

# State data for RI for FFY 2020

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## Case and Complaints Summary

Total number of cases closed:

477

Totals Cases per Complainant by Facility Setting

Complainant	Nursing Facility	Residential Care Community	Other	Total per complainant
Resident	83	18	2	103
Resident representative, friend, family	167	17	2	186
Ombudsman program	13	3	0	16
Facility staff	36	31	0	67
Representative of other agency or program	51	13	7	71
Concerned person	10	1	2	13
Resident or family council	8	0	0	8
<b>Total per facility type</b>	<b>378</b>	<b>86</b>	<b>13</b>	<b>477</b>

757

Total number of complaints:

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	124	45	4	173
B. Access to Information	36	2	0	38
C. Admission, transfer, discharge, eviction	44	11	1	56
D. Autonomy, choice, rights	84	13	1	98
E. Financial, property	32	6	2	40
F. Care	189	10	6	205
G. Activities and community integration and social services	11	1	0	12
H. Dietary	30	2	0	32
I. Environment	26	7	0	33
J. Facility policies, procedures and practices	37	2	0	39
K. Complaints about an outside agency (non-facility)	1	1	0	2
L. System and others (non-facility)	22	5	2	29

Complaint Verifications

Verification Status	Nursing Facility	Residential Care Community	Other	Total
Verified	328	64	4	396
Not Verified	308	41	12	361

**Complaint Dispositions**

<b>Disposition Status</b>	<b>Nursing Facility</b>	<b>Residential Care Community</b>	<b>Other</b>	<b>Total</b>
Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	349	62	9	420
Withdrawn or no action needed by the resident, resident representative or complainant	93	20	4	117
Not resolved to the satisfaction of the resident, resident representative or complainant	194	23	3	220

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### Complaint Types by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
<b>A. Abuse, gross neglect, exploitation</b>	124	45	4	173
A01. Abuse: physical	18	1	0	19
A02. Abuse: sexual	11	1	1	13
A03. Abuse: psychological	28	3	1	32
A04. Financial exploitation	25	35	2	62
A05. Gross neglect	42	5	0	47
<b>B. Access to Information</b>	36	2	0	38
B01. Access to information and records	26	2	0	28
B02. Language and communication barrier	4	0	0	4
<b>C. Admission, transfer, discharge, eviction</b>	44	11	1	56
C01. Admission	5	2	1	8
C02. Appeal process	1	2	0	3
C03. Discharge or eviction	29	6	0	35
C04. Room issues	9	1	0	10
<b>D. Autonomy, choice, rights</b>	84	13	1	98
D01. Choice in health care	3	1	0	4
D02. Live in less restrictive setting	8	2	0	10
D03. Dignity and respect	23	2	1	26
D04. Privacy	2	0	0	2
D05. Response to complaints	12	1	0	13
D06. Retaliation	5	1	0	6
D07. Visitors	20	3	0	23
D08. Resident or family council	0	0	0	0
D09. Other rights and preferences	11	3	0	14
<b>E. Financial, property</b>	32	6	2	40
E01. Billing and charges	6	3	0	9
E02. Personal property	26	3	2	31

<b>Complaint Category/Type</b>	<b>Nursing Facility</b>	<b>Residential Care Community</b>	<b>Other</b>	<b>Total by Complaint Type</b>
<b>F. Care</b>	189	10	6	205
F01. Accidents and falls	13	2	0	15
F02. Response to requests for assistance	36	0	1	37
F03. Care planning	11	1	0	12
F04. Medications	34	4	1	39
F05. Personal hygiene	22	1	2	25
F06. Access to health related services	10	0	0	10
F07. Symptoms unattended	32	1	2	35
F08. Incontinence care	6	0	0	6
F09. Assistive devices or equipment	9	0	0	9
F10. Rehabilitation services	11	1	0	12
F11. Physical restraint	3	0	0	3
F12. Chemical restraint	2	0	0	2
<b>G. Activities and community integration and social services</b>	11	1	0	12
G01. Activities	3	1	0	4
G02. Transportation	3	0	0	3
G03. Conflict resolution	2	0	0	2
G04. Social services	3	0	0	3
<b>H. Dietary</b>	30	2	0	32
H01. Food services	14	1	0	15
H02. Dining and hydration	6	1	0	7
H03. Therapeutic or special diet	10	0	0	10
<b>I. Environment</b>	26	7	0	33
I01. Environment	8	1	0	9
I02. Building structure	0	1	0	1
I03. Supplies, storage and furnishings	7	1	0	8
I04. Accessibility	0	0	0	0
I05. Housekeeping, laundry and pest abatement	11	4	0	15
<b>J. Facility policies, procedures and practices</b>	37	2	0	39
J01. Administrative oversight	12	1	0	13
J02. Fiscal management	1	1	0	2
J03. Staffing	24	0	0	24

<b>Complaint Category/Type</b>	<b>Nursing Facility</b>	<b>Residential Care Community</b>	<b>Other</b>	<b>Total by Complaint Type</b>
<b>K. Complaints about an outside agency (non-facility)</b>	1	1	0	2
K01. Regulatory system	0	0	0	0
K02. Medicaid	1	1	0	2
K03. Managed care	0	0	0	0
K04. Medicare	0	0	0	0
K05. Veterans Affairs	0	0	0	0
K06. Private Insurance	0	0	0	0
<b>L. System and others (non-facility)</b>	22	5	2	29
L01. Resident representative or family conflict	15	4	0	19
L02. Services from outside provider	5	0	2	7
L03. Request to transition to community setting	2	1	0	3

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### Complaint Examples

	Nursing Facility Example	Residential Care Community Example	Optional Complaint Example
Facility type	Nursing Facility	Residential Care Community	Other
Description	<p>Resident's daughter/POA called with the following complaint: Her father had been living in a memory care ALF, was transferred to the hospital and then to a Long-Term Care Facility for rehabilitation. She reported that her father had to stay longer at The Long-Term Care Facility than expected due to having to wait for two negative COVID tests. Unbeknownst to her, her father's insurance was not covering the extra days. She later learned that the facility gave the insurance downgrade letter to her sister-in-law to sign. She, herself, was never informed about the downgrade and therefore did not know about the appeal process. The facility was insisting she owed \$1000.00 to them; however, the daughter was never told that the extra days would not be covered by insurance. The Ombudsman was given permission to contact the facility. Complaint Category: Financial,Property</p>	<p>The Ombudsman was informed that an Assisted Living resident received a 30-day discharge notice. The eviction was based on behavioral issues including but not limited to the resident's refusal to stay in his room per Department of Health regulations that were put in place due to The COVID pandemic.</p>	<p>LTCOO received a call from a facility Social Worker regarding a new admission who was reporting physical abuse by her husband. She did not want to return home, and did not want her husband listed as a contact. Her BIMS (Brief Inventory of Mental Status) score was 7/15, indicating moderate-to-severely impaired cognitive function. RI Protective Services at the Office of Healthy Aging had been already notified by the hospital where the resident was first admitted for repair of a broken hip after tripping over her dog. Bruises had been noticed on her arm that "appeared suspicious". As the resident was then transferred to a nursing home for rehab, OHA referred the case to LTCOO with the referral reporting physical, emotional abuse and neglect. Upon asking by the nursing home SW, the resident gave permission for me to be involved. Due to Covid, I could not visit the resident, but I called her cell phone and introduced myself. While she was soft spoken, she did not show any obvious mental impairment, despite her low BIMS. She repeated the allegations of abuse by her husband. I asked about her contacting the city police and the resident hesitated, saying they were already aware, from prior incidents. She felt more comfortable with my speaking with the PD on her behalf but cautioned me her husband's brother works for the Police Dept. I asked if she was aware of domestic abuse services in her city, and she had been referred to them previously, but had not utilized their services. This LTCO called the city's Senior Police Advocate and a report was filed; I was made aware of prior reports that were deemed unsubstantiated, after they had spoken with the husband. I approached the resident about a "Safe Harbor" program in the state, and resident gave me permission to contact the program in her behalf and I did so. However, because entering the Program would mean she would have to change to another nursing home, and be under another two week quarantine with no outside contacts, the resident declined the program, saying she would live with a friend after discharge. However, in checking with the friend, I learned that was not a feasible option as she had a small one-bedroom apartment. At the end of the resident's prescribed PT and OT one month after admission, she had made the decision to return home as she was not interested in other placement options being offered by the Social Worker. She was then discharged home with services and I made notification to the Sr. Police Advocate of the discharge, and sent a referral to the Office of Health Aging, Protective Services. The case was then closed</p>
Complaint topic	Financial, Property	Admission, Transfer, Discharge, Eviction	Abuse, Gross Neglect, Exploitation
Complaint type	Billing and charges	Discharge or eviction	Abuse: physical
Verification	Verified	Verified	Not verified

	<b>Nursing Facility Example</b>	<b>Residential Care Community Example</b>	<b>Optional Complaint Example</b>
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	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant
Disposition narrative	<p>The Ombudsman called the facility and spoke to the business office manager. She could not understand how someone other than the POA would have signed the downgrade letter. The Ombudsman explained that since the downgrade letter was not given to the POA, the facility should rescind the bill. She was going to forward this to their corporate office. The facility agreed they were at fault and agreed to rescind the bill.</p> <p>We received the following from the resident's daughter:  Thank you so much for your help! You don't know how greatly I appreciate this! I feel so fortunate to have connected with such caring people. Our situation is so difficult for any caregiver to be going through but even more so during this epidemic that separates us from our elderly loved ones. I love people and hope that I can make as big of a positive impact for somebody else as you have made for me and my Dad</p>	<p>The Ombudsman spoke to the resident to explain the ramifications of the discharge notice. The resident was also informed of his right to appeal the discharge. He did wish to appeal it. The Ombudsman assisted resident in completing and submitting appeal to The Department of Human Services in order to request a hearing. When the Executive Director learned the resident had appealed the discharge notice she agreed to rescind it stating the resident's behaviors had improved. The resident remains in the facility.</p> <p>It is likely without The Ombudsman's involvement the resident would not have known he had the right to appeal and what the process would be.</p>	<p>One month after I closed my case, I received an update from the Sr. Police Advocate informing me he had visited the resident and her husband, the house was immaculate and the resident clean and well dressed. He had watched the husband as he helped his wife up from a chair, and could see how bruising could occur on her arms, with the anticoagulant she was on. The 3 previous claims of abuse all occurred after patient had her stroke in 2017; as noted before, none were able to be substantiated. The case had been referred by OHA to a Community Action Program for follow-up and I contacted the case worker to give her an update and we conferred and both agreed a neuropsych evaluation would be helpful. Case was re-opened to add the new information and closed again</p>



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## System Issues

	System Issue 1	System Issue 2	System Issue 3 (Optional)
System issue topic	L - System and Others (non-facility)	B - Access to Information	N/A
Problem description	Families unhappy with Health Department dates for distribution; obtaining vaccinations for residents with dementia that had no responsible party to sign permission slip; misconceptions by staff of vaccine composition.	Absentee Ballots for Nursing Home and Assisted Living Residents.	N/A
Barriers description	Constant change of information from the Department of Health on vaccination distribution due to CMS fluctuating in their guidelines; misleading news coverage; lack of informational materials being distributed to families and employees on the vaccine.	Frequent staff turnover in the Activities Department; lack of knowledge on procedure for filling out ballots; poor determination of who can vote, especially dementia residents; interference of family members with residents' filling out ballots.	N/A
Issue status	Newly identified in this reporting year and not fully resolved.	Ongoing issue from last fiscal year	N/A
Affected setting	Nursing Facility Residential Care Community	Nursing Facility Residential Care Community	N/A

	<b>System Issue 1</b>	<b>System Issue 2</b>	<b>System Issue 3 (Optional)</b>
Resolution strategies	<p>Provided information to public or private agency</p> <p>Provided leadership or participated on a task force</p> <p>Provided information to the media</p> <p>Provided educational forums; facilitated public comment on laws, regulations, policies or actions</p> <p>Developed and disseminated information</p> <p>Recommended changes to laws, regulations, policies or actions through written or oral testimony.</p>	<p>Provided leadership or participated on a task force</p> <p>Provided information to the media</p> <p>Developed and disseminated information</p>	N/A
Resolution description	<p>On going effort to educate residents, families and staff in long term care settings of the vaccine and process to which it is given. Distribution of information, Zoom Calls and collaboration with community partners</p>	<p>The LTCO office in a joint partnership with the Disability Law Center completed a mass mailing to all long term care facilities with explanation of the absentee ballot process; The LTCO office called all nursing homes and assisted living facilities in RI to verify they had received absentee ballots, and were familiar with filling them out; advocating for residents who did not want family interference with voting.</p>	N/A

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## Organizational Structure

Office of state LTCO location

Within a private, non-profit agency

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.	0
Social services non-profit agency, with 501(c)(3) status, other than AAA	0
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	0

There are no local Ombudsman entities in the state

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### Organizational Conflicts of Interest

Conflict of Interest Type	Location	Remedy
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## Staff and Volunteers

### Office of State Ombudsman Staff

Total staff	11
Total full-time equivalent (FTE)	9
Total state volunteer representatives	7
Total hours donated by state volunteers representatives	313 Hours
Total other volunteers (not representatives)	3

### Local Ombudsman Entity Staff

Total staff	
Total full-time equivalent (FTE)	
Total local volunteer representatives	
Total local volunteers (not representatives)	

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## Funds Expended

### Funds Expended from OAA Sources

Federal - OAA Title VII, Chapter 2, Ombudsman	\$88,531
Federal - OAA Title VII, Chapter 3	\$0
OAA Title III - State level	\$43,832
OAA Title III - AAA level	\$0
<b>Other Federal Sources</b>	
There are no other Federal sources	
Total other Federal funds expended	\$212,650
<b>Other State Sources</b>	
There are no other State sources	
Total other State funds expended	\$391,564
<b>Other Local Sources</b>	
There are no other Local sources	
Total other Local funds expended	

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## Facility - Number and Capacity

### Licensed Nursing Facilities

Total number	83
Total resident capacity	8862

### Residential Care Communities

Total number	65
Total resident capacity	4719

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## Facility - Residential Care Community Information

RCC type	RCC type definition	Minimum RCC capacity	Maximum RCC capacity
Assisted Living Residence	<p>"Assisted living residence" means a publicly or privately operated residence that provides directly or indirectly by means of contracts or arrangements personal assistance and may include the delivery of limited health services, as defined under R.I. Gen. Laws § 23-17.4-2(12), to meet the resident's changing needs and preferences, lodging, and meals to six (6) or more adults who are unrelated to the licensee or administrator, excluding however, any privately operated establishment or facility licensed pursuant to R.I. Gen. Laws Chapter 23-17 and those facilities licensed by or under the jurisdiction of the Department of Behavioral Healthcare, Development Disabilities and Hospitals, the Department of Children, Youth, and Families, or any other state agency</p>	6	



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## Program Activities

### Certifications and Training

Certification training hours	36	Hours
Training hours required to maintain certification	18	Hours
Number of new individuals completing certification training	0	

### Ombudsman Program Activities

Information and assistance to individuals	1369
Community education	22

### Ombudsman Program Activities - Facilities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff	8	0
Number of facilities that received one or more visits	84	64
Number of visits for all facilities	359	141
Number of facilities that received routine access	0	0
Total participation in facility survey	8	2
Resident council participation	7	0
Family council participation	5	0

<b>State and Local Level Coordination Activities</b>	Area agency on aging programs, Aging and disability resource centers, Adult protective services programs, Protection and advocacy systems, The State Medicaid fraud control unit, State and local law enforcement agencies, The State legal assistance developer and legal assistance programs
Other Coordination Activities	Long Term Care Council; COVID Vaccine Committee; St. Elizabeth's Coalition for Elder Abuse; Traumatic Brain Injury
<b>Describe any state or local level coordination and leadership activities with the entities listed, as applicable.</b>	Consultation on Traumatic Brain Injury in the Elderly and Long Term Care Issues. COVID Vaccine distribution committee, Community Education on Long Term prevention of abuse