

# **GEORGIA LONG TERM CARE COUNCIL OF COMMUNITY OMBUDSMEN**

## **FACT SHEETS**

**These fact sheets were prepared by members of the statewide Council of Community Ombudsmen. They are intended to help educate the community about issues regarding long term care facilities in Georgia.**

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**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR COMMUNITY OMBUDSMAN.**

# **OMBUDSMAN FACT SHEET<sup>1</sup>**

## **HOT WEATHER CONCERNS FOR NURSING HOME RESIDENTS**

During the summer months, nursing home residents may be at great risk when the weather is hot and the humidity is high. According to the U.S. Office of Consumer Affairs, heat stress is a life threatening condition for the elderly. This Fact Sheet gives information about heat stress and explains how nursing homes are supposed to protect residents from this problem.

### **WHAT IS HEAT STRESS?**

Heat stress is the burden that hot weather places on your body, especially your heart. Your body responds to hot weather by increasing blood flow to the skin and by sweating. Evaporating sweat carries away large amounts of heat from the skin surface, thus helping to keep a normal body temperature in hot weather. Very hot weather increases the effort needed to keep a normal temperature. In addition, high humidity causes greater stress because it slows down evaporation.

The elderly are more vulnerable to that stress than younger people because they do not adjust as well to heat. They perspire less. Nursing home residents are especially likely to have health problems requiring medicines that work against the body's natural defenses to adjust to heat. For example, diuretics (often prescribed for high blood pressure) prevent the body from storing fluids and restrict the opening of blood vessels near the skin's surface. Certain tranquilizers and drugs used to treat Parkinson's disease interfere with perspiring. These and other chronic conditions such as circulatory problems, diabetes, a previous stroke, or a damaged heart often upset normal body responses.

### **WHAT ARE WARNING SIGNS OF HEAT STRESS?**

Early signs of heat stress may be loss of appetite and feeling listless and uncomfortable. Serious signs of possible heat stroke, which require immediate medical attention, include:

- |                      |                           |
|----------------------|---------------------------|
| ✓ Dizziness          | ✓ Deepening urine color   |
| ✓ Rapid heartbeat    | ✓ Diarrhea                |
| ✓ Nausea             | ✓ Cramps                  |
| ✓ Throbbing headache | ✓ Dry skin (no sweating)  |
| ✓ Chest pain         | ✓ Mental changes          |
| ✓ Breathing problems | ✓ Vomiting                |
| ✓ Great weakness     | ✓ Less frequent urination |

## **SPECIAL PRECAUTIONS**

During extremely hot weather you should limit physical activity. Activity adds to heart strain. Avoid hot foods and heavy meals. They add heat to your body. Watch salt use. Avoid alcohol. Alcohol acts as a diuretic, resulting in fast water loss.

## **WHAT REQUIREMENTS MUST NURSING HOMES MEET?**

Medicare and Medicaid certified nursing homes must:

- Provide comfortable and safe temperature levels between 71-81 degrees.
- Be well ventilated.

Georgia rules, which apply to all nursing homes, also require proper ventilation. Also, nursing homes must fully respect the “feelings” and “comfort” of residents.

In summary, nursing home residents are at great risk during hot weather. Nursing homes must make sure residents are kept safe and comfortable and monitor them closely for possible symptoms of heat stress. If these steps are not taken, contact your Community Ombudsman Office for assistance.

## **OMBUDSMAN FACT SHEET 2**

### **HOW TO CONTACT NURSING HOME OWNERS ABOUT PROBLEMS**

If you or a relative live in a nursing home, the owner of that home should want to make sure you are satisfied with the care provided. You are their customer. However, many nursing home residents and their representatives do not know how to contact the owner about any problems they experience. This Fact Sheet explains when and how to contact a nursing home owner to express concerns you may have.

#### **WHO OWNS NURSING HOMES?**

Nursing homes are owned by individuals, partnerships and corporations. The majority of nursing homes are owned by corporations. Most of the corporate-owned nursing homes are private, for-profit facilities. In Georgia, less than 25% of nursing homes are run by nonprofit corporations. Most of the nonprofit nursing homes are run by religious or fraternal organizations, hospitals, or county government.

If you would like to find out how to contact the owner of a particular nursing home, contact your local ombudsman for assistance.

#### **WHO RUNS NURSING HOMES?**

Under federal law, all Medicare and Medicaid approved nursing homes must have a *governing body*. The governing body establishes policies for the management and operation of the home and appoints an administrator to run the facility. The owner often serves on the nursing home's governing body.

One of the policies a governing body must establish is a *grievance procedure*. The nursing home should have written policies explaining how to file a complaint with the facility. This policy should tell you how to contact the governing body if you are not satisfied with the response from the homes' staff.

#### **YOUR RIGHT TO COMPLAIN**

Federal and state laws give you the right to complain to the nursing home or to outside sources without discrimination or retaliation. If you do complain, the nursing home must make "*prompt efforts*" to resolve your concern.

#### **WHEN TO CONTACT THE OWNER**

When you experience a problem in a nursing home, it is good practice to work up the chain of command to seek attention to your concern. For example, if you are concerned about a

nursing problem, start by contacting the charge nurse on duty. If that contact is not effective, consider contacting the Director of Nursing, and next, the administrator of the home.

If the administrator and other staff members do not address your concerns in a satisfactory manner, you can go beyond the nursing home's staff to get help. A number of options exist including:

- \* filing a formal complaint with the Office of Regulatory Services;
- \* seeking legal assistance; or
- \* contacting the ombudsman for help.

If you cannot resolve your concern at this level, another option is to contact the owner or governing body of the nursing home. It is best to put your complaint in writing and ask for a written response. By putting your complaint in writing, you can later show others that you gave the home an opportunity to address your concerns.

Owners who care about their business will take your concerns seriously. While the owner may not directly resolve your problem, he or she has the authority to make changes at the home. Just contacting the owner may convince the nursing home staff to take your concerns more seriously.

On the other hand, your concerns may be caused by the owner's or governing body's operating policies. For example, if the owner does not supply enough funds to hire competent staff members or buy needed supplies, the problems you will see may be directly caused by the owner's policies. If this is the case, your contact with the owner may not solve the problem but may be useful in other ways.

For example, if you find it necessary to take legal action, the owner's failure to respond to your concerns may strengthen your case. Copies of your letters and other information may also help state or federal inspectors document problems and enable enforcement actions to be taken.

## **OMBUDSMAN FACT SHEET 3**

### **READMISSION TO A NURSING HOME FOLLOWING A HOSPITAL STAY**

Nursing home residents sometimes have trouble returning to their nursing home following a hospital stay. This Fact Sheet helps explain how federal and state laws protect hospitalized residents who want to return to the same nursing home.

Nursing home residents have the right to return to their nursing home following a hospital stay if they still need nursing home care. This right exists whether or not a resident pays a fee to reserve his or her bed in the nursing home. However, if a resident does not pay to reserve the bed and the nursing home is full, he or she may have to wait until a bed becomes open at the facility. When a resident is ready to return from the hospital, all Georgia nursing homes must offer the resident the first available bed.

Before a resident is hospitalized, a Medicaid-certified nursing home must give the resident and a family member or legal representative written information describing its bed hold policy and the resident's right to return to the first available bed.

In Georgia, Medicaid will pay a nursing home to reserve a bed for a Medicaid resident during a hospital stay of up to 7 days. The following information explains your rights if you *choose to pay* to reserve the bed beyond the 7 days or if you choose *not to pay* to reserve your bed beyond the 7- day hospital stay.

#### **PAYMENT MADE TO RESERVE BED (Medicare & private pay residents only)**

State and federal law provide that when a resident must temporarily leave a nursing home for hospital care, the nursing home is required to provide the resident an opportunity to reserve the bed. You will be responsible for paying the bed rate per day.

When a nursing home resident is hospitalized, the resident or resident's representative should discuss the bed holding policy with the homes' administrator. The resident's physician should also be contacted immediately to determine as accurately as possible the length of hospitalization. If the hospital stay is likely to be lengthy, it may be financially unwise or impossible to hold the bed.

#### **THE NEXT AVAILABLE BED**

The right to the next available bed means that a resident awaiting discharge from a hospital (or temporary placement in another nursing home) has the right to be readmitted before the nursing home can admit persons on the waiting list. Exceptions to this rule may occur if a bed becomes available in a room occupied by members of the opposite sex.

#### **PAYMENT NOT MADE TO RESERVE BED (for a MEDICAID resident**

**beyond 7 days)**

If a resident does not pay to hold the bed, state and federal laws give him or her the right to return to the first available bed.

If the resident does not pay to hold the bed, the resident or family member should notify the nursing home immediately that the resident wants to return to the first available bed. It is a good idea to make this request in writing. If a bed is available and the resident's care needs can still be met by the nursing home, the resident must be readmitted when discharged from the hospital, even if the bed was not reserved. However, if a bed is not available when the resident is ready to be discharged from the hospital, the resident may need to go to another nursing home until the next proper opening in the original nursing homes occurs.

If you experience problems as a result of a temporary hospital leave from a nursing home, contact your local ombudsman office for assistance.

## **OMBUDSMAN FACT SHEET 4**

### **HOW TO ESTABLISH A MILLER TRUST**

What if My Income is Too High to Qualify for Medicaid But Too Low to Pay My Nursing Home Bill?

In 2004, Georgia eliminated its “Adult Medically Needy” program for nursing home residents. As a result, those individuals with incomes higher than 300% of the Supplemental Security Income (SSI) rate or \$1737 for Fiscal Year 2005 are no longer able to obtain Medicaid to pay for their nursing home stay without obtaining a “Medicaid Irrevocable Income Trust” (“or **Miller Trust**”), in addition to meeting all other eligibility requirements.

Individuals with incomes over 300% of SSI who wish to apply for Medicaid must appoint a person willing to be a trustee, have a trust completed, and file it with the county Department of Family and Children Services **within 30 days** of applying in order to have Medicaid coverage from the date of their application. It is likely that the SSI rate will change with each Fiscal Year.

**For more information or assistance, contact one of the following resources:**

1. Georgia Senior Legal Hotline (statewide toll free) **1- (888) 257-9519**  
Hot line attorneys will screen clients and refer them to other attorneys trained to execute trusts.
2. Georgia Legal Services (outside Atlanta statewide toll free) **1-(800) 498-9469**  
You will be directed to the office that serves your area.
3. Atlanta Legal Aid Society (provides services within metro Atlanta) **(404) 524-5811**

## **OMBUDSMAN FACT SHEET 5**

### **ROOM AND ROOMMATE CHANGES**

#### **DO NURSING HOME RESIDENTS HAVE ANY RIGHTS CONCERNING THEIR ROOM OR CHOICE OF ROOMMATE?**

Yes. If you live in a Medicare or Medicaid approved nursing home, you have certain rights concerning your room and roommates. You have the right:

- To refuse a room transfer in some situations.
- To receive advance notice before any allowable room transfer.
- To share a room with a compatible roommate.
- To share a room with your spouse if you both agree.

#### **WHEN CAN I REFUSE A ROOM TRANSFER SUGGESTED BY THE NURSING HOME?**

In a Medicaid/Medicare certified facility, **all** beds are Medicaid approved. But, all beds **may not** be Medicare approved. In order to be eligible for Medicare payment, you **must** be in a bed or section of the home approved by Medicare. The nursing home **must** give you written information explaining your Medicare coverage.

If your Medicare payments are exhausted and another method of payment begins, you have the right to refuse a room transfer **if** the purpose is solely to move you out of a Medicare-approved section.

Under federal law, a transfer into or out of a Medicare-approved section of the home is treated as if the nursing home was transferring you to another facility. Unless you consent to the transfer, you have a right to written notice and a hearing with the Georgia Department of Human Resources if the home insists that you be moved.

This process can be extremely confusing to residents and their families. Please call your community ombudsman if you have questions. The telephone number is listed on the back.

#### **WHAT NOTICE MUST THE NURSING HOME GIVE ME IF IT WANTS ME TO CHANGE ROOMS?**

A Medicare or Medicaid approved nursing home must give you advance written notice before your room or roommate is changed. The home should also explain why the change is necessary. The Medicare and Medicaid rules do not say how much advance notice is required.

#### **WHAT IF I AM BEING MOVED TO A DIFFERENT ROOM FOR ANOTHER REASON?**

A Medicare or Medicaid approved nursing home must give you advance notice before your room or roommate is changed. The home should also explain why the change is necessary. The Medicare and Medicaid rules do not say how much advance notice is required.

### **CAN I CHOOSE MY ROOMMATE?**

Medicare and Medicaid approved homes must try to accommodate any reasonable needs or preferences you express. This requirement applies to all issues under the control of the nursing home, including choices regarding roommates. If you and another resident want to share a room, you should be able to do so when a room becomes available unless medical reasons make this arrangement inappropriate.

Even if you do not select a specific roommate, the nursing home should try to place you in a room with a compatible roommate(s). Keep in mind that it is often difficult to know in advance whether roommates will get along. Your roommates have rights also, and they cannot be required to move to another room just because you ask. If you are unhappy about your current roommate, you should discuss your concerns with the nursing home social worker. He or she should work with you and your roommate to address your concerns.

### **WHAT IF MY SPOUSE AND I LIVE IN THE SAME NURSING HOME?**

You and your spouse have the right to share a room if you both agree to this arrangement. Nursing homes are not required to allow “consenting adults” to share a room. However, the home must explain their policies on room sharing requests before admission. If the home’s policy allows consenting adults to share a room, it should honor your request.

### **WHAT ARE MY RIGHTS IF MY NURSING HOME IS NOT APPROVED BY MEDICARE OR MEDICAID ?**

Nursing homes that do not participate in Medicare or Medicaid are often called **private pay nursing homes**. These homes must meet Georgia’s licensing standards for nursing homes, but are not required to meet the same federal standards that Medicare/Medicaid certified homes must meet.

If you live in a private nursing home, you have fewer rights concerning rooms or roommates. However, Georgia law does require private nursing homes to provide you with Georgia’s Residents Rights protections. To meet this requirement, private nursing homes should not transfer you from your room without your consent unless it is absolutely necessary. You should also expect to be told in advance about any changes the home is planning.

## **OMBUDSMAN FACT SHEET 6**

### **NURSE AIDE TRAINING REQUIREMENTS**

Nurse aides provide most of the direct care nursing home residents receive and have more contact with residents than any other staff. Their duties include helping with personal and hygiene care, meals, rehabilitative care, supervising residents, documentation and many other duties. Nurse aides are a vital part of the caregiving team in nursing homes.

#### **DO NURSE AIDES GET TRAINING?**

Yes. Since October, 1990, nurse aides in Medicare and Medicaid certified nursing facilities are required to participate in 85 hours of training in a state approved program and pass a competency test. The training includes classroom, laboratory (practicing care with mannequins) and clinical (working with residents) instruction. Sixteen hours of the classroom training must be successfully completed before the aide has any contact with residents. **Nurse aides must complete the training program during their first 4 months of employment.**

#### **ARE NURSE AIDES LICENSED?**

No. Unlike registered nurses and licensed practical nurses, nurse aides are not licensed by the State of Georgia. However, once nurse aides have successfully completed the training and testing program, their names are listed on a state registry. Employers must call the registry before hiring nurse aides to find out if they are registered. If the potential employee is not a registered nurse aide, the employer must make sure they are trained and tested within the first 4 months of employment.

#### **CAN AIDES WHO HAVEN'T BEEN TRAINED OR TESTED PROVIDE CARE?**

Until nurse aides are trained and tested, they can only perform specific tasks which their instructor certifies they are competent to do. For example, a nurse aide trainee who is competent to provide bed baths can work at the nursing home giving bed baths but cannot perform other duties until the instructor certifies in writing the aide is competent.

Aides who worked for two consecutive years prior to October 1, 1990 do not have to take the training course. Others, such as college students, nursing school students, aides who were trained and tested in another state, and aides with two years of experience completed after October 1, 1990, do not have to take the 85 hour training course, but must successfully complete the competency evaluation program.

#### **WHAT'S COVERED IN TRAINING PROGRAM?**

State approved training programs must cover **resident's rights**, direct care (such as bathing, dressing and toileting), death and dying, restorative care, caring for people with dementia, AIDS and other illnesses, and other topics.

## **WHO PROVIDES NURSE AIDE TRAINING?**

Training can be provided by nursing homes or educational institutions like community colleges or vocational education centers. Training programs and training sites must be approved by the state. Nursing homes with serious care violations are not allowed to provide nurse aide training for two years. However, their nurse aides must still receive training from an approved program.

## **WHAT IF A NURSE AIDE DOESN'T PASS THE TEST?**

Nurse aides have three chances to pass the test. The testing has two components: a written or oral exam; and a skills demonstration. If a trainee fails the test on all three tries, that person is ineligible to work as a nurse aide. The person could retake the 85 hour training program and take the test again.

# **OMBUDSMAN FACT SHEET 7**

## **ASSESSMENT & CARE PLANNING IN NURSING HOMES**

### **WHAT ARE ASSESSMENT AND CARE PLANNING?**

Georgia and federal law require nursing homes to identify each resident's abilities and needs and to develop a plan to maximize resident's abilities and meet their needs. The process of identifying a resident's abilities and needs is called assessment. The plan describing how the nursing home will meet the resident's needs is called a care plan.

### **WHY ARE ASSESSMENT AND CARE PLANNING IMPORTANT?**

Every nursing home resident has individual abilities and needs requiring special attention. A nursing home cannot meet a resident's needs unless it identifies those needs. Once a resident's abilities and needs are identified, a home must create a written care plan to address each need. Due to the large number of staff members, frequent turnover, and use of temporary staff members in many nursing homes, clearly written care plans are essential to assure that the staff understands what care each resident needs and how, when and why it is to be given.

### **WHAT KIND OF ASSESSMENT IS REQUIRED?**

All Georgia nursing homes must begin an assessment of new residents within 24 hours of admission. Federal law, which applies to Medicare and Medicaid certified nursing homes, is specific about how assessments must be conducted. Most nursing homes are certified by Medicare or Medicaid.

Using a standard assessment form, **Medicare and Medicaid certified nursing homes** must collect information on a resident's background, customary routines, and needs and abilities in the following areas:

- ◆ hearing, speech, vision and dental care
- ◆ skin condition
- ◆ help needed with bathing, dressing, toileting and eating
- ◆ control of bowel and bladder
- ◆ nutritional issues, such as ability to swallow and need for special diets
- ◆ medication use
- ◆ mood and behavior
- ◆ health conditions
- ◆ comprehension and thought process
- ◆ mental health status
- ◆ special treatment procedures
- ◆ rehabilitation potential
- ◆ activities and interests

The initial assessment must be completed within 14 days of admission. Assessments must be updated at least every three months. Residents must also be assessed whenever there is a significant change in their condition. Otherwise, residents must be fully assessed at least once a year.

The nursing home should interview the resident and resident's family or legal representative during the assessment. A copy of the assessment should be kept in the resident's medical record. Residents and their authorized representatives have a right to review the assessment and other medical records.

### **WHAT ARE THE CARE PLANNING REQUIREMENTS?**

- Care plans in all Georgia nursing homes must include objectives and timetables describing how a resident's medical, nursing, and social needs will be met.
- Medicare and Medicaid certified nursing homes must develop the care plan within 7 days after the assessment is completed.
- Care must be provided in a way that prevents any decline in a resident's abilities or condition unless the decline cannot be prevented due to illness.

**Residents and their family members have a right to participate in the care planning process.**

### **WHAT IS A RESIDENT CARE PLAN MEETING?**

Care plan meetings are periodic meetings of health care professionals such as nurses, doctors, therapists, dieticians and social workers to discuss and evaluate a resident's needs. When changes in a resident's needs are identified, the care plan must be revised to address those needs.

A care plan meeting should be held as needed, but at least every 90 days for each resident. Many nursing homes routinely invite residents and their representatives to attend care conferences. These meetings, if conducted properly, offer a good opportunity to discuss current concerns. Residents and their representatives should seek an invitation to the care plan meetings if their home does not routinely ask them to attend.

Residents can use the conference to get questions answered, to raise objections about current practices and to provide information to the staff. The care plan meeting should be conducted at a time and in a manner which fosters resident participation.

### **SUMMARY**

Assessment and care planning are critical to good nursing home care. Done properly, these evaluations help improve the quality of care and quality of life in nursing homes. Involvement of the resident, family members and other representatives is essential to provide the information and feedback needed to establish a sound and workable plan.

**With the resident's permission, the Community Ombudsman can attend the care plan conference.**

# **OMBUDSMAN FACT SHEET 8**

## **FAMILY COUNCILS IN NURSING HOMES**

### **WHAT IS A FAMILY COUNCIL?**

A family council is an organized group of relatives and friends of a nursing home's residents who meet on a regular basis to discuss issues and concerns regarding the home.

### **WHAT IS THE PURPOSE OF A FAMILY COUNCIL?**

The main purpose of most family councils is to protect and improve the quality of life in the home and to give families a voice in decisions that affect them and their loved ones in the facility. Specific objectives vary greatly from council to council. Some examples include:

- ◆ Support for families
- ◆ Education and information
- ◆ Discussion and action on concerns and complaints
- ◆ Services and activities for residents
- ◆ Joint activities for families and residents

### **WHAT ARE THE BENEFITS OF A FAMILY COUNCIL?**

Effective family councils benefit families, residents and the nursing homes in which they are involved. Family councils allow families to give each other the support, encouragement and information they need. No one knows as well as a family member how difficult it is to place a loved one in a nursing home. After placement, families continue to share similar concerns, problems and questions that involve their resident. Council involvement helps provide family members an opportunity to express their ideas and concerns and a way to work for positive change.

Family council involvement can especially benefit residents who are physically or mentally unable to voice their concerns and needs. The nursing home also benefits through dealing directly with family concerns and ideas by conveying needed information to families and establishing meaningful lines of communication. The nursing home administrative staff may be able to use the family council as a sounding board for new ideas. Residents should benefit from council efforts to improve the quality of life in the nursing home.

### **HOW ARE FAMILY COUNCILS ORGANIZED AND STRUCTURED?**

Some family councils are initially started by nursing home staff, often at the administrator's request. Other councils are started by interested families or friends or by nursing home volunteers or community leaders. Although the organizational structures of family councils vary greatly, there are some common features of most councils. Family councils should be run by friends and relatives of the home's residents, choose their own topics, have elected leadership, meet on a regular basis, and have some method for exchanging information with the nursing home staff. **Two structures are common:**

**1. Town Meeting Model** - If the group of interested families and friends is small, the council usually invites all families to each meeting. Planning, decision making, and other basic tasks are carried out at these meetings.

**2. Executive or Planning Committee-** If the group is large, a committee may be needed to plan and make decisions that would be too time consuming to deal with in meetings of the full council. The committee may meet monthly and plan bimonthly or quarterly events or projects to which all families are invited.

A family council is not the same as a “family night”. Family night is a name used in many nursing homes for occasional educational or social functions planned and hosted by the nursing home staff for families and friends of the home’s residents. While these programs may be beneficial, they serve a different purpose from family council run by the relatives and friends themselves.

### **DO RELATIVES AND FRIENDS HAVE A RIGHT TO ORGANIZE A FAMILY COUNCIL?**

Yes. All citizens have constitutional rights to organize and meet to discuss issues of concern. Georgia law also gives family members of nursing home residents the right to present concerns without retaliation. **Medicare and Medicaid-certified nursing homes must allow family councils to operate and must provide meeting space in the facility for their activities. Staff from the facility may attend only at the invitation of the family council.**

## **OMBUDSMAN FACT SHEET 9**

### **HANDLING LOSS AND THEFT PROBLEMS IN NURSING HOMES**

Two of the most common problems experienced by residents of nursing homes are loss or theft of personal items. Missing items may include clothing, dentures, eyeglasses, jewelry, radios, televisions, money, food and similar possessions. Loss of a personal possession is always upsetting. For nursing home residents, it adds to existing feelings of insecurity, loss of dignity and self-worth.

#### **WHAT ARE MY RIGHTS REGARDING SAFETY AND STORAGE OF PERSONAL POSSESSIONS?**

All Georgia nursing homes must:

- Give residents reasonable space for personal possessions and allow residents to retain and use personal clothing and possessions as this space permits.
- Provide for the safekeeping of personal possessions and funds, as requested by residents, except for personal property which would impose an unreasonable burden on the nursing home.
- Have procedures for marking, laundering, ironing and mending clothing of each resident.
- Individually store clothing of each resident.
- Have an inventory system for resident clothing in order to prevent and control loss or theft insofar as possible.

#### **HOW TO PREVENT LOSS OR THEFT**

Loss and theft of property are difficult to deal with in any setting where people live in close quarters. However, there are some strategies which have proven effective in controlling or reducing loss or theft.

#### **WHAT ARE REMEDIES TO REPLACE A LOST OR STOLEN ITEM?**

- It is important not to assume that a missing item has been stolen. As in your own home, it is possible to misplace an item and not be able to find it. Many times a cooperative search effort by staff and resident or family will turn up the missing item.
- If theft is suspected, a report should be filed with the administrator of the facility. A report to the police should also be considered. Although the police may have difficulty gathering sufficient evidence to prove theft, their involvement may help deter future problems.

- Ask the facility to replace the item. As noted earlier, Georgia nursing homes must allow residents to retain and use personal possessions. Georgia law creates an obligation on the facility which cannot be waived by the provisions in the homes admission contract. Most facilities carry insurance to cover loss or theft. You should urge them to file a claim or compensate you in some other way.
  
- Check coverage under your Homeowners Insurance policy. It is possible that it may cover losses in a nursing home. If not, you might want to see if the policy can be extended so coverage will be available in the future.
  
- As a last resort, file a claim in Small Claims Court. Small Claims Courts are a division of District Courts. These courts handle claims of up to \$1,500 in a simple and informal manner. Attorneys are not needed or allowed to practice in Small Claims Court and filing fees are very reasonable. If you feel that you should be compensated by a long term care facility which refuses to do so, Small Claims Court will provide you an opportunity to have your case heard without great expense. More details about Small Claims Court can be obtained at your County Clerk's office.

## OMBUDSMAN FACT SHEET 10

### FOOD AND NUTRITION ISSUES IN NURSING HOMES

Meals help meet many needs for all persons, in and out of nursing homes. In nursing homes, meals and mealtimes are especially important. Many nursing home residents have special nutritional needs. Others may need food specially prepared due to digestive disorders. Mealtimes are one of the most important activities of each day and provide an important opportunity for social gathering and sharing. Due to their social and nutritional significance, meals are a major concern for most nursing home residents.

#### WHAT ARE MY RIGHTS CONCERNING MEALS IN MY NURSING HOME?

All nursing homes must meet the following dietary requirements:

- Your meals must meet recommended dietary allowances for persons of your age and sex.
- At least three meals shall be served daily, at a regular time, with not more than a 14-hour span between a substantial evening meal and breakfast.
- Menus for the current week shall be posted in the dining room or other public place.
- Hot foods shall be served hot and cold foods served cold.
- Meals shall be served in an appetizing and sanitary manner.
- Supplemental fluids and special nourishments should be provided if ordered by the physician.
- The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.
- Based upon a resident's comprehensive assessment, the facility must ensure that a resident (1) maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) receives a therapeutic diet where there is a nutritional problem.
- Nutritious snacks must be offered several times daily.
- Food should be served cut, ground, chopped, pureed, or in another manner which meets your needs.
- Medicare and Medicaid certified nursing homes **must** consider your personal preferences. If you refuse food served, you should be offered a substitute with similar nutritional value.

#### WHO IS RESPONSIBLE FOR MY MEALS?

Your physician is responsible for identifying special dietary needs you may have. The nursing home must have a dietary or food services supervisor in charge of meal preparation who meets state training requirements. If the food services supervisor is not a registered dietician, the supervisor must receive at least eight hours supervision from a registered dietician.

## **CAN I GET A SPECIAL DIET IF I NEED ONE?**

Yes. Nursing homes are required to provide special diets, as needed. Your physician will need to prescribe your special diet and give it to the food services supervisor. The food services supervisor may also be able to assist you with arranging a special diet.

## **WHAT IF I NEED ASSISTANCE EATING?**

Nursing homes are required to assist you if you need help being fed. This assistance should be provided at the time meals are served so that hot food is still hot and cold food is still cold. The nursing home should ensure that you eat a sufficient amount of food to meet your nutritional needs. If you can feed yourself but need supervision, adequate supervision should be provided regardless of whether you eat in the dining room or your own room.

## **WHAT SHOULD I DO IF I HAVE PROBLEMS WITH MY MEALS?**

Food complaints are among the most common complaints in nursing homes. Good nutritional and fluid in-take are very important to the elderly and those with illnesses. If you have concerns regarding the food, meal service or special dietary concerns, bring them to the attention of the Food Services Supervisor and, if necessary, the administrator of your home.

Many times, the Resident and/or Family Councils have taken food and nutrition issues to the home's administrative staff members. Their actions have been instrumental in the improvement of the quality of the food service.

## **WHAT CAN YOU DO IF YOUR CONCERNS AREN'T RESOLVED?**

The Ombudsman may be able to help you or you may wish to file a formal complaint with the Office of Regulatory Services. However, most food concerns are not easily resolved by contacting regulatory agencies. Another approach, which may be more effective, is to address these concerns through the home's residents' council or family council, if they exist. Working with other residents or family members may help you show that problems are not isolated and attract more attention to your suggestions. If you need to file a formal complaint, the fact that your concerns are shared by other persons may help gain needed enforcement action.

# OMBUDSMAN FACT SHEET 11

## CARE REQUIREMENTS IN NURSING HOMES

Most nursing home residents require some help with basic needs such as bathing, dressing, feeding, and toileting. The nursing home **must** identify each resident's needs and establish a care plan to meet these needs. This fact sheet describes some of the requirements nursing homes must meet in helping residents with daily care. Another fact sheet describes how a care plan is developed and your right to participate in its development.

Federal and Georgia regulations set daily care requirements for nursing homes. Georgia law applies to all Georgia nursing homes. Almost all Georgia nursing homes are Medicare or Medicaid approved.

### **Federal law contains four key standards for nursing home care:**

- ◆ The nursing home must provide services to help each resident attain or maintain the **highest practicable** physical, mental, and psychosocial well-being.
- ◆ A resident's ability to bathe, dress, groom, transfer, walk, toilet, eat and communicate **must not decline** unless it is medically unavoidable.
- ◆ If a resident is unable to carry out activities of daily living, he or she **must receive help** to maintain good nutrition, grooming, and personal and oral hygiene.
- ◆ Each resident has the **right to make choices** about his or her care.

Georgia and federal law set minimum requirements for daily care. Some of these requirements are described below.

**CLEANLINESS:** Each resident must receive help, as needed, with care of skin, mouth, teeth, hands and feet. Residents should receive help to take a full bath or shower, including a shampoo, as often as needed, but at least once a week. Bedfast residents should be given a full bath at least twice a week and a daily bed bath. Whenever a resident becomes wet or soiled, the clothing and linens should be changed and washed, and the affected body areas cleaned. Each resident should have an opportunity to shave daily with assistance as needed. Hair should be brushed or combed daily. Before breakfast, residents should receive needed help with personal care, including toileting, oral hygiene and washing of hands and face.

**SKIN CARE:** Each resident should receive needed skin care to prevent or treat dryness, irritation, itching or pressure sores. People who lay or sit in one position for long periods of time often develop pressure sores. Pressure sores are also known as bedsores or decubitus ulcers. Pressure on the skin prevents blood vessels from carrying nutrients to the affected area. This causes skin breakdown which can lead to large sores, infections and severe pain if not treated. Poor nutrition and certain medical conditions may also lead to development of pressure sores. Nursing homes must make sure that residents entering the facility do not develop pressure sores and that residents who have them are given treatment to promote healing and prevent infection. Residents confined to bed or a chair should be checked and

their position changed (turned) every two hours-more often if the resident is uncomfortable. If needed, supportive devices, special mattresses, pads and pillows should be used to maintain normal body posture and to relieve pressure. Residents should receive daily help with walking and exercise to help maintain or improve their circulation, strength and use of their body.

**DRESSING:** Residents should be dressed in their own clean, comfortable clothing each day.

**TOILETING:** Residents who have control of their bowel and bladder should receive help using the toilet as often as needed.

Many nursing home residents are incontinent, meaning they have lost control of their bowel or bladder. Residents who become wet or soiled should be cleaned and changed quickly. Incontinent residents should receive care to help restore as much normal bowel and bladder functioning as possible. This care often involves increasing fluid intake and helping residents to the toilet on a regular schedule.

Catheters should only be used for medical reasons. Those residents who do have a catheter, as well as those residents who are incontinent, should receive care which minimizes the development of urinary tract infections.

**EATING:** Residents who need help eating should receive timely assistance. For example, if needed, packages should be opened, special spoons, forks and plates provided, and staff available to feed residents. Food normally eaten hot should be served hot and food normally eaten cold should be served cold. Feeding tubes and other mechanical devices should not be used unless medically necessary. Another fact sheet gives more information on meals and nutritional issues.

**FLUID INTAKE:** The nursing home must ensure that each resident receives sufficient fluids to maintain good health and prevent dehydration. Fresh water and drinking cups must be available on each bedside table. Extra effort to maintain adequate hydration should be taken during warm weather.

**VITAL SIGNS:** Residents must be weighed, and their blood pressure, temperature, respiration rate, and pulse taken at admission and at least monthly, or more often if ordered by the physician.

**SPECIAL NEEDS:** Nursing homes must arrange for special services residents may need such as physical, speech and occupational therapy, dental services, mental health evaluation and treatment, podiatry services, respiratory care, and vision and hearing services.

**THIS FACT SHEET ONLY SUMMARIZES SOME OF THE DAILY CARE REQUIREMENTS NURSING HOMES MUST MEET. MANY OTHER REQUIREMENTS ALSO EXIST.**

## **OMBUDSMAN FACT SHEET 12**

### **HOW TO PARTICIPATE IN THE NURSING HOME INSPECTION PROCESS**

Each year, nursing homes have a complete inspection by the Office of Regulatory Services (ORS). During the standard inspection, the ORS inspectors, called surveyors, are supposed to determine if the facility meets state and federal standards. The surveyors examine how care is given to a number of residents and evaluate the facility, its policies and documentation.

The surveyors are also supposed to talk to some residents and family members to identify if they have any concerns. If you would like to talk to one of the surveyors during the inspection, the Ombudsman may be able to assist you. At the beginning of each inspection, the inspection team contacts the Ombudsman program and informs us about the inspection. We are able to give any information we have about the nursing home, including the names of residents or family members who would like to be interviewed.

If you are interested in being interviewed by ORS, please complete the form on the reverse side and return it to our office. Although we cannot guarantee that ORS surveyors will contact you during the survey, there is a good chance that they will do so if we provide them with your written permission. We cannot give ORS your name or any information about your concerns without your permission.

If you have an immediate concern about the nursing home, it is best not to wait until the survey to seek action. The Ombudsman can give you information about other options for addressing your concerns, including how to file a formal complaint with ORS. If you file a formal complaint with ORS, your case will be assigned to a specific investigator to evaluate your concerns. Please contact your local Ombudsman office if you need more information about filing a complaint or other options to address your concerns.

**AUTHORIZATION TO RELEASE INFORMATION TO**

**OFFICE OF REGULATORY SERVICES**

I, \_\_\_\_\_, authorize the Ombudsman Program to release my name, telephone number, and a summary of my concerns to the Georgia Office of Regulatory Services so that I can be considered for a possible interview during its next full inspection of

\_\_\_\_\_  
(Name of facility)

**This release does not authorize the Ombudsman to release my name or information regarding my concerns to any other source.**

**Signature:**

**(Resident or family)**

**Resident & Room Number:** \_\_\_\_\_

**Date:**

# OMBUDSMAN FACT SHEET 13

## INVOLUNTARY TRANSFERS AND DISCHARGES FROM NURSING HOMES

### WHAT IS AN INVOLUNTARY TRANSFER?

An involuntary transfer is any transfer within the nursing home or from the nursing home not agreed to in writing by a nursing home resident or legal guardian.

The following information applies only to transfers **out** of the facility. These conditions do not apply to room changes within the nursing home, except for moves into and out of Medicare certified sections. Other transfers within the facility are referenced in the fact sheet “**ROOM AND ROOMMATE CHANGES IN NURSING HOMES.**”

**FEDERAL GUIDELINES 483.12**

**GEORGIA CODE 290-5-39.11**

Under these requirements, “transfer” is moving a resident from the facility to another legally responsible institutional setting. “Discharge” is moving a resident to a non-institutional setting, releasing the facility of responsibility for the resident’s care. (Examples: a transfer from one nursing home to another; a discharge from the nursing home to their personal home.)

The facility may not transfer or discharge against the resident or responsible party’s wishes, **UNLESS:**

- It is necessary for the resident’s well-being and the facility cannot provide adequate services.
- The resident’s health has improved so that the resident no longer requires the services provided by the facility. This information must be documented by the resident’s physician.
- The safety of other individuals in the facility is endangered.
- The health of other individuals in the facility would otherwise be endangered. Any physician may provide this documentation.
- The resident has failed, after reasonable notice, to pay for a stay at the facility. There must be sufficient documentation in the Resident’s medical record to demonstrate a reason for action in all of the circumstances listed above.
- The facility ceases to operate.

In the event of an INVOLUNTARY TRANSFER OR DISCHARGE, the facility **must** assist

the resident in finding a reasonably appropriate alternative placement. A plan must be designed to minimize any stress to the resident, including counseling on the available community resources, informing appropriate State Agencies or Social Service organizations, including but not limited to the Long Term Care Ombudsman. The facility **must** assist in arranging for the transfer.

### **TIMING OF NOTICE AND APPEAL RIGHTS**

The resident's guardian or representative, and the resident's physician must be given at least 30 days written notice before any proposed transfer or discharge, except in the case of emergency discharge. Emergency discharges should only take place under specific guidelines and must be ordered by the physician. This must be well documented in the resident's medical record. **THIS IS NOT A PERMANENT DISCHARGE AND DOES NOT RELIEVE THE FACILITY OF ITS OBLIGATION.**

The 30-day notice must be given in writing and must contain specific information including appeal rights, the right to legal representation and how to contact the Ombudsman.

### **MEDICARE-MEDICAID CERTIFIED NURSING HOMES**

Residents may not be involuntary transferred from one room to another in a distinct part of the facility for the sole purpose of obtaining Medicare or Medicaid eligibility.

If a resident occupies a bed in a part of the nursing home that participates in Medicaid and not in Medicare, he or she may not be moved involuntarily so that he or she will be eligible for Medicare payment. The resident may forego the possibility of Medicare coverage for their care. Such moves are only appropriate if the resident requests. (Example: a private pay resident could receive coverage from Medicare if medical condition warrants, and could receive this care in a Medicare certified bed.)

**If the resident is Medicaid eligible and the facility participates in the Medicaid program, all beds in the facility are Medicaid certified. There is no distinct part for Medicaid. If a resident is admitted into a Medicare bed and becomes eligible for Medicaid, they may choose to stay in the same bed and receive Medicaid benefits.**

**IN THE CASE OF ANY INVOLUNTARY TRANSFER OR DISCHARGE, CONTACT THE OMBUDSMAN PROGRAM IMMEDIATELY.**

# OMBUDSMAN FACT SHEET 14

## OPTIONS FOR SOLVING PROBLEMS IN NURSING HOMES

### I HAVE PROBLEMS AT MY NURSING HOME. WHAT SHOULD I DO?

It is often difficult for nursing home residents or their representatives to decide how to deal with problems. Many simply keep quiet. Sometimes, residents keep quiet because they do not want to be considered complainers. Others are afraid of retaliation. Some residents believe complaining will do no good. Residents and their representatives must speak up about concerns or the problems will not be addressed.

State and federal law give residents and their representatives the right to complain without retaliation. Your community ombudsman can help you make sure this right is respected. This fact sheet identifies a variety of ways to bring attention to your concerns or problems.

### TO WHOM SHOULD I COMPLAIN?

The first place to complain is to the staff of the nursing home.

- Identify the nursing home staff person who has the knowledge and authority to respond to your concern. If you are concerned about your care, you should try to speak to the charge nurse on your unit or the Director of Nursing for your facility. If the problem involves your meals, you may wish to speak to the dietary supervisor.
- Go just high enough in the chain of command to find somebody who is willing and able to address your concerns.

If the staff does not respond appropriately, ask to speak to the administrator of the facility. The administrator is responsible for managing the home and has the authority to direct the staff to respond to your concerns.

Nursing homes are required to have a written *GRIEVANCE PROCEDURE*. Your facility should have a process for making a formal complaint and for answering your concerns. Ask for information about this process and obtain a copy of a complaint form. Consider putting your complaint in writing to the administrator. Often, written complaints get more attention. Keep a copy so you can document the steps you have taken.

### CARE PLANS & CONFERENCES

At least once every three months, and whenever there are significant changes in your needs, the nursing home **must** hold a Care Plan meeting to plan your care. You have the right to attend these meetings. Your family members or other representatives have the right to attend these meetings. The care plan meetings are attended by health care professionals in the nursing home such as nurses, dietitians, therapists, social workers, and possibly your doctor. These meetings provide a good opportunity to get information and to raise questions or concerns about your care. For more information on care plans, ask your local ombudsman for a copy of the fact sheet "**ASSESSMENT AND CARE PLANNING IN NURSING HOMES**".

## **RESIDENT AND FAMILY COUNCILS**

A Resident Council is an independent, organized group made up of persons living in a nursing home. The Council meets on a regular basis to discuss concerns, develop suggestions and plan activities.

Family Council, made up of family members and friends of residents, also meet regularly and have similar purposes. If your nursing home has a Resident or Family Council, it may be a good place to discuss your concerns. By working with other residents and family members, you may be able to bring more attention. Ask your local ombudsman for a copy of the fact sheets on Resident and Family Councils.

## **CONTACTING THE OWNER**

If the administrator has not responded to your satisfaction, you may want to contact the owner/operator of the nursing home. The owner or operator hires the administrator and has authority over him/her. Owners who care about their business will take your concerns seriously. You are their customer. While the owner may not directly resolve your problem, he/she has the authority to make changes at the home. Just contacting the owner may convince the nursing home staff to take your concerns more seriously. Your local ombudsman can help you identify the owner and how to contact him/her.

## **FILING FORMAL COMPLAINTS**

If the nursing home has not addressed your concern to your satisfaction, you may want to file a complaint with the state agency that licenses nursing homes. To report problems with quality of care, abuse or other violation of resident's rights call or write:

**David Dunbar**

**Long Term Care Section, ORS  
2 Peachtree St. N. W., 22nd Floor  
Atlanta, GA 30303  
(404) 657-5726 & (404) 657-5728**

The Office of Regulatory Services, ORS, has established these central complaint intake phone numbers. Often, these lines are busy. Keep trying. It may be better to send your complaint in writing. Once your complaint has been received at ORS, you will get a complaint number. Keep this number in a safe place so you can refer to it if necessary.

# OMBUDSMAN FACT SHEET 15

## GUIDELINES ON USE OF PHYSICAL RESTRAINTS IN NURSING HOMES

### WHAT ARE PHYSICAL RESTRAINTS?

Physical restraints are items used to restrict, restrain or prevent movement of a person. Examples of these include belts, vest restraints and wrist restraints. Special chairs and bed side rails can be used as restraints. Whether or not a particular item is considered a physical restraint depends on the purpose and effect of its use. If an item is used to restrict movement, it is a restraint. The same item may not be considered a restraint if it is used to enable a resident. For example, a bed rail could be used to keep someone from getting out of bed or it could be used to help a resident turn over in bed.

The most common reason given for using restraints is to prevent injuries to people who are at risk of accidental falls. However, according to the *Journal of the American Medical Association (JAMA)*, there is no evidence that restraints reduce the risk of falls or injuries.

### SHOULD USE OF RESTRAINTS BE LIMITED?

**Yes.** Although some believe restraints may help prevent some injuries, they often create other serious problems. These problems include chronic constipation, incontinence, pressure sores, emotional problems, isolation, and loss of ability to walk or perform other activities. Residents have been harmed trying to escape from restraints or from improperly applied restraints. The use of restraints can be a humiliating experience for a resident. Restraints are typically seen by residents as the loss of the basic right to move around.

### WHAT ARE THE RIGHTS OF NURSING HOME RESIDENTS REGARDING USE OF RESTRAINTS?

Federal law and the Georgia Nursing Home Reform Act prohibit nursing homes from using restraints unless they are medically needed. Nursing home residents have the right to refuse treatment, including the use of restraints. Although Georgia and federal laws regarding use of physical restraints are similar, there are some differences. Georgia law applies to all Georgia nursing homes. Federal law only applies to Medicare/ Medicaid-certified facilities. Most nursing homes are Medicare and Medicaid certified.

### WHAT ARE THE GEORGIA GUIDELINES?

Georgia regulations require all nursing homes to carefully assess the needs of each resident. Restraints may only be used as a last resort and only after less restrictive alternatives have been tried. Restraints must never be used:

- As a permanent means of control;
- As a form of punishment;
- For the convenience of facility staff; or
- As a substitute for activities or treatment.

If restraints are used they must be based on a physician order for a specified and limited time. A qualified professional may only apply restraints.

## **WHAT ARE THE FEDERAL GUIDELINES?**

In addition to meeting Georgia standards, Medicare/ Medicaid certified nursing homes cannot use physical restraints unless they are needed to treat the resident's medical symptoms. Federal law requires certified facilities to care for residents in a way that maintains or enhances quality of life. Rarely does restraint use enhance a resident's quality of life.

Residents have the right to make decisions about their care and treatment. Restraints should not be used without the consent of the resident or the legal representative.

Medicare/ Medicaid certified nursing homes must ensure that a resident's abilities do not decline unless it cannot be avoided due to their medical condition. Residents often lose the ability to bathe, dress, walk, toilet, eat, and communicate when regularly restrained. If restraints are necessary, they must be used in a way that does not cause these losses.

**Residents must be released from restraints and exercised at least every two hours.**

Nursing homes sometimes use restraints to help residents maintain proper body alignment or position. However, proper positioning can often be achieved by using pillows, pads, or comfortable chairs. A Medicare/ Medicaid certified nursing home cannot use restraints to help position a resident unless it has first consulted with appropriate health professionals to determine whether less restrictive support devices could meet the resident's needs.

## **GENERAL OPTIONS FOR REDUCING USE OF RESTRAINTS**

There are many actions nursing homes can take to reduce or eliminate the need for restraints. Some general actions include:

- Meeting identified physical needs such as hunger, toileting, sleep, thirst, and exercise according to the resident rather than the facility's routine;
- Training staff members to meet individualized resident's needs;
- Staffing at levels high enough to enable staff members to respond to individualized resident's needs;
- Providing residents with companionship and supervision, including the use of volunteers, family and friends;
- Offering physical and diversionary activities such as exercise, outdoor time, and other activities of interest to residents;
- Adapting the environment through use of alarms, good lighting, individualized seating, mattresses on the floor, and so forth;
- Removing hazards such as over-bed tables with wheels.

## **SPECIFIC PROGRAMS FOR REDUCING RESTRAINT USE**

Some specific programs which have been used to reduce use of restraints in nursing

homes include:

- Restorative care, such as walking, bowel and bladder training, independent eating, dressing, and bathing programs.
- Wandering program to provide residents safe areas to walk while preserving the rights of others.
- Wheelchair management programs to assure the correct size chair is used and that it is kept in good condition.
- Individualized seating program for those residents who do not need wheels for mobility. Chairs should be tailored, as are wheel chairs, to individual needs.
- SERVE program (Self-Esteem, Relaxation, Vitality and Exercise), including fun, relaxation, stretching, range-of-motion and walking.
- Video visits. The family can send video-taped visits when the family members live far away.
- Outdoor program daily during good weather.
- Rehabilitation dining room to help residents increase mealtime skills and independence.

### **HOW CAN I HELP PREVENT UNNECESSARY RESTRAINT USE?**

Make sure the nursing home conducts a careful assessment and considers all options before using restraints. If your nursing home knows you are well informed on this issue, staff members are more likely to respect your wishes regarding the use of restraints.

The National Citizens Coalition for Nursing Home Reform has developed the following information packets on restraints and alternatives.

Restraints Packet A: Inappropriate Use of Physical and Chemical Restraints-Overview of Law, Regulations and Health Care Practice (\$15.00)

Restraints Packet B: Alternative Care Approaches to Reduce Use of Physical and Chemical Restraints (\$15.00)

Restraints Packet C: Eliminating Inappropriate Use of Psychotropic Drugs (\$30.00)

The three packets can be purchased together for \$50.00. The Coalition can be reached at:

National Citizens Coalition for Nursing Home Reform  
1224 M Street, NW Suite 301

Washington, DC 20005-5183

(202) 393-2018

# **OMBUDSMAN FACT SHEET 16**

## **RESIDENT COUNCILS IN NURSING HOMES WHAT IS A NURSING HOME RESIDENT COUNCIL?**

A Resident Council is an independent, organized group made up of people living in a nursing home that meets on a regular basis to discuss concerns, develop suggestions on improving services and plan social activities. The sizes and structure of Councils varies widely. Some Resident Councils function well with up to 30 residents at meetings. Others are effective with only a few active members. Leadership styles vary as does the amount of resident participation.

### **WHY HAVE A RESIDENT COUNCIL?**

The lives of nursing home residents are heavily controlled by laws, rules and policies set by the government and the nursing home. Compromises in life styles become necessary due to health problems and the close quarters in which residents live. These compromises and controls can make nursing home residents feel like their opinions and preferences do not matter.

Many nursing home residents are not content to give up control over their lives. They want an active role in life and the chance to influence decisions which affect them. A Resident Council gives them that chance.

### **EFFECTIVE RESIDENT COUNCILS:**

- Improve communication within their homes. They are known as places to get the facts and help dispel rumors.
- Help identify problems early when it is easier to correct them. They are an important part of the grievance process and help avoid the necessity of discussing problems with outside sources.
- Serve as a sounding board for new ideas.
- Help individuals speak out about concerns and help overcome fear of retaliation. When people are dependent on others for their needs, there is fear that they may make others so angry that care will be withheld. Resident Councils lessen the fear because speaking as a group protects each individual.
- Improve the atmosphere of the nursing home. The staff appreciates residents' input in some of the responsibilities of planning activities and events.
- Promote friendship. By working in small groups that meet regularly, residents have a chance to get to know each other well.

### **DO RESIDENTS HAVE A RIGHT TO MEET AS A COUNCIL?**

**YES.** Federal and state laws give residents the right to meet as a council. At the time of admission, nursing homes are required to inform new residents of their right to establish a council if one does not exist or to participate in the activities of a council which is already

operating.

Councils have the right to meet privately or to invite members of the nursing home's staff, relatives, friends, or members of community organizations to participate in the meetings. The residents of a home may invite a staff person to serve as liaison to the Council, to attend council meetings if requested and to provide needed support services and assistance such as typing minutes and correspondence.

### **HOW ARE RESIDENT COUNCILS ORGANIZED?**

The structure of a Resident Council can be the key to its success. The size of the home and the abilities and needs of the residents are important factors to consider in selecting a structure.

In small homes, Resident Councils are frequently operated as open meetings for all interested residents. There may be a steering committee to help plan meeting agendas and to follow up on decisions made by the Council. Larger homes often have Councils made up of representatives either elected or recruited from different sections of the facility. Council representatives are responsible for seeking the concerns and suggestions of residents in their area and for bringing this information to the meetings.

# OMBUDSMAN FACT SHEET 17

## WHAT TO LOOK FOR WHEN CHOOSING A NURSING HOME

When Looking for a Nursing Home You Should:

### REQUEST A TOUR OF THE ENTIRE HOME

**Yes**   **No**

- Are the rooms and corridors clean, tidy and free of urine odor?
- Is there a nurse call system by each bed?
- Is there fresh drinking water at the bedside?
- Do residents have their own belongings in their rooms?
- Are certain areas of the facility more desirable than others?
- Are there privacy curtains, bed stands and individual closets in each room?
- Are the most recent survey reports from the State Inspectors posted in a public place?

### VISIT DURING MEALTIME

- Does the food look appetizing?
- Do the residents dine together and talk to each other?
- Are aides assisting residents who need help with eating?

### OBSERVE INTERACTION BETWEEN RESIDENTS & STAFF

- Do the nurses and aides treat residents with respect?
- Is the staff attentive to resident's needs?
- Does there seem to be enough staff?
- Are the residents properly dressed, clean and active?
- Is there an atmosphere of warmth and friendliness?

**If possible, speak with some of the residents and family members. Get their impressions of the nursing home.**

### INQUIRE ABOUT SERVICES THE HOME PROVIDES

- Are social and recreational services offered? How often? \_\_\_\_\_
- Does the home have a resident's council? Family council?
- Does the home meet the dental, eye and hearing needs of residents?
- Does the home provide physical, occupational and speech therapy?
- Does the home have a program for the prevention and treatment of incontinence?
- Does the home provide for the mental health needs of the residents?

**What is the physician's name and telephone number?** \_\_\_\_\_

**How often does the doctor see residents?** \_\_\_\_\_

**Is the doctor available in emergencies?**

**Yes**

**No**

**Request a copy of the home's rules and policies.**

### **THE NURSING STAFF**

Certified Nurse Aides (CNA's) provide most of the care in nursing homes and largely determine the quality of care. A home with a high turnover of staff has great difficulty providing consistent good care.

What types of orientation and training is given to aides? How often? By whom? Is it updated and ongoing? How long have most of the nurse aides worked at the home?

Ask about the qualifications of other staff. Are there enough licensed nurses to provide supervision and assistance to the nurse aides?

### **FINANCES AND ADMISSION CONTRACTS**

If Medicaid and/or Medicare coverage is planned, either on admission or in the future, you must find out if the home is certified to participate in these programs. **OTHERWISE, THE RESIDENT'S EXPENSES WILL NOT BE COVERED.**

If the source of payment is Medicaid, the nursing facility may say that there are no Medicaid beds available. If the facility is Medicaid-certified, this is erroneous information and you should contact the ombudsman.

Upon entering a nursing home, you will be asked to sign an admissions agreement. An admissions agreement is a contract that describes the legal relationship with the nursing home. The agreements you make in the admission contract are very important because they describe the services you receive, your rights and responsibilities, and the charges for your care.

If a nursing home is considering admitting you, ask for a copy of their admission contract as soon as possible. Most admission contracts are quite long and contain legal terms. The more time you, your representative or your attorney have to review the contract, the better. Some contracts may contain illegal requirements. A court would not enforce these requirements. Other requirements may be legal but unacceptable to you. You may negotiate agreements to change the contract.

Under federal law, Medicare/ Medicaid approved nursing homes cannot require anyone other than the resident to guarantee payment. Federal law also prohibits facilities from charging deposits or pre-admission fees to anyone whose nursing home care will be covered by Medicare or Medicaid.

The admission contract should give the daily room rate and state the services it covers. The facility should also give you a list of optional services and the charges for them. It is important to find out what services are covered in the daily rate. Some facilities charge extra for common services that you might expect are covered by the daily rate.

Please review the attached checklist to help evaluate nursing homes that you are considering.

## **ADMISSION CONTRACT CHECKLIST**

**You may want to use the following checklist when you sign the admission agreement to make sure everything is covered:**

- Services included in the daily rate;
- Services for which there is an extra charge;
- Source of payment, such as Medicare or Medicaid;
- Cost to patient;
- Terms of the security deposit, if any;
- Resident's rights and grievance procedure;
- Additional provisions agreed to by both parties;
- Designation of patient representative, if desired by resident.

**At the signing, make sure you have:**

- A receipt for money deposited in the patient's trust fund, if any;
- A receipt for the security deposit, if any;
- A receipt for advanced payment;
- A copy of the home's residents' rights policy and grievance procedure;
- A copy of every other document you sign at admission.

**Make sure that the nursing home has attached to the contract:**

- Signed inventory of resident's clothing and personal belongings;
- A copy of the patient representative form, if approved;
- A copy of any additional agreements you have made with the home;
- A copy of every other document you sign at admission;
- An Ombudsman Program brochure.

### ***Signing the Contract***

The contract should be signed by the nursing home resident or his/her legal representative. Federal law prohibits Medicare/Medicaid approved homes from requiring anyone other than the resident to be financially responsible. If you are asked to sign the contract and are only agreeing to make payment out of the resident's funds, write that statement on the contract, sign it and make sure the nursing home representative initials this change.

# **OMBUDSMAN FACT SHEET 18**

## **YOUR RIGHT TO CARE WITHOUT DISCRIMINATION**

Federal and Georgia laws prohibit discrimination against residents or people seeking care on the basis of race, national origin, age, religion, sex, color or handicap.

This Fact Sheet summarizes some of your civil rights and explains how to file a complaint if you have experienced discrimination.

### **DISCRIMINATION BASED ON HANDICAP**

People seeking nursing home care often find it difficult to gain admission to a facility if they need a lot of care, require specialized services or have certain types of medical conditions. This type of discrimination is illegal.

Section 504 of the federal Rehabilitation Act of 1973 prohibits Medicare/ Medicaid approved nursing homes from discriminating against you if you are handicapped. Under this law, you are considered handicapped if you have a physical or mental impairment which substantially limits your ability to care for yourself. Included among these impairments are walking, seeing, hearing, speaking, breathing or learning to perform other major life activities. Some examples of handicapping conditions are: AIDS, Alzheimer's disease, blindness, cancer, diabetes, deafness/ hearing impairment, heart disease, and MRSA. MRSA, which stands for Methicillin Resistant Staphylococcus Aureus, is an antibiotic-resistant staphylococcus infection.

However, nursing homes can refuse to admit people who need more care than they are licensed or certified to provide.

### **DISCRIMINATION BASED ON AGE**

The federal Age Discrimination Act of 1975 prohibits Medicare/ Medicaid approved nursing homes from discriminating against you on the basis of your age. While most nursing homes do not discriminate against people because they are too old, some facilities prefer not to admit younger applicants. This type of discrimination is also illegal.

### **DISCRIMINATION BASED ON RACE, COLOR OR NATIONAL ORIGIN**

Title VI of the federal Civil Rights Act of 1964 prohibits Medicare/Medicaid approved nursing homes from discriminating against you based on your race, color and national origin.

## **WHAT SHOULD YOU DO IF YOU FEEL YOUR CIVIL RIGHTS HAVE BEEN VIOLATED?**

If you believe you have been discriminated against because of your race, color, national origin, age, sex, handicap or religion by a Medicare/ Medicaid approved facility, you may file a complaint with the Office for Civil Rights. The Office for Civil Rights is a division of the United States Department of Health and Human Services (DHHS). It is responsible for making sure that all organizations receiving federal funds from DHHS comply with civil rights laws.

**Your complaint must be in writing. Be sure to include the following information:**

- **Your name, address and telephone number. You must sign your name to the complaint letter.**
- **Name and address of the facility you believe discriminated against you.**
- **How, why and when you believe you were discriminated against.**
- **Any other relevant information.**

## **FINANCIAL DISCRIMINATION**

Current laws do not prohibit nursing homes from discriminating against people seeking admission based on their source of payment. Nursing homes prefer private paying residents because the payment rate can be higher.

Georgia and federal law protects people who are in nursing homes from being discriminated against based on their source of payment. If your nursing home is giving you less care or services because your care is being paid for by Medicare or Medicaid, it is violating your rights. In Georgia, this type of discrimination is investigated by the Georgia Office of Regulatory Services.

## **OMBUDSMAN FACT SHEET 19**

### **INVOLUNTARY TRANSFERS & DISCHARGES FROM NURSING HOMES**

#### **CAN MY NURSING HOME TRANSFER OR DISCHARGE ME WITHOUT MY CONSENT?**

NO, except for very limited reasons. State and federal laws help protect residents from being transferred from the facility without their permission unless:

- the transfer is required for medical reasons;
- your health or welfare of other residents or employees of the nursing home are in danger;
- you do not pay the nursing home for allowable charges;
- your health has improved so that you no longer need nursing home services;
- the nursing home closes.

#### **CAN I BE DISCHARGED IF I COMPLAIN ABOUT MY CARE?**

No! Residents and their representatives have the right to present grievances or to recommend changes in policies and services to facility staff, to government officials, to ombudsmen or to others without retaliation. Nursing homes that retaliate against residents are subject to civil fines.

#### **IF I CANNOT PAY PRIVATELY ANYMORE AND GO ON MEDICAID, CAN I BE ASKED TO LEAVE?**

Usually not. If the nursing home is certified by the Medicaid program and provides the care you need, it must accept Medicaid if you become eligible during your stay. Most Georgia nursing homes are certified by the Medicaid program.

#### **WHAT IS AN INVOLUNTARY TRANSFER?**

Georgia law defines an involuntary transfer as any transfer from the nursing home not agreed to in writing by a nursing home resident or the resident's legal guardian. Another name for involuntary transfer is eviction.

These provisions only apply to transfers out of the facility. They do not apply to room changes within the nursing home, except for moves into and out of Medicare/Medicaid certified sections of a nursing home. Your rights in this situation are explained in the Ombudsman Fact Sheet, "Room and Roommate Changes in Nursing Homes".

#### **WHAT PROTECTIONS EXIST TO ENSURE THAT I AM NOT INVOLUNTARILY TRANSFERRED?**

Medicare and Medicaid certified nursing homes must give you 30 days written notice before an involuntary transfer or discharge. The notices are not required if your situation involves a health care emergency or residents and/or staff members are in danger. The written notice must contain

the following information:

- the reason for the transfer;
- the effective date of the transfer;
- where you will be transferred;
- how to appeal;
- the name, address and number of the responsible official in the Office of Regulatory Services;
- how to contact the Ombudsman program.

A copy of the written notice must be sent to you, your representative or legal guardian and your physician.

### **HOW DO I APPEAL?**

You may contact your Community Ombudsman to assist you in filing an appeal. In some cases, this will be referred to Legal Services so that an attorney can file the appeal for you and represent you at the hearing. You cannot be discharged from the facility until the hearing.

**IF YOU DO RECEIVE A DISCHARGE NOTICE, OR IF THE HOME STATES THAT THEY WANT YOU TO LEAVE, CONTACT THE OMBUDSMAN IMMEDIATELY FOR ASSISTANCE.**

# **OMBUDSMAN FACT SHEET 20**

## **SEXUALITY IN THE NURSING HOME**

Sexuality is part of human nature throughout life. It doesn't automatically stop at the nursing home door. Being elderly and sick does not necessarily mean sexual desires decline. Family members and nursing home staff should expect sexual behaviors to occur and they should be ready and willing to respond appropriately.

### **REASONS RESIDENTS MAY SHOW SEXUAL INTEREST IN OTHERS**

#### Residents need to maintain intimate relationships.

Intimate relationships are important to life satisfaction and physical health. Residents of nursing homes have suffered multiple losses. They have lost their homes, their health, their independence and, usually, their life partners. An intimate relationship is something a resident can still maintain and treasure.

#### Residents need touch.

Humans thrive on being needed and accepted by others. Touch shows acceptance and positive regard. Touch deprivation results in depression, unresponsiveness and even death.

#### Physical or mental illnesses AND medications can affect sexual interests.

Some diseases or medications can decrease sexual behaviors and in some cases, increase sexual behaviors.

#### Transference may cause sexual interest in another.

By their mannerisms or looks, a person may remind a resident of someone significant in their life. If the significance of this person in their life (especially if it is a deceased partner) involved sexual intimacy, the resident may transfer this love and want for intimacy to another. The focus of this transference may be a staff member or another resident.

#### Inappropriate sexual behavior may be a part of a resident's personality.

Inappropriate behaviors don't just go away once a resident is admitted to a nursing home. Nursing home staff needs to obtain behavioral history on the resident so they can respond appropriately.

#### Inappropriate sexual behaviors may be "acting out" behaviors.

Unwanted advances may be expressions of anger or frustration concerning the resident's health and living conditions. The behaviors may be a resident's way of attracting attention.

## **HOW TO RESPOND APPROPRIATELY**

Realize that it could happen to anyone. Try not to be taken by surprise or to express negative emotions. Look for indicators of tendencies toward sexually inappropriate behavior, e.g., jokes with sexual innuendos. Sexual advances may be cross-sex, same sex or both. Before providing care, identify who you are and what you are going to do. Be sure your touch is appropriate.

Through regular in-service training, staff should be educated about and be prepared to handle inappropriate behaviors. Nursing facilities should enact policies and procedures for identifying and dealing with unwanted and inappropriate sexual behavior that may occur between residents and also staff.

Do not negatively label or punish the resident.

Firmly but gently identify unwanted behavior and point out that it is unacceptable. Remind the resident who you are, especially if the resident is confused. Don't make the resident feel ashamed over a mistaken identity or something s/he can't control. Discuss the incident with appropriate staff but remember to keep it confidential. Remain as objective as possible. Do not make moral judgements.

Try re-labeling the behavior.

Re-labeling can diffuse the situation by bringing an emotionally charged situation into focus. Also, remember that sexual interest shown by a resident may very well be a sign of health and recovery. What must be determined is whether the behavior is healthy for that individual.

Try to re-direct the behavior.

If the behavior is inappropriate, give the resident something else to be doing with his/her hands. An alert resident may realize this tactic so you will also need to attempt to redirect his/her thoughts. If masturbation in public is a problem, staff should be trained to recognize the resident's behavior and move the resident to a private area when the behavior occurs.

Don't encourage unwanted behaviors.

Don't encourage inappropriate jokes by responding to them or telling them. Don't use suggestive or inappropriate language. Don't dress suggestively. Don't respond to inappropriate and unwanted behavior with positive reinforcement. Respect residents' privacy. Do not interrupt masturbation or sex by consenting and alert residents when they are in a private location.

Do not be afraid to ask for help.

If you are a resident, tell your charge nurse. If you are a staff person, tell your supervisor. You are not at fault or "bad" because a resident expresses sexual interest in you. As a resident, the nursing home is obligated to protect your health and safety. If you are a staff person and the situation affects your ability to comfortably work with the resident, you may need to be re-assigned. It may be necessary for staff to care for the resident in pairs.

Do not just ignore the problem.

If you ignore it, the problem will get worse. Family and staff should address inappropriate behavior during the care plan meeting. Positive family involvement should be encouraged.

The resident's needs may not be sexual.

The resident may need more positive, appropriate physical contact from staff and family members, e.g. pats on the back, hugs. Staff and family should make attempts to make positive comments about the resident's appearance. Everybody wants to look good and everybody needs to be loved.

Remember, facilities must provide at least one place for private visitation during normal visiting hours. This place must be provided in addition to the residents' room.

# **OMBUDSMAN FACT SHEET 21**

## **NURSING HOME RESIDENT TRUST FUNDS**

### **WHAT IS A RESIDENT TRUST FUND?**

A resident trust fund is money held by the nursing home for a resident of the facility.

### **CAN MY NURSING HOME REQUIRE ME TO SET UP A TRUST FUND?**

No. State and federal laws give you the right to manage your own financial affairs. Nursing homes have no right to manage, use or dispose of your money. If you need help managing your funds, the nursing home is required to explain available options including a trust fund.

### **IF I WANT THE NURSING HOME TO MANAGE MY FUNDS, DOES IT HAVE TO SET UP A RESIDENT TRUST FUND FOR ME?**

Yes. If you want the nursing home to manage your funds, it is required to set up a trust fund for you.

### **DO RESIDENT TRUST FUNDS EARN INTEREST?**

Yes. If you live in a Medicare or Medicaid approved nursing home, the nursing home must deposit any of your funds above \$50 in an interest bearing account. The account must be separate from the facility's own funds. Up to \$50 of your funds may be held in a non-interest bearing account or petty-cash fund by the nursing home. Amounts greater than \$50 must be placed in an interest bearing account.

### **CAN THE NURSING HOME USE MY FUNDS WITHOUT MY PERMISSION?**

No. The nursing home cannot spend your funds unless you give specific permission for each use. If you have given someone else permission to act on your behalf, this person can authorize the nursing home to release some or all of your funds.

You have the right to appoint a "patient representative" to help manage your personal or financial affairs. The nursing home should give you information about how to appoint a patient representative.

### **WILL I GET REPORTS ON MONEY IN MY RESIDENT TRUST FUND?**

Yes. The nursing home must let you remove funds held in a petty cash fund by the facility anytime during normal business hours. If the facility is holding your funds in an account outside of the home, it must give you any or all of your funds within three business days of your request. The nursing home must also return your funds within three business days if you are discharged from the home.

Nursing homes must give the administrator of a resident's estate a written accounting of the resident's personal belongings and funds within ten business days of the resident's death.

#### ARE THERE OTHER REQUIREMENTS ON RESIDENT TRUST FUNDS?

Medicare and Medicaid approved nursing homes must tell you if your trust fund gets within \$200 of the resource limit for the Medicaid program. If this happens, the nursing home must tell you that if you go over the resource limit, you may lose eligibility for the Medicaid program.

## OMBUDSMAN FACT SHEET 22

### SMOKING RIGHTS AND RESPONSIBILITIES

Smoking is a serious problem for residents and staff in Nursing Homes. Resident rights, physical addictions, social practices, safety, and health concerns are all involved in this issue.

Several basic factors need to be considered. Many residents have smoked for a lifetime. Smoking meets physical as well as social needs in their life. Moving into a long term care facility does not eliminate this need.

On the other hand, many residents have physical or mental disabilities that make smoking or inhaling secondhand smoke inadvisable. They may have lung cancer, emphysema, asthma, or dementia. Any or all of these conditions can complicate the smoking issue.

A resident's financial situation can present a problem. Most residents have limited incomes. Medicaid recipients have only \$30 per month for their personal use. Tobacco can cost more than the resident's monthly income. Heavy smokers may have to choose between smoking, the hairdresser, cokes, or clothing.

Running out of cigarettes can cause physical problems for residents. Protecting residents from the unpleasant physical symptoms of nicotine deprivation is a reasonable concern for caregivers. Additionally, if residents are reduced to begging for cigarettes or stealing them when they run out, it is an affront to their dignity. This raises the issue of care givers rationing cigarettes for residents. In light of the limited financial resources of some residents, it does make sense for staff to control cigarette use in order to stretch the resident's resources as far as possible. **This should be done with the resident's permission.**

It would be a violation of a resident's rights to ration tobacco use when money is not a concern. A provider does not have the right to restrict a resident's access to their own property, money or tobacco.

Limiting smoking areas is reasonable. Segregating smokers from non-smokers in recreation areas and requiring all smoking to take place in a common area is appropriate. It is appropriate to forbid smoking in resident rooms. Care givers may need to keep cigarettes and/or lighters at the nurse's station in order to assure that smoking policies are followed. Providers have the right, and indeed the duty, to assure safety in the facility. Smoking rules need to be tempered with genuine concern for the resident's welfare.

# **OMBUDSMAN FACT SHEET 24**

## **TIPS ON CHOOSING A PERSONAL CARE HOME**

Choosing a personal care home can be a stressful and time consuming job. This Fact Sheet is designed to give you guidance in selecting the best personal care home to meet the needs of the resident and for seeing that the resident receives proper treatment and care after moving into the home.

### **WHAT IS A PERSONAL CARE HOME?**

A “Personal Care Home” is the official name in Georgia for a facility that provides 24-hour watchful oversight and assistance with activities of daily living to those who are at least 18 years old and need this level of care. Facilities also use the terms assisted living or board and care homes. Some activities of daily living are bathing, dressing, grooming, eating and making appointments.

A personal care home is not licensed to provide medical or nursing care, so people requiring continuous medical or nursing services are generally inappropriate to live in a personal care home.

### **FINDING THE RIGHT PERSONAL CARE HOME**

Choosing the best personal care home is challenging. The future resident, family members and friends should participate in this process. Those involved in the selection need to consider the medical, practical, physical, emotional and financial needs of the future resident. Except in very limited situations, Medicaid does not reimburse or supplement the expense of living in a personal care home.

It is very important that family and friends are able to visit the resident frequently. Whenever possible, locate a personal care home near by so that it is easy to make visits on a routine schedule. Contact the Office of Regulatory Services (ORS), Personal Care Home Section or your local Area Agency on Aging (Triple A) for lists of personal care homes. Your local community ombudsman can help you with this.

After receiving the list of personal care homes in your area, call or write the home and request information about the basic costs, services and other charges that may be required. Review the information and write down questions you have about the information you received. Make an appointment to visit the home and meet the administrator or manager. Ask your questions. Later, go back unannounced for a second look and closer inspection.

### **WHAT TO LOOK FOR**

#### Licensing

All facilities that provide personal care services must have a valid permit issued by the Department of Human Resources (DHR). The facility must display this permit in a public

place on the premises. If the company owns more than one facility, each home must have its own permit. Check to make sure the facility has not exceeded the capacity indicated on the permit.

### Safety

Make sure stairways and hallways are well lighted and free of obstacles that could cause falls. Check the bathrooms for grab bars next to toilets, tubs and showers. There should be an emergency evacuation plan prominently posted. Staff members should be trained to handle emergencies.

### Cleanliness

Check the window sills, counters and table tops for dust and dirt. The kitchen and bathrooms should be clean and free of odors. The facility should be neat and tidy

### Medications

Medications should be stored under lock and key. Check the policy for initial acquisition and refilling prescriptions.

### Meals

Visit during a mealtime. Check to see if the menu is being followed and if substitutes are available.

### Activities

There should be a regular schedule of appropriate social, community and religious activities provided for the residents. Ask to see the monthly activity schedule.

### Surroundings

Flowers, pictures, seasonal decorations and homelike touches are important in providing a happy and comfortable atmosphere for residents. These should be used to decorate the facility.

### Dignity, Respect and Privacy

Residents should be treated with dignity and respect. Ask current residents and their family members if staff members are courteous and if they respect the residents' privacy.

## **OMBUDSMAN FACT SHEET 25**

### **SEARCHING THE WEB FOR NURSING HOME SURVEYS**

**[www.medicare.gov/nursing/home.asp](http://www.medicare.gov/nursing/home.asp)**

The Health Care Financing Administration's (HCFA) Nursing Home Database contains information on every Medicare and Medicaid certified nursing home in the country. You can locate nursing homes in your area and find information about compliance with Medicare and Medicaid regulations.

The Web site enables you to get information about nursing homes, including the results of the most recent survey in HCFA's Online Survey, Certification and Reporting (OSCAR) Database. However, there is a certain amount of lag time from when the survey is completed and when it is actually posted on this site.

HCFA's nursing home survey results contain summary information about particular types of problems found in the nursing home. Once you have selected a state, you can search for nursing homes in your area by name, city, zip code or county. If you need help with selecting a nursing home once you have located the ones in your area or would like general information about nursing home care, the following are publications that can help you.

**Guide to Choosing a Nursing Home.** This is an 18-page booklet available free from the Health Care Financing Administration, 7500 Security Boulevard, Baltimore, MD 21244 (410) 786-7843.

**Nursing Homes; Getting Good Care There.** This is a 165-page paperback book issued in 1996 by the National Citizen's Coalition for Nursing Home Reform (NCCNHR). It is a guide for families that already have a relative or friend in a nursing home, but is also helpful to families in choosing a facility. The book describes good care practices, residents' rights and staff responsibilities. It also explains the laws and the government regulations that give you the power to get good care. To order, send \$15.40 (includes postage) and make checks payable to: NCCNHR, 1424 16th Street, NW, Suite 202, Washington, DC, 20036.

Nursing homes are required to make the most recent survey readily available at the facility. You can obtain a copy of a Georgia nursing home survey from the Office of Regulatory Services, 2 Peachtree Street, N.W., Suite 3100. (404) 657-5726.