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LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

COVID-19: ADVOCATING FOR NURSING HOME RESIDENTS, PART IX

June 19, 2020

Agenda

- I. Introduction and housekeeping
- II. Immunity for Liability
- III. Federal Requirements for Protecting Residents from Abuse, Neglect, Exploitation
- IV. Q&A/Discussion

Presenters

- Sam Brooks, Consumer Voice
- Richard Mollot, Long Term Care Community Coalition



The National

CONSUMER VOICE

for Quality Long-Term Care

formerly NCCNHR

Immunity from Liability for Long-Term Care Facilities During
the Covid-19 Pandemic

June 19, 2020

Sam Brooks

Civil/Criminal Immunity for Long-Term Care Facilities

- 28 states have granted some kind of immunity from civil liability to nursing homes and/or providers.
 - 18 states assisted living facilities
- 3 States providing criminal immunity.
- Granted through executive orders or legislation.
- Most excuse only negligence.
- “Duration of emergency”.
- <https://theconsumervoice.org/state-information>

What does immunity mean for residents and families?

- Facilities whose negligent acts result in the injury or death of a resident will not face accountability.
- In many states, injuries or deaths unrelated to Covid-19 will likely fall under the immunity provisions.
- Removes remaining oversight in long-term care facilities.
- Reduces likelihood that facilities will comply with laws and regulations.
- Many families will never know what happened to their loved ones during the Covid-19 pandemic.

Immunity Concerns

- Rewards facilities with histories of poor care quality by allowing them to escape accountability.
- Inspection reports and stories from families and residents make clear much of the harm to residents is from negligent care and not lack of staff or PPE.
- Could result in months or even years of zero accountability in nursing homes.

Anatomy of Executive Orders and Laws

- EOs seek to incorporate long-term care facilities into existing laws regarding immunity during emergencies or simply just declare that facilities are immune.
- EOs and laws are retroactive and for the most part extend until the governor declares the Covid-19 emergency over.

Immunity Continued

- The EOs and laws excuse negligent behavior.
 - Negligence means that the facility failed to act in a manner that an ordinary person would have in the same situation.
 - This standard already offers facilities sufficient protections.
 - The large majority of cases brought against nursing homes are based on a theory of negligence.
- Most laws and EOs provide for exceptions but require that a resident or family member prove the facility acted recklessly, willfully or wantonly, or grossly negligent.
 - Much higher standard that can require proof of intent or knowing disregard.
 - Very rare, even in cases of resident deaths, for this burden to be met.

Immunity Continued

- In most instances, the harm or death does not need to be because of Covid-19, but only related to the facility's response to the pandemic.
- Most EOs and laws require that the action or inaction by a facility be done in “good faith”.

Immunity Hypothetical

- A resident with dementia, diabetes, and limited mobility. The facility fails to properly assist her with eating, drinking, and fails to reposition her. She develops pressure ulcers, which become infected and she dies from sepsis.
- In most states, the facility would face no repercussions for the resident's death, if it could tie its negligent behavior to its Covid-19 response.

Immunity Hypothetical 2

- A resident is living in a facility where the staff is not properly trained in infection control. As a result, the staff fails to properly use PPE and follow hygiene protocols. The resident contracts Covid-19 and dies.
- The facility would likely face no repercussions for its negligent actions, if it ties its substandard care to its Covid-19 response.

Civil/Criminal Immunity for Long-Term Care Facilities

- Federal movement
 - House bill grants blanket immunity.
 - Senate likely to add immunity provisions to any forthcoming Covid-19 bill.
 - Could preclude other claims under federal law, including ADA or civil rights claims.

What can residents and families do?

- Legislators and policymakers need to hear from residents and family members
 - Letters to legislators and governors
- Stakeholder groups
- Media
 - Op-eds
 - Letters to editors
- Consumer Voice will be releasing a toolkit for advocacy



Knowledge
=
Power

Federal Requirements for Protecting Residents From Abuse, Neglect, and Exploitation

Richard Mollot

Long Term Care Community Coalition

www.nursinghome411.org

What is the Long Term Care Community Coalition?

- **LTCCC**: Nonprofit organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC). Home to two local LTC Ombudsman Programs in NY.
- **Our focus**: People who live in nursing homes & assisted living.
- **What we do**:
 - Policy analysis and systems advocacy in NYS & nationally;
 - Education of consumers and families, LTC Ombudsmen and other stakeholders.
- **Richard Mollot**: Joined LTCCC in 2002. Executive Director since 2005.
- **Website**: www.nursinghome411.org.





Freedom from Abuse, Neglect, & Exploitation

FEDERAL REQUIREMENT: 42 CFR 483.12 [F600]

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.... This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.



Why Are We Talking About These Requirements During The Pandemic?

FOX NEWS:
"Florida nursing home deaths a criminal investigation"

NBC NEWS: "Elder Abuse Going Unreported Because of Coronavirus Pandemic"

CNN: "Sick, dying and raped in America's nursing homes"

PBS NEWSHOUR:
"Health care watchdog sends urgent alert on potential nursing home abuse"

A resident's right to be free from abuse & neglect has not changed as a result of the pandemic.

Freedom from Abuse, Neglect, & Exploitation

Abuse: *the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.*

Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

Neglect: *the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.*

Sexual abuse: *non-consensual sexual contact of any type with a resident.*

Willful: *means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.*

Important
Definitions



Freedom from Abuse, Neglect, & Exploitation

KEY ELEMENTS OF NONCOMPLIANCE FOR ABUSE AND NEGLECT

The facility...

- *Failed to protect a resident's right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or*
- *Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.*

Freedom from Abuse, Neglect, & Exploitation

Selected Excerpts from the Federal Guidelines...

What is the Facility Responsible For? *The facility must provide a safe resident environment and protect residents from abuse.*

Facility Characteristics Associated With Increased Risk of Abuse.

Identified facility characteristics, that could increase the risk for abuse include, but are not limited to:

- *Unsympathetic or negative attitudes toward residents;*
- *Chronic staffing problems;*
- *Lack of administrative oversight, staff burnout, and stressful working conditions;*
- *Poor or inadequate preparation or training for care giving responsibilities;*
- *Deficiencies of the physical environment; and*
- *Facility policies operate in the interests of the institution rather than the residents.*

What should
surveyors be
looking for?
What should
WE be looking
for?

Freedom from Abuse, Neglect, & Exploitation

Staff to Resident Abuse of Any Type

*Nursing homes have diverse populations including, among others, residents with dementia, mental disorders, intellectual disabilities, ethnic/cultural differences, speech/language challenges, and generational differences. **When a nursing home accepts a resident for admission, the facility assumes the responsibility of ensuring the safety and well-being of the resident.***

*It is the facility's responsibility to ensure that all staff are trained and are **knowledgeable** in how to react and respond appropriately to resident behavior. All staff are expected to be in control of their own behavior, are to behave professionally, and should appropriately understand how to work with the nursing home population.*

A facility cannot disown the acts of staff....

CMS does not consider striking a combative resident an appropriate response in any situation. ***It is also not acceptable for an employee to claim his/her action was "reflexive" or a "knee-jerk reaction" and was not intended to cause harm.*** Retaliation by staff is abuse, ***regardless of whether harm was intended, and must be cited.***

Freedom from Abuse, Neglect, & Exploitation

Resident to Resident Abuse of Any Type

A resident to resident altercation should be reviewed as a potential situation of abuse.

Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions.

Federal guidance states that *it is important to remember that abuse includes the term “willful.” The word “willful” means that the individual’s action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm.*

An example of a deliberate (“willful”) action would be a cognitively impaired resident who strikes out at a resident within his/her reach, as opposed to a resident with a neurological disease who has involuntary movements (e.g., muscle spasms, twitching, jerking...) and his/her body movements impact a resident who is nearby.

Freedom from Abuse, Neglect, & Exploitation

Resident to Resident Abuse of Any Type (continued)

*If it is determined that the action was not willful (a deliberate action), the surveyor must investigate whether the facility is in compliance with the **requirement to maintain an environment as free of accident hazards as possible, and that each resident receives adequate supervision.***

*The facility may provide evidence that it completed a resident assessment and provided care planning interventions to address a resident's distressed behaviors such as physical, sexual or verbal aggression. **However, based on the presence of resident to resident altercations, if the facility did not evaluate the effectiveness of the interventions and staff did not provide immediate interventions to assure the safety of residents, then the facility did not provide sufficient protection to prevent resident to resident abuse.***



Cracking Down on Crimes Against Nursing Home Residents

For too many nursing home residents, the rights we all have as residents of the United States go out the door the moment they enter the door of a nursing home.

The Affordable Care Act includes important provisions to change this:

- **Duty:** Must report any "reasonable suspicion" that a crime has been committed against a resident of the facility.
- **For Whom?:** Any and all of a nursing home's employees, owners, operators, managers, agents and contract workers.
- **When?** Immediately! Must be within 2-hours if the act or incident suspected to be a crime resulted in physical injury to a resident; otherwise, within 24-hours.
- **To Whom?:** Local law enforcement and the state agency (Dept. of Health).
- **Penalty:** Failure to report carries a fine of up to \$221,048; if the failure results in increased harm to the original victim, or harm to another resident, the fine can be up to \$331,752.





Requirements for Reporting Abuse, Neglect & Suspicion of a Crime Against a Resident

Regulation	42 CFR 483.12(b)(5) [And §1150B of the Act]	42 CFR 483.12(c)
F-tag	F608	F609
What	Any reasonable suspicion of a crime against a resident	1) All alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property 2) The results of all investigations of alleged violations
Who is required to report?	Any covered individual, including the owner, operator, employee, manager, agent or contractor of the facility	The facility
To whom	State Survey Agency (SA) and one or more law enforcement entities for the political subdivision in which the facility is located (i.e., police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigators; and coroners)	The facility administrator and to other officials in accordance with State law, including to the SA and the adult protective services where state law provides for jurisdiction in long-term care facilities
When	Serious bodily injury- Immediately but not later than 2 hours after forming the suspicion. No serious bodily injury- not later than 24 hours. [Note: "Reporting requirements under this regulation are based on real (clock) time, not business hours"]	All alleged violations-Immediately but not later than (1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury or (2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.

Summary: Resources @ www.nursinghome411.org

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

FACT SHEET: REQUIREMENTS FOR NURSING HOMES TO PROTECT RESIDENTS FROM ABUSE, NEGLECT & EXPLOITATION

Following are several standards and guidelines that we have identified as important when it comes to protecting residents from abuse, neglect and exploitation. The descriptions are taken directly from the federal regulations and guidelines (as indicated by text in italics). The excerpts are formatted into bulleted lists to make it easier to identify the points that we believe are most relevant. For more detailed information, see the webinar program & other resources on our website, www.nursinghome411.org.

[Notes: (1) The brackets below provide the citation to the federal regulation. (42 CFR 483.xx) and the F-tag used when a facility is cited for failing to meet the requirement. (2) All emphases added.]

I. Freedom From Abuse, Neglect & Exploitation [42 CFR 483.30(A) F-710]

The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation.... This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

II. Key Elements Of Noncompliance With This Standard

The facility...

- Failed to protect a resident's right to be free from any type of abuse, including corporal punishment, and neglect, that results in, or has the likelihood to result in physical harm, pain, or mental anguish; or
- Failed to ensure that a resident was free from neglect when it failed to provide the required structures and processes in order to meet the needs of one or more residents.

III. Key Definitions

- Abuse:** the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. **Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being.**

Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.

- Neglect:** *the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress.*
- Sexual abuse:** *non-consensual sexual contact of any type with a resident.*
- Willful:** *means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.*

IV. Federal Guidelines - Facility Characteristics Associated With Increased Risk of Abuse.

Identified facility characteristics, that could increase the risk for abuse include, but are not limited to:

- Unsympathetic or negative attitudes toward residents;*
- Chronic staffing problems;*
- Lack of administrative oversight, staff burnout, and stressful working conditions;*
- Poor or inadequate preparation or training for care giving responsibilities;*
- Deficiencies of the physical environment; and*
- Facility policies operate in the interests of the institution rather than the residents.*

V. Reporting Requirements for Abuse, Neglect & Suspicion of a Crime Against a Nursing Home Resident

There are both state and federal requirements for reporting abuse or neglect. Nevertheless, far too much resident abuse, neglect, theft of personal property, etc... goes unreported. To help address this problem, **the Affordable Care Act established important requirements for reporting any reasonable suspicion of a crime against a nursing home resident.**

Requirements for reporting all alleged abuse, neglect, exploitation or mistreatment:

- Duty:** Must report *all alleged violations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property.*
- For Whom?:** The nursing home.
- When?** *All alleged violations-Immediately but not later than (1) 2 hours- if the alleged violation involves abuse or results in serious bodily injury (2) 24 hours- if the alleged violation does not involve abuse and does not result in serious bodily injury.*
- To Whom?:** *The facility administrator and to other officials in accordance with State law, including to the SA [survey agency, i.e., Department of Health] and the adult protective services where state law provides for jurisdiction in long-term care facilities.*

Requirements for reporting suspicion of a crime against a nursing home resident include:

- Duty:** Must report any "reasonable suspicion" that a crime has been committed against a resident of the facility.
- For Whom?:** Any and all of a nursing home's employees, owners, operators, managers, agents and contract workers.
- When?** Immediately! Must be within 2-hours if the act or incident suspected to be a crime resulted in physical injury to a resident; otherwise, within 24-hours.
- To Whom?:** Local law enforcement and the state survey agency (Dept. of Health).
- Penalty:** Failure to report carries a fine of up to \$221,048; if the failure results in increased harm to the original victim, or harm to another resident, the fine can be up to \$331,752.

RESOURCES

WWW.NURSINGHOME411.ORG. ITCCC's website includes materials on the relevant standards for nursing home care and a variety of resources on specific issues, such as dementia care, resident assessment and care planning, dignity and quality of life.



Resources @ www.nursinghome411.org

Learning Center – Nursing Home 411 - (Private Browsing)

Learning Center – Nursing Home 411

https://nursinghome411.org/learning-center/

Dictionary Thesaurus NH411 EveryAction Percent Calc eCFR - SNFs NYTimes Work Personal Violation Tracker | ... NYCCR - Residentia... Email & Office Getting Started Free Conf Call

Learning Center

Home / Learning Center

LONG TERM CARE
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Who We Are

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LTCCO Ombudsman Programs >

LTC in NY State >

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Q

Welcome to LTCCO's Learning Center. Below are our latest updates and materials. Click on the purple buttons to find fact sheets, webinars and other resources to support good care and resident-centered advocacy.

American Bar Association: Abuse Provisions in State Laws (April 2020)

Addressing Abuse & Neglect [Read More >](#)

Webinar: Rights of Residents in LTC Facilities in NY

About LTCCO, LTCCO Webinars [Read More >](#)

LTCCO Webinar: Understanding & Advocating for Residents With Dementia

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WEBINARS

FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY

DEMENTIA CARE ADVOCACY TOOLKIT

VISIT THE FAMILY & OMBUDSMAN RESOURCE CENTER

ABUSE, NEGLECT, AND CRIME REPORTING CENTER

PODCASTS



Abuse, Neglect, and Crime Reporting Center

Home / Learning Center / Abuse, Neglect, and Crime Reporting Center

Residents in nursing homes are typically frail. The majority are senior citizens, and many have dementia. By definition, they all need 24-hour a day skilled nursing services. Nevertheless, though they live in an institutional setting, it is crucial to keep in mind that residents retain all of the rights of people who live outside of a facility. This includes the right to live free of physical, emotional, verbal, and sexual abuse and the right to be treated with dignity. It also includes the right to have the same access to criminal justice as anyone living in the outside community.

Unfortunately, too often, when individuals go into a nursing home, society views them as having entered a separate world, where different rules apply. This is not true. To strengthen realization of vital protections for seniors in nursing homes, LTCCC undertook a study to identify promising practices that have been employed in different communities to address elder abuse, neglect, and crime in residential settings. The report, as well as a selection of resources, are available on this page. They are free to use, share, and adapt.



- Who We Are
- Learning Center >
- Nursing Home Info & Data >
- News & Reports >
- LTCCC Ombudsman >

MARCH 18, 2019

ADDRESSING ABUSE, NEGLECT, AND SUSPICION OF CRIME AGAINST NURSING HOME RESIDENTS POLICY CONSIDERATIONS & PROMISING PRACTICES

LINK TO STATE AGENCY CONTACTS & COMPLAINT FORMS

LINK TO STATE MEDICAID FRAUD CONTROL UNITS

DEFINITIONS OF NURSING HOME ABUSE, NEGLECT, & CRIME

FORM FOR INVESTIGATING RESIDENT INJURIES OR SUSPICION OF CRIME

FORMS & TOOLS FOR RESIDENT-CENTERED ADVOCACY

MEMO FOR LAW ENFORCEMENT ON NURSING HOME ABUSE & NEGLECT

UNDERSTANDING BODILY INJURY WHEN REPORTING SUSPICION OF A CRIME AGAINST A NURSING HOME RESIDENT

REPORTING NURSING HOME ABUSE, NEGLECT, AND SUSPICION OF A CRIME: FEDERAL REQUIREMENTS & NY STATE RESOURCES

ABA ABUSE DEFINITIONS IN STATE LAWS (2020)

Resources

<https://theconsumervoice.org/issues/other-issues-and-resources/covid-19>

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Specialized Information for:

[Long-Term Care Consumers](#) [Family Members](#) [Advocates](#)

Learn About Recent Guidance

COVID-19:
How to Protect Yourself and Your Loved Ones

As the novel coronavirus 2019 (COVID-19) outbreak continues to evolve, it is important for long-term care consumers, family members, Ombudsman programs and other advocates to be informed and take precautions in order to prevent the spread.

[Learn More](#)



New Resources

Keeping Family Together During COVID-19: A Checklist



During the 2008 Financial Crisis the housing market and economy collapsed, finances were decimated and adult children moved back in with their parents. Cases of elder abuse involving physical, emotional and financial harm soared. As a result of COVID-19, we are seeing an increased risk of similar trends.

Let's learn from the past, so that we can prevent similar mistakes ahead.

Prevent Physical and Emotional Abuse

Even in the most genial of families, close quarters and changes in living situations, potentially contributing to family discord. Efforts can be made to promote a healthy and safe environment for all.

1. Discuss physical boundaries and household norms to respect one another.
2. Communicate calmly, it is natural to feel unsettled and on edge. Recognize emotions.
3. Engage in individual hobbies or family activities that can help reduce anxiety.
4. Take time to exchange stories about your family and growing up, sharing:
 - Funniest moments,
 - Happiest moments, and
 - Embarrassing moments.
5. Share household chores and ask "How would you like this done?"
6. Take time out for yourself exercise or go for a walk.
7. Create an enjoyable and productive daily routine.

Prevent Financial Abuse

If loved ones are moving back in together, encourage open communication and an agreement of plans prior to move in day. Hopefully this is a temporary situation, it is best to communicate from the very beginning, to eliminate risk of unspoken expectations.

1. Establish a task list and schedule for errands, cleaning, and other household tasks.
2. Discuss if or how you plan to pool funds and allocate expenses.
3. Respect family members' privacy, including their confidential financial information.
4. Consider if it is appropriate to enter into protective financial arrangements.

Communication is key. Don't be afraid to establish boundaries and an environment for all.



Should I Take My Loved One Home During the COVID-19 Crisis?

With the spread of the coronavirus disease (COVID-19) in long-term care facilities, some families are considering taking their loved ones home during this time of crisis. This is a very personal decision, and one for which you will need a plan. You will want to ensure that their care needs are met, and they are safe. Recognize that this arrangement may be for several weeks, or longer.



Things to consider if you want to take your loved one home during this crisis:

- Does your loved one want to leave?** Residents have the right to leave the facility and reside elsewhere if they choose.
 - Talk to the facility about leaving and the ability to return, and get everything in writing.
 - If care is covered by Medicaid, what are your rights for holding your bed (if applicable) and returning at some point in the future?
- Is your home adequately equipped?**
 - Does your loved one need a special bed or other equipment like a wheelchair, shower chair, or elevated toilet seat? Can they maneuver in the bathroom? Can they manage stairs?
- Who will provide the personal care your loved one needs?**
 - Will you provide the care yourself or hire a caregiver? If hiring, do you know that they are available to provide care? What are the costs? How will you pay for it?
 - Many residents need help with their personal needs such as eating, bathing, toileting; as well as with transfers, such as in and out of bed or chairs. If they need help transferring, are you able to safely assist them? Is a second person needed?
- Is there a risk of exposure to COVID-19?**
 - Are your family members practicing social distancing? What happens if someone in your household tests positive for COVID-19 after you get your loved one home?
- Who will oversee their medical care and medications?**
 - Many residents rely on the nursing home's medical director to oversee their care. Will you need to find a doctor in the community?
- What will happen if your family member needs more care than you are able to provide?**
 - Will you bring in additional help, or will they need return to a long-term care facility? Can they return to the facility where they currently live?

ombudsman The National Long-Term Care Ombudsman Resource Center

Tips for Ombudsman Program Communication

with Residents, Long-Term Care Facilities, Families, and the Public During COVID-19

Purpose

In-person visitation restrictions¹ imposed to reduce the spread of Coronavirus Disease 2019 (COVID-19) required Ombudsman programs to adapt quickly to ensure residents continue to have access to program services. In-person visits with residents are a core part of Ombudsman program outreach and advocacy and there is no substitute; however, during this crisis programs must use other means to connect with residents. This resource provides tips and examples to promote effective communication between the Ombudsman program and residents, families, providers, and the public when in-person visitation is limited.

Communication with Residents

General Outreach

Help residents understand why the Ombudsman program cannot visit while in-person visitation is restricted. Explain that the program is still available to assist them and tell them how to contact the program. You can share this information in a variety of ways:

- Mail letters to facilities and ask staff to distribute them to residents.
- Create
- Email R
- Email a
- Email o
- Email o facility
- Share v content right).
- Create broadc

Connect with

- Routine inform
- Family v possible

¹CMS Ref. 050-20-14-00



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Family Advocacy for Residents During COVID



Share Your Story

Tell us about your, or your loved one's,
experiences with your long-term care facility
during COVID-19.

www.theconsumervoice.org

QA



Robyn Grant, rgrant@theconsumervoice.org
Jocelyn Bogdan, jbogdan@theconsumervoice.org
Sam Brooks, sbrooks@theconsumervoice.org
www.theconsumervoice.org

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Eric Carlson, ecarlson@justiceinaging.org
www.justiceinaging.org



Toby Edelman, tedelman@medicareadvocacy.org
www.medicareadvocacy.org

LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Richard Mollot, Richard@ltccc.org
www.nursinghome411.org