

ACCOUNTABILITY

Accountability for facilities comes in numerous forms. Reminding facilities of the rights of residents so that they can be exercised; administration meeting with the resident and/or family councils regarding life in the facility and how to improve conditions; contacting the long-term care ombudsman or citizen advocacy organization for assistance in resolving a problem; or filing a complaint with the state licensing agency --- all are means for holding facilities accountable for the care being provided and the quality of life within that facility.

Federal Survey and Certification Process

The federal survey and certification process under Medicaid is the primary mechanism established for the enforcement of residents' rights. Having residents' rights as part of the federal law gives new emphasis to the rights in enforcement.

However, enforcement is hampered by a lack of understanding and sensitivity to residents' rights by surveyors. Even when surveyors are sensitive to residents' rights, they find them hard to quantify compared with other regulations. Violations are hard to document and hard to prove, and surveyors often fail to understand their seriousness. Correction is difficult to monitor.

The use of resident interviews in the survey process helps sensitize surveyors to residents' rights issues and provides more opportunities for them to observe, learn about, and document violations. Some LTCO Programs have developed brochures for residents and families on how to participate in the survey process. These contain an explanation of the process, how to contact surveyors, and preparing for an interview with a surveyor. Likewise, this information packet contains a technical assistance paper regarding the role of the family in the survey process, and instructions on how to read a survey report, called a form 2567.

Residents' Rights Specific Penalties

Some states have incorporated nursing home residents' rights into the monetary penalties systems and levy fines for violations. The fine amounts vary and the violations can be difficult to prove. Collecting fines can also be difficult because of a lack of legal support for such actions and because of overwhelming appeal rights given to facilities in most states.

Other Use of the Courts

Advocates have gone to court successfully for restraining orders and injunctions to prevent transfers. Residents have also brought nursing homes to small claims court over lost or stolen possessions and won monetary awards based on facilities' negligence in failing to protect items. The downside is that legal recourse requires proof of damages. It also requires resources and stamina; however, it can be quite effective.

RESOLVING PROBLEMS IN NURSING HOMES

Consumer Fact Sheet No. 5
August 2002

There are several steps to take when dealing with problems encountered in nursing homes. Some problems may seem, and sometimes are, overwhelming. However, concerned individuals and organizations have been successful in working for improvements for individual residents and for the nursing home system as a whole. You, as a resident, family member, friend, volunteer or advocate need to know the steps you can take. It is important to keep in mind that sometimes a problem may primarily be a matter of miscommunication or misunderstanding. Other times it may be caused by complex factors beyond the control of the staff directly involved. Some problems stem from lack of skill, knowledge, or sensitivity by staff. Other problems may be the direct result of management decisions limiting the amount of resources for needed care and services. In any event, the following steps should help in approaching the problem.

Problem Solving Within the Nursing Home

Step 1: Voice Concern to Those Directly Involved

The first step is to voice concern. Say something at the time a problem occurs, or as soon afterwards as possible. Do so in an informal, non-confrontational manner, being respectful of the staff. Talk with the staff persons directly involved with the problem. This would include the nurse or nurse's aide for a care issue, the director of the dietary department for a food-related concern, and so on. Sometimes staff are not aware that something is a problem, and they will respond once it is brought to their attention.

In raising concerns to staff, find out from their point of view why the situation exists as it does and what they think must happen in order for it to be any different. Find out if it will be necessary to talk with others responsible for decisions that have created the problem.

Though deficiencies in care are emotional issues, strive to maintain a calm and business-like demeanor when addressing concerns. Be persistent, confident, respectful, and solution-oriented. Don't feel that you are unreasonable to expect good care. Document the date, time, names of those involved, and the specifics of the problem to use in pursuing your concern further. It may be helpful to maintain a small notebook so that you have a clear, concise, and easily accessible record when needed.

Step 2: Bring Your Concern to Staff Supervisors

If talking with the staff most immediately involved does not resolve the problem, bring the concern to those who supervise the staff. This may be the charge nurse for the shift in question or the director of nursing. They will need to have concrete information. *What happened? When? What efforts were made to resolve the situation? How did it affect the resident?*

The more specific you can be, the easier it will be for staff to look into the problem. It is often difficult for

staff who are not involved in a situation to be able to respond to general concerns such as "Staff people aren't nice." For example, staff respond more easily to a complaint that a particular aide was gruff in a particular situation. Providing detailed information also will demonstrate the seriousness of the concern. Record the date and time, the name of the supervisor you contact, and their response to your concern.

Step 3: Follow the Facility's Grievance Process

Keep your own copies of written materials and complaints leading up to and during this process. Every facility is required (by federal Medicaid regulations and/or state licensure standards) to have a formal grievance (i.e. complaint) process. Usually a staff person (possibly the director of social services, the activities director, or the assistant administrator) is designated by the facility to review grievances. Once again, be specific about the concerns and the steps that have been taken to resolve them. According to law, residents and family members are entitled to a "reasonable response" to a grievance, in a timely fashion.

Step 4: Work With the Resident or Family Council

Many nursing homes have resident councils and/or family councils that meet regularly to discuss concerns, projects, and activities. Councils vary in their effectiveness and independence. They can be useful tools for exploring whether your concerns are shared by others and changes needed to resolve concerns. If the council's actions are ineffective, get involved to help strengthen the council.

Outside Help

Step 5: Contact the Long-Term Care Ombudsman

The long-term care ombudsman is an advocate for nursing home residents. The ombudsman has the power, based on federal law, to intervene on behalf of consumers having problems with nursing home care. An ombudsman can investigate complaints and work with the facility to respond to concerns on your behalf. The ombudsman can keep your complaints confidential if desired. They can also try to find out if others at the home have similar concerns, and approach the problem on a facility-wide basis. It will help the ombudsman if you can provide detailed information about the complaint, who has been contacted about it, and what response has been received. Contact your State Office on Aging or NCCNHR for the ombudsman closest to you.

Step 6: Contact the State Survey Agency

The State Survey Agency licenses nursing homes and conducts inspections annually to monitor and evaluate the care facilities provide. This agency also is required to respond to complaints from consumers about poor nursing home care.

Procedures for responding to complaints vary from state to state. However, if the complaint involves a situation in which the health or safety of a resident is in immediate jeopardy, Federal regulations require the agency to investigate within two working days of receipt. In less serious cases, the agency may investigate the complaint during the next annual survey if it is scheduled for the near future. Sometimes consumers must be persistent in requesting that complaints be investigated in order to prompt action by the Survey Agency.

The Survey Agency will only sanction a nursing home in response to a complaint when its own surveyor's investigation proves that the problem exists and violates federal or state nursing home standards of practice. This process can be frustrating for consumers because it can be lengthy and violations can be difficult to prove after the fact.

Step 7: Talk with Inspectors When They Survey the Facility

Nursing homes are inspected (surveyed) annually. During each inspection, surveyors are supposed to set aside time for private interviews with nursing home residents to discuss their views about the care the facility provides. Surveyors may talk with family members and friends of residents during these interviews or the course of the inspection. Make a

point of talking with the surveyors during the inspection about your concerns.

Some facilities and some inspectors post a sign indicating that the inspection is taking place. Sometimes, facilities are aware in advance that an inspection is about to take place even though the law requires that surveyor visits be unannounced. If you notice a facility preparing for an inspection, be prepared to talk with inspectors while they are there and alert them that you believe the facility was preparing for the survey. The results of the most recent survey must be posted in an accessible place in the facility.

Step 8: Continue to insist on good care

If all of these steps yield no result, don't give up! Contact NCCNHR to find out if there is an established **citizen advocacy group** in your area or how to organize with other concerned individuals to bring about change.

Learn more about NCCNHR's publications by calling 202-332-2275 for a publication list or visiting the website at <http://www.nccnhr.org>.

- **Nursing Homes: Getting Good Care There**, Cost: \$11.95
- **Using Resident Assessment and Care Planning: An Advocacy Tool for Residents and their Advocates**, Cost: \$12
- **Where Do I Go From Here?: A Guide for Nursing Home Residents, Families, and Friends on Consulting an Attorney**, Cost \$7.50
- **Avoiding Physical Restraint Use - consumer booklet**, Cost: \$7.50
- **Avoiding Drugs Used as Chemical Restraints - consumer booklet**, Cost: \$7.50

Order both Restraint booklets for \$14

Prices listed do not include shipping and handling.

OMBUDSMEN AS A RESOURCE

An Overview

Under the federal Older Americans Act, every state is required to have an Ombudsman Program that addresses complaints and advocates for improvements in the long term care system. To find the ombudsman in your area, visit our website at <http://www.ltombudsman.org>.

The ombudsman network is administered by the Administration on Aging (AoA), and has over 8,400 volunteers certified to handle complaints and over 1,000 paid staff. Most State Ombudsman Programs are housed in their State Unit on Aging.

Nationally, the ombudsman program handles over 264,000 complaints annually and provides information, referrals and consultation to more than 260,000 people. You can learn more about the program by visiting the Administration on Aging's website.

Whether through individual contact with residents or systemic advocacy, ombudsmen make a difference in the lives of residents in long term care facilities everyday.

What an Ombudsman Does

A Long Term Care Ombudsman:

- Resolves complaints made by or for residents of long term care facilities
- Educates consumers and long term care providers about residents' rights and good care practices
- Promotes community involvement through volunteer opportunities
- Provides information to the public on nursing homes and other long term care facilities and services, residents' rights, and legislative and policy issues
- Advocates for residents' rights and quality care in nursing homes, personal care, residential care and other long term care facilities
- Promotes the development of citizen organizations, family councils and resident councils.
- Is trained to resolve problems. The ombudsman can assist you with complaints if you want; however, unless you give the ombudsman permission to share your concerns, these matters are kept confidential.

Concerns Addressed by an Ombudsman

- Violation of residents' rights or dignity
- Physical, verbal or mental abuse, deprivation of services necessary to maintain residents' physical and mental health; or unreasonable confinement
- Poor quality of care, including inadequate personal hygiene and slow response to requests for assistance
- Improper transfer or discharge of patient
- Inappropriate use of chemical or physical restraints
- Any resident concern about quality of care or quality of life.

Resident Rights

- The right of citizenship. Nursing home residents do not lose any of their rights of citizenship, including the right to vote, to religious freedom and to associate with whom they choose.
- The right to dignity. Residents of nursing homes are honored guests and have the right to be so treated.
- The right to privacy. Nursing home residents have the right to privacy whenever possible, including the right to privacy with their spouse, the right to have their medical and personal records treated in confidence, and the right to private, uncensored communication.
- The right to personal property. Nursing home residents have the right to possess and use personal property and to manage their financial affairs.
- The right to information. Nursing home residents have the right to information, including the regulations of the home, and the costs for services rendered. They also have the right to participate in decisions about any treatment, including the right to refuse treatment.
- The right of freedom. Nursing home residents have the right to be free from mental or physical abuse and from physical or chemical restraint unless ordered by their physician.
- The right to care. Residents have the right to equal care, treatment, and services provided by the facility without discrimination.
- The right of residence. Nursing home residents have the right to live at the home unless they violate publicized regulations. They may not be discharged without timely and proper notification to both the resident and the family or guardian.
- The right of expression. Nursing home residents have the right to exercise their rights, including the right to file complaints and grievances without fear or reprisal.

Who uses an Ombudsman's Services

- Residents of any nursing home or board & care facility, including assisted living facilities
- A family member or friend of a nursing home resident
- A nursing home administrator or employee with a concern about a resident at their facility
- Any individual or citizen's group interested in the welfare of residents
- Individuals and families who are considering long term care placement

How to Get Involved

- Visit residents frequently. If you don't know a resident, call the ombudsman for suggestions of facilities that need visitation.
- Report concerns about poor care or other problems to the ombudsman program.
- Volunteer to be an ombudsman in your community. You can find the ombudsman program in your area by visiting our website at: <http://www.ltcombudsman.org>.

HOW TO READ A NURSING HOME SURVEY REPORT

As nursing homes are surveyed, surveyors' observations are recorded on the "CMS 2567 form." It should be noted that the surveys are based on observations during a 3-7 day annual survey period, and they are only a snapshot of the nursing home. When looking at survey report, it should not be used as the sole basis for judging a nursing home; arranging for a tour or coming in unannounced for a tour, speaking with the local long-term care Ombudsman, citizen advocates, or other families will also be beneficial in making a decision about the facility.

The survey report must be made available for review by residents, families, staff and other visitors to a long term care facility, however there is not an explanation on how to read a survey report. This fact sheet will assist you in better understanding the information contained in a report. Below is a labeled sample of a CMS 2567 form.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0301		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A _____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ B	(X3) DATE SURVEY COMPLETED C
NAME OF FACILITY D		STREET ADDRESS, CITY, STATE, ZIP CODE E		
(X4) ID PREFIX TAG F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) G	ID PREFIX TAG H	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY) I	(X5) COMPLETION DATE J
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE K		TITLE L		(X6) DATE M
FORM CMS-2567 (02/99) Previous Versions Obsolete EF 11/2004			If continuation sheet Page N of _____	

Area A shows the provider identification number that CMS has on file. The information is not necessarily an important part of understanding the survey report. **Area B** distinguishes between more than one site being surveyed under one provider identification number.

The date that is listed on the survey report (**Area C**) can be important. Look to see if the date on the form is within the last 12-15 months. If not, ask the facility to see a copy of their latest report. Annual surveys may occur up to 15 weeks before or after the last one, and a nursing home survey report is to be made readily available no later than 14 days after the date it is given to a facility. It is important to view a current report because many things could have changed over time since the prior years' report such as change in ownership or administration which may have an impact on the quality of the nursing home in the present day.

The name of the facility of which you are reading the survey report on is highlighted in **Area D**, along with the street address in **section E**.

The remaining information on the page includes the citations received. The survey will begin with a "F 000" in the **column labeled F**. **Column G** includes the initial comments that were made by the surveyors. This is not a citation; it is informative therefore there will be no follow up in **columns H, I, or J**. It includes information such as: the dates of the survey, survey activities, and the facility census at the time of the survey. If applicable, any outstanding facility reported incidents and complaints received are listed. These are often reviewed during the annual survey, unless the incident is life threatening, which requires .

Following the initial comments will begin the actual citations, or deficiencies, of the nursing home. Column F will include the specific f-tag of the deficiencies. Also in column F underneath the f-tags will be a "SS=" with a letter "A-L". See the Scope and Severity Chart below. The scope and severity tells you the level of harm that could and/or has occurred (severity), and how often the problem seems to occur in the facility (scope).

All survey reports are public information. They must be posted in an area of the facility that is accessible to residents, staff, and visitors. If you don't see it, ask for it.

Scope and Severity Chart

Scope Severity/Harm	Isolated	Pattern	Widespread
(4) Immediate jeopardy to resident health or safety	J	K	L
(3) Actual harm that is not immediate jeopardy.	G	H	I
(2) No actual harm with potential for more than minimal harm that is not immediate jeopardy.	D	E	F
(1) No actual harm with potential for no more than minimal harm.	Substantial Compliance A	Substantial Compliance B	Substantial Compliance C

An isolated scope means that the deficiency affected one or few residents and/or staff, or occurred occasionally. A patterned scope means that the deficiency affected more than a limited number of residents and/or staff, or occurred more than a limited number of times. Widespread scope means that the deficiency is widespread through the facility and/or may affect a large portion, or all residents.

Going back to the CMS form 2567, **column G** will then correspond with the f-tag listed next to it. The section number and title of the deficiency will be listed first. Below that is a detailed explanation of the specific citation(s) and evidence of how the facility failed to meet requirements.

Column H, I, and J are filled in completed after the survey by the facility. Each F-tag citation should have a corresponding Plan of Correction that is explained in column I. The Plan of Correction is the proposed solution or steps (by the facility) to correcting each regulatory deficiency identified. **Column J** tells the completion date for each step of the Plan of Correction. Some steps may say “ongoing” rather than a specific date.

Letters K, L, and M show the facility administrator's signature and date of review submission of the Plan of Correction to the state licensing office.

The survey report may be very long, depending on the number and depth of deficiencies cited. **Letter N** on the sample CMS 2567 form shows the total number of pages. You might flip through the entire report and see if there are any pages missing. If so, ask the facility to view a complete copy of the survey report. Missing pages could be a sign that the facility is hiding a specific citation, or citations that they have received.

STORIES

ACCOUNTABILITY

Long-term care ombudsmen, activities professionals, and others submitted the following stories and others related to residents exercising choice.

Mrs. H, an elderly personal care home resident, was accompanied by two individuals to her bank. The individuals told the teller they were Mrs. H' relatives and requested a withdrawal of \$25,000 from her account. Although Mrs. H was somewhat confused due to dementia, she had no doubt that the individuals with her were not her relatives, and she emphatically told this to the bank teller. (Later it was discovered that one of the individuals was the girlfriend of the personal care home owner.) When the bank investigated Mrs. H's account activity, they found evidence of two recent and unsuccessful attempts to withdraw \$25,000 from her account from automatic teller machines. So the bank staff refused to withdraw funds, and they reported the situation to the ombudsman.

The ombudsman visited Ms. H who confirmed the bank's report and made referrals to the police, Adult Protective Services and the Office of Regulatory Services. With these agencies working cooperatively, Mrs. H' remaining resources were protected and a warrant was issued for the arrest of the personal care home owner and his girlfriend. Today this home is under new ownership, and Mrs. H continues to live there without fear of being financial exploited.
Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

When the ombudsman received a report that two residents at a personal care home had been observed being slapped, having their hair pulled, and put outside for punishment for being incontinent, she went out the same day to investigate and to ask each resident of the home if they felt safe. The residents appeared fearful of the owner and two residents confirmed the allegations of abuse. All of the residents said they wanted to move -- except for Mrs. L. Mrs. L said that her guardian would never agree to her moving and refused ombudsman assistance. Fearing that Mrs. L would be especially vulnerable if she were left alone in the home, the ombudsmen worked to coordinate efforts with adult protective services, Office of Regulatory Services, and a SOURCE case manager. They all agreed that it would be safer for the residents if they could be relocated at the same time. When Mrs. L's guardian was finally convinced that Mrs. L might be at risk and gave his consent to relocate her, the residents were moved at once. Ombudsmen visited each resident in their new locations, and all of them expressed appreciation and satisfaction with their new homes. Now that the

residents are out of the home, the Office of Regulatory Services and Georgia Bureau of Investigation are able to investigate without any resident being at risk.
Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

More than two years after a nurse allegedly placed tape over a nursing home resident's mouth to quiet her, the victim was deceased, and the prosecution of the case was ended with no trial and no penalty for the nurse. Although nothing more could be done on the criminal case, the ombudsman was not willing to end her advocacy. So she re-filed a request for investigation of the nurse with the Nurse Licensing Board. Then she arranged a meeting with local agencies -- including adult protective services, an elder rights attorney, and the district attorney -- to determine ways to improve the government's response to elder abuse. As a result, the county commission provided funding, and today there is a designated attorney to prosecute elder abuse cases in this county.
Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

Ms. W had been living in a personal care home for several years. Although she told the ombudsman she was content with her care, the ombudsman regularly checked on her. Ms. W had no family involvement, and the ombudsman was concerned that the care she received might not be adequate to meet her needs.

During subsequent visits, the ombudsman observed Ms. W's condition begin to decline. Ms. W spent more and more time in bed and could no longer speak. The home conditions were declining too – food wasn't as plentiful, the home was not as clean, and the homeowner appeared to be in poor health.

On the next ombudsman visit, the personal care home had become filthy. The owner appeared very frail and unaware of the physical conditions of the home. Something had to be done for the safety of Ms. W. So the ombudsman referred a complaint to the Office of Regulatory Services, which investigated and eventually revoked the personal care home license. Adult Protective Services helped Ms. W get a medical evaluation and relocated her to another personal care home.

Today, Ms. W has begun to thrive again. The ombudsman visits her in her new home where she can once again carry on a clear conversation, participate in activities, and get out of bed every day.
Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

For months, the P family had tried to help their parents move to another nursing home. The home where Mr. and Mrs. P lived delayed so long in providing the needed paperwork that the family lost its opportunity to move into the new home. Finally, the family called the ombudsman.

Mr. and Mrs. P expressed their frustration to the ombudsman. The ombudsman started to work immediately, advocating for the current home to promptly process the paperwork. The ombudsman kept on advocating until the home completed all of the steps to complete the transfer. Finally, the residents were able to move to the nursing home of their choice. But even then the residents needed the ombudsman's help since the former home was slow in transferring the residents' medications and the money from their personal needs accounts. The ombudsman continued to advocate until the administrator finally hand-delivered the P's medications to the new facility. Today Mr. and Mrs. P are far happier, living in the nursing home of their choice.

Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

When Ms. S was studying to be a certified nurse aide (CNA), she heard a presentation by an ombudsman about the importance of identifying and reporting abuse. Later, while observing a CNA in a nursing home as part of her training, Ms. S witnessed her curse at Mrs. J, gruffly complaining of changing the Mrs. J's sheets when she soiled herself. Ms. S immediately reported the incident to the facility administration as well as to her instructor. The nursing home administrator appropriately reported the incident to the Office of Regulatory Services. Then the administrator reported to the ombudsman, indicating that Ms. S recognized the abuse and knew how to respond due to the ombudsman's presentation. After the facility completed an investigation, the CNA was terminated from her employment for verbally abuse of Mrs. J.

Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

Mrs. T is extremely vulnerable – she is in fragile health, receives tube feedings, and cannot communicate. So when the ombudsman learned that Mrs. T was threatened with discharge from the nursing home for non-payment, the ombudsman immediately started to investigate. It turned out that her granddaughter hadn't paid Mrs. T's share of the nursing home bill for the past three years, leaving a \$10,000 balance due. Apparently the granddaughter had pocketed the funds. The ombudsman contacted federal and state authorities to investigate the granddaughter for financial exploitation and Social Security fraud, and then convinced her to develop a payment plan with the nursing home. Today Mrs. T no longer faces a threatened discharge and continues to receive the care she critically needs.

Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

When Mr. H returned from the dialysis clinic to the nursing home, he was not feeling well. Although nurses were informed of his condition, he was not evaluated until several hours later. It took several more hours for emergency medical service (EMS) to be contacted to transport him to the hospital. By the

time EMS arrived, Mr. H was already deceased. The ombudsman referred the case to the Office of Regulatory Services, which determined that the facility had failed to follow the resident's advance directives or the physician's orders and cited the facility for its violation of the rules related to care.

In addition, the local district attorney is prosecuting the nurses in charge with murder as well as "cruelty to an elderly person." Several months prior to this indictment, the same ombudsman had provided information to this district attorney about the recently-enacted "cruelty to an elderly person" law. Support for that law had been an advocacy effort of the Coalition of Advocates for Georgia's Elders (CO-AGE), with the involvement of the Ombudsman Program.

Submitted by: Becky Kurtz, Georgia State Long-Term Care Ombudsman

This function is probably not new to the state but is unique to our area. Woodland Springs Nursing Center in Waco has begun training it's own CNA's. They hired two certified instructors, got a curriculum approved, and provided a classroom and equipment. The course is completely free to enrollees, and is two week training course leading to qualifications for State Testing. Each student does a clinical rotation in the facility.

Each successful graduate of the program has 4 months to obtain certification by passing the state mandated test. They must provide a \$76 money order for testing, which is refunded if the student passes the test.

Woodland Springs offers jobs to fill openings they have, thus giving them "first pick". The others can go to work for any facility.

Woodland Springs has found that this program has paid for itself in many ways: fewer turnover problems, fewer staff shortages, better trained staff, and happier staff. This has all results in better resident care and better resident satisfaction.

Submitted by: Loring Wandless, Staff Ombudsman, Texas