The 2014 Arkansas Long-Term Care Ombudsman Program Annual Report is taken from the federally required statistical report and highlights those areas that reflect the highest areas of work throughout the reporting period, October 1, 2012 through September 30, 2013. Once again LTC Ombudsmen have excelled at strengthening our program by increasing Certified Volunteer LTC Ombudsmen and improved efficiency in reporting both cases and technical assistance. Congratulations to all levels of Certified LTC Ombudsmen!

Throughout this report, you will discover the intense depth of services that LTC Ombudsmen perform daily throughout our state. I want to highlight a couple of areas to assist all with a better understanding of our services. Regional LTC Ombudsmen place resident cases as their highest priority. Resident cases are defined as a concern/complaint brought to the Ombudsman on behalf of a resident or a group of residents seeking resolution. The array of issues that an Ombudsman case may entail is endless. Concerns touch on all Centers for Medicare and Medicaid Services regulations, constitutional, state regulations, legalities and all issues related to quality of care and life.

A case may be as simple as working with facility staff in locating a missing item to complex issues ranging from involuntary discharges to investigations of abuse. The amount of time an Ombudsman spends working a case ranges from a few minutes to several months with their primary goal of seeking satisfaction for 80% of resident cases. Along with casework, Regional LTC Ombudsmen spend a tremendous amount of time providing consultations to family members, the public, and facilities. In 2014, a total of 9,914 telephone consultations were provided by the Arkansas LTC Ombudsman program. I know that you will appreciate and celebrate these LTC Ombudsmen with the vital service they provide to our most vulnerable and valuable citizens.

Arkansas LTC Ombudsmen around the state have worked diligently and compassionately to enhance our ability to provide service through the Certified Volunteer LTC Ombudsman portion of our program. Due to their dedication, I am pleased to share that the National Association of State Unit on Aging and Disabilities (NASUAD) selected our program as one of three recipients of their “Volunteer Matters” Awards. This premier award was presented during the 2013 Home and Community-Based Services (HCBS) conference in Washington D. C. What an honor and tribute to all involved in working and supporting our work.

Lastly, I am so pleased with all of our positive and productive Ombudsman work over the past 10 years and sincerely cannot show enough appreciation to all involved in contributing to the incredible accomplishments we have achieved together. I am eager to not only sustain but to carry forth our LTC Ombudsman services to the next level this year.

Respectfully,

Kathie J. Gately, BSW,
Office of the State Long-Term Care Ombudsman
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Regional Ombudsmen Contact Information

Region I - AAA of Northwest AR

Laraine Lamb
1510 Rock Springs Road, PO Box 1795
Harrison, AR 72602-1795
(870) 741-1144 / 1-800-432-9721 / TDD: (870) 741-6214

Region II - White River AAA

Charlotte Bishop
3998 Harrison St., PO Box 2637
Batesville, AR 72503
(870) 612-3000 / 1-800-382-3205

Region III - East AR AAA

Elvin Smith
PO Box 5035
Jonesboro, AR 72403-5035
(870) 336-2260 / 1-888-311-2238

Region IV - AAA of Southeast AR

Brenda Brown
PO Box 8569
Pine Bluff, AR 71611
(870) 543-6300 / TDD: 1-800-264-3260

Region V - CareLink

Monica Tyler
706 W. 4th St., PO Box 5988
North Little Rock, AR 72119-5988
(501) 372-5300 / 1-800-482-6359

Tonia Barnes

Region VI - AAA of West Central AR

Stacy Pearson
Jeanne Albarado

915 S. Arkansas Ave.,
Russellville, AR 72801
(479) 967-9300 / 1-800-467-2171
905 W. Grand Ave.
Hot Springs, AR 71913
(501) 321-2811 / 1-800-467-2170

Region VII - AAA of Southwest AR

Deborah Hanson
600 Columbia, PO Box 1863
Magnolia, AR 71754-1863
(870) 234-7410 / TDD: 1-800-272-2127

Doris Chaney

Region VIII - AAA of Western AR

Ramona Crockett
524 Garrison, PO Box 1724
Fort Smith, AR 72902
(479) 783-4500 / 1-800-320-6667
Regional Ombudsmen Jurisdictions

Region I
- Benton
- Carroll
- Boone
- Baxter
- Marion
- Searcy
- Van Buren
- Crawford
- Sebastian
- Scott
- Yell
- Poinsett
- Sunflower
- Lawrence
- Craighead
- Mississippi

Region II
- Madison
- Newton
- Searcy
- Saline
- Faulkner
- Van Buren
- Cleburne
- Independence
- Jackson
- Woodruff
- Crittenden
- St. Francis

Region III
- Washington
- Madison
- Newton
- Searcy
- Van Buren
- Conway
- Faulkner
- Saline
- Arkansas
- Clark
- Pulaski
- Lonoke
- Prairie
- Monroe
- Phillips

Region IV
- Polk
- Montgomery
- Garland
- Saline
- Grant
- Jefferson
- Arkansas
- Cleveland
- Lincoln
- Desha
- Drew
- Ashley
- Chicot

Region V
- Howard
- Pike
- Clark
- Dallas
- Cleveland
- Lincoln
- Desha
- Drew
- Ashley
- Chicot

Region VII
- Little River
- Hempstead
- Nevada
- Ouachita
- Caddo
- Union
- Bradley
- Ashley
- Chicot

Region VIII
- Lonoke
- Prairie
- Monroe
- Phillips

Group Photo
Mission Statement

The mission of the Arkansas Ombudsman Program is to assure that long-term care facility residents have the right to live their lives harmoniously and with dignity, feeling free to voice complaints or concerns without reprisal.

The Long-Term Care Ombudsman strives to be a trusted advocate for all residents, educating them regarding their rights and empowering residents to speak for themselves while providing advocacy for those without a voice.

Through regular visitation, the Long-Term Care Ombudsman seeks to enhance the quality of life for residents by the investigation of complaints and by interacting with both residents and staff to facilitate the resolution of problems.

Historical Overview

The Arkansas Office of the State Long-Term Care Ombudsman Program was implemented in 1975 upon receiving federal grant funding from the Administration on Aging. Nationally, federal grant funds became available in 1972 due to the eight-point Presidential Directive issued by President Richard Nixon in 1971, which addressed complaints by consumers. Arkansas, along with 44 other states, realized the significant impact that Long-Term Care Ombudsman programs were making on the overall care individuals were being provided.

In 1978, the reauthorization of the Older Americans Act passed by Congress mandated that all states establish a Long-Term Care Ombudsman Program. Dr. Arthur S. Fleming, Commissioner on Aging under President Nixon; Elma Holder, Founder of the National Citizens Coalition for Nursing Home Reform (NCCNHR); and, Ralph Nader were instrumental in this program accomplishment.

The Arkansas office developed its program and established it statewide by subgrant Title III-B funding to all Area Agencies on Aging (AAA). Regional Long-Term Care Ombudsmen were hired. In 2000, a Certified Volunteer Long-Term Care Ombudsman pilot program began with three participants. In 2003, a vigorous statewide campaign was initiated, and the program grew exponentially to include the highest number of CVOs per capita in the nation. Currently, we have more than 740 ombudsmen including paid and volunteer. In 2007, we were honored with the selection of hosting the National State LTC Ombudsman Program (NASOP) annual conference. Our program received the Arkansas Gerontological Society Outstanding Volunteer Award in 2008. In partnership with an array of LTC stakeholders, we received the award to host the 2009 International Pioneer conference with global attendance of over 1200 people.
Facilities

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<tr>
<th>Type of Facility</th>
<th>Number of Facilities</th>
<th>Number of Beds</th>
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<tbody>
<tr>
<td>Skilled Nursing Facility</td>
<td>238</td>
<td>25,531</td>
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<td>Residential Care and Assisted Living Facilities</td>
<td>139</td>
<td>7,427</td>
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<td><strong>Total</strong></td>
<td><strong>377</strong></td>
<td><strong>32,958</strong></td>
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Case Totals by Type (Federal Fiscal Year 2013)

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Number of Cases</th>
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<tbody>
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<td>Abuse, Gross Neglect and Exploitation</td>
<td>177</td>
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<tr>
<td>Access to Information</td>
<td>70</td>
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<tr>
<td>Activities and Social Services</td>
<td>25</td>
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<tr>
<td>Admission, Transfer, Discharge and Eviction</td>
<td>214</td>
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<tr>
<td>Autonomy, Choice, Preference, Exercise of Rights and Privacy</td>
<td>185</td>
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<tr>
<td>Care</td>
<td>196</td>
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<tr>
<td>Chemical and Physical Restraints</td>
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<td>Dietary</td>
<td>35</td>
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<td>Environment</td>
<td>22</td>
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<tr>
<td>Financial and Property</td>
<td>34</td>
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<tr>
<td>Policies, Procedures, Attitudes and Resources</td>
<td>7</td>
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<tr>
<td>Rehabilitation or Maintenance of Function</td>
<td>11</td>
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<tr>
<td>Staffing</td>
<td>23</td>
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<tr>
<td>State Medicaid Agency</td>
<td>25</td>
</tr>
<tr>
<td>Systems and Others</td>
<td>101</td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td><strong>1,126</strong></td>
</tr>
</tbody>
</table>
Case Totals and Percentages by Type
(Federal Fiscal Year 2013)

The charts on the following pages show more detail about the cases handled by ombudsmen during Federal Fiscal Year 2013.

Total Cases: 1,126

- Care (196) 17%
- Autonomy, Choice, Preference, Exercise of Rights and Privacy (185) 16%
- Admission, Transfer, Discharge and Eviction (214) 19%
- Abuse, Gross Neglect and Exploitation (177) 16%
- Systems and Others (101) 9%
- Financial and Property (34) 3%
- State Medicaid Agency (25) 2%
- Access to Information (70) 6%
- Staffing (23) 2%
- Rehabilitation or Maintenance of Function (11) 1%
- Policies, Procedures, Attitudes and Resources (7) 1%
- Dietary (35) 3%
- Environment (22) 2%
- Chemical and Physical Restraints (3) 0%
- Financial and Property (34) 3%

Total Cases: 1,126
Abuse, Gross Neglect and Exploitation Complaints

Long-Term Care Ombudsmen received a total of 175 complaints regarding abuse, gross neglect, and financial exploitation with the highest number of cases being in the area of verbal and mental abuse. Regional LTC Ombudsmen work with the resident, facility staff, and family members to investigate and resolve these concerns.

Access to Information Complaints

Residents must be informed of their rights, facility policy and procedures, services covered under Medicaid and Medicare, medical information, and additional services and fees offered by the facility. Regional Ombudsmen, along with Certified Volunteer Ombudsmen, are available to educate facility staff, legal representatives, and residents in these areas.
Federal regulations stipulate that each resident has the right to psycho-social services, individual choice of daily activities, church, exercise, etc. During 2013, Regional Ombudsmen reported 25 complaints in this area.

The area of involuntary discharge is the overall highest number of complaints that Regional Ombudsmen work with each year. Involuntary discharges are typically related to issues of legal representatives and facility staff completing long-term care Medicaid applications and obtaining monthly liability. Ombudsmen assist residents and legal representatives by informing them of their right to appeal these notices often with positive results.
Autonomy, Choice, Preference, Exercise of Rights and Privacy Complaints

The majority of these complaints fall under the category of Exercise Preference/Choice and/or Civil Rights. The right to choose one's roommate, when to take a bath, and what to eat are examples of this category. Ombudsmen strive to seek satisfactory resolution for residents; however, it is not always achieved as requests may not always be logistically feasible.

Care Complaints

Care issues range from call lights not being answered timely to personal hygiene not being provided. Ombudsmen work with facility staff in care plan meetings, education, and awareness to facilitate prompt corrections and better understanding by all involved in these specific care issues.
Residents have the right to receive nutrition of their choice as it meets physician and dietary recommendations. And, they have the right not to accept these recommendations. Arkansas has enhanced its nutritional services by providing diverse meal times and menus. In general, food complaints involve fluid availability/hydration and preparation.

**Dietary Complaints**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Diet</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Temperature</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Snacks, Time Span Between Meals, Late/Missed Meals</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Weight Loss Due to Inadequate Nutrition</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Assistance in Eating or Assistive Devices</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Fluid Availability / Hydration</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Menu/Food Service, Quantity, Quality, Variation, Choice, Condiments, Utensils</td>
<td>18</td>
<td>51%</td>
</tr>
</tbody>
</table>

Cleanliness, disrepair of equipment, air/environment, and infection control rank among the top complaints received in this category. Under cleanliness, it is interesting to note that Ombudsmen are challenged to work with residents who have acquired personal belongings resulting in an overly crowded room or who will not allow staff to perform environmental duties.

**Environment Complaints**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA access</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Odors</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>Laundry - Lost, Condition, not Used</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Infection Control</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Furnishings, Storage for Residents</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Air / Environment: Temperature and Quality</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Cleanliness, Pests, General Housekeeping</td>
<td>6</td>
<td>27%</td>
</tr>
<tr>
<td>Equipment / Building - Disrepair, Hazard, Poor Lighting</td>
<td>8</td>
<td>36%</td>
</tr>
</tbody>
</table>
Financial and Property Complaints

Total Cases: 34

- Billing / Charges - Notice, Approval, Questionable, Accounting, Wrong or Denied (17) 50%
- Personal Property Lost, Stolen, Used by Others or Destroyed (17) 50%

Financial complaints are connected to involuntary discharge concerns. Failure to secure both resident monthly liability and completion of long-term care Medicaid approval places these valuable and vulnerable individuals at a high risk of financial exploitation. Ombudsmen assist residents, families, and facilities with resources and communication to obtain successful resolutions.

Rehabilitation or Maintenance of Function Complaints

Total Cases: 11

- Assistive Devices or Equipment (5) 46%
- Therapies - Physical, Occupational, Speech (2) 18%
- Range of Motion / Ambulation (1) 9%
- Mental Health, Psychosocial Services (2) 18%
- Bowel and Bladder (1) 9%

Maintaining and regaining the ability to function at one's highest level of independence is a goal of all involved in the long-term care setting. Physical therapy, occupational therapy, speech therapy, and adaptive equipment are vital to our long-term care individuals. Ombudsmen follow up with residents and therapists to ensure that services are provided and keep facility staff and family informed of the resident's needs.
Staffing Complaints

Nursing Homes are required by both state and federal regulations to maintain minimum staffing levels to meet resident care needs. Ombudsmen educate residents on these requirements and bring staffing concerns to the facility’s attention.

State Medicaid Agency Complaints

One of the top concerns that LTC Ombudsmen intervene on behalf of residents involves other state agencies. Typically, it is related to the resident’s Medicaid application being denied. Causes of Medicaid denial are generally due to lack of either family or facility not providing needed information in a timely basis. Ombudsmen assist on behalf of the resident to prevent negative outcomes such as discharge due to no fault of the resident.
Ombudsmen encourage family members to be active in the daily activities of their loved one, but at times they may be perceived as a barrier to providing care and services to the resident. Ombudsmen listen to both sides in these circumstances and play a key role in acquiring resolution on behalf of the resident’s best interest.
Complaint Resolution

Total Cases: 1,126

- Partially Resolved but Some Problems Remain (327) 29%
- No Action Needed Or Appropriate (88) 8%
- Referred to Other Agency (157) 14%
- Resident Died Before Resolved (14) 1%
- Not Resolved to Satisfaction (24) 2%
- Resolved to Satisfaction (516) 46%

• Regional Ombudsmen participated in **1,307** facility surveys in Federal Fiscal Year 2013.

• The State Long-Term Care Ombudsman reviewed all **1,307** facility surveys in Federal Fiscal Year 2013 prior to sharing with Regional Ombudsmen for action.
Regional Ombudsmen's top priorities include their cases, complaints, and technical assistance. In addition, they have the following duties:

- ROs must visit each facility in their service area a minimum of once every three months. These quarterly visits allow the RO time to observe and make residents, family members, and staff aware of who their ombudsman is.
- ROs must conduct 12 community education events annually. This may include public speaking, media, and health-care events. This is our primary source for educating others about the Ombudsman Program, and those we serve.
- ROs must conduct 16 facility in-services each year. On average, a RO holds jurisdiction to over 40 skilled nursing homes, residential care facilities, and assisted living facilities. Our top in-service topic is “Resident Rights,” which is one of the 12 required in-service events that facilities must hold annually.
- ROs must attend all resident council meetings in their service area one time annually. By attending resident council meetings, the RO is able to educate all involved of the structure and purpose and to ensure that their voices are heard.
- ROs must participate in 80% of all family councils in their service area as well as assist with forming and developing family councils in their service area.
- ROs are required to participate in a minimum of 50% of all exit surveys conducted by the survey and certification agency.

While the Arkansas Long-Term Care Ombudsman Program strives to meet all required ombudsman duties, we are constantly challenged due to the limited number of full-time Regional Ombudsmen. Arkansas currently has 11 full-time Regional Ombudsmen, four of which are also Certified Volunteer Ombudsmen Coordinators. To meet the Institute of Medicine’s recommendation of one per 2,000 licensed beds, we need 16 full-time Regional Ombudsmen solely dedicated to this function. Meeting this recommendation would require some state funding to supplement our federal funding. Though lack of any state funding presents significant challenges to our program, the impact of what our Ombudsmen do every day is priceless to the residents.

“Being unwanted, unloved, uncared for, forgotten by everybody, I think that is a much greater hunger, a much greater poverty than the person who has nothing to eat.”

-- Mother Theresa
Certified Volunteer Ombudsmen

The Arkansas Certified Volunteer Long-Term Care Ombudsman Program began in 2000 as a pilot project in Region I, the Northwest Arkansas Area Agency on Aging, with three CVOs. In 2003, we expanded statewide. Title VII funding was offered to each region to employ a Certified Volunteer Ombudsman Coordinator (CVOC) as the key recruitment tool. An explosion of CVO classroom trainings began around the state causing the need for a new level of certification – the State Certified Volunteer Ombudsman Instructor (SCVOI). Candidates were selected from Regional Ombudsmen who met the qualifications and criteria for this high level of ombudsman certification.

Due to these CVOCs and SCVOIs, Arkansas now has the highest number of CVOs per state capita in the nation, with approximately 338 active and 404 inactive, for a total of 742 CVOs at the end of FFY 2013, an average increase of 70 per year. These CVOs provided 11,997 hours in FFY 2013, visiting approximately 43,057 residents.

In 2008, we began working with Harding University’s College of Nursing to place our CVO training into the required curriculum for nursing students. In partnership with the local ombudsman program from Region II, these students from all over the nation must complete certification in order to successfully pass their geriatric nursing course. We are currently working with numerous universities around the state to offer this same opportunity.

While the dedication of our CVOs is invaluable to those we serve, the increase in cases, technical assistance and workload due to administrative management to our Regional Ombudsmen continues to increase. The 1991 Institute of Medicine report recommends that each state have a ratio of one Regional Ombudsman to every 2,000 licensed beds. Arkansas currently has 11 Regional Ombudsmen covering 32,958 licensed beds at a ratio of one ombudsman to every 2,997 licensed beds, which is funded only with federal dollars. It is critical that we continue to not only grow the CVO piece of the program, but to truly provide ombudsman services in compliance with OAA; an increase of Regional Ombudsman positions is essential.
A special thanks to all who have actively contributed and those who are currently active Certified Volunteer Ombudsmen...

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<th>Name</th>
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<tbody>
<tr>
<td>Bob Abbott</td>
<td>LaQuilla Boyce</td>
<td>Lauren Cook</td>
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<td>Bobbie Bradley</td>
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<td>Brett Cravens</td>
<td>O’Linza Eddington</td>
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Ombudsman Continued Education Events

In 2013, the Office of the State Long-Term Ombudsman provided quarterly statewide trainings. An average attendance of 30 Regional, Certified Back-Up, Volunteer Coordinators, and Volunteer Ombudsmen benefited from the following topics:

- Natural Disasters – What is the LTC Ombudsman Role?
- Adult Family Homes – A new component in the continuum of care!
- Home Thermostat Tool
- The “Senior Gems”
- Cases, Cases, Cases
- Families for Better Care – National Nursing Home Report Card
- Refreshing, Retooling, and Reflecting our CVOP
- AFMC Quality Assurance
- Arkansas Public Guardian
- A National Perspective, Part I: Involuntary Discharges, Plus Making Public Guardianship Work for Vulnerable Adults
- A National Perspective, Part II: “20 Common Nursing Home Problems and How to Resolve Them”
- A National Perspective, Part III: POLST and Other Advanced Care Planning Tools and Transitions

In 2013 we continued our partnership with various long-term care stakeholders to provide statewide training in five locations (Little Rock, Melbourne, El Dorado, Forrest City and Fort Smith) to individuals employed in long-term care, family members, and the community to kick off our work on the CMS initiative – Partnership to Improve Dementia Care: Psychotropic Drug Reduction. Participation grew to an average of 85 per site from 2011. These one-day seminars across the state provided information from the Office of Long-Term Care regarding federal/state drug regulations, pharmacists informing us of the appropriate dosage and use, and the State Ombudsman discussing alternative methods of managing those who have dementia. Numerous facilities requested the “Home Thermostat” tool, which is now available through the AFMC/AIPP website.

Our educational campaign for 2014 is “Navigating the Gray Abyss.”

- Ombudsmen conducted more than 145 community education events in Federal Fiscal Year 2013.
- More than 957 ombudsmen participated in quarterly trainings conducted by the State Long-Term Care Ombudsman.
Resident Councils

A resident council is an independent, organized group of individuals living in a nursing home that meets regularly to discuss concerns, develop suggestions on improving services, and plan social activities. There are currently about 240 resident councils in the state.

Family Councils

The 1987 Nursing Home Reform Act guarantees families of nursing home residents a number of important rights to enhance a loved one's nursing home experience and improve facility-wide services and conditions. Key among these rights is the right to form and hold regular private meetings of an organized group called a family council. There are currently about 80 family councils in the state.

Federal and state laws give residents the right to meet as a council. At the time of admission, nursing homes are required to inform new residents of their right to establish a council if one does not exist or to participate in an existing council's activities.
Ombudsman Program Funding

- Federal OAA Title III, Local: $163,633 (26%)
- Federal OAA Title VII, Ch. 2: $91,337 (14%)
- Federal OAA Title VII, Ch. 3: $359,005 (56%)
- Federal OAA Title III, State*: $26,876 (4%)

*State Funding is a required Federal Funding match with the larger amount contributed by the AAAs.
Office of the
Arkansas State Long-Term Care Ombudsman

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