

**Testimony Submitted to the Committee on Workforce Development and
Government Operations
By Gerald Kasunic, Long-Term Care Ombudsman
For the District of Columbia
Budget Hearing for the D.C. Office on Aging
Held April 27, 2007**

Submitted by:
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Good day, Chairwoman Schwartz and Members of the Committee on Workforce Development and Government Operations. I am Gerald M. Kasunic, the D.C. Long-Term Care Ombudsman, and I represent the approximately 5,121 residents of licensed nursing facilities and community residence facilities in the District. I thank you on their behalf, and on the behalf of their families and friends, for permitting me to come before you today to present their concerns and those of my staff in the D.C. Long-Term Care Ombudsman Program (Ombudsman Program).

As you are aware, the Ombudsman Program is part of the D.C. Office on Aging Senior Service Network and is charged by Federal and D.C. Law with representing the interests of some of the District's most vulnerable citizens – residents of long-term care facilities whose physical and mental disabilities make it impossible for them to advocate effectively for themselves. Specifically, the purpose of the Ombudsman Program is described in District law as follows:

- Advocating for the rights of older persons and other persons who are residents of nursing facilities, assisted living residences, and community residence facilities;
- Investigating and resolving complaints made by or on behalf of an older person or other person who is a resident of a nursing facility, assisted living residence, or community residence facility; and,
- Monitoring the quality of care, services provided, and quality of life experienced by older persons and residents to ensure that the care and services are in accordance with applicable District and federal laws.

In addition, District and federal law charge the Ombudsman Program with responsibilities to publicize the program and provide information to the public; to monitor the development and implementation of federal and District laws, rules, and policies that affect

residents; and to work for change within the regulatory framework.

Accordingly, Ombudsman Program staff visit long-term care facilities to monitor care and services and to investigate complaints on behalf of residents, their family members, friends, or legal representatives. Because the Ombudsman Program is without enforcement authority, Ombudsmen work with facility administrators and staff to resolve concerns about care and services; collaborate with and refer complaints to the Health Regulation Administration and, in some cases, Adult Protective Services; as well as federal and local law enforcement agencies for further investigation or action when laws have been violated and/or when fraud, abuse, or neglect are suspected.

Current D.C. Long-Term Care Situation:

As we reported in the DCOA Oversight hearing, the Ombudsman Program in Fiscal Year 2006, received over 2,078 complaints derived from 628 cases (approximately two to three allegations per case) were reported and investigated by Ombudsman Program staff. Similar to Fiscal Year '05, the majority of these complaints dealt with resident care, quality of life, and residents' rights issues. The Ombudsman Program received approximately 140 more complaints derived from 73 more cases than in FY '05. Continuing, the Ombudsman Program has received 3,571 discharge and transfer notices, 1,160 notice more than FY '05. However, due to a dramatic shift in the long-term care environment of late, the Ombudsman Program will be facing new challenges towards the end of this fiscal year and into FY '08 that may cause the Program to focus more on resident safety and discharge proceedings more than ever before.

It is now widely known that the city is losing its largest nursing home, Beverly Living Center at Northwest (commonly known as Northwest Health Care Center and will be referred to as Northwest). Among other things, Northwest is a 355 bed nursing home facility serving

residents with in-house dialysis and Alzheimer's units that is closing voluntarily because its corporate parent decided to close its doors. As of today, April 20th, there were 293 residents still residing at Northwest.¹ With the remaining 19 nursing homes and 160 community residential facilities, there are approximately 100 nursing home placements and approximately 40 community residential facility placements (including mental health community placements) located within the District.²

What might not be so widely known is that Centennial Services Corporation, the owner of Grant Park Care Center (Grant Park), has announced to their residents and the D.C. Government of the possible closure of the facility due to the alleged lack of a Medicaid reimbursement rate. Among other things, Grant Park is located at 5000 Nannie Helen Burroughs, in Northeast Washington. The facility has a bed capacity of 296 placements, and currently has census of 287 residents. The announcement of Grant Park's closing is extremely worrisome for the Ombudsman Program and residents of the District of Columbia because it hosts the second, and only, in-house dialysis unit for nursing home residents in the City.

As the Council knows, in closure situations, nursing homes are required to: (1) develop comprehensive discharge model plan; (2) submit the plan to Department of Health for review; and then (3) upon approval issue a 90 day notice letter. Neither Northwest nor Grant Park followed these well-established rules before actually notifying their residents about imminent closure before their respective discharge plans were developed or approved. The Ombudsman Program believes that both nursing homes acted inappropriately without concern for their residents or staff members, and caused undo emotional stress prior to discharging a single

¹ This figure may change by the time this testimony is presented on April 27th, 2007.

² DOH and DMH stated that the vacancy rates (number of open beds) is a moving target and cannot guarantee the figures listed above are accurate at the time of this hearing.

resident. Thus, our main focus has shifted towards advocating and legally assisting residents who facing losing their homes.

During the next nine to twelve months, the D.C. Long-Term Care Ombudsman Program staff will collaborate with several D.C. Government Offices, such as: the Department of Health, Department of Mental Health, State Plan and Development Administration, D.C. Office on Aging, and nursing home and community based providers, and other advocacy networks to ensure that residents will receive the best advocacy, legal services and supports, and updated information regarding community based services and long-term care placements throughout the metropolitan D.C. area.

Social Service Programs:

Community based living programs for seniors and disabled residents of long-term care facilities became one main focus for transition and there are several programs through the Medicaid waiver program that is currently being used. However, there are a few programs that are not represented by the Medicaid waiver programs that need recognition and support, or be reinstated.

Both the Homemaker Services Program, managed by DCOA, and the Elderly Buddies Program, managed by Legal Counsel for the Elderly, continue to serve residents in this community, or those transitioning into the community. Both programs assisted the elderly and disabled resident by maintaining their apartments, assisting people who need help with moving furniture, requesting maintenance upgrades, and completing simple tasks around the house. Without these two vital programs many seniors would be facing eviction and institutionalized living. Both programs assist people who are 60 years old or older to maintain their independence and choice of living environments. However, the Homemaker Services Program is supported

only by a small homemaker grant to Home Care Partners to provide short term homemaker services. Similarly, Elderly Buddies is only capable of delivering short term assistance at present. Both programs should be studied, and fiscally supported, by the Committee in order to expand services and develop a long-term community support networks for our seniors.

Another program that suffered from budget cuts back in 1997 was the Chore Aide program that was housed inside the Department of Human Services. DHS, Adult Protective Services, which managed the program, partnered with the DCOA to make it a successful program. The Chore Aide program was designed to assisted residents on a continuing basis, just like the Homemaker Services and Elder Buddies program, regardless of age. Furthermore, the Chore Aide services and APS did create long-term planning for seniors and disabled residents, especially for those residents under the age of 60 needing such planning. The Chore Aide program was highly successful, and in the current environment of actual and threatened nursing home closures, should be studied to be reinstated to support community social services. For a complete historical account of the Chore Aide program, please call the Adult Protective Service's Director, Ms. Barbara Strothers at 202-541-3957.

The Ombudsman Program staff, who are seeking community social service supports for residents transitioning into the community, strongly support DCOA's efforts to maintain these programs, even under the trying fiscal pressures that the City faces during each budget session, so that we can aid seniors in the twilight of life preserve their dignity, safety and independence.

Ombudsman Program Staff:

To inform this Committee, and the general public, the small but incredibly dedicated staff of the Ombudsman Program, in addition to me, includes only:

- one full-time ombudsman who monitors approximately 177 licensed community

residence facilities, an unknown number of unlicensed community residence facilities, and a growing number of assisted living residences;

- two full-time ombudsmen who monitor the District's twenty nursing homes,
- one full time and one part time administrative staff; and,
- approximately 20 local long-term care ombudsman volunteers.³

Legal advice, assistance, and representation for residents is provided by a part-time Legal Counsel for the Elderly staff attorney who is assigned to the Ombudsman Program.

While I am extremely proud to be able to present to you such an impressive account of what the Ombudsman Program has achieved over the past fiscal year with so few staff, I am also acutely aware of problems and complaints that may have been missed or overlooked because of the Ombudsman Program's scarcity of resources in the face of increased demands for assistance from residents and their families, especially during this time of a major nursing home closure.

As reported in the D. C. Long-Term Care Ombudsman Annual Report of 2006, the Ombudsman Program is experiencing additional programmatic advocacy pressures from:

1. the increased growth in the D.C. elderly population,
2. the increased placement in nursing homes and community residential facilities of younger disabled persons with substance abuse problems,
3. the increase in older and disabled persons being released from prisons; and,
4. the increase in mentally incapacitated elderly persons, as well as from the special needs of the MRDDA elderly population.

³ Long-Term Care Ombudsman Volunteers are obligated to work a minimum of four hours a week to assist the local long-term care ombudsman staff with investigations, visitations, and attending resident and family council meetings.

The Ombudsman Program has been in communication with the D.C. Office on Aging to increase funding and personnel in order to properly maintain this Office's advocacy efforts, and we seek this Committee's support as well. The Ombudsman Program needs a full time volunteer coordinator to assist with our advocacy efforts in order to recruit, train, and retain additional volunteers in order to maintain our daily operations and advocacy efforts throughout the city. In addition, a salary increase is needed for the two local long-term care ombudsman program staff that are contracted outside of the D.C. Long-Term Care Ombudsman Office in order to offset the high-cost of living. The D.C. Long-Term Care Ombudsman Office, and long-term care residents we serve, cannot afford to lose these valuable employees.

Conclusion:

I thank you for the opportunity to testify before you today and to present to you both the Ombudsman Program's recent accomplishments, and the ever-growing responsibilities we face. It is my hope that the program can continue to serve the District's long-term care residents and their families in the future with the resources necessary to ensure that the D.C. residents receive decent care and able to maintain a high quality of life standard in D.C. long-term care facilities.