

[I - Cases, Complainants & Complaints](#) [II - Major Long-Term Care Issues](#) [III - Program Information and Activities](#)

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I - Cases, Complainants & Complaints

State: NJ

Fiscal Year: 2018

A. Cases Opened

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Provide the total number of *cases opened* during the reporting period.

3,316

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

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I - Cases, Complainants & Complaints

State: NJ

B. Cases Closed, by Type of Facility

Fiscal Year: 2018

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

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

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	153	48	20
2. Relative/friend of resident	597	127	12
3. Non-relative guardian, legal representative	17	5	2
4. Ombudsman/ombudsman volunteer	35		
5. Facility administrator/staff or former staff	1,318	263	32
6. Other medical: physician/staff	70	10	
7. Representative of other health or social service agency or program	31	24	1
8. Unknown/anonymous	27	19	3
9. Other: Bankers, Clergy, Law Enforcement, Public Officials, etc.	54	32	3
Total number of <i>cases closed</i> during the reporting period:		2,903	

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

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I - Cases, Complainants & Complaints

State: NJ

C. Complaints Received

Fiscal Year: 2018

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

5,599

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

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I - Cases, Complainants & Complaints

State: NJ

D. Types of Complaints, by Type of Facility

Fiscal Year: 2018

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Below and on the following pages provide the total number of *complaints* for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Ombudsman Complaint Categories

Residents' Rights

A. Abuse, Gross Neglect, Exploitation

	Nursing Facility	B&C, ALF, RCF, similar
1. Abuse, physical (including corporal punishment)	353	44
2. Abuse, sexual	37	5
3. Abuse, verbal/psychological (including punishment, seclusion)	140	30
4. Financial exploitation (use categories in section E for less severe financial complaints)	43	17
5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)	7	1
6. Resident-to-resident physical or sexual abuse	364	72

7. Not Used

B. Access to Information by Resident or Resident's Representative

	Nursing Facility	B&C, ALF, RCF, similar
8. Access to own records	13	1
9. Access by or to ombudsman/visitors	22	15
10. Access to facility survey/staffing reports/license		
11. Information regarding advance directive		
12. Information regarding medical condition, treatment and any changes	73	10
13. Information regarding rights, benefits, services, the resident's right to complain		1
14. Information communicated in understandable language		

15. Not Used

C. Admission, Transfer, Discharge, Eviction

	Nursing Facility	B&C, ALF, RCF, similar
16. Admission contract and/or procedure	5	8

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- 17. Appeal process - absent, not followed
- 18. Bed hold - written notice, refusal to readmit
- 19. Discharge/eviction - planning, notice, procedure, implementation, inc. abandonment
- 20. Discrimination in admission due to condition, disability
- 21. Discrimination in admission due to Medicaid status
- 22. Room assignment/room change/intrafacility transfer
- 23. Not Used

	13	11
	170	75
	1	7
	38	11

D. Autonomy, Choice, Preference, Exercise of Rights, Privacy

- 24. Choose personal physician, pharmacy/hospice/other health care provider
- 25. Confinement in facility against will (illegally)
- 26. Dignity, respect - staff attitudes
- 27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke
- 28. Exercise right to refuse care/treatment
- 29. Language barrier in daily routine
- 30. Participate in care planning by resident and/or designated surrogate
- 31. Privacy - telephone, visitors, couples, mail
- 32. Privacy in treatment, confidentiality
- 33. Response to complaints
- 34. Reprisal, retaliation

Nursing Facility	B&C, ALF, RCF, similar
2	1
26	6
78	5
25	4
17	2
73	1
37	9
12	4
9	3
13	6
10	5

E. Financial, Property (Except for Financial Exploitation)

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

Nursing Facility	B&C, ALF, RCF, similar
47	11
18	5
92	22

Resident Care

F. Care

- 40. Accidental or injury of unknown origin, falls, improper handling
- 41. Failure to respond to requests for assistance

Nursing Facility	B&C, ALF, RCF, similar
202	20
99	17
475	84

42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30)

43. Contracture

44. Medications - administration, organization

45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming

46. Physician services, including podiatrist

47. Pressure sores, not turned

48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition

49. Toileting, incontinent care

50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate/forced use)

51. Wandering, failure to accommodate/monitor exit seeking behavior

52. Not Used

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment

54. Bowel and bladder training

55. Dental services

56. Mental health, psychosocial services

57. Range of motion/ambulation

58. Therapies - physical, occupational, speech

59. Vision and hearing

60. Not Used

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring

62. Psychoactive drugs - assessment, use, evaluation

63. Not Used

Quality of Life

I. Activities and Social Services

64. Activities - choice and appropriateness

65. Community interaction, transportation

66. Resident conflict, including roommates

67. Social services - availability/appropriateness/ (use G.56 for mental health, psychosocial counseling/service)

68. Not Used

J. Dietary

	2	
	73	31
	93	18
	23	5
	94	5
	166	28
	123	14
	24	
	55	19

Nursing Facility

B&C, ALF, RCF, similar

	31	3
	12	3
	7	6
	13	2
	55	1
	16	2

Nursing Facility

B&C, ALF, RCF, similar

	11	2
	30	6

Nursing Facility

B&C, ALF, RCF, similar

	17	7
	11	4
	42	10
	12	2

Nursing Facility

B&C, ALF, RCF, similar

69. Assistance in eating or assistive devices	24	3
70. Fluid availability/hydration	40	2
71. Food service - quantity, quality, variation, choice, condiments, utensils, menu	29	17
72. Snacks, time span between meals, late/missed meals	14	2
73. Temperature	14	1
74. Therapeutic diet	16	1
75. Weight loss due to inadequate nutrition	35	7

76. Not Used

K. Environment

Nursing Facility

B&C, ALF, RCF, similar

77. Air/environment: temperature and quality (heating, cooling, ventilation, water, noise)	16	4
78. Cleanliness, pests, general housekeeping	40	19
79. Equipment/building - disrepair, hazard, poor lighting, fire safety, not secure	46	21
80. Furnishings, storage for residents	9	2
81. Infection control	24	7
82. Laundry - lost, condition	5	1
83. Odors	14	3
84. Space for activities, dining		
85. Supplies and linens	7	1
86. Americans with Disabilities Act (ADA) accessibility		

Administration

L. Policies, Procedures, Attitudes, Resources

Nursing Facility

B&C, ALF, RCF, similar

(See other complaint headings, of above, for policies on advance directives, due process, billing, management residents' funds)

87. Abuse investigation/reporting, including failure to report	57	25
88. Administrator(s) unresponsive, unavailable	6	
89. Grievance procedure (use C for transfer, discharge appeals)		
90. Inappropriate or illegal policies, practices, record-keeping	107	36
91. Insufficient funds to operate	1	
92. Operator inadequately trained		
93. Offering inappropriate level of care (for B&C/similar)		19
94. Resident or family council/committee interfered with, not supported	3	
95. Not Used		

M. Staffing

- 96. Communication, language barrier (use D.29 if problem involves resident inability to communicate)
- 97. Shortage of staff
- 98. Staff training
- 99. Staff turn-over, over-use of nursing pools
- 100. Staff unresponsive, unavailable
- 101. Supervision
- 102. Eating Assistants

Nursing Facility

B&C, ALF, RCF, similar

3	3
39	9
7	4
8	2
15	2
3	

Not Against a Facility

N. Certification/Licensing Agency

- 103. Access to information (including survey)
- 104. Complaint, response to
- 105. Decertification/closure
- 106. Sanction, including Intermediate
- 107. Survey process
- 108. Survey process - Ombudsman participation
- 109. Transfer or eviction hearing
- 110. Not Used

Nursing Facility

B&C, ALF, RCF, similar

O. State Medicaid Agency

- 111. Access to information, application
- 112. Denial of eligibility
- 113. Non-covered services
- 114. Personal Needs Allowance
- 115. Services
- 116. Not Used

Nursing Facility

B&C, ALF, RCF, similar

2	

P. System/Others

- 117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person
- 118. Bed shortage - placement
- 119. Facilities operating without a license
- 120. Family conflict; interference
- 121. Financial exploitation or neglect by family or other not affiliated with facility
- 122. Legal - guardianship, conservatorship, power of attorney, wills
- 123. Medicare

Nursing Facility

B&C, ALF, RCF, similar

91	26
108	40
157	104
78	37

124. Mental health, developmental disabilities, including PASRR		
125. Problems with resident's physician/assistant		
126. Protective Service Agency		
127. SSA, SSI, VA, Other Benefits/Agencies		
128. Request for less restrictive placement	2	
Total, categories A through P	4,444	1,079

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider in Long-Term Care Facilities (see instructions)

129. Home care	21
130. Hospital or hospice	44
131. Public or other congregate housing not providing personal care	
132. Services from outside provider (see instructions)	11
133. Not Used	
Total, Heading Q.	76
Total Complaints*	5,599

* (Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

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I - Cases, Complainants & Complaints

State: NJ

E. Action on Complaints

Fiscal Year: 2018

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

	Nursing Facility	B&C, ALF, RCF, similar	Other Settings
1. Complaints which were <i>verified</i>	2,166	638	34

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

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

a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Which were not resolved* to satisfaction of resident or complainant	68	30	6
c. Which were withdrawn by the resident or complainant or resident died before final outcome of complaint investigation	55	14	1
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	13	4	1
2) other agency failed to act on complaint	<input type="text"/>	<input type="text"/>	<input type="text"/>
3) agency did not substantiate complaint	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. For which no action was needed or appropriate	57	12	2
	367	132	8

f. Which were partially resolved* but some problem remained

g. Which were resolved* to the satisfaction of resident or complainant

Total, by type of facility or setting

Grand Total (Same number as that for total complaints on pages 1 and 7)

3,884	887	58
4,444	1,079	76
5,599		

** Resolved: The complaint/problem was addressed to the satisfaction of the resident or complainant.*

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

Facility Type NF: a=0, b=0, c=0 and d=0
 Facility Type BC: a=0, b=0, c=0 and d=0
 Facility Type OT: a=0, b=0, c=0 and d=0



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I - Cases, Complainants & Complaints

State: NJ

F. Complaint Description (Optional)

Fiscal Year: 2018



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

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II - Major Long-Term Care Issues

State: NJ

Fiscal Year: 2018

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

New Jersey's Ombudsman program, previously known as the Office of the Ombudsman for the Institutionalized Elderly, was renamed the NJ Office of the State Long-Term Care Ombudsman in October 2017.

The LTCO has been working to educate facilities about a new state law, called Peggy's Law, that requires LTC facilities to report specific cases of abuse and exploitation to both the LTCO and the local police. Peggy's Law also sets strict timelines for the reporting of same. The LTCO has added Peggy's Law information to its outreach and training presentations and makes information available to facilities on its website. The LTCO also updated all of its abuse reporting posters, which are required to be posted in all LTC facilities, to better reflect the fact that 911 should be called in the event of an emergency.

The LTCO, through its Money Follows the Person/I Choose Home NJ (ICHNJ) program, continues to play a major role in advocating for housing options for individuals who wish to leave nursing homes and return to the community. This year, the LTCO began hosting quarterly trainings on housing options for managed care organizations (MCOs) that participate in the Medicaid Managed Long Term Services and Supports (MLTSS) programs. The LTCO was instrumental in pushing MCOs to hire staff to find, secure, and maintain housing for people living in nursing homes and who have expressed a desire to transition back to the community.

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III - Program Information and Activities

State: NJ

A. Facilities and Beds

Fiscal Year: 2018

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

1. How many **nursing facilities** are licensed in your State?

2. How many **beds** are in these facilities?

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

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

b) How many **beds** are in these facilities?

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III - Program Information and Activities

State: NJ

B. Program Coverage

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

B.1 Designated Local Entities

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

Local entities hosted by:

Area agency on aging	0
Other local government entity	0
Legal services provider	0
Social services non-profit agency	0
Free-standing ombudsman program	0
Regional office of State ombudsman program	0
Other, specify:	0
<input style="width: 100%;" type="text"/>	
Total Designated Local Ombudsman Entities	0

B.2 Staff and Volunteers

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

Type of Staff	Measure	State Office	Local
Paid program staff	FTEs	22.00	
	Number of people working full-time on ombudsman program	19	
Paid clerical staff	FTEs	4.00	
	Number of people working full-time on ombudsman program		
Volunteer ombudsmen certified to address complaints at close of reporting period.	Number volunteers	220	
	Total number of hours donated by certified volunteer Ombudsmen	38,720.00	

Certified Volunteer: An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide

Other volunteers (i.e., not certified) at close of reporting period.	Number of volunteers	1
----------------------------------------------------------------------	----------------------	---

B.3 Organizational Conflict of Interest

Provide a description of any organizational conflicts of interest identified and steps taken by the State agency and the Ombudsman to remedy or remove identified conflicts; indicate (a) the type of conflict as described in 45 CFR § 1324.21 and Section 712 (f) (2) of the Older Americans Act; or a brief description of other conflicts of interest that may impact the effectiveness and credibility of the work of the Office (b) indicate if the conflict was at the State Office or at a local Ombudsman entity or both (c) provide a description of steps taken to remedy or remove each conflict of interest. If no conflicts were identified among the state Office or local Ombudsman entities, where applicable, write that none were identified.

Location of Conflict Identified at: State Local Both

none identified - I certify that have reviewed the organization conflicts of interest in my state Ombudsman program and report no changes in organization conflicts or the remedies previously implemented.

For subsequent reporting years: I certify that have reviewed the organization conflicts of interest in my state Ombudsman program and report no changes in organization conflicts or the remedies previously implemented

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III - Program Information and Activities

State: NJ

C. Program Funding

Fiscal Year: 2018

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

Federal - Older Americans Act (OAA) Title VII, Chapter 2, Ombudsman

Federal - Older Americans Act (OAA) Title VII, Chapter 3, Elder Abuse Prevention

Federal - OAA Title III provided at State level

Federal - OAA Title III provided at AAA level

Other Federal; specify:

State funds

Local; specify:

Total Program Funding

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III - Program Information and Activities

State: NJ

D. Other Ombudsman Activities

Fiscal Year: 2018

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

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions	57	0
	Number hours	643	0
	Total number of trainees that attended any of the training sessions above (duplicated count)	595	0
	3 most frequent topics for training	resident rights	
		complaints	
		legal	
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time	25	0
3. Training for facility staff	Number sessions	208	0
	3 most frequent topics for training	mandatory reporting	
		HCBS	

		resident rights	
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation	involuntary discharge ^ v	
		Medicare cut	
		financial exploitation ^ v	
	Number of consultations	5,324	0
5. Information and consultation to individuals (usually by telephone);	3 most frequent requests/needs	involuntary discharge ^ v	
		Medicare cut	
		family disputes	
	Number of consultations	6,031	0
6. Facility Coverage (other than in response to complaint)	Number Nursing Facilities visited (unduplicated)	267	0
	Number Board and Care (or similar) facilities visited (unduplicated)	5	0
7. Participation in Facility Surveys	Number of surveys	111	0
8. Work with resident councils	Number of meetings attended	589	0
9. Work with family councils	Number of meetings attended	13	0

10. Community Education

Number of sessions

120

0

11. Work with media

3 most frequent topics

HCBS

abuse, neglect, ^
v

resident rights

Number of interviews/discussions

12

0

Number of press releases

25

0

12. Monitoring/work on laws, regulations, government policies and actions

Estimated percentage of total paid staff time
(Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)

20

0