

**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part I.A**

Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part I - Cases, Complainants and Complaints**

**A. Cases Opened**

Provide the total number of cases opened during reporting period.

0

*Case: Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.*

**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part I.B**

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**Part I - Cases, Complainants and Complaints**

**B. Cases Closed, by Type of Facility**

Provide the number of cases closed, by type of facility/setting, which were received from the types of complainants listed below.

*Closed Case: A case where none of the complaints within the case require any further action on the part of the ombudsman and every complaint has been assigned the appropriate disposition code.*

<b>Complainants:</b>	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.*</b>	<b>Other Settings</b>
1. Resident	0	0	0
2. Relative/friend of resident	0	0	0
3. Non-relative guardian, legal representative	0	0	0
4. Ombudsman/ombudsman volunteer	0	0	0
5. Facility administrator/staff or former staff	0	0	0
6. Other medical: physician/staff	0	0	0
7. Representative of other health or social service agency or program	0	0	0
8. Unknown/anonymous	0	0	0
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	0	0	0

Total number of cases closed during the reporting period:

\* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part I.C**

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**Part I - Cases, Complainants and Complaints**

**C. Complaints Received**

For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:

0

*Complaint: A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.*



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**E. Financial, Property (Except for Financial Exploitation)**

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	0	0
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)	0	0
38. Personal property lost, stolen, used by others, destroyed, withheld from resident	0	0
39. Not Used		

**Resident Care**

**F. Care**

40. Accidental or injury of unknown origin, falls, improper handling	0	0
41. Failure to respond to requests for assistance	0	0
42. Care plan/resident assessment - Inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)	0	0
43. Contracture	0	0
44. Medications - administration, organization	0	0
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming	0	0
46. Physician services, including podiatrist	0	0
47. Pressure sores, not turned	0	0
48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition	0	0
49. Toileting, incontinent care	0	0
50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)	0	0
51. Wandering, failure to accommodate/monitor exit seeking behavior	0	0
52. Not Used		

**G. Rehabilitation or Maintenance of Function**

53. Assistive devices or equipment	0	0
54. Bowel and bladder training	0	0
55. Dental services	0	0
56. Mental health, psychosocial services	0	0
57. Range of motion/ambulation	0	0
58. Therapies - physical, occupational, speech	0	0
59. Vision and hearing	0	0
60. Not Used		

**H. Restraints - Chemical and Physical**

61. Physical restraint - assessment, use, monitoring	0	0
62. Psychoactive drugs - assessment, use, evaluation	0	0
63. Not Used		

**Quality of Life**

**I. Activities and Social Services**

64. Activities - choice and appropriateness	0	0
65. Community interaction, transportation	0	0
66. Resident conflict, including roommates	0	0
67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)	0	0
68. Not Used		

**J. Dietary**

69. Assistance in eating or assistive devices	0	0
70. Fluid availability/hydration	0	0
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	0	0

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72. Snacks, time span between meals, late/missed meals	0	0
73. Temperature	0	0
74. Therapeutic diet	0	0
75. Weight loss due to inadequate nutrition	0	0
76. Not Used		
<b>K. Environment</b>		
77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise)	0	0
78. Cleanliness, pests, general housekeeping	0	0
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	0	0
80. Furnishings, storage for residents	0	0
81. Infection control	0	0
82. Laundry - lost, condition	0	0
83. Odors	0	0
84. Space for activities, dining	0	0
85. Supplies and linens	0	0
86. Americans with Disabilities Act (ADA) accessibility	0	0
<b>Administration</b>		
<b>L. Policies, Procedures, Attitudes, Resources (See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)</b>		
87. Abuse investigation/reporting, including failure to report	0	0
88. Administrator(s) unresponsive, unavailable	0	0
89. Grievance procedure (use C for transfer, discharge appeals)	0	0
90. Inappropriate or illegal policies, practices, record-keeping	0	0
91. Insufficient funds to operate	0	0
92. Operator inadequately trained	0	0
93. Offering inappropriate level of care (for B&C/similar)	0	0
94. Resident or family council/committee interfered with, not supported	0	0
95. Not Used		
<b>M. Staffing</b>		
96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)	0	0
97. Shortage of staff	0	0
98. Staff training	0	0
99. Staff turn-over, over-use of nursing pools	0	0
100. Staff unresponsive, unavailable	0	0
101. Supervision	0	0
102. Eating Assistants	0	0
<b>Not Against Facility</b>		
<b>N. Certification/Licensing Agency</b>		
103. Access to information (including survey)	0	0
104. Complaint, response to	0	0
105. Decertification/closure	0	0
106. Sanction, including Intermediate	0	0
107. Survey process	0	0
108. Survey process - Ombudsman participation	0	0
109. Transfer or eviction hearing	0	0
110. Not Used		
<b>O. State Medicaid Agency</b>		

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111. Access to information, application	0	0
112. Denial of eligibility	0	0
113. Non-covered services	0	0
114. Personal Needs Allowance	0	0
115. Services	0	0
116. Not Used		
<b>P. System/Others</b>		
117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person	0	0
118. Bed shortage - placement	0	0
119. Facilities operating without a license	0	0
120. Family conflict; interference	0	0
121. Financial exploitation or neglect by family or other not affiliated with facility	0	0
122. Legal - guardianship, conservatorship, power of attorney, wills	0	0
123. Medicare	0	0
124. Mental health, developmental disabilities, including PASRR	0	0
125. Problems with resident's physician/assistant	0	0
126. Protective Service Agency	0	0
127. SSA, SSI, VA, Other Benefits/Agencies	0	0
128. Request for less restrictive placement	0	0
<b>Total, categories A through P</b>	0	0
<b>Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)</b>		
129. Home care	0	
130. Hospital or hospice	0	
131. Public or other congregate housing not providing personal care	0	
132. Services from outside provider (see instructions)	0	
133. Not Used		
<b>Total, Heading Q.</b>	0	
<b>Total Complaints*</b>	0	
* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)		

**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part I.E**

Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part I - Cases, Complainants and Complaints**

**E. Action on Complaints**

Provide for cases closed during the reporting period the total number of complaints, by type of facility or other setting, for each item listed below.

	<b>Nursing Facility</b>	<b>B&amp;C, ALF, RCF, etc.</b>	<b>Other Settings</b>
1. Complaints which were verified:	0	0	0

*Verified: It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are generally accurate.*

2. Disposition: Provide for all complaints reported in C and D, whether verified or not, the number:

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	0	0	0
b. Which were not resolved* to satisfaction of resident or complainant	0	0	0
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	0	0	0
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	0	0	0
2) other agency failed to act on complaint	0	0	0
3) agency did not substantiate complaint	0	0	0
e. For which no action was needed or appropriate	0	0	0
f. Which were partially resolved* but some problem remained	0	0	0
g. Which were resolved* to the satisfaction of resident or complainant	0	0	0

<b>Total, by type of facility or setting</b>	0	0	0
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<b>Grand Total (Same number as that for total complaints on pages 1 and 7)</b>	0		
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*\* Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

3. Legal Assistance/Remedies (Optional) - For each type of facility, list the number of legal assistance remedies for each of the following categories that were used in helping to resolve a complaint: a) legal consultation was needed and/or used; b) regulatory endorsement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used.

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Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part I - Cases, Complainants and Complaints**

**F. Complaint Description (Optional):**

Provide in the space indicated a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

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Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part II - Major Long-Term Care Issues**

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem and barriers to resolution, and b) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State. Examples of major long-term care issues may include facility closures, planning for alternatives to institutional care, transition of residents to less restrictive settings, etc.

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Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part III - Program Information and Activities**

**A. Facilities and Beds:**

ALERT: AoA recommends that your program regularly enter into your data collection system all licensed facilities and beds in your state covered by your program and keep this information updated. In the event this is not being done in your program, the totals for Part III.A should be obtained from an outside source, such as the state licensing agency, and entered into the ORT manually.

How many nursing facilities are licensed in your State?

0
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2. How many beds are there in these facilities?

0
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3. Provide the type-name(s) and definition(s) of the types of board and care, assisted living, residential care facilities and any other similar adult care home for which your ombudsman program provides services, as authorized under Section 102(18) and (32), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. If no change from previous year, type "no change" at space indicated.

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a) How many of the board and care and similar adult care facilities described above are regulated in your State?

0
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b) How many beds are there in these facilities?

0
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**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part III.B**

Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part III - Program Information and Activities**

**B. Program Coverage**

*Statewide Coverage means that residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the state have access to knowledge of the ombudsman program, how to contact it, complaints received from any part of the State are investigated and documented, and steps are taken to resolve problems in a timely manner, in accordance with federal and state requirements.*

**B.1. Designated Local Entities**

Provide for each type of host organization the number of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program that are geographically located outside of the State Office:

**Local entities hosted by:**

Area agency on aging	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other; specify:	0

Total Designated Local Ombudsman Entities 0

**B.2. Staff and Volunteers**

Provide numbers of staff and volunteers, as requested, at state and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTEs	0.00	0.00
	Number people working full-time on ombudsman program	0	0
Paid clerical staff	FTEs	0.00	0.00
Volunteer ombudsmen certified to address complaints at close of reporting period	Number volunteers	0	0
Number of Volunteer hours donated	Total number of hours donated by certified volunteer	0	0
<i>Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.</i>			
Other volunteers (i.e., not certified) at close of reporting period	Number of volunteers	0	0

**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part III.C**

Agency or organization which sponsors the State Ombudsman Program: Blank Report

**Part III - Program Information and Activities**

**C. Program Funding**

Provide the amount of funds expended during the fiscal year from each source for your statewide program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman	\$0
Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Preventior	\$0
Federal - OAA Title III provided at State level	\$0
Federal - OAA Title III provided at AAA level	\$0
Other Federal; specify:	\$0

State funds \$0

Local; specify: \$0

**Total Program Funding** **\$0**

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**Part III - Program Information and Activities**

**D. Other Ombudsman Activities**

Provide below and on the next page information on ombudsman program activities other than work on complaints.

<b>Activity</b>	<b>Measure</b>	<b>State</b>	<b>Local</b>	
<b>1. Training for ombudsman staff and volunteers</b>	Number sessions	0	0	
	Number hours	0	0	
	Total number of trainees that attended any of the training sessions above (duplicated count)	0	0	
	3 most frequent topics for training			
<b>2. Technical assistance to local ombudsmen and/or volunteers</b>	Estimated percentage of total staff time	0	0	
<b>3. Training for facility staff</b>	Number sessions	0	0	
	3 most frequent topics for training			
<b>4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)</b>	3 most frequent areas of consultation			
	Number of consultations	0	0	

**DC State Annual Ombudsman Report for Federal FY2012 (National) - Part III.D**

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<b>5. Information and consultation to individuals (usually by telephone)</b>	3 most frequent requests/needs		
	Number of consultations	0	0
<b>6. Facility Coverage (other than in response to complaint) *</b>	Number Nursing Facilities visited (unduplicated)	0	0
	Number Board and Care (or similar) facilities visited (unduplicated)	0	0
<b>7. Participation in Facility Surveys</b>	Number of surveys	0	0
<b>8. Work with resident councils</b>	Number of meetings attended	0	0
<b>9. Work with family councils</b>	Number of meetings attended	0	0
<b>10. Community Education</b>	Number of sessions	0	0
<b>11. Work with media</b>	3 most frequent topics		
	Number of interviews/discussions	0	0
	Number of press releases	0	0
<b>12. Monitoring/work on laws, regulations, government policies and actions</b>	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)	0	0

\* The number is for facilities receiving at least one visit per quarter, not in response to a complaint. It is not for the number of visits. States which do not have a regular visitation program should enter "0" in lieu of "NA," as this numeric field cannot accept "NA."