

# Office of the State Long-term Care Ombudsman Program

## Annual Report Summary: FY2024



One Ashburton Place  
Boston, MA 02108

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## Case and Complaints Summary

Total number of cases closed:

2215

Totals Cases per Complainant by Facility Setting

Complainant	Nursing Facility	Residential Care Community	Total per complainant
Resident	1414	157	1571
Resident representative, friend, family	321	184	505
Ombudsman program	70	11	81
Facility staff	11	4	15
Representative of other agency or program	21	7	28
Concerned person	0	0	0
Resident or family council	9	6	15
Unknown	0	0	0
<b>Total per facility type</b>	<b>1846</b>	<b>369</b>	<b>2215</b>

3137

Total number of complaints:

Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Total by Complaint Type
A. Abuse, gross neglect, exploitation	33	24	57
B. Access to Information	63	18	81
C. Admission, transfer, discharge, eviction	141	52	193
D. Autonomy, choice, rights	336	98	434
E. Financial, property	196	43	239
F. Care	981	150	1131
G. Activities and community integration and social services	245	21	266
H. Dietary	236	31	267
I. Environment	261	54	315
J. Facility policies, procedures and practices	32	21	53
K. Complaints about an outside agency (non-facility)	13	2	15
L. System and others (non-facility)	79	7	86

Complaint Verifications

Verification Status	Nursing Facility	Residential Care Community	Total
Verified	2406	420	2826

Not Verified	210	101	311
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**Complaint Dispositions**

<b>Disposition Status</b>	<b>Nursing Facility</b>	<b>Residential Care Community</b>	<b>Total</b>
Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	1651	338	1989
Withdrawn or no action needed by the resident, resident representative or complainant	771	138	909
Not resolved to the satisfaction of the resident, resident representative or complainant	194	45	239

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## Complaint Types by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Total by Complaint Type
<b>A. Abuse, gross neglect, exploitation</b>	<b>33</b>	<b>24</b>	<b>57</b>
A01. Abuse: physical	13	11	24
A02. Abuse: sexual	6	2	8
A03. Abuse: psychological	6	5	11
A04. Financial exploitation	4	3	7
A05. Gross neglect	4	3	7
<b>B. Access to Information</b>	<b>63</b>	<b>18</b>	<b>81</b>
B01. Access to information and records	53	14	67
B02. Language and communication barrier	7	2	9
B03. Willful interference	3	2	5
<b>C. Admission, transfer, discharge, eviction</b>	<b>141</b>	<b>52</b>	<b>193</b>
C01. Admission	0	3	3
C02. Appeal process	5	0	5
C03. Discharge or eviction	82	44	126
C04. Room issues	54	5	59
<b>D. Autonomy, choice, rights</b>	<b>336</b>	<b>98</b>	<b>434</b>
D01. Choice in health care	19	7	26
D02. Live in less restrictive setting	82	9	91
D03. Dignity and respect	89	31	120
D04. Privacy	15	17	32
D05. Response to complaints	11	10	21
D06. Retaliation	4	1	5
D07. Visitors	11	3	14
D08. Resident or family council	3	1	4
D09. Other rights and preferences	102	19	121
<b>E. Financial, property</b>	<b>196</b>	<b>43</b>	<b>239</b>
E01. Billing and charges	46	30	76
E02. Personal property	150	13	163

<b>Complaint Category/Type</b>	<b>Nursing Facility</b>	<b>Residential Care Community</b>	<b>Total by Complaint Type</b>
<b>F. Care</b>	981	150	1131
F01. Accidents and falls	26	13	39
F02. Response to requests for assistance	178	18	196
F03. Care planning	55	40	95
F04. Medications	124	29	153
F05. Personal hygiene	95	7	102
F06. Access to health related services	144	2	146
F07. Symptoms unattended	108	16	124
F08. Incontinence care	26	11	37
F09. Assistive devices or equipment	103	7	110
F10. Rehabilitation services	116	2	118
F11. Physical restraint	1	0	1
F12. Chemical restraint	0	1	1
F13. Infection control	5	4	9
<b>G. Activities and community integration and social services</b>	245	21	266
G01. Activities	56	9	65
G02. Transportation	20	3	23
G03. Conflict resolution	49	6	55
G04. Social services	120	3	123
<b>H. Dietary</b>	236	31	267
H01. Food services	163	20	183
H02. Dining and hydration	38	7	45
H03. Therapeutic or special diet	35	4	39
<b>I. Environment</b>	261	54	315
I01. Environment	70	20	90
I02. Building structure	15	8	23
I03. Supplies, storage and furnishings	102	4	106
I04. Accessibility	11	3	14
I05. Housekeeping, laundry and pest abatement	63	19	82
<b>J. Facility policies, procedures and practices</b>	32	21	53
J01. Administrative oversight	4	11	15
J02. Fiscal management	2	1	3
J03. Staffing	26	9	35

<b>Complaint Category/Type</b>	<b>Nursing Facility</b>	<b>Residential Care Community</b>	<b>Total by Complaint Type</b>
K. Complaints about an outside agency (non-facility)	13	2	15
K01. Regulatory system	0	0	0
K02. Medicaid	5	0	5
K03. Managed care	3	2	5
K04. Medicare	1	0	1
K05. Veterans Affairs	0	0	0
K06. Private Insurance	4	0	4
L. System and others (non-facility)	79	7	86
L01. Resident representative or family conflict	19	1	20
L02. Services from outside provider	17	1	18
L03. Request to transition to community setting	43	5	48

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## Complaint Examples

	<b>Nursing Facility Example</b>	<b>Residential Care Community Example</b>
Facility type	Nursing Facility	Residential Care Community
Description	The resident requested advocacy to assist with greater community integration. He is a younger adult who uses a motorized wheelchair for mobility, and he has vocalized anger and frustration regarding the limitations of living in a nursing facility, including lack of meaningful activities and the facility's refusal to "allow" him to leave the building independently. The resident was experiencing ongoing conflict with facility staff as he expressed his frustration, and this further contributed to a sense of isolation and helplessness.	The resident requested advocacy after he was served an eviction notice because staff believed he was misrepresenting himself by not being as independent and interactive in the community as he was capable of and should be. The resident was also told he could not have a shower when a family member was visiting, that the family member needs to call the residence before any visits, and that he could not keep snacks in his apartment.
Complaint topic	Activities and Community Integration and Social Services	Admission, Transfer, Discharge, Eviction
Complaint type	Activities	Discharge or eviction
Verification	Verified	Verified
Disposition	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant	Partially or fully resolved to the satisfaction of the resident, resident representative or complainant

Disposition narrative	<p>The Ombudsman provided education and support to the resident concerning his rights, and met with facility staff to discuss the importance of providing activities that would meet his needs. The Ombudsman successfully advocated for facility staff to assist the resident with wheelchair-accessible transportation to the local commuter rail station. This led to independent shopping trips to past neighborhoods and beyond, allowed for meet ups with friends and to purchase supplies, snacks and food items that he can use to cook an occasional meal for himself at the facility. When the resident expressed concern that his wheelchair could malfunction while he is away from the facility, the Ombudsman successfully advocated for a maintenance check of the chair to ensure its safe and reliable operation. The Ombudsman discussed additional community opportunities with the resident and the staff, resulting in the local senior center assisting with transportation arrangements so he could attend events of interest at the center, including cooking demonstrations, which were very popular. The resident became a valued participant at the Senior Center, further enhancing his sense of self and purpose. As the resident developed a new person-centered routine and experienced greater independence to pursue his interests, his conflicts with the staff decreased significantly and they have formed relationships based on their new understanding of and appreciation for the resident's lifestyle and experience. Consequently, the resident feels more respected and appreciated and he is also participating more in facility life. The resident shared with the Ombudsman that his mental health has improved and he now feels that his life has purpose and meaning.</p>	<p>The Ombudsman suggested and participated in a service plan meeting with the resident, his family member, the Executive Director, and the Resident Care Director. The Ombudsman provided education to staff about how to involve the resident to create a person-centered service plan, focusing on the resident's goals and strengths, rather than staff desires and goals for the resident. The Ombudsman facilitated discussion during the meeting so that the resident could participate in reframing the service plan and clearly stating his desires. The Ombudsman reminded staff that the resident may have visitors as he chooses, and the residence cannot require advance notice. The Ombudsman advocated for the resident's right to have snacks in his apartment and suggested a plan to keep them in a sealed container and consume them while sitting up or out of bed as a way to address staff concerns about housekeeping issues. This was agreeable to the resident and staff. The residence rescinded the eviction notice, promising to re-write the service plan and work towards better communication with the resident and his family member. As a result of Ombudsman education and advocacy, facility staff have moved towards becoming more resident-centered, not just for the complainant, but for others living in the community.</p>
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## System Issues

	System Issue 1	System Issue 2
System issue topic	F - Care	O - Other
Problem description	Nursing facilities have been challenged in accepting and providing care and services to individuals suffering from Substance Use Disorder (SUD) and behavioral health issues. There is poor coordination amongst acute care, long-term care, and community support services such as methadone clinics and counseling and other supports. While some facilities are incentivized by the Medicaid “add-on” reimbursement program, they do not always provide the training and services required by this specialized population. Other facilities do not admit residents with SUD or behavioral health issues, stating they are not qualified to provide the care, but not taking advantage of the educational and community resources that exist to support this type of care.	We have identified a lack of public awareness of the Long-Term Care Ombudsman Program, as evidenced by phone calls and community contacts from individuals who are not sure who we are or what we do. This also affects our ability to recruit volunteers.
Barriers description	Lack of education re SUD/BH and needs of residents Societal biases about people with SUD Hospitals lack understanding about capabilities of NF's to care for residents with SUD Compartmentalization among care settings Resistance to educational opportunities due to fear and lack of understanding	Local programs do not have sufficient bandwidth to engage in community awareness activities and this is a circular issue, as their ability to recruit volunteers is limited because they don't have enough volunteers to cover the facilities adequately to allow for anything other than very basic outreach.
Issue status	Ongoing issue from last fiscal year	Newly identified in this reporting year and not fully resolved.
Affected setting	Nursing Facility	Not specific to a setting
Resolution strategies	Provided information to public or private agency Provided leadership or participated on a task force Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information Recommended changes to laws, regulations, policies or actions through written or oral testimony.	Provided information to public or private agency Provided Information to legislator or legislative staff Provided information to the media Provided educational forums; facilitated public comment on laws, regulations, policies or actions Developed and disseminated information

<p>Resolution description</p>	<p>After years of working to facilitate better communication between hospitals and facilities regarding care needs of residents on a case-by-case basis, The Ombudsman Program Director came to believe that a broader perspective was necessary. He worked with his supportive host AAA (Area Agency on Aging), to develop and present a full-day forum for all stakeholders, including nursing home staff, hospital case management, community clinics, aging service providers, the New England QIO (Quality Improvement Organization), individuals recovering from SUD, and knowledge experts in the field of SUD. This was a free event, including two meals, and there was opportunity for cross-collaboration at each table, where assigned seating ensured a variety of professionals from different settings. This event took months of planning, meetings, connecting stakeholders across the care continuum, encouraging and facilitating collaboration and working to break down barriers and silos. The goal is ongoing and improved communication and transitions of care, with further action steps to include supporting and facilitating ongoing meetings and discussions amongst stakeholders.</p>	<p>The Ombudsman Program program put together a "Volunteer Assistance Project", which involved identifying each area's capacity and opportunity, using metrics to assess how many volunteers/staff per resident. We then offered those local programs who were interested to apply for the assistance. Once metrics identified those local sites who could benefit the most from additional attention to awareness and volunteerism, an in-depth meeting was held between the State Staff and the local program to discuss opportunities, challenges, and local demographics. The State Staff then put together an action plan involving outreach, website recommendations, materials for distribution, and targeted event participation by the State Staff. The work involved the following areas of participation: website recommendations, hand-outs, fact sheets posted in area towns, educational programs/displays offered to local senior centers, service organizations, and libraries, and outreach to unaffiliated ASAPS in the area. The State Staff worked with one program and has plans for engagement with a second program, and will be presenting an outline of best practices to all local sites.</p>
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## Organizational Structure

Office of state LTCO location

Inside state government

Local Ombudsman Entity Location	Number of Ombudsman
Area agency on aging (AAA) an area agency on aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5) of the OAA.	16
Social services non-profit agency, with 501(c)(3) status, other than AAA	1
Legal services provider	0
Stand-alone local Ombudsman entity - a non-profit agency with 501(c)(3) status – the only program is the local Ombudsman entity	0
Total number of entities	17

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## Organizational Conflicts of Interest

Conflict of Interest Type	Location	Remedy
Provides adult protective services	Local	<p>Each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.</p> <p>At the State level, MOU's are in place that outline each program's responsibility and how, in keeping with each program's policies, they will work together if the consumer consents.</p> <p>At both State and local levels, communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff.</p>
Conducts preadmission screenings	Local	<p>At the local level, each host agency completes the COI screening yearly during the designation process. All ombudsman programs are housed in the AAA division and the APS and screening functions are in the Community Care Division. As part of the Designation Agreement, local host agencies agree to ensure that all written and telephone communications with the local program will be maintained following established confidentiality requirements. All files maintained by the program at the local level are stored in locked file cabinets. Resident consent governs any exchange of information amongst the entities within each host site.</p> <p>Communication with the program is protected. All voice mail messages are on password protected systems and calls are not at any time accessible to other staff.</p>
Has governing board, ownership, investment, or employment interest LTC facility	Local	<p>All local host agencies complete the COI screening during the designation process. The local agency that has a Board member with LTC facility affiliation has in place requirements that the Board member recuse themselves from any discussion regarding the ombudsman program.</p>

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## Staff and Volunteers

### Office of State Ombudsman Staff

Total staff	5	
Total full-time equivalent (FTE)	5	
Total state volunteer representatives	0	
Total hours donated by state volunteers representatives	0	Hours
Total other volunteers (not representatives)	0	

### Local Ombudsman Entity Staff

Total staff	36	
Total full-time equivalent (FTE)	30	
Total local volunteer representatives	206	
Total hours donated by local volunteer representatives	17,923	Hours
Total local volunteers (not representatives)	0	

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## Funds Expended

### Funds Expended from OAA Sources

Federal - OAA Title VII, Chapter 2, Ombudsman	\$413,012
Federal - OAA Title VII, Chapter 3	\$0
OAA Title III - State level	\$300,000
OAA Title III - AAA level	\$1,321,961
<b>Other Federal Sources</b>	
Total other Federal funds expended	\$830,288
<b>Other State Sources</b>	
State General Funds	
Total other State funds expended	\$1,025,620
<b>Other Local Sources</b>	
Private grants/funds, Other state funds expended at local (but not statewide) level	
Total other Local funds expended	\$265,309

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## Facility - Number and Capacity

### Licensed Nursing Facilities

Total number	350
Total resident capacity	41153

### Residential Care Communities

Total number	331
Total resident capacity	23838

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## Facility - Residential Care Community Information

RCC type	RCC type definition	Minimum RCC capacity	Maximum RCC capacity
Assisted Living Residence	Any entity, however organized, whether conducted for profit or not for profit, which meets all of the following criteria: a) provides room and board; and b) provides, directly by its employees or through arrangements with another organization which the entity may or may not control or own, Personal Care Services for three or more adults who are not related by consanguinity or affinity to their care provider; and c) collects payments or third party reimbursements from or on behalf of Residents to pay for the provision of assistance with the Activities of Daily Living, or arranges for same. (651 CMR12.02)	3	
Rest Home	A facility or units thereof that provides or arranges to provide in addition to the minimum basic care and services required in 105 CMR 150.000, a supervised supportive and protective living environment and support services incident to old age for residents having difficulty in caring for themselves and who are ambulatory and do not require Level II or III nursing care or other medical related services on a routine basis.		

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## Program Activities

### Certifications and Training

Certification training hours	36	Hours
Training hours required to maintain certification	24	Hours
Number of new individuals completing certification training	68	

### Ombudsman Program Activities

Information and assistance to individuals	5073
Community education	55

### Ombudsman Program Activities - Facilities

Activity	Nursing Facility	Residential Care Community
Training sessions for facility staff	10	11
Information and assistance to staff	958	495
Number of facilities that received one or more visits	354	331
Number of visits for all facilities	13102	2610
Number of facilities that received routine access	350	87
Total participation in facility survey	487	21
Resident council participation	227	47
Family council participation	7	7

## State and Local Level Coordination Activities

Area agency on aging programs, Facility and long-term care provider licensure and certification programs, The State Medicaid fraud control unit

### Other Coordination Activities

**Describe any state or local level coordination and leadership activities with the entities listed, as applicable.**

The ombudsmen hosted by the local AAA provide orientation to new staff of the agency about the ombudsman program. Depending on the size of the agency, this could be monthly or quarterly. One of the ombudsman programs has a monthly reporting function to the Board of the Directors of the AAA, keeping them apprised of current trends and systems issues. The program directors of each hosted ombudsman unit coordinate with the AAA for volunteer recruitment and retention, including informational campaigns on social media. Most of the local programs also have monthly meetings within the AAA to share systemic concerns, trends in their area, and educational material about each of their functions.

The State Ombudsman collaborates with the Department of Public Health and the Assisted Living Certification unit to share general information about observed trends and patterns. When a closure or emergency situation exists, there is communication regarding the status of the facility and any concerns that may arise during the process. The local ombudsman shares general observations about their homes in advance of standard or complaint surveys upon request of the licensure and certification programs.

The State Ombudsman meets bi-monthly with the Medicaid Fraud Unit of the Attorney General's Office, to discuss current trends and systems issues, and brainstorm approaches to address concerns and advocate for residents in nursing and rest homes. The Medicaid Fraud Unit has also participated in educational programs for ombudsman program directors.