

ANNUAL REPORT FEDERAL FISCAL YEAR 2021

**New Jersey Office of the
State Long-Term Care Ombudsman**



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A Message from the State Long-Term Care Ombudsman



Dear Fellow New Jerseyan:

I am pleased to present the 2021 Annual Report of the New Jersey Office of the Long-Term Care Ombudsman (LTCO). This Annual Report outlines: the types of allegations of abuse, neglect and exploitation that are investigated by our highly experienced and dedicated staff; the important contributions of our dedicated Volunteer Advocates; the skyrocketing demand for LTCO advocacy; and new initiatives to proactively (not in response to a complaint) visit long-term care facilities to assess how LTC residents are faring in this new era of COVID-19.

I am so thankful that the LTCO enjoys incredible backing from the State of New Jersey, including unwavering support from Governor Murphy, the State legislature, and the departments of Health, Human Services and the Office of the Attorney General, to name a few. Further, during 2021, both the State and Federal government increased funding for the LTCO which allowed us to expand our reach into long-term care facilities during, and in the wake of, the worst of the pandemic.

The LTCO utilized a one-time increase in federal funds to distribute tablets to long-term care residents so that they could communicate with their families during periods where visitation was limited or curtailed. The LTCO also hired temporary social workers to visit nursing home residents to address issues relating to social isolation and loneliness. I am pleased to report that the State of New Jersey chose to extend and fund this vital program, the LTCO Social Isolation Project, into State Fiscal Year 2021 and beyond.

This year's report also highlights some of the significant policy changes that have occurred in New Jersey as a result, in part, of the COVID-19 crisis, which shed a light on the myriad of systemic problems that exist in the long-term system. Because of these policy initiatives, including a minimum staffing ratio for nursing homes, a requirement that LTC facilities facilitate virtual communication, and increased protections for residents who are LGBTQ+ or living with HIV, New Jersey continues to be a leader in the LTC reform movement.

COVID-19 will have an enduring legacy in the NJ long-term care space. More than 9,000 long-term care residents and more than 100 LTC staff were lost to this awful virus by the end of 2021. We keep the souls who were lost and their families and friends in our hearts as we dedicate all that we have to advocate for the thousands of people living and working long-term care facilities today. May their memories be a blessing and may those memories strengthen our resolve to build a better, more empowering, system of care for all people requiring long-term care services.

Sincerely,

A handwritten signature in blue ink that reads "Laurie F. Brewer".

Laurie Facciarossa-Brewer
State Long-Term Care Ombudsman

NEW JERSEY OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN OVERVIEW

The New Jersey Office of the Long-Term Care Ombudsman (LTCO) is part of a national resident-focused, person-centered advocacy program. The LTCO is an independent advocate for older individuals receiving long-term care. Representatives of the Office work with individual residents to help them address challenges they face; in addition, the LTCO seeks opportunities to bring about change on local, state, and federal levels and by advocating for policy and legislative initiatives and participating in activities that support the Office's core mission to advance the rights, the dignity and the self-determination of individuals living in long-term care.



The LTCO operates five programs:

1. **Investigations and Advocacy**: The primary function of the LTCO is to advocate for residents of long-term care facilities by investigating and resolving complaints made by or on behalf of those residents.
2. **Volunteer Advocate Program**: The LTCO is aided in its mission by a cadre of highly-trained Volunteer Advocates who are assigned to nursing facilities throughout the state. These advocates are an extension of the Office and are trained to observe the quality of services provided by long-term care communities and advocate for long-term care residents' rights.
3. **I Choose Home NJ**: The LTCO has partnered with the NJ Department of Human Services to promote the state's federally-funded Money Follows the Person program, called I Choose Home NJ (ICHNJ). Under ICHNJ, assistance is provided to nursing home residents of any age who wish to transition back to the community with the services and supports they need.
4. **Regional Ethics Committees**: The LTCO also oversees the operation of several Regional Ethics Committees that provide assistance to consumers, families and long-term care facilities when confronted with difficult medical decisions in a long-term care environment.
5. **Social Isolation Project**: The LTCO Social Isolation Project (SIP) was launched in November 2020 with federal CARES ACT funding to address social isolation and loneliness among long-term care residents who had been restricted to their long-term care facility, and often to their rooms, for as long as a year. SIP Social Workers proactively visit with long-term care residents to assess their quality of care and quality of life, with an emphasis on reaching those residents who might not otherwise be able to reach out to the LTCO for advocacy.

INVESTIGATIONS AND ADVOCACY *GUIDANCE. SUPPORT. ADVOCACY.*

Under federal law and state law, the Ombudsman's office: accepts confidential complaints from any source and/or anonymously via phone, fax, in writing and by email; investigates those complaints and either resolves and/or refers the problem to a regulatory or law enforcement entity for further action; conducts public or private hearings and can subpoena documents or personal testimony; has unrestricted access to residents of long-term care facilities and their records; and works with resident councils to empower residents to advocate for themselves.

Once a case is opened and assigned, the Investigator/Advocate makes an unannounced visit to the facility, visits with the resident to obtain consent to proceed, conducts a complete review of the facts, obtains records and interviews the resident, staff and other relevant witnesses.

The primary function of the investigation is to resolve the problem at the direction of the resident and to the satisfaction of the resident and to ensure that the resident is safe and that their rights and dignity are being upheld.

If the Investigator/Advocate verifies or suspects that the resident has been the victim of abuse, neglect or exploitation, the Investigator/Advocate will formally refer their findings to a regulatory or law enforcement entity for possible further investigation and action.



INVESTIGATIONS AND ADVOCACY SCENARIOS

Case Scenario 1:



An 81-year-old resident who had been admitted to the facility for short-term rehab contacted our Office for assistance in the discharge planning process. Resident alleged he wasn't being included in all of the team meetings that involved his discharge plans. His family was involved but he was excluded. He wanted to be included. The investigator contacted the facility and advocated for his right to be part of the discharge plans. The resident was initially reluctant to be transferred to an assisted living facility. Eventually, after being included in multiple care planning meetings, the resident was satisfied and agreed to be discharged to an assisted living facility.

Case Scenario 2:

Facility issued an involuntary discharge notice to the resident because the facility had a contentious relationship with the resident's daughter, who had made several complaints against the facility, including complaints to the LTCO. The investigator advocated for the resident to remain in the facility by educating the facility about resident rights, arguing that the reason for the involuntary discharge did not fall under the state and federal legal requirements of an involuntary discharge notice. Also, the resident could not be punished with an involuntary discharge because the facility management was unhappy with her family. The resident remained in the facility.



Case Scenario 3:



The LTCO received a call from a hospital social worker about a 75-year-old nursing home resident who is alert and oriented and resides on a ventilator unit. The complainant stated that the resident had been sent to the Emergency Room three times in one month, all allegedly related to mistakes made by inadequately trained agency nurses when providing PEG tube and trach care. In two instances, the resident was septic when admitted to the hospital. The LTCO nurse investigator verified the poor clinical care and also observed that the resident had significant dental caries which had not been addressed as no oral care appeared to have been provided for an extended period of time. Care recommendations were made to improve clinical and dental care and a referral was made to the State Survey agency for deficient practices.

ACTIVITIES AND ACCOMPLISHMENTS

In FFY 2021, the LTCO:

FIELDDED 10,858 calls made to the LTCO toll-free intake line (1-877-582-6995). Approximately 500 complaints were received by email and/or fax.

INITIATED 4,729 investigations and closed out 3,952 investigations involving 8,796 separate complaints.

RESOLVED or partially resolved 95 percent of these complaints to the satisfaction of the resident.

CONSULTED with 10,677 individuals seeking information on a wide variety of topics including: residents' rights, LTCO services, care concerns and involuntary discharge.

PROVIDED information to 8,257 facility staff on a range of topics including: emergency transfer requirements, involuntary discharge, mandatory reporting and residents' rights.

ATTENDED 110 resident council meetings.

PROVIDED information and input to state surveyors in 28 facilities.

ENGAGED the community during 57 community education sessions.



Of the 3,952 investigations involving 8,796 separate complaints that were closed during FFY 2021, complaints that relate to residents' care comprised the largest percentage.

TYPE OF COMPLAINTS

Major Complaint Groups by Type of Facility

Complaint Category/Type	Nursing Facility	Residential Care Community	Other	Total by Complaint Type
A. Abuse, gross neglect, exploitation	986	235	61	1,282
B. Access to information	234	30	2	266
C. Admission, transfer, discharge, eviction	463	191	4	658
D. Autonomy, choice, rights	1,078	269	15	1,362
E. Financial, property	225	59	4	288
F. Care	1,866	238	23	2,127
G. Activities and community integration and social services	383	40	5	428
H. Dietary	328	55	4	387
I. Environment	1,111	233	22	1,366
J. Facility policies, procedures and practices	297	108	2	407
K. Complaints about an outside agency (non-facility)	9	2	0	11
L. System and others (non-facility)	161	50	3	214



Long-Term Care

Skilled Nursing



381



51,689

Other



- Adult Day Health Care Services
- Independent Living of CCRC
- Developmental Center
- Specialty Hospital
- Comprehensive Rehabilitation
- Psychiatric Hospital
- Adult Family Care Homes
- Assisted Living Programs
- Social Daycare Facilities

Board and Care

Assisted Living Residence

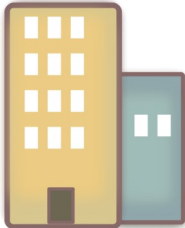
Boarding Homes

Residential Dementia Care

Freestanding RHCF

Residential Health Care

Comp. Personal Care Home



527



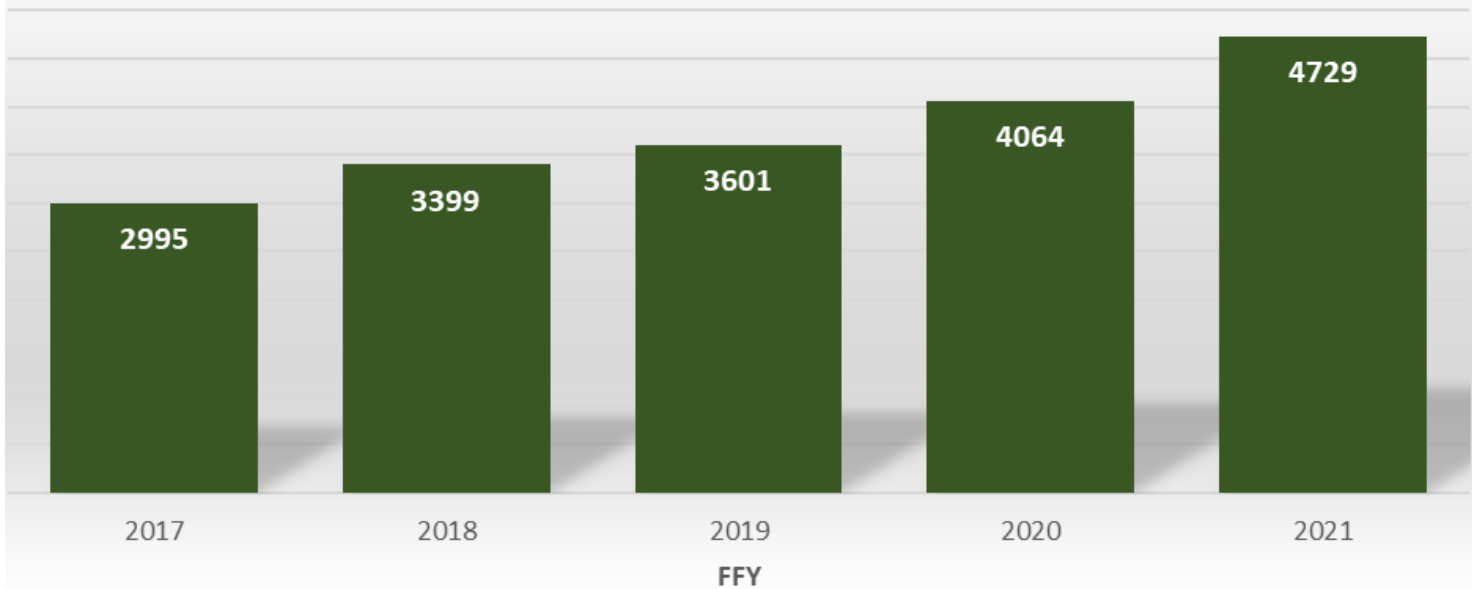
28,640

Federal Fiscal Year 2021 Spending
State Funds: \$2,122,114
Federal Funds: \$1,386,503*
<small>*Includes COVID funding</small>
Total: \$3,508,617

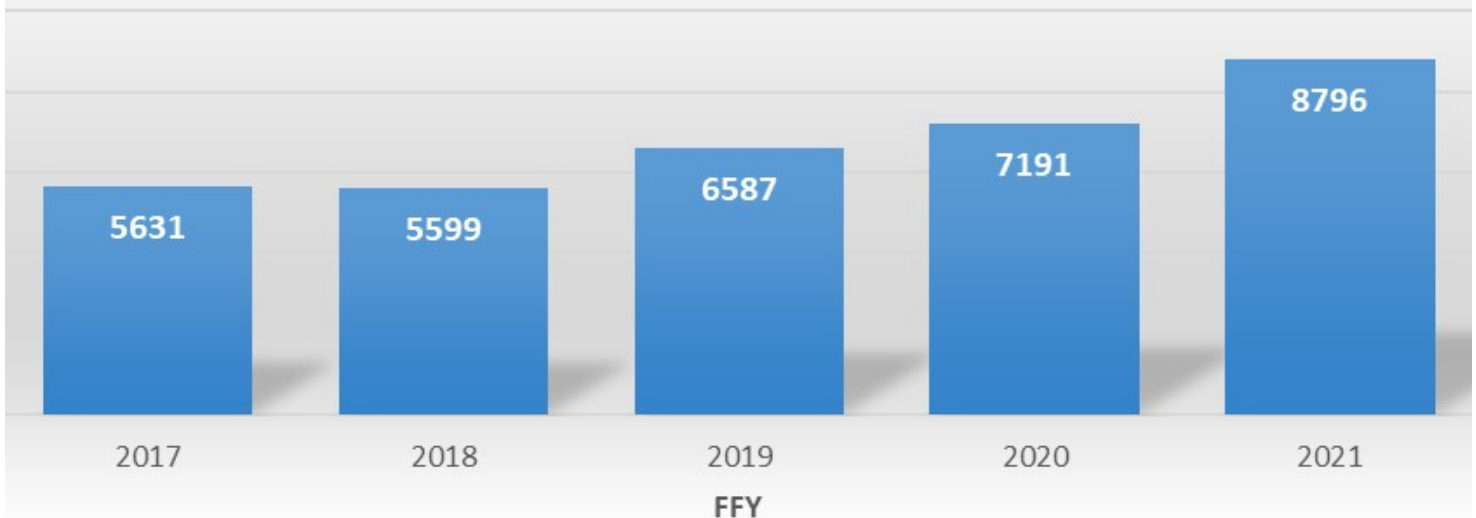
State Fiscal Year 2021 Appropriation
State Funds: \$2,091,000
Federal Funds: \$1,141,000
Total: \$3,232,000

CASE TRENDS

CASES OPENED (FEDERAL FISCAL YEAR) Ombudsmanager-LTCO Case Management System

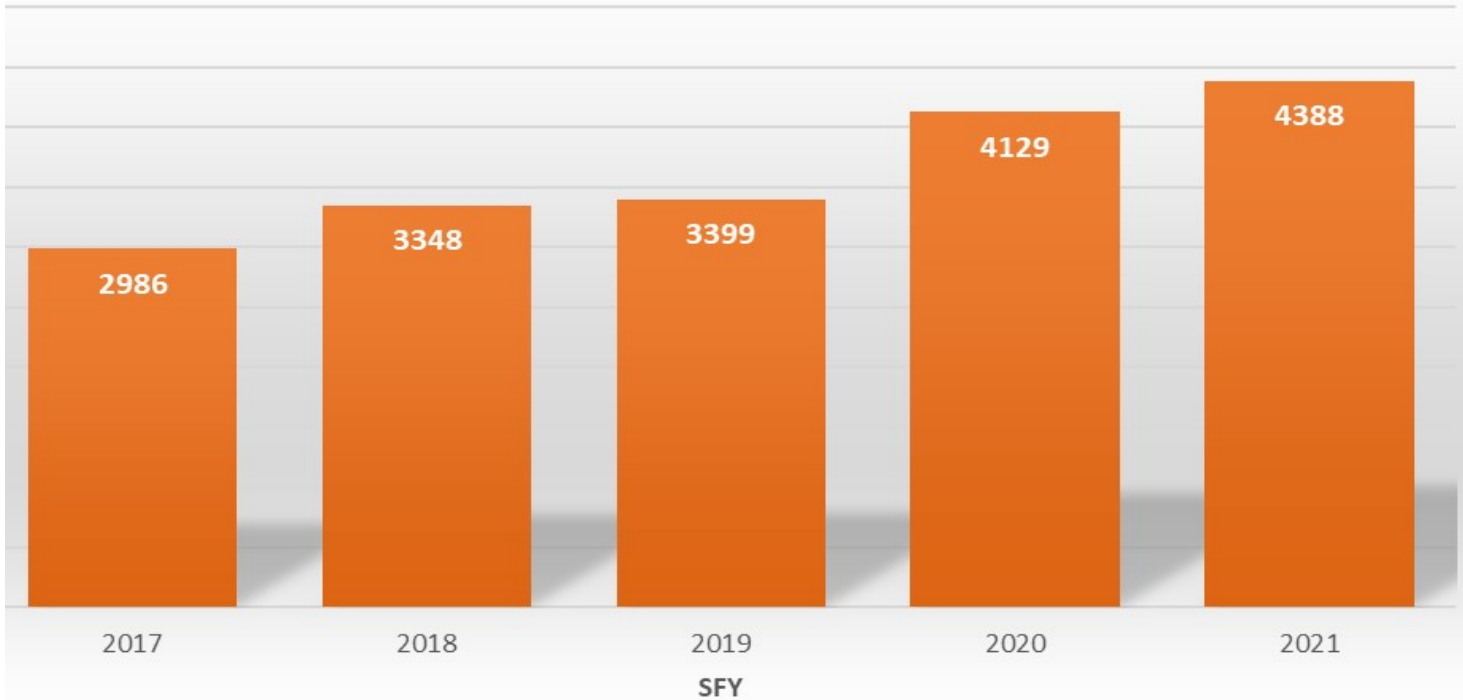


COMPLAINTS INVESTIGATED (FEDERAL FISCAL YEAR)

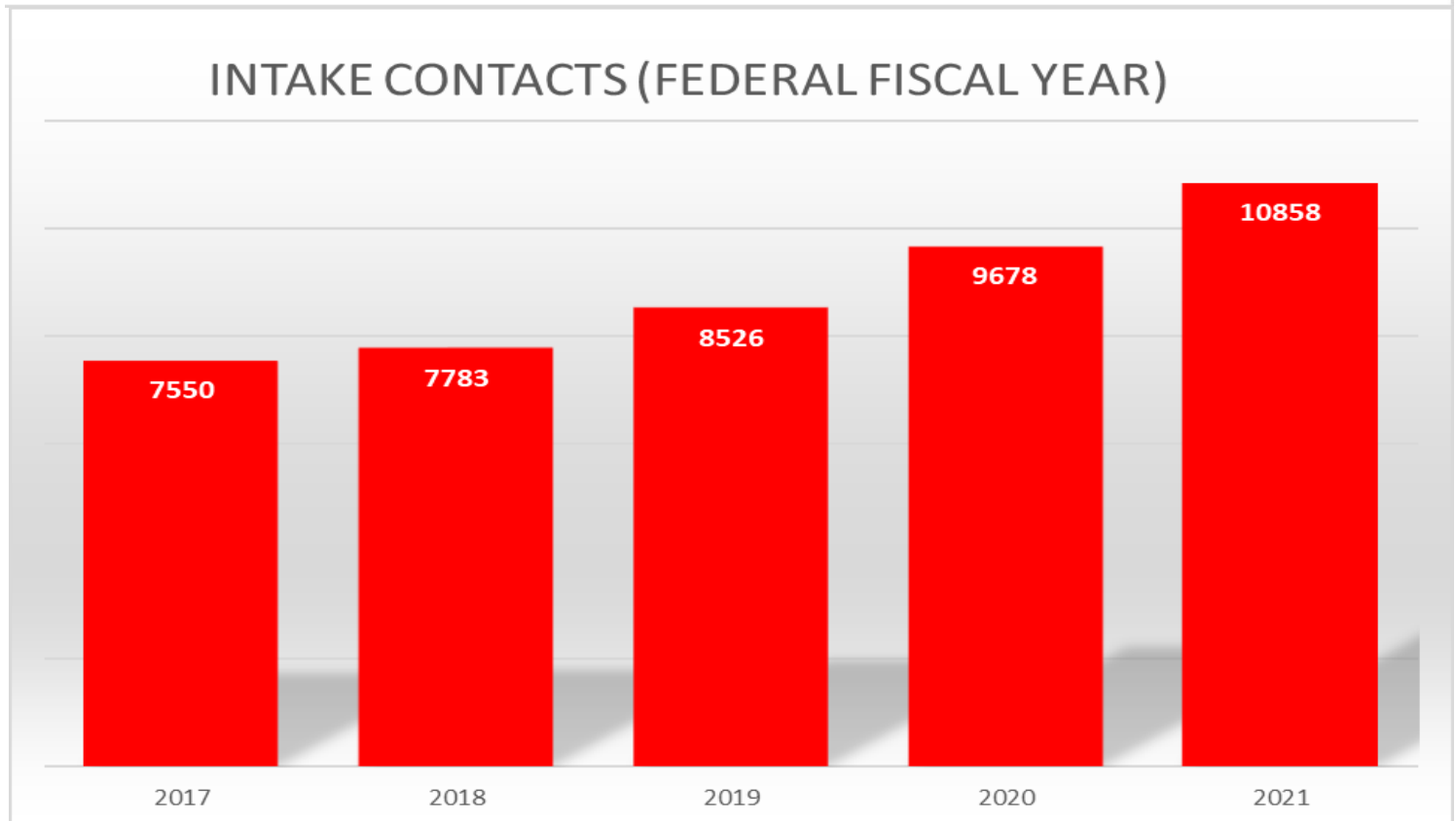


** Each case can involve multiple complaints*

CASES OPENED (STATE FISCAL YEAR)



INTAKE CONTACTS (FEDERAL FISCAL YEAR)



VOLUNTEER ADVOCATE PROGRAM

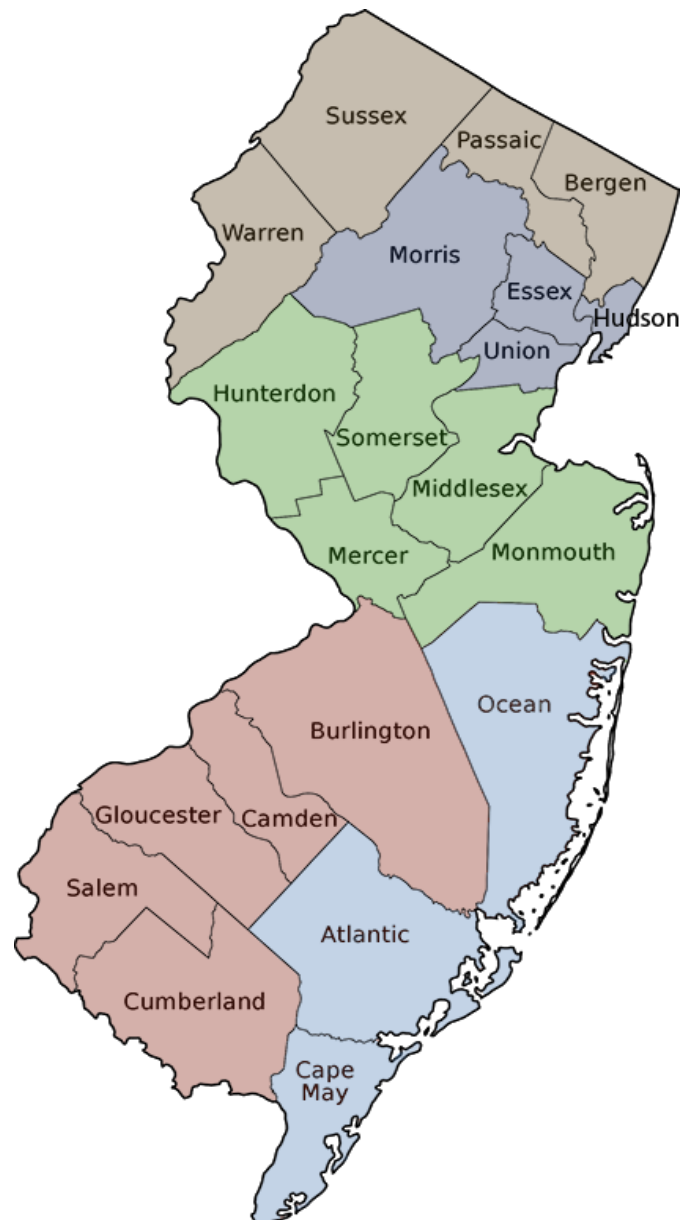
Making a Difference through Advocacy

When problems are identified in a nursing facility, the Volunteer Advocate can play a crucial role in resolving issues of quality of care and quality of life.

Volunteer Advocates deal with issues such as: staff responsiveness; food and nutrition; hygiene problems; lack of activities; and missing personal belongings. Volunteers are trained to identify and to intervene when residents are not being treated with courtesy, consideration and respect – all basic civil rights. Serious complaints of abuse, neglect and exploitation are referred to the Office of the Long-Term Care Ombudsman for investigation.

Deirdre Mraw, Chief of Staff, manages the Volunteer Advocate Program at the state level while five Regional Volunteer Program Coordinators manage the program at the regional/county level:

<p><u>Region I</u></p> <p>Essex, Hudson, Morris & Union</p>
<p><u>Region II</u></p> <p>Bergen, Passaic, Sussex & Warren</p>
<p><u>Region III</u></p> <p>Middlesex, Mercer, Somerset, Hunterdon & Monmouth</p>
<p><u>Region IV</u></p> <p>Burlington, Cumberland, Camden, Gloucester & Salem</p>
<p><u>Region V</u></p> <p>Ocean, Atlantic & Cape May</p>



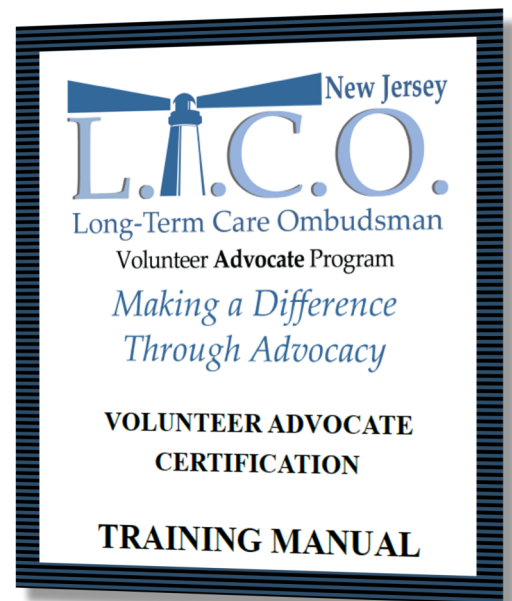
VOLUNTEER ADVOCATE PROGRAM TRAINING

New Advocate Training

Volunteers must complete a 36-hour training program to become a certified Volunteer Advocate. The training curriculum was developed by UMDNJ-School of Medicine and Rutgers School of Social Work and is modeled after the National Ombudsman Resource Center curriculum. The training program and training manual were recently updated to reflect industry changes, trends, and new federal nursing home regulations. Intensive virtual classroom instruction is conducted by the Volunteer Advocate Program Statewide Trainer and additional on-site orientation and placement of new advocates is conducted by the Regional Coordinator.

Training topics include:

- ◆ Overview of the Volunteer Advocate Program
- ◆ Demographics of the Elderly Population
- ◆ Normal & Abnormal Conditions of Aging
- ◆ Medication and the Elderly
- ◆ Communication Skills
- ◆ The Long-Term Care Setting
- ◆ Social, Financial, Legal, and Ethical Issues in Long-Term Care Facilities
- ◆ Residents' Rights
- ◆ Elder Abuse, Neglect, and Exploitation
- ◆ The Office of the Long-Term Care Ombudsman Complaint Process
- ◆ Visiting a Long-Term Care Facility



Continuing Education for Advocates

Ongoing training of the Volunteer Advocates is essential to the success of the Program. After receiving the initial 36 hours of training, Volunteer Advocates increase their learning of the long-term care setting by attending quarterly regional meetings or annual state conferences.



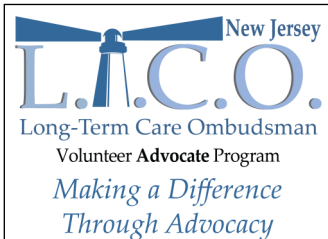
Training curricula and methods are constantly being revised and re-evaluated to provide current information to our team of advocates. Content experts in the field of geriatrics, disability services, visual impairments, cultural diversity, LTC assessment and licensing, activities, person centered care, and residents' rights, have been presented to our volunteers and staff. During the latter half of the FFY 2020, volunteer training was virtual.

**According to 2021
NORS data:**

**Total Volunteer Hours to the Program: 7,069
(Visitation limited during FFY2020)**

Trained Advocates: 161

Spreading joy through music and greeting cards



Advocate Laura Redman volunteers at Avista Care Nursing Home in Cherry Hill, which experienced numerous resident deaths during the pandemic. She constantly looks out for ways to alleviate their COVID lockdown loneliness, whether through a crossword puzzle, a Smithsonian magazine, a book about classical music, or a Sony Walkman and Motown CDs.

But the former school counselor credits her hand-decorated holiday greeting cards – each bearing a message personal to each resident, and giving her name and phone number – with causing the biggest breakthrough with the residents.

Whether it be Halloween, Thanksgiving, Christmas or Valentine’s Day, Redman buys greeting cards and attaches handcrafted decorations. Redman also personally introduces herself to each resident with a greeting card.

“I’ve gotten such a reaction to these cards. That’s what gets them to call me. They show the cards to their families and the families call me too.”

During COVID, she would only go as far as the front desk, so she depended on staff to help distribute the cards and other offerings. Laura is back in the facility doing in-person advocacy. The residents were happy to see her again after the pandemic restrictions.

As a Volunteer Advocate, Redman advocates for them by investigating and resolving complaints made by them or by others on their behalf.

Redman is glad to have made such a positive difference in the lives of these residents who must endure so much. “I used to drive by there [the nursing home] and cry, but I thought, this is not productive.”

“Laura Redman has been an unwavering advocate prior to and during COVID,” said LTCO Regional Coordinator/Statewide Trainer Janet Khanlian. “Her compassion, passion and ingenuity have been absolutely inspiring.”

“These are obviously not “normal” times...so our advocacy has to take different paths and Laura is on board for doing this,” Janet said.



SOCIAL ISOLATION PROJECT

Engaging residents where they live



The LTCO Social Isolation Project (SIP) sprung from the need to combat the social isolation of residents during the COVID-19 pandemic. SIP staff proactively visit nursing homes to ensure that residents are connected to their families and to each other, and that in-person visitation, meals, activities, and connective technologies are available. SIP staff also conduct an in-depth review of facility conditions, speak directly to residents to resolve any outstanding concerns in real time, and provide education to facility staff about social isolation, residents' rights, and quality of care. Because of its proactive nature, SIP can identify facilities that are declining in quality and may need more intervention or assistance from state partners.

SIP Advocacy Scenario

A married couple, both of whom are deaf, living in a residential care home/assisted living complained to the LTCO that the facility was not providing appropriate services for them. The facility was relying on the couple's daughter to provide all translation for the residents. The couple reported to the state agency that provides services to people who are deaf or hard of hearing that they felt isolated from their peers and could not participate in care planning meetings.

The LTCO advocate, who is ASL trained, attended a meeting with the facility administrator and the Certified ASL interpreter that the facility hired. The meeting was held at the facility where the concerns were discussed in the comfort of the residents apartment. During the meeting, issues were discussed which included the ability for the couple to attend the resident council meetings once a month and have an interpreter present for those meetings. The couple asked that when there is live entertainment that an interpreter be present as well as for annual care plan meetings and physician visits. The Administrator stated she was not aware that the facility had to cover the cost. This was explained to the Administrator and the facility team.



I CHOOSE HOME NJ

A Nursing Home May Not Be the Only Option

Advocacy and Outreach

The LTCO has played a key role in the I Choose Home NJ program (called Money Follows the Person at the federal level) since 2012. I Choose Home NJ helps people living in nursing homes and developmental centers to move back to the community with Medicaid services they need to thrive. In the process, it generates savings that the State must use towards more home and community-based services. The LTCO works closely with NJ Department of Human Services and the Centers for Medicare & Medicaid Services (CMS) to carry out this important work. Since 2008, the I Choose Home NJ team has successfully transitioned nearly 3,500 people from institutions back into home and community-based settings for a savings of over \$35 million.

2008 - 2021

Older Adults – 1269

Intellectual/Developmental
Disabilities – 939

Adults w/ Physical Disabilities—1290

Total transitions from institutions to
community: **3498**

2021

Older Adults – 155

Intellectual/Developmental
Disabilities – 32

Adults w/ Physical Disabilities—165

Total transitions from institutions to
community: **352**

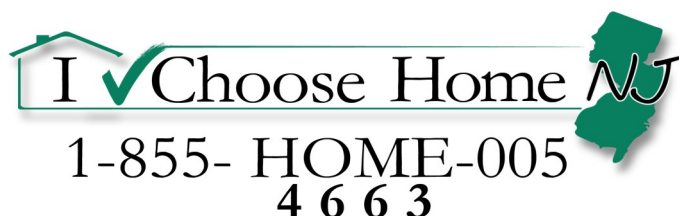


The LTCO’s I Choose Home NJ staff spread the message that “A Nursing Home May Not Be the Only Option” and advocate for nursing home residents who want to move out. Staff have the authority to freely enter nursing homes, speak confidentially with all residents and (with their permission) review their records, and educate and question facility staff. This allows LTCO Outreach and Advocacy Coordinators to identify residents who want to move out, to fiercely advocate for them with all relevant parties, and to help resolve any barriers or issues. LTCO staff also educate nursing home staff, community health care providers, caregivers, families, and the general public about the program. We have shared information about I Choose Home NJ at over 350 events and have advertised on media platforms statewide. As a result there is now greater awareness statewide about the nursing home transition population.

Helping to Identify and to Create Affordable and Accessible Housing

Since 2014, the LTCO has filled the Statewide Housing Coordinator role for I Choose Home NJ. The lack of affordable and accessible housing continues to be the primary barrier to nursing home transitions. As such, the Statewide Housing Coordinator acts to identify and create housing opportunities for people coming out of nursing homes, and to help people maintain housing stability. Examples of housing advocacy include alerting nursing home social workers to local affordable housing opportunities, meeting with housing developers to explore possible collaboration, training managed care organizations to secure housing for their Medicaid members, and working with participants to maintain housing.

ICH's housing activities have also been at the leading edge of policy changes related to housing for NJ Medicaid populations. The LTCO receives and reviews quarterly reports from the Housing Specialists about their progress towards housing nursing home members. ICH continues to increase access to housing vouchers through local Housing Authorities and the continued development of the Money Follows the Person Housing Partnership Program (MFPHPP). The Statewide Housing Coordinator has initiated partnerships to secure housing vouchers in some of the most desired municipalities in the Northeast corridor. The MFPHPP, a collaboration between the NJ Department of Human Services and NJ Housing Mortgage Finance Agency to give developers loan money to build affordable housing for people waiting to leaving nursing homes, continues. The LTCO staff was central to the development and implementation of this program, which launched in December 2015 and now provides a pool of \$6.2 million of capital loan money to developers in exchange for 80 affordable, accessible apartments. Many units were completed and occupied from 2017-2021 and dozens more will come online in coming years, specifically for the nursing home population.



A Nursing Home May Not Be the Only Option!

Betty and her brother Willie: A Trenton ICH-NJ success story



When Betty Willis learned her brother Willie Sanders was in a Trenton nursing home, she knew she had to be his champion. She was his younger sister and only sibling. Willie, 68, was getting injections in his eye every two weeks from an outside health provider.

But the onset of COVID and lockdown restrictions meant they weren't letting anybody leave the nursing home. That put an end to his eye injections – which left him in danger of losing his eyesight. That's when Betty knew he had to come out of that facility. She started making phone calls.

“The facility social worker came and went. They were no help,” said Betty, a Trenton resident like Willie. “But then I got hold of Mr. [Leonard] Parry,” I Choose Home NJ Advocacy and Outreach Coordinator. “I told him I was in need of help.”

He explained about I Choose Home NJ, a Medicaid program designed to move people out of nursing homes and other facilities into independent community settings with appropriate supports.

“He told me ‘I will help you as much as I can,’ she said. Parry sent her a list of apartment complexes that might take Willie. He talked her through the process of applying for Medicaid/ Money Follows the Person. “Mr. Parry told me ‘You got to jot everything down.’”

With his help, she applied for an apartment on Willie's behalf and made other necessary arrangements – such as getting Willie's birth certificate from the nursing home manager and restoring his Social Security card - to transition him out of the nursing home.

Through her efforts and his intervention, Mr. Sanders was able to move in October 2020 into a Trenton apartment complex across town from her. Betty set him up with a TV, furniture and a microwave, Meals on Wheels and a welfare caseworker.

She meets him in the apartment stairway periodically to pick up any mail she needs to respond to, such as bills.

Willie likes his new home: “It's nice and quiet. I got my own space.”

This has allowed him to further his medical treatment, including continued eye injections. “He's doing great now,” his sister said. I got him his Medicaid card and a doctor whom he goes to see.”

REGIONAL ETHICS COMMITTEES

Difficult Decision and Ethical Guidance

Difficult Decisions

As individuals grow older and struggle with advanced illness and frailty, they, their families, and their care providers will likely be faced with difficult decisions about their care and treatment.

Decisions can include whether to provide or remove particular treatments, such as dialysis or artificial nutrition, adjust medications, or refer to palliative care or hospice.

For individuals in long-term care communities, the LTCO provides support and ensures that decision-making is resident-focused and consistent with ethical and legal standards.

One way the LTCO does that is through Regional Ethics Committees (RECs). RECs provide an impartial, comprehensive evaluation and assessment of the situation and offer non-binding recommendations to the individuals involved.

RECs provide much-needed education, conflict resolution and ethical guidance to facilities and families when difficult decisions need to be made.

NJ Supreme Court Case Law

- In re Quinlan, 70 N.J. 10 (1976)
- In re Conroy, 98 N.J. 321 (1985)
- In re Farrell, 108 N.J. 335 (1987)
- In re Peter, 108 N.J. 365 (1987)
- In re Jobes, 108 N.J. 394 (1987)



NJ Long-Term Care Ombudsman

Ethical Decisions at End-of-Life Ombudsman Process

As with all of the Ombudsman's work, the primary focus of the process is to ensure that the resident's wishes are respected. The LTCO works with the resident, their family and friends, and facility staff to identify the resident's wishes, wherever possible.

In addition to exploring the resident's wishes, the LTCO also gathers clinical information regarding the resident's cognition, condition, and prognosis, to ensure that legal standards for withholding/withdrawing treatment are met.

Regional Ethics Committees (RECs)

- Multi-disciplinary teams, including social workers, nurses, clergy, and hospice workers
- Established to serve as a resource to residents and health care professionals of LTCF'S who face ethical dilemmas:
 - ◇ Treatment decisions
 - ◇ Health care conflicts
 - ◇ Withholding/withdrawing Life Sustaining Treatment
 - ◇ Quality of life issues
- Consultation not required and recommendations not legally binding, but can often resolve ethical dilemmas as close to the bedside as possible.



LTCO POLICY AND LEGISLATIVE ACTIVITIES

Ensuring residents' rights to visit and gather together after the COVID tragedy



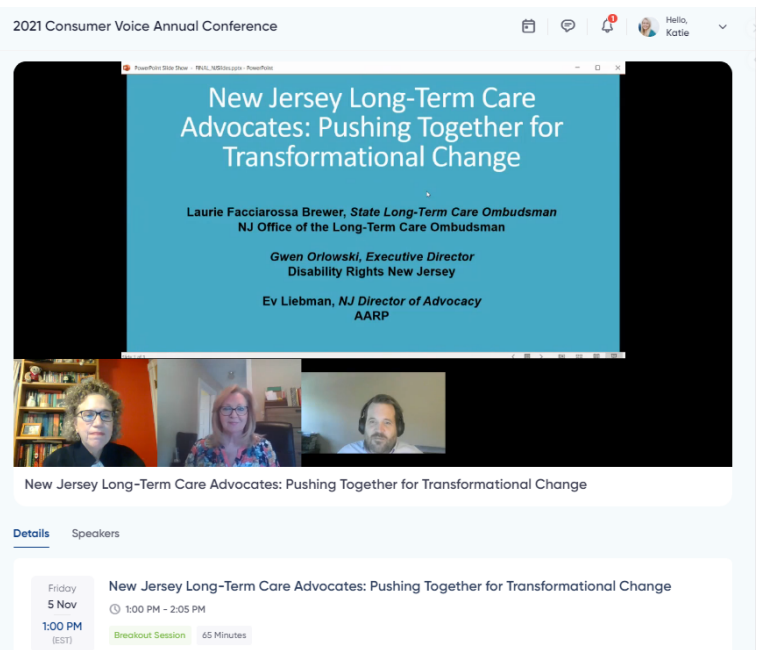
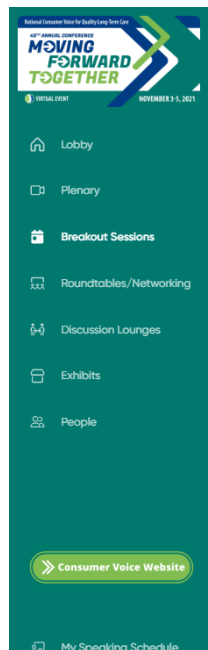
The LTCO continued to monitor, advocate, and provide education regarding visitation restrictions for LTC residents and families. Staff worked directly with hundreds of residents, families and facilities to ensure maximum visitation rights allowed under CMS and DOH directives. This included advocating for compassionate care visits when residents were at end of life or experiencing serious physical or emotional decline, and helping families be designated as Essential Caregiver to enter and provide routine hands-on care to their loved ones.

The LTCO worked closely with FACE New Jersey (Family Advocate for Care Experience) during this time, a non-partisan grassroots group of hundreds of families that formed on Facebook to advocate for easing the lockdowns in long term care facilities. The LTCO hosted webinars with FACE and the NJ Department of Health to update the public when visitation restrictions changed.

Additionally, the LTCO continued to work to alleviate social isolation in facilities, encouraging activities professionals and social workers to be as creative as possible in connecting residents with friends, loved ones, and fellow residents, to continue providing appropriate and meaningful activities for residents who were hungry for personal connection.

The Ombudsman participated in a panel discussion at the National Consumer Voice fall 2021 conference, along with leaders of Disability Rights NJ and AARP New Jersey.

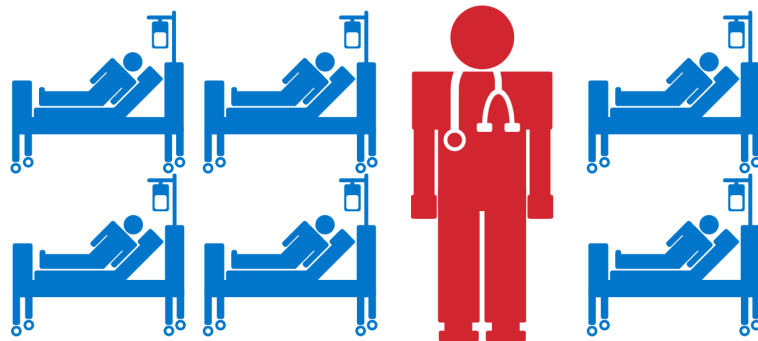
The panel, entitled “New Jersey Long Term Care Advocates: Pushing Together for Transformational Change,” outlined how NJ advocates came together and met regularly during the COVID crises and, drawing on the strengths of each organization, tackled discrete issues and pushed for broader systems change. The advocates also outlined their vision for a truly person-centered LTC system and policy strategies to achieve this.



LTCO POLICY AND LEGISLATIVE ACTIVITIES - continued

Fighting for staffing ratios in nursing homes

The LTCO has for years known that staffing is often the primary driver of quality in our state's nursing homes. Many common problems - such as residents falling, developing pressure ulcers, or being prescribed antipsychotic medications inappropriately – often stem from a lack of qualified staff to support residents' needs, as required under federal law. The LTCO supported legislation signed by Governor Murphy on October 23, 2020 to ensure effective ratios for adequate direct care staffing in nursing homes. The legislation (P.L. 2020, c. 112) took effect February 1, 2021 and requires long-term care facilities to ensure these staffing ratios:



- Day shift: 1 CNA per 8 residents;
- Evening shift: 1 direct care staff per 10 residents; and
- Overnight shift: 1 direct care staff per 14 residents.

After implementation, LTCO turned its focus to ensure that facilities were meeting these ratios and referred facilities that appeared to be non-compliant to the Department of Health for enforcement.

Advocacy to stop discrimination against LGBTQI residents in long-term care.



In March 2021 Governor Murphy signed into law a new and comprehensive Bill of Rights for LGBTQI and HIV+ residents of long-term care, which took effect in August of 2021. The law makes it illegal for facilities to discriminate against LGBTQI and HIV+ residents in nearly all aspects of facility life. The LTCO was instrumental in pushing this law forward and making needed changes to ensure its effectiveness, convening long-standing LGBTQI stakeholders and advocates for their input.

After its passage, the LTCO began laying the groundwork for successful implementation, including: hiring a consultant to make sure our own staff were adequately trained on LGBTQI and HIV+ competency; working with facilities to ensure they were on track to educate their staff by August 2022; and creating posters with language required in the legislation to inform LTC residents of these new protections.

To become a LTCO Volunteer Advocate call,
1-877-582-6995 or email us at volunteer@ltco.nj.gov

New Jersey Office of the Long-Term Care Ombudsman
P.O. Box 852
Trenton, NJ 08625-0852

(877) 582-6995

In an emergency, please call 911. The LTCO is not a first responder.

Fax

(609) 943-3479

Email

ombudsman@ltco.nj.gov

Website

www.nj.gov/ltco



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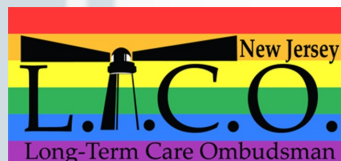
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