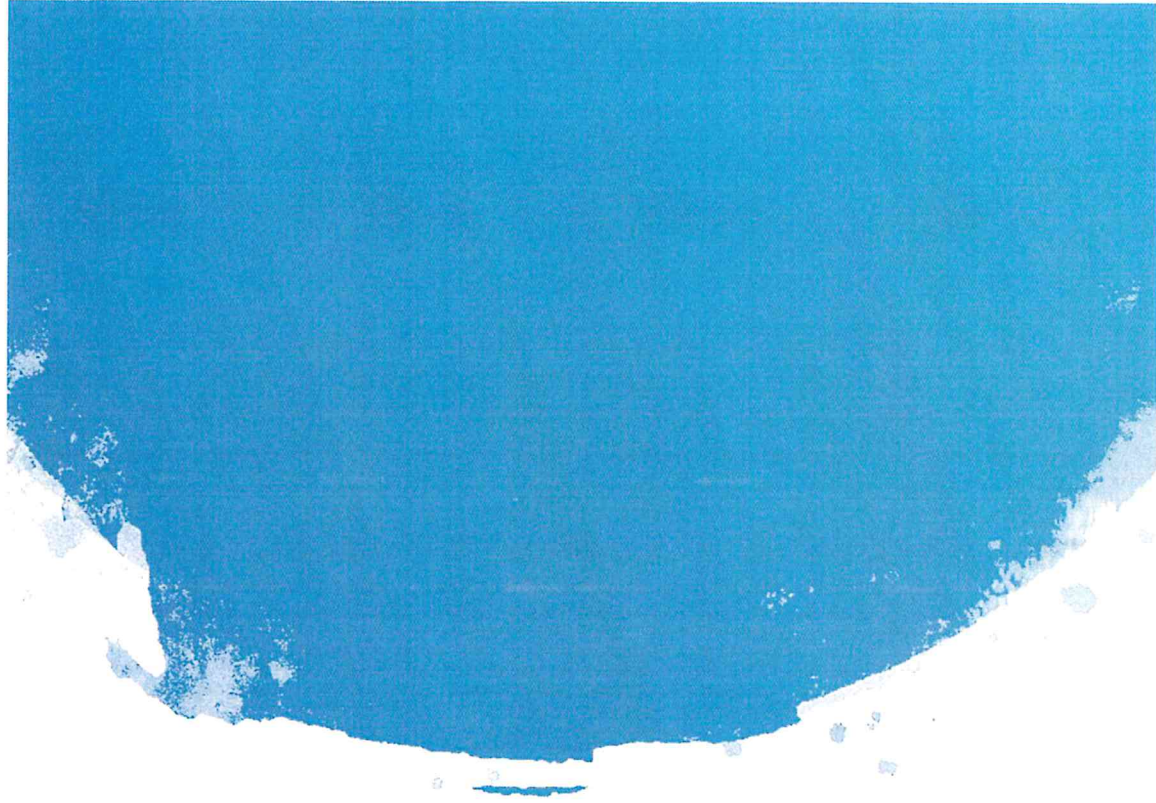
- Do you get to choose where you live?
- Do you get to choose what you eat?
- Do you get to choose the temperature in your house?
- Do you get to choose the people you socialize with?
- When you make decisions in your life, do you want them to be ignored?
- You answer now....Does it really make a difference?



Grievances in Resident Council

- What is a grievance?
- What do you do when you get one?
- Who does it go to?
- How does the resident know that it was addressed?
- What amount of time does the department have to address it?
- Where does the grievance form go after it was addressed and completed?
- If an ambulance is on its way to save someone, and it runs someone over, does it stop to help them?

Connections
Inside, Outside, Upside,
Downside, Community,
Private





Connection Matters

Before During and After
COVID

- Connections – to family, to friends, and to the community – are essential components of mental health and quality of life for residents. The months of restrictions on visitation in long-term care facilities during COVID has emphasized the importance of connection, of relationships, and the impact they have on all our well-being. During this crisis each of us have learned new creative ways of assisting our residents in staying connected. Continue to use those and build upon them.



Virtual

- Most facilities have gained access to tablets during COVID. Don't let them get dusty just because COVID has slowed down.
- Use them for contact with their family members that live out of town.
- Use them for a virtual visit of a zoo, national monument or even another country.
- These tablets can also allow them to attend religious services that they once attended in person.



Telephone

- Many residents have cell phones. If they do, make sure they have the ability to charge them.
- For those who have difficulty hearing turn up the volume of both the ringer as well as voice.
- Telephone connections are sometimes better than virtual. This might be the case in someone that has vision difficulties. This would be the opposite if someone had hearing difficulties. With a virtual visit they would be able to see their loved one.



No Telephone No Problem

- What if my resident wants to make a call but does not have a phone.
- Lifeline Free Government Phone Program. Here is a link to help them get a free phone. Certain criteria must be met. Your facility Social worker should be able to help.

<https://www.assurancewireless.com/#:~:text=Assurance%20Wireless%20is%20a%20federal,Plus%20a%20free%20phone.>

Inside Outside Community Visits and Outbreaks

- Yes Yes and Yes. These are now allowed.
- Community visits allow the resident to leave the facility. Can a resident leave by themselves? Maybe, Maybe not. Check your residents care plan and with your administrative team. The resident does have the right to come and go without UNFAIR restriction.
- Residents can leave the facility overnight and even go on vacation with their families. How long? The length of time is dependent on several factors. Refer the resident to Social Services.
- My facility is in the middle of a COVID breakout. Can I still have group activities? YES YES YES

Visitation Restrictions

- Are there any?
NO
- If someone is positive for COVID
can they have a room visit?
YES
- Are there time limitations?
NO

Residents Rights

Residents have a right to engage in meaningful activities

- The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, plan of care and other applicable provisions of this part
- The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.

Residents Rights Group Activity

1. Break out into groups of 2.
2. Discuss how you are going to help your resident achieve this activity and how you will care plan it.
3. You have 5 minutes.



Residents Rights Group Activity

1. Fishing
2. Cooking/Baking
3. Symphony
4. Museums
5. Civic Club or Church Group ex. Rotary, Kiwanis, Lions, Volunteer Board of Directors
6. Adult Entertainment Bar or Club
7. Fair/Parade





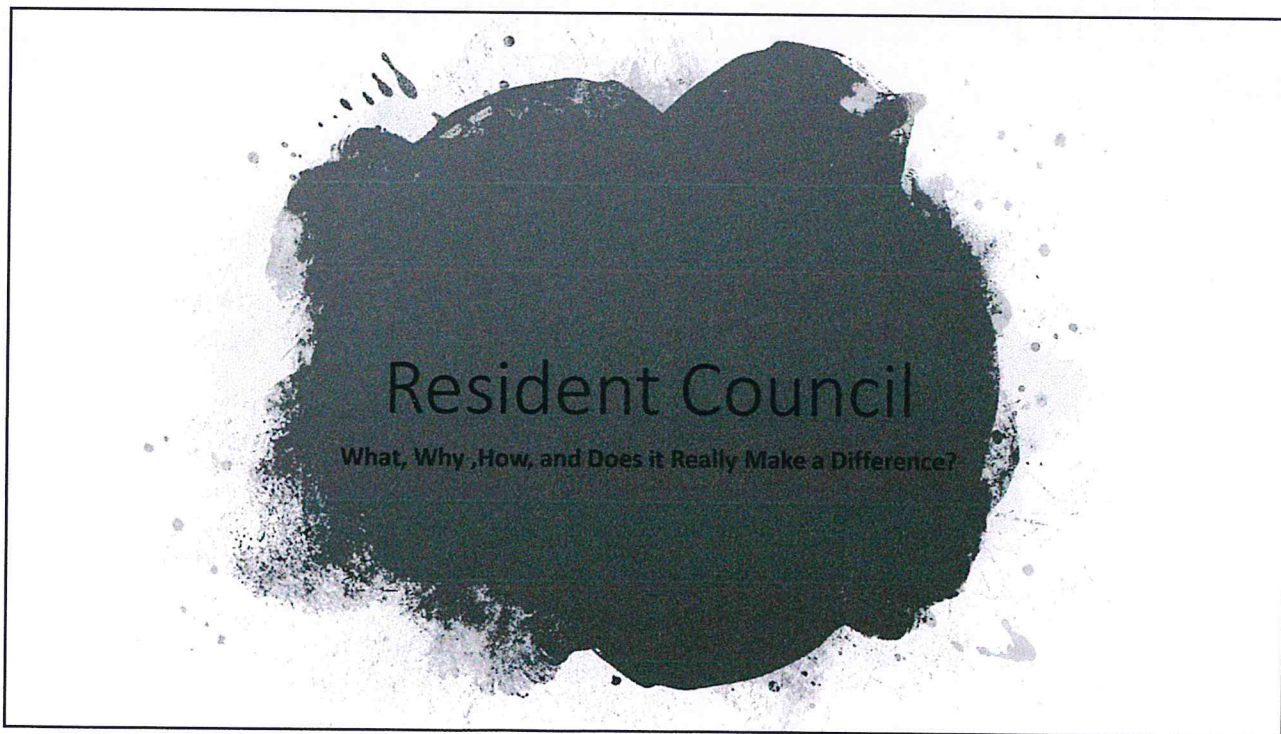
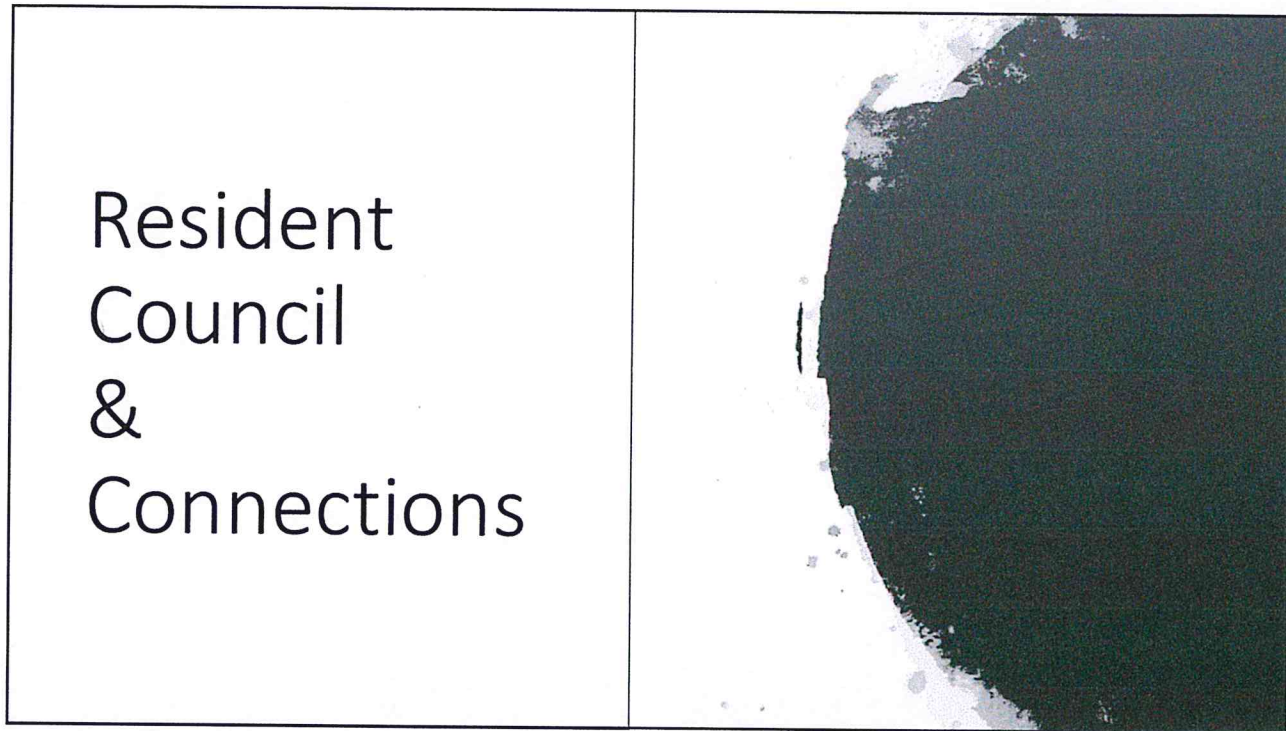


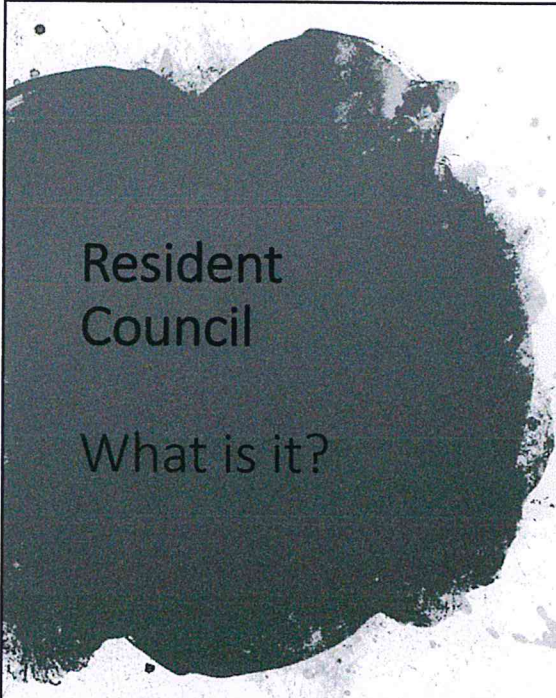
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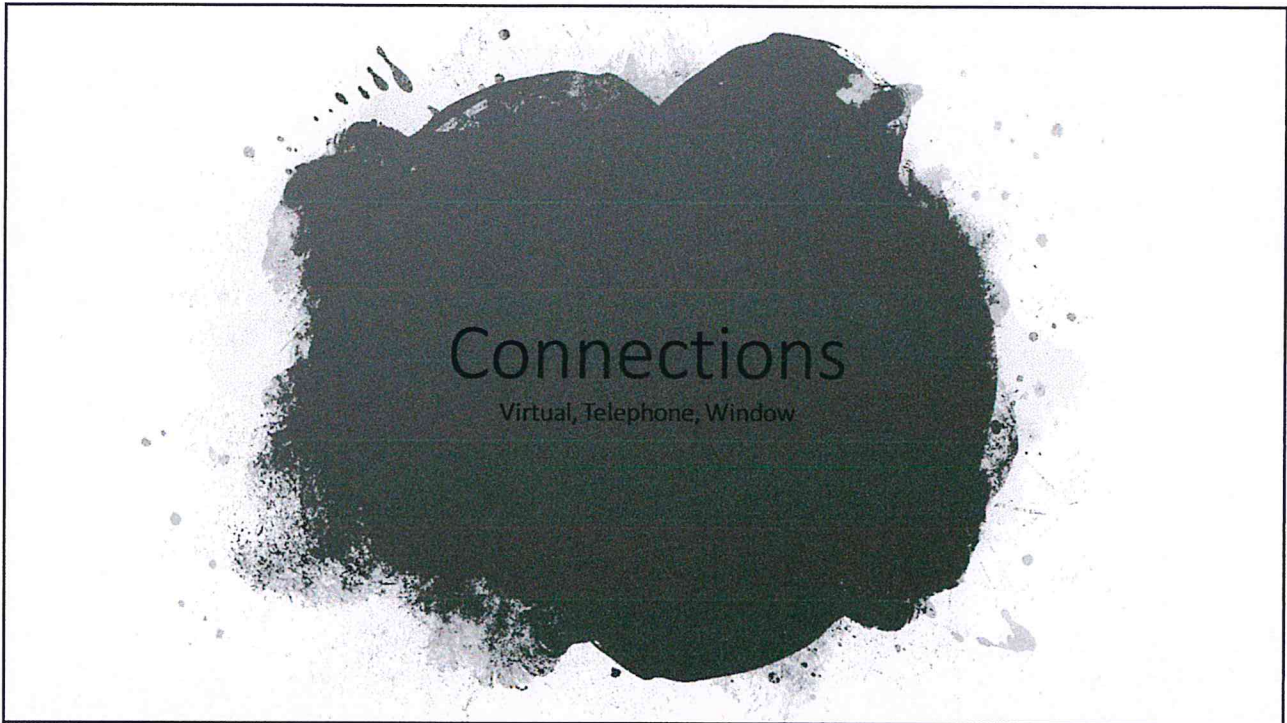
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Does it really
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Connection Matters

- Connections – to family, to friends, and to the community – are essential components of good health and quality of life for residents. The months of restrictions on visitation in long-term care facilities and the inability of residents, families, and friends to be together during the coronavirus pandemic has emphasized the importance of connection, of relationships, and the impact they have on all of our well-being. During this crisis, many creative ways of staying connected were shared that can be replicated and built upon in all communities.



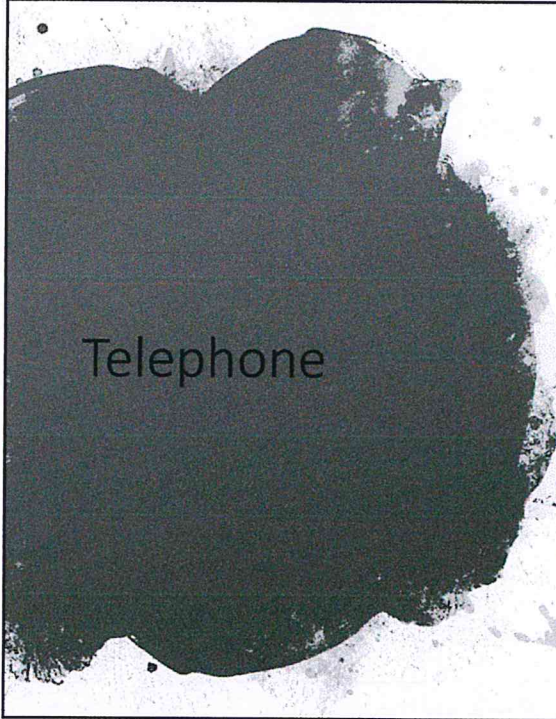
Virtual

- At the beginning of the pandemic ALTSD Ombudsman program as well as the NMHCA issued tablets to each of the Long-Term Care Facilities. This included all nursing homes as well as Assisted Living Communities. Some facilities depending on size received more than one. All the tablets have wi-fi capability.
- Facilities can use these to assist their residents in having a virtual visit with their loved one.
- This also allows them to attend religious services if they choose.




Virtual
cont.

- Video chat, FaceTime, text, and email with family and friends outside of the facility.
- Set up Skype, Zoom, or FaceTime so residents can communicate with each other within the facility.
- If facility staff assist in setting up equipment, request that they leave the resident's room, so socializing can be done privately.



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Window

- Window visits are very important as well.
- When someone is having a window visit you want to make sure the window is clean.
- You also want to get the resident as close as comfortable to the window.
- Baby monitors seem to work very well when having a window visit. Many times better than cell phones.
- Family members with the permission of the facility administrator can even decorate the outside of the window.
- Some activities departments have even put up large decorations every few windows. Examples: hay bales and scare crows or even other seasonal decorations.

Scheduling and Time Limits

- Only you and your facility can make the determination as to how often and how long. Please remember when you are scheduling don't make your residents wait an extended period of time. Remember what population we are caring for here. If the thought pops into your head that you really don't have time or you don't feel like it today; you get to go home at the end of the day and see your family. They do not. If the scheduling becomes unreasonable you will probably get a call from your friendly Ombudsman.

In Conclusion

- What do you call a cow laying on the ground?
- You have to wait for the presentation to get the answer.



