

Florida's Long-Term Care MBUDSMAN PROGRAM

Our 2 cents is no small change

The Voice for People in Florida's Nursing Homes, Assisted Living Facilities and Adult Family Care Homes.

2008-2009 ANNUAL REPORT



Florida's Long-Term Care MBUDSMAN PROGRAM

Our 2 cents is no small change



OMBUDSMAN

[awm - buhdz - man]

An ombudsman is a volunteer who helps to improve the lives of people who live in long-term care settings like nursing homes, assisted living facilities and adult family care homes.

Florida's Long-Term Care Ombudsman Program is made up of more than 400 volunteers who are passionate about improving the quality of life for residents. It takes a special kind of person to commit to such a mission. We are proud to be a unique program whose success depends on the boldness and compassion of volunteers. These special individuals dedicate thousands of unpaid hours each year to ensuring that the voices of Florida's long-term care facility residents are heard.

To learn more about how the Long-Term Care Ombudsman Program can help you or someone you know, or for more information about becoming a volunteer, call us toll-free at

1-888-831-0404

or visit us online at

http://ombudsman.myflorida.com

Our services are always free and confidential.



TABLE OF CONTENTS

From Our Director	2
From the State Council Chair	3
What If This Were Your Mother?	4
Year In Review	6
Did You Know?	7
Statewide Statistics	8
Recommendations for Change	12
Ombudsmen of the Year	15
Local Statistics	19
Appendix A: Florids Statutes	25
Appendix B: Florida Administrative Code 2009	39
Appendix C: Residents' Rights	42
Awareness of Resources	44



FROM OUR DIRECTOR

February 2010

Dear Citizens,

I am pleased to release this year's Long-Term Care Ombudsman Program Annual "2 Cents" Report. This report is a collection of statistics and testimonies that reflect the status of care in Florida's nursing homes, assisted living facilities and adult family care homes. We hope that the information presented here will encourage other citizens to throw in their "2 cents" about long-term care and serve as an impetus for positive changes in the system.

The state of Florida has the sixth-largest population of long-term care facility residents in the nation, approximately 2.4 million people. An ombudsman is a person who advocates for people who live in nursing homes, assisted living facilities and adult family care homes. The mission of every ombudsman is

"To protect the health, safety, welfare and rights of long-term care facility residents by identifying, investigating and resolving complaints made by or on behalf of long-term care facility residents."

As such, our more than 400 volunteer ombudsmen spend thousands of hours each year personally responding to complaints and visiting every licensed facility in the state to conduct an administrative assessment, a process that frequently unearths deeper issues within a facility and empowers residents to make their concerns known.

In reporting year 2008-2009, the Long-Term Care Ombudsman Program investigated 8,363 complaints. While substantial, this number only reflects issues that were reported to the program. It does not take into account the thousands of complaints or concerns that go unreported each year. Many residents or their loved ones may be afraid to report neglect, abuse or exploitation because of fear of retaliation from facility staff or administration. The Long-Term Care Ombudsman Program's objective is to advocate for individuals whose voices may otherwise never be heard.

The purpose of this report is to couple our end-of-year statistics with personal testimonies from residents, residents' family members, caregivers and even ombudsmen, in an effort to put a human face on a few of the most frequent complaints the program received last year.

We hope that the Annual 2 Cents Report will serve as a catalyst for lawmakers, the long-term care industry and the general public to take action to ensure that the rights, health, safety and welfare of Florida's most vulnerable population are protected.

Sincerely,

Brian Lee

Director, State Long-Term Care Ombudsman

FROM THE STATE COUNCIL CHAIR

February 2010

Dear Citizens,

As the State Ombudsman Council wraps up another busy year, I would like to take a moment to pause and thank each and every one of our talented, hard-working professionals without whose dedication we would not be a success. There are very few people who will freely give up an evening or Saturday to help another person in need. You, ombudsmen, do this every day. It can be a thankless job, but you never tire in your fight for the health, safety, welfare and rights of people who often cannot speak for themselves. I am empowered by your perseverance and your commitment to advocacy and proud to be numbered among you. Thank you.

The following is a brief summary of the important projects the State Council was involved in this past year. The State Council is divided into three committees; each committee has a unique objective intended to further the program's advocacy as a whole.

Training Committee: In communication with our talented State Trainer, developed a module to train new ombudsmen in two of the key cornerstones of the program: consent and confidentiality. Training in this area is critical to each ombudsman's success as an advocate for residents.

Advocacy Committee: Developed a plan to promote its legislative priorities for residents, which includes a discharge protection for residents of assisted living facilities, background screenings for all facility staff and an increase in the personal needs allowances for residents. Although the committee was not successful in obtaining positive results for residents on these issues, it successfully worked with the legislative chairs in each district to defeat Senate Bill 1562 and House Bill 1387, which would have repealed the administrative assessment process.

Data and Information Committee: Designed and produced the program's first-ever "customer satisfaction survey," which will serve as an invaluable tool for gathering feedback from clients. The data collected from these surveys will be the foundation of future policy changes, made to improve customer service and increase resolution rates of the complaints we investigate.

Even as these committees conclude each of their projects, the state council is already in full swing with an ambitious agenda for the coming year. I look forward to continuing to lead and serve Florida's long-term care residents through the outstanding efforts of the Ombudsman Program.

In service,

Don Hering State Chair

http://ombudsman.myflorida.com



WHAT IF THIS WERE YOUR MOTHER?

On June 21 of last year, our mother, Marie, died while in the care of an assisted living facility in Central Florida. We feel her death was directly due to the incompetent supervision on the part of the administration and staff of this facility. She entered the facility on December 22, after suffering a stroke that left her left arm and leg incapacitated. When she first entered the facility, her doctors all advised us that her heart and vital signs were excellent. She was eating well; she was fully alert and able to answer relevant questions for herself.

"The family spoke extensively with the nursing staff about our mother's sudden changes in condition. We received conflicting and nonsensical explanations from everyone we spoke to. They totally ignored our input."

Upon admission to the facility, however, numerous errors began, which led to rapid deterioration of her physical condition, despite constant family involvement. The following lists are examples of critical errors by the medical staff and its administration. All of her existing medications were changed to include strong medications for pain, anxiety and depression. Our mother suffered from none of these problems. The minor pains due to hemorrhoids and constipation were not properly prescribed on a regular basis so they were seldom administered. The use of these strong unnecessary drugs, Seroquel, Ativan and others, put her almost immediately into a comatose, vegetative state. The family spoke extensively with the nursing staff about our mother's sudden changes in condition. We received conflicting and nonsensical explanations from everyone we spoke to. They totally ignored our input. On January 10, at a family meeting, the nurses and staff reluctantly agreed to take our mother off of the medications we were objecting to. Her condition began to improve almost immediately. It was subsequently agreed that these drugs would not be administered to her again. Over the next couple of months, a family member was present and working with her for several hours daily. All the staff and some residents at the facility commented

on her improvement. It was very exciting for all of us, especially for our mother. She was eating by herself, drinking on her own, attending and enjoying the activities, and we were even able to have her transported home for family activities.

During one of the family outings, however, she began to complain of pain in her hand. We noticed her hand was swollen and black and blue from her pinky finger past her wrist. Our mother told us that a woman came in her room during the night, angry at her, and bent her finger back. When we returned to the nursing home that day, we pointed out her hand to the nurse. She told us it was "nothing." The next day her hand was not showing any improvement, and we requested a doctor be called. We were again told it was "nothing" and that staff would simply be told to ice it, which hadn't yet been done except by a family member. Because of continued family requests, an X-ray was ordered and the results confirmed that the finger was fractured.

"When medications are changed and the resident immediately begins to rapidly decline, why would the doctor not be called back?"

CONE CONE

Other instances of abuse by the Certified Nursing Assistants (CNAs) included a cut on her leg, a cut on her hand and a skin tear on her arm. On April 4 another family meeting was held. Our mother had shown so much improvement, and we were assured repeatedly that our mother would not receive those medications again.

The final incident leading to her death began on May 17. Throughout her stay at the assisted living facility, when our mother was overly tired, she would call out for one of her daughters. The administration referred to this as "sundowning." Directives in her medical charts stated that she was to be given Tylenol PM, Restoril or a family member was to be called. This directive was arrived at through consultations between the nursing staff, her primary care physician and family members. Staff was notified that a family member may not be present every day beginning May 16. On May 17, as the result of a "sundowning" incident, our mother was put back on Seroquel and Ativan. Her condition took the same direction as it did under those medications in December. Upon her decline, we began questioning the nurses about her medications but they denied any changes. It was only a piece of luck that the family discovered that this was a lie. In a discussion with the facility's administrator, he said they "dropped the ball." The directives to not allow Seroquel or Ativan for our mother were verbal and were never put in writing. A doctor had prescribed Seroquel and Ativan at the request of a staff member. Sadly, after being on these medications again, our dear mother was not able to recover, and she died.

Our mother's untimely death raises a number of questions and concerns with our family. Why was Seroquel, a drug not approved by the manufacturer for use with the elderly with dementia, being used routinely in an elderly care facility? Furthermore, this drug is not approved for use with anxiety medications such as Ativan. The doctor prescribed both at the same time. Why is Ativan, a morphine-based, appetite-suppressant drug being used in an elderly care facility where food consumption is a concern and monitored on a daily basis? What is the purpose of having meetings with nursing supervisors and family members if a staff member on duty can call a doctor and override all decisions arrived at in these meetings? Why are family members totally excluded from major changes in how a resident is being cared for? Who is in charge? Who is watching out for the residents? When medications are changed and the resident immediately begins to rapidly decline, why would the doctor not be called back? Why were those same medications continued for a total of 12 days even after the resident declined three days after the medications were begun? We were with my mother daily, and this occurred in our family, even though we were regularly involved with our mother and her care. We are concerned about the residents in any nursing home who have no one to advocate for them. Are they just quietly slipping away unnoticed with no one to speak for them?





Florida's Long-Term Care Ombudsman Program is proud to boast the remarkable accomplishments of its dedicated volunteers this year. From October 1, 2008, to September 30, 2009, ombudsmen staff and volunteers saved the State of Florida over \$2 million in services and served over a half-million long-term care facility residents. They also:

- Provided 3,623 free in-service trainings in nursing homes, assisted living facilities and adult family care homes throughout the state, encouraging facility staff members to adopt best practices for improved quality of life for the people they care for;
- Traveled a cumulative total of **152,655 miles in 67 counties** to visit residents and conduct annual facility assessments, in-service trainings or investigate complaints;
- Contributed 19,696 hours of unpaid service to long-term care residents;
- **Expanded** public outreach to include nontraditional media such as **Facebook, Twitter and YouTube** in an effort to raise awareness about the issues and needs of those living in long-term care among a yet-unreached demographic;
- Saw unprecedented and **inspiring success** of a joint resident/ombudsman council meeting in the Mid & South Pinellas district, which will serve as a template for future gatherings ("This is how all of our council meetings should be," said Brian Lee);
 - With fewer resources than ever before, completed **120 percent** of the prescribed annual facilty assessments, meaning that ombudsmen saw the inside of **every licensed long-term care facility in Florida** this year, visiting some facilities more than once;
 - Redesigned the Ombudsman Program website to make it easier for visitors to find the information they need quickly;
 - Followed Sun-Sentinel reporter Sally Kestin as she published her groundbreaking series of reports on "Felons as Caregivers," which followed a six-month investigation of long-term care facilities that hire convicted felons

to care for residents. Soon after the release of her reports, Governor Charlie Crist formed a workgroup to **close the loophole** that can allow dangerous criminals to care for the state's frailest individuals; and

Produced its first set of quarterly newsletters containing a list of the named facilities with the highest numbers of complaints in the state from each previous quarter, pursuant to Florida Statutes 400.0089. Circulation has increased steeply since its inception this past fall and subscribers represent a widespread demographic which includes facility staff and administration, residents, potential volunteers and long-term care consumers.







DID YOU KNOW?

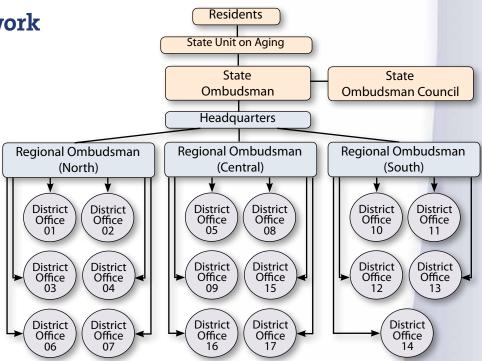
The icon at the head of the Ombudsman logo that looks like a roughly-drawn stack of coins actually represents two pennies, illustrating the concept of "throwing in your two cents." Ask any ombudsman what his or her favorite part of being an advocate is and he or she will likely say something along the lines of the fact that we get to be the "voice" of residents who are unable to speak for themselves. When we say, "Our 2 cents is no small change," that's what we mean. It's our job to make sure that the "2 cents" of our state's most treasured population does not go unheard.

This symbol is used throughout the Annual "2 Cents" Report to mark a story, quote or testimony from a real person describing his or her experiences with the long-term care industry. Testimonies were gathered from residents, residents' family members, caregivers and even ombudsmen to help illustrate the data presented here.

It is our hope that positive change may be set in motion in part because ombudsmen are working to make heard the actual voices of those impacted by less-than-quality care.

Program Framework

While Florida's
Ombudsman Program
is made up of about
87 percent volunteers,
it also relies on a
strategically-designed
framework of staff
members, each in
position to meet the
needs of residents
most effectively.



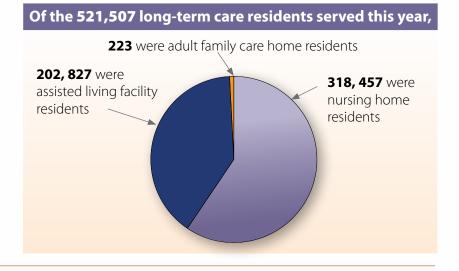


STATEWIDE STATISTICS

From October 2008 through September 2009, ombudsmen served more than half a million long-term care residents through education, empowerment, administrative assessments and complaint investigations.

"We were asked to draw on past experiences with residents, family and facilities that were memorable, both positive and negative. The 'negative' is easy. I've only been in one facility out of the last nine that did not have an issue that needed immediate attention. While listening to conversations from my fellow ombudsmen during our monthly meetings, I believe this to be, unfortunately, par for the course.The 'positive' is just as easy, however. All of the cases I have been assigned to have had similar responses from: 'I don't know how to thank you'; 'thank you so much for all of your hard work'; 'I'm so glad there is an organization like yours available to us'; 'if there's anything I can do for you just let me know...'; and so on. Their 'Thank You' is memorable and says it all."

- Ombudsman



FACILITY ASSESSMENTS

All long-term care facilities in Florida fall into one of three categories: nursing homes, assisted living facilities and adult family care homes. There are over 3,800 long-term care facilities in Florida, with approximately 153, 506 beds. Administrative assessments are mandated by 400.0075 F.S. and are conducted at least annually. Administrative assessments focus on the rights, health, safety and welfare of residents. The ombudsman's responsibility is to ensure that the facility is meeting the needs of the residents in compliance with state statute and federal law. This year, ombudsmen completed a total of 3,880 assessments statewide, reflecting nearly 120 percent of the licensed long-term care facilities in Florida.

COMPLAINT INVESTIGATIONS

In 2008-2009, Florida's long-term care ombudsmen completed a total of 8,363 complaint investigations, 605 more than last year. Often, a single complaint may affect more than one resident. In fact, an entire wing or population of a long-term care facility may be affected. For example, a complaint filed by one resident regarding the quality of food served at a facility may affect the entire resident population.

Ombudsmen complaint investigations may result in a number of outcomes, including recommendations to resolve the issue, notifying another agency when appropriate or making recommendations on policy changes to appropriate agencies.

Ombudsmen continually strive for the highest resolution possible, keeping in mind that residents' rights are the foundation of the program.



TYPES OF COMPLAINTS STATEWIDE:

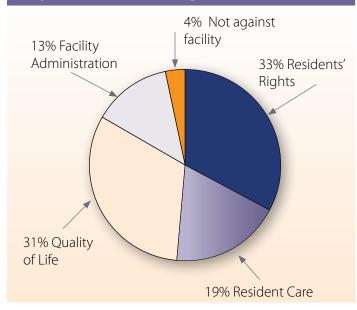
Top 10 Complaints in Assisted Living Facilities and Adult Family Care Homes:

COMPLAINT COUNT
Medication administration and organization 301
Menu
Dignity and respect, including staff attitudes 194
Cleanliness, pests, general housekeeping 186
Equipment/Buildings
Shortage of staff
Personal funds
Privacy-telephone, visitors, couples, mail 129
Billing/charges 124
Personal property

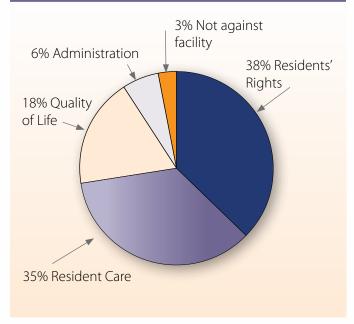
Top 10 Complaints in Nursing Homes:

COMPLAINT	COUNT
Discharge/eviction	260
Dignity and respect, including staff attitudes.	243
Medication administration and organization	216
Personal hygiene (includes oral hygiene)	211
Failure to respond to requests for assistance	206
Personal property	165
Symptoms unattended	155
Accidental or injury of unknown origin/fall	153
Menu	131
Care plan/resident assessment	131

In assisted living facilities and adult family care homes, complaints received throughout the year fell into the categories of:



In nursing homes, complaints received throughout the year fell into the categories of:





"One year ago, I had just left the facility in West Palm Beach where my husband lived and was driving home. My cell phone rang and when I answered it, the individual on the other end said, 'Mrs. Smith, I just wanted to tell you that your husband just died."" – Resident's family member

http://ombudsman.myflorida.com

STATEWIDE STATISTICS

BEYOND THE NUMBERS

The Long-Term Care Ombudsman Program is unique in the way it investigates complaints because ombudsmen seek to ensure that complaints are resolved to the satisfaction and in favor of the resident. When a complaint is made by or on behalf of a resident, ombudsmen investigate not as mediators but as advocates. The lists on the previous page represent the most frequent complaints received by the

Program statewide last year. While these numbers do reflect individual cases, they cannot fully represent the individuals who often find themselves in far more complex situations than a number or code has the ability to reflect. The goal of this report is to put a human face to the codes and numbers that may guide the investigations of other agencies.



"I just want to find a place where I am happy. Some of the staff at this facility I am not fond of. I know that they have to put up with a lot, but they need to leave their problems at home."

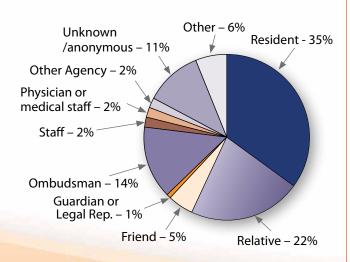
- Resident

ORIGIN OF COMPLAINTS

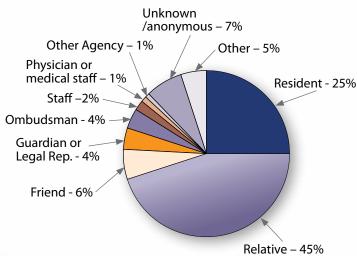
Complaints may be made by any person or group concerned about the rights, care and treatment of long-term care facility residents and, in fact, are received from many sources. Although many complaints in 2008-2009 (35 percent in ALFs and AFCHs and 25 percent in NHs) were called in by residents themselves, concerns were also reported by relatives of the residents and their friends. Residents' guardians, legal representatives, facility staff, medical personnel, other agency staff and even ombudsmen also filed complaints.

Even though complaints are confidential as required by state law, approximately 11 percent of ALF/AFCH-related and 7 percent of NH-related complainants preferred to remain anonymous this year, citing fear of retaliation as the primary reason. The Long-Term Care Ombudsman Program continues to educate callers regarding their protection from retaliation as specified in state law.

Origin of Complaints in ALF's and Adult Family Care Homes:



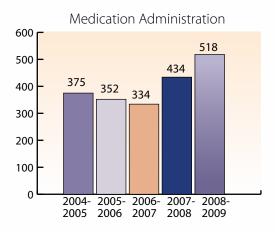
Origin of Complaints in Nursing Homes:

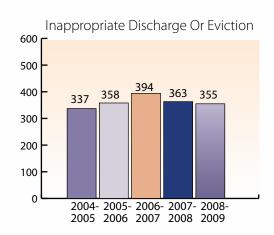


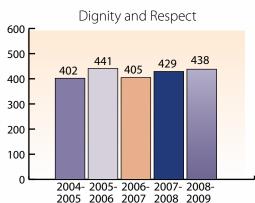


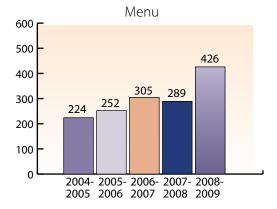
FIVE-YEAR TRENDS OF RECURRING ISSUES STATEWIDE

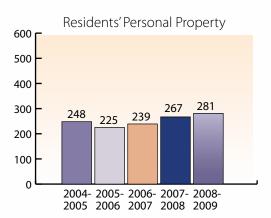
Some of the most frequent and recurring complaints ombudsmen have investigated over the last five years continue to raise concerns. Among them was medication administration and organization as well as the inappropriate discharge or eviction of residents.











"I thought I'd seen everything. I've been in a lot of facilities, but this was so bad. Five of the employees have felonies in their criminal histories. Three of them are direct caregivers. Felonies for aggravated assault with a deadly weapon, grand larceny, theft, selling stolen goods, posession of crack cocaine and prostitution. The showers are bare concrete, there is mold everywhere, scum everywhere. There are windows cracked out, mattresses that look as though they've been clawed to pieces, rags for sheets and pillow cases, sinks falling off the walls. There are 54 residents to one staff person in the evenings. It's heartbreaking. I wouldn't put an animal in this facility."

- Ombudsman staff



Based on the experience of ombudsmen throughout the state, Florida's Long-Term Care Ombudsman Program recommends the following to improve the lives of Floridians who live in long-term care facilities:

(1) Assisted Living Facility (ALF) Discharge Protection

Problem: Residents of assisted living facilities (ALFs) lack any type of discharge and/or transfer protection. Florida's Long-Term Care Ombudsman Program believes that residents of ALFs are vulnerable to intimidation and inappropriate discharges. The Ombudsman Program also believes that these residents should have protection and due process when they are discharged, similar to the protection provided for residents of nursing homes.

Recommendations:

- Amend Chapter 429, F.S., to require an ALF
 to provide written notice 45 days before a
 planned discharge to the resident being
 discharged and his or her legal representative.
 The proposal also requires the Department
 to develop a standardized form listing appropriate discharge reasons, including medical
 issues, failure to pay and that the resident is a
 danger to other residents.
- The ALF must notify the Office of the State Long-Term Care Ombudsman of any discharge notice within five days of issuing it and permit a representative of the local council to meet with the resident

"The biggest misconception consumers have about assisted living is that once their loved one is accepted into one of these facilities, he or she will live there for a very long time — perhaps avoiding a nursing home altogether. But nothing could be further from the truth. *In fact, the average resident* stays only two years. Why? The assisted-living business model was never intended to provide care for frail and sickly seniors. When they get that way — as they inevitably do — many facilities will insist that they leave. In other words, if you require skilled nursing or need too much personal assistance, management can kick you out...if your dad's health deteriorates sharply, you run the risk he will be asked to leave just when you can least cope with it."

- Stacey L. Bradford, Smart Money



(2) Protection of Ombudsman Personal Information

Problem: Ombudsmen investigate allegations of abuse, neglect and exploitation of residents who live in licensed long-term care settings. As such, parties under investigation may try to impugn the program's investigative capabilities through intimidation or retaliation against program representatives. Currently, personal ombudsman information, e.g., name, home address, and photos are attainable through a public records request. The availability of this information places ombudsmen at potential risk.

Recommendation:

 Amend. s. 400.0077, F.S., to make Long-Term Care Ombudsman Program representatives' personal information exempt from public disclosure.

"The owner of the facility in which the ombudsman had been investigating some complaints some complaints was angry that she had been in his facility. He made many remarks intended to intimidate her. He made a public record request to the Ombudsman Program for all of her personal information, which would have included many identifying details, even the college she graduated from. All it would have taken was a quick phone call to the alumni association of that school and he would have had all her updated contact information, including her phone number and address. But it was the law to turn everything over. The owner of that same facility claimed that he knew where I lived and where my wife worked. A resident overheard him saying that he was going to send over one of his maintenance men to "rough me up" for meddling in his affairs. Adult Protective Services representatives have the exemption. Judges have it. Ombudsmen deal with extremely sensitive issues on a daily basis and his or her personal information should not be available to whoever chooses to request it." – Ombudsman staff

(3) Facility Employee Background Screens

Problem: Currently, only a Level 1 background screening is required for most direct care staff working in long-term care facilities (some direct care staff are required to undergo Level 2 background screening). No screening is required for certain employees or contracted personnel working in long-term care facilities.

Recommendations:

 For nursing homes, amend s. 400.215(1), F.S., to provide that any direct care, non-direct care employee or contracted worker who is permitted access to nursing homes at any time must meet the Level 2 screening requirement as described in s. 435.03, F.S.

 For assisted living facilities, amend s. 429.174(1)(a), F.S., to require that any direct care, non-direct care employee or contracted worker who is permitted access to an assisted living facility at any time must meet the Level 2 screening requirements as described in s. 435.03, F.S.

"Florida has a patchwork of controls for checking caregivers of the elderly that seems to put more emphasis on protecting against embezzlement than safeguarding patients. Inconsistencies in state law are glaring — facility owners, administrators and people who handle money require a nationwide FBI check, but not employees caring for patients. With some exceptions, they are checked only for crimes in Florida. For assisted living facilities and home health aides and companions, employees can begin work before screening results come back."

—Sun Sentinel article, September 27, 2009



RECOMMENDATIONS

(4) Baker Act

Problem: Residents with traumatic brain injury, dementia or other memory related disorders are frequently "Baker Acted" to psychiatric facilities for treatment due to behavior management issues. Dementia is one of the most challenging diagnoses in the mental health field. Although it is a brain impairment, it is one that does not generally improve. Many times the causes precipitating behavior changes (medical or environmental) can be assessed and managed in a nursing home. Baker Act-receiving psychiatric facilities do not qualify as discharge destinations and are not supposed to be used for this purpose. These facilities provide acute care and short-term treatment. They are generally not equipped for elders with dementia, unless the facility specifically specializes in this. Unfortunately, many long-term care facilities abuse the Baker Act process by too often refusing to reaccept their residents at the conclusion of a shortterm treatment stay. Not only do these residents lose their home, but the taxpayers pay a higher bill for residents receiving Medicaid when these residents remain. in the psychiatric treatment center or are discharged to a hospital.

Nursing homes that wish to discharge residents are required by federal and state law to provide residents a 30-day discharge notice. This notice affords residents the opportunity to appeal the discharge. Some nursing home staff members have told ombudsmen that they would rather "take the fine (through AHCA) than take the resident back." For these facilities, it is easier to dump a difficult resident, than to comply with the spirit and intent of federal and state law.

Recommendation:

 Amend the definition of mental illness as it relates to the Baker Act in s. 394.455(19) F.S., by removing the phrase "regardless of etiology." Removing this phrase will clarify that people with a primary diagnosis of headinjuries or dementia are not the target population for treatment under the Baker Act. This amendment would not preclude a resident from admission to a psychiatric facility who had a primary diagnosis of a mental illness.

"The day after we left, two of the residents who spoke with us about the deficiencies of the facility were transferred to the psychiatric ward of a nearby hospital under the Baker Act. It might have been a coincidence; personally, though, I think it's a serious case of a facility perverting a law that was created to protect people." -Ombudsman

(5) Increase Nursing Home Residents' Personal Needs Allowance

Problem: The monthly personal needs allowance for residents who live in institutional settings has remained unchanged since 1988. The current monthly rate of \$35 is the monthly sum that Medicaid recipients of licensed institutional settings retain for their personal income. Any income above the allowance is applied toward the cost of their care. The \$35 allowance is intended to be spent at the individual's discretion on items such as telephone expenses, cigarettes, toiletries, dining at a restaurant with family and friends, snacks from a vending machine or hobbies. This allowance is supposed to enable residents to maintain at least a minimum level of independence and decision-making and maximize their quality of life.

Recommendation:

 Amend s. 409.904(3)(a), F.S., Optional Payments for Eligible Persons, to establish the personal needs allowance for residents who live in nursing homes at \$45 per month rather than \$35 per month. Projected fiscal impact: \$6,012,240.

"Residents have not had a raise in their personal needs allowances since 1988, despite inflation and an 81 percent increase in the cost of living since that time."

Don Hering,
Ombudsman State
Council Chairman

OMBUDSMEN OF THE YEAR

While Florida's ombudsmen volunteers are known for their outstanding advocacy and dedication to residents, there are a few individuals who stand out among the crowds. The following ombudsmen frequently went beyond the call of duty and far beyond their required 20 hours of service per month to make sure that residents were protected. They are passionate advocates, setting a shining example for their ombudsman peers and their and communities. The distinction of "Ombudsman of the Year" is given to those who are recognized by each district as having exemplified the spirit of an ombudsman. These advocates each spent hundreds of hours this past year helping Florida's frailest elders by responding personally to their concerns.



Ray Sykes Northwest Florida Three years ago, retired pastor Ray Sykes joined the

ranks of the Northwest Florida Ombudsman Council. He had been seeking a challenging retirement activity that would utilize his skills as a field minister, when a piece in the Pensacola News Journal caught his eye. Sykes has enjoyed his Ombudsman experience. He finds that what is most important to him is "interacting with the elderly and meeting those in the long-term care industry who are truly committed to their work, the unsung heroes." It is his staunch commitment to residents that has earned him both the admiration of his peers and his first nomination as "Ombudsman of the Year." Sykes also serves on the Statewidte Ombudsman Council as his district's representative. Sykes is a father of three and grandfather of four. He spends his free time golfing, gardening, and "playing with gadgets."



Norma Hemphill Panhandle Norma Hemphill's

outstanding record of volunteer work started years ago in the state of California. Having previously had the experience of looking after an aunt who resided in a nursing home, she immediately joined the Panhandle ombudsman council when she relocated to Florida.

Hemphill has been in one form or another of customer service and satisfaction for over 25 years, spending time as a waitress, a bartender and in other peoplefocused industries. Now-retired Hemphill continues to serve today in her work as an advocate and was honored with her second nomination as "Ombudsman of the Year" by her fellow ombudsmen this year. Hemphill says she enjoys her volunteer work and is an ombudsman because she "just wants to help elderly people [especially] the ones that can't help themselves."



Dana DarbyNorth Central
Florida

Dana Darby is a single mother of two and grand-mother of four who still finds time to volunteer as an ombudsman, saying she simply wants "to give back some of the blessings." Darby enjoys hearing residents' stories of success and happiness. She has been with the Ombudsman Program since November of 2007. North Central district manager Ryan Miller says Darby stands out because "if you go into the field

after her, residents ask for her by name... she really makes them feel comfortable."

Darby first heard of the Long-Term Care Ombudsman Program while reading the Suwannee Democrat. The North Central council ombudsmen advocate for residents in 11 counties in North Florida.



Ruth "Allie"
Gore
Withlacoochee

Previously having been a director of

nursing in North Carolina, Ruth "Allie" Gore became familiar with the Ombudsman Program via interactions with advocates in her facility. Gore says she "appreciated [ombudsmen's] professionalism and advocacy for our geriatric population." Gore decided to volunteer with the program in March of 2007 because she felt her experiences as a registered nurse, home care administrator, and hospice patient care coordinator left her uniquely qualified for the role. And she was right. The Withlacoochee council voted Gore "Ombudsman of the Year" due in part to her wealth of knowledge and skill, which is invaluable to the entire council.



Our 2 cents is no small change

OMBUDSMEN OF THE YEAR

Gore finds educating residents and staff about resident's rights to be the most fulfilling part of her role as an Ombudsman. Gore feels accomplished knowing that she is "advocating on behalf of those who might otherwise not have a voice."

Gore has 13 grandchildren in several states and divides her time between her ombudsman work, family visits and early-morning golf games.



Lesli Watkins First Coast

Lesli Watkins spent her career as a healthcare

professional. During her time as a home health aide, she met many people whose compassion and hard work she admired and respected. Becoming an Ombudsman was a natural continuation of her service to the aging residents of Florida. Watkins reflects that she "enjoys the opportunity to meet people from various backgrounds."

Watkins has served as an ombudsman since March of 1999 and finds "it is a blessing to be able to help long-term care residents."

She also serves on the State Council of the Ombudsman Program as First Coast's representative. Watkins is passionate about advocacy and is perhaps the ombudsman most well-versed and familiar with all of the Program's policies and codes. In her free time, she enjoys travelling with her husband of 40 years, attending Bible study, and playing golf and the piano.



Cyndi Floyd Mid & South Pinellas

Cyndi Floyd spent years as a registered nurse and was

excited to read about the volunteer

opportunity provided by her local Ombudsman Program in the newspaper. "I have a need to give back, to be of service and to feel needed," Floyd said. "This program uses my education as well as my empathy." Floyd enjoys her volunteer work because "it feels really good when I am able to see that I have been able to positively affect the life of an individual. Even if it is no more than letting someone know that they are not alone."

Floyd has been an ombudsman volunteer for nearly five years and was recently re-elected as the district chair.

"Cyndi investigated over 80 complaints by herself last year," said District Manager Natalie Clanzy. "She is not afraid to meet with administrators or guardians to make sure corrective action is taken on behalf of residents."

Floyd enjoys traveling and spending quality time with her family. She has two children, four grandchildren, and four great-grandchildren.



John Strothers Pasco & North Pinellas

As John Strothers moves into his third year as a

certified ombudsman, he still says his favorite part of being an advocate is that he has the opportunity to "help elders get the dignity and respect they deserve." One of Strothers' main motivations is his desire to enjoy life and help others enjoy theirs. While he enjoys life by spending time with his family, fishing, camping, sightseeing and participating in one of his many community activities, which include the Veterans of Foreign Wars, Honor Guard and his local Masonic Fraternity, he also makes it a priority to befriend and advocate for long-term care residents. He was nominated "Ombudsman of the Year" by his peers this year in part due to his great optimism and personable nature.



Don Hering West Central Florida

After serving his country for three decades as a colonel in the United

States Marine Corps, Don Hering has devoted himself to service as a volunteer ombudsman. He felt compelled to become an Ombudsman after hearing of problems at a Tampa-area assisted living

Hering believes that the most important thing an ombudsman does is "speak on behalf of men and women who often don't have anyone to speak on their behalf, to help them to understand they have rights, no matter what their station

He keeps busy outside his ombudsman work, too. Hering is a deacon in his home church as well as the director of Stephen Ministry in his area. He also represents Hillsborough County on the Board of Directors for the West Central Area Agency on Aging.



Kathleen **Vermette** Fast Central Florida

Vermette was nominated "Ombudsman of the Year" by her peers on the East Central Florida council because "she is always willing to help out the council." "She is selfless," said District Manager Lashea Heidelberg. "She is always willing to go on cases and assessments with other volunteers and she has a true heart

for advocacy. She's also objective enough

to keep things in perspective."

Kathleen Vermette worked for years in several nursing homes as a Director of Nursing before her tenure as a volunteer. It was in this time period that she was first approached by an Ombudsman Program representative. She completed her training and ombudsman certification soon after retirement. Vermette often helps train new volunteers and her long-term care background has made her an invaluable part of the East Central Florida team.

"We take advantage of her DON experience, as she knows exactly what to look for in facilities," said Heidelberg. Vermette finds the times during which she feels she is "helping people and making a difference" to be the most enjoyable part of volunteering as an advocate for residents.

In her spare time, Vermette enjoys taking cruises with her husband.



Gerri OsengaSouthwest Florida

Gerri Osenga moved to Florida from New Jersey

in 2001. As she had previously volunteered with elders in her home state, she wanted to find an organization where she could continue to work to improve the quality of life for elders.

"[I wanted to] help by being the voice [of the residents.] When you listen and have an action plan, you can make a difference in a resident's care."

When asked to describe Osenga, District Manager, Ann Proie asked, "Do you have a month? Because it would take me that long! Gerri is a wonderful resident advocate with great passion for her work as an ombudsman. She never fails to empower the residents she assists."

Osenga also holds a part-time job as a registered nurse. She and her husband of 23 years have two children in college and both enjoy golfing in their spare time.



Joann Farrell *Palm Beach County*

When asked what her favorite part of being an

ombudsman was, Joann Farrell enthusiastically replied, "Everything!" Farrell

became an ombudsman when she retired. She always looks forward to meeting residents and their families so she has the opportunity to "provide" advocacy, education and responses to their needs and concerns." She says she likes being able to work to "ensure that residents are treated with courtesy, dignity, and respect, in addition to [being sure they receive] the quality of life and of care they deserve." Regional Ombudsman Clare Caldwell agreed and added, "It takes strength of character and dedication to purpose one's voice to speak out against injustice on behalf of those who are not able to speak for themselves."

Farrell spent her career years in various health fields and first heard of the Ombudsman Program while working at a long-term care facility. She was certified as a volunteer in 2003. When she isn't advocating for residents, she spends her time travelling with her husband.



Dan Reiter *Broward County*

For three years in a row, Dan Reiter has distin-

guished himself from among his peers, winning the title of Ombudsman of the Year for the third consecutive time this year. According to John McGovern, Broward County's district manager, Dan is an outstanding ombudsman because "he has had a positive impact on people getting involved and wanting to stay involved. He has always provided strong participation in all aspects of the program." Reiter is passionate about and heavily involved in facility operation spot checks. Spot checks are random, unannounced checks conducted with a representative of the Attorney General's office or the State Attorney's office, which often turn up unreported issues. Reiter feels these checks are an effective way to bring about change quickly. Reiter feels the most important part of being an Ombudsman is being a voice

for elderly residents. He said, "There are such a great number of elderly with families out of state, and they need someone to speak up for them."



Joan KitaNorth Dade

Joan Kita finds her work as an ombudsman to be

an opportunity "to give something back for the wonderful life I've had." While she has been a certified volunteer for only a year and a half, North Dade District Manager Ramon Keppis says her work is impressive.

"She has a lot of energy," said Keppis.
"And she puts that energy and dedication into everything she does. She's very efficient, which means she is often the first one to complete her assignments and she always offers to take on more." Recently, Kita fought hard on behalf of residents at a particular facility to allow them to keep their smoking rights.

Through dedication to advocacy and much collaboration with facility staff and residents, Kita prevailed. Her work to help residents maintain their rights and lifestyles comparable to an independent lifestyle is enthusiastically applauded by district staff.



Gladis Alba

South Dade & Florida Keys
Gladis Alba first heard

about the Long-Term Care
Ombudsman Program

while listening to her local radio station, and she has been serving in the role since May of 2006. Alba most enjoys conducting facility assessments, as she is able to take time to talk with residents, assuring that they are receiving the appropriate care they deserve.

http://ombudsman.myflorida.com

OMBUDSMEN OF THE YEAR

"Gladis is an outstanding ombudsman," said Keith Gibson, who is the district manager for the South Dade & Florida Keys district. "She takes advocacy to a whole new level and makes sure the residents are receiving everything they should be." As a former physical education teacher, Alba believes residents need to be participating in constructive activities to keep their minds and bodies fit. Gibson explained that one of Alba's biggest "pet peeves" is when a facility is lacking in planned and productive activities for its residents. Alba often suggests and even demonstrates activities that could potentially be presented to residents, to improve their motor skills and sociability.

True to her character, Alba is extremely active outside her work as an ombudsman. She participates in the events of her local church and community and loves to travel. She also cares for her sister who is herself a nursing home resident.



Carole RyanFirst Coast South

"Carol is a very determined, motivated and hard-

working individual" said ombudsman First Coast South staff member, Erica Efland. "She is always willing to take on more assignments and her completed work is extremely efficient." Those traits are also precisely why Carole Ryan, a former New York State Supreme Court reporter, excels as an ombudsman. Ryan enjoys resolving resident complaints and finding creative solutions to a variety of issues. Ombudsmen must participate in continuing education courses and

trainings throughout their tenures. These trainings help volunteers to be as up-to-date and qualified as possible regarding changing legislation and long-term care trends. But creativity like Ryan's cannot be taught.

"At the end of the day, when a resident says 'thank you' and the administrator shakes your hand and says 'thank you,' there are no words to explain the feelings of satisfaction and reward."



Paul Strickland

Treasure Coast

Paul Strickland was nominated "Ombudsman of

the Year" for the Treasure Coast Council because he is both "tenacious and creative," according to District Manager Nancy Schoemig. Strickland is known in his district for his creative solutions to the often-complex problems he encounters in long-term care facilities.

"I have observed his patience, his genuine care and his concern for each and every resident with whom he speaks," said Schoemig. She called Strickland's genuine nature "remarkable," saying, "He truly believes the residents themselves sense Paul's concern for their well-being. His interactions personify dignity and respect."

Strickland's peers, the other ombudsmen volunteers on the Treasure Coast council, described Strickland as "extremely capable, always cheerful, and very professional."

"He always does his share of the work and then assists other volunteers with their assignments as well," said one volunteer. Strickland finds the most rewarding part of his work as an ombudsman volunteer to be developing relationships with residents. He first served his community as a public school teacher. In 2007, he became a certified ombudsman. Since that time, Strickland has served his local community and demonstrated his great leadership by continually going above and beyond his job description.



Karen Hardin
South Central Florida
Karen Hardin is a busy
mother of three and

grandmother of three more. While being active in her local church, the Julia Berry Bennett Club, Philanthropic Educational Organization and acting as a volunteer for the Guardian Ad Litem Program, she still finds time to be an exemplary ombudsman. In fact, South Central Florida District Manager Tresa Johnston says Hardin rarely turns down a request and is always willing to lend a hand to help finish a few extra facility assessments.

"Karen goes the extra mile to ensure that she never violates a resident's confidentiality and consent," said Johnston. "She even went so far as to conduct a full annual assessment at a 120-bed facility to protect the identity of a resident who had expressed some concerns. She is thorough in her investigations and never forgets the real reason she is there: the resident. We are truly blessed to have Karen Hardin represent us in South Central, District 17."

In her free time, Karen Hardin enjoys reading, classical music and fine art.

LOCAL STATISTICS



Northwest Florida

- **11** Ombudsman volunteers
- **67** individual cases
- **114** complaints investigated
- **95** Facility assessments completed

Top three complaints in nursing homes:

- · Issues regarwding residents' personal property
- Issues regarding residents' personal hygiene (including oral hygiene)
- Dignity and respect, including staff attitudes

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration or organization
- Menu
- Shortage of facility staff



Panhandle

- **14** Ombudsman volunteers
- **191** individual cases
- **541** complaints investigated
- **99** Facility assessments completed

Top three complaints in nursing homes:

- Dignity and respect, including staff attitudes
- Failure to respond to requests for assistance
- Residents incurring accidental injuries of unknown origins or falls

Top three complaints in assisted living facilities and adult family care homes:

- Menu
- Equip ment/buildings
- Cleanliness, pests, general housekeeping



North Central Florida

- **15** Ombudsman volunteers
- **131** individual cases
- **330** complaints investigated
- **69** Facility assessments completed

Top three complaints in nursing homes:

- Issues regarding residents' personal hygiene (including oral hygiene)
- Dignity and respect, including staff attitudes
- Inappropriate discharge or eviction

Top three complaints in assisted living facilities and adult family care homes:

- Dignity and respect, including staff attitudes
- Residents' personal funds mismanaged
- Issues regarding residents' personal property



LOCAL STATISTICS



Withlacoochee

37 Ombudsman volunteers

263 individual cases

532 complaints investigated

175 Facility assessments completed

Top three complaints in nursing homes:

- Issues regarding residents' personal property
- Dignity and respect, including staff attitudes
- Residents incurring accidental injuries of unknown origins or falls

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration and organization
- Menu
- Cleanliness, pests and/or general housekeeping



First Coast

25 Ombudsman volunteers

181 individual cases

316 complaints investigated

184 Facility assessments completed

Top three complaints in nursing homes:

- Response to complaints
- Medication administration and organization
- Inappropriate discharge or eviction

Top three complaints in assisted living facilities and adult family care homes:

- Privacy issues, including phone usage, visitors and mail management
- Cleanliness, pests and/or general housekeeping
- Menu



Mid and South Pinellas

49 Ombudsman volunteers

357 individual cases

834 complaints investigated

207 Facility assessments completed

Top three complaints in nursing homes:

- Inappropriate discharge or eviction
- Failure to respond to requests for assistance
- Medication administration and organization

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration and organization
- Menu
- · Shortage of staff





Pasco and North Pinellas

34 Ombudsman volunteers

359 individual cases

950 complaints investigated

216 Facility assessments completed

Top three complaints in nursing homes:

- Failure to respond to requests for assistance
- Inappropriate discharge or eviction
- Issues regarding residents' personal hygiene (including oral hygiene)

Top three complaints in assisted living facilities and adult family care homes:

- Menu
- Cleanliness, pests and/or general housekeeping
- Equipment/buildings



West Central Florida

21 Ombudsman volunteers

267 individual cases

757 complaints investigated

305 Facility assessments completed

Top three complaints in nursing homes:

- Medication administration and organization
- Failure to respond to requests for assistance
- Inappropriate discharge or eviction

Top three complaints in assisted living facilities and adult family care homes:

- Menu
- Medication administration and organization
- Equipment/buildings



East Central Florida

42 Ombudsman volunteers

352 individual cases

703 complaints investigated

327 Facility assessments completed

Top three complaints in nursing homes:

- Inappropriate discharge or eviction
- Issues regarding residents' personal hygiene (including oral hygiene)
- Medication administration and organization

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration and organization
- Dignity and respect, including staff attitudes
- Inappropriate billing/charges

http://ombudsman.myflorida.com

LOCAL STATISTICS



Southwest Florida

26 Ombudsman volunteers

258 individual cases

693 complaints investigated

280 Facility assessments completed

Top three complaints in nursing homes:

- Inappropriate or lack of resident care plan/ resident assessment
- Dignity and respect, including staff attitudes
- Failure to respond to requests for assistance

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration and organization
- Dignity and respect, including staff attitudes
- Inappropriate billing/ charges



Palm Beach County

33 Ombudsman volunteers

236 individual cases

546 complaints investigated

195 Facility assessments completed

Top three complaints in nursing homes:

- Dignity and respect, including staff attitudes
- Inappropriate discharge or eviction
- Medication administration and organization

Top three complaints in assisted living facilities and adult family care homes:

- Menu
- Inappropriate billing/charges
- · Equipment/building



Broward County

25 Ombudsman volunteers

147 individual cases

415 complaints investigated

389 Facility assessments completed

Top three complaints in nursing homes:

- Dignity and respect, including staff attitudes
- Inappropriate discharge or eviction
- Medication administration and organization

Top three complaints in assisted living facilities and adult family care homes:

- Residents' personal funds mismanaged
- Medication administration and organization
- Equipment/building



North Dade

- **12** Ombudsman volunteers
- **179** individual cases
- **335** complaints investigated
- **424** Facility assessments completed

Top three complaints in nursing homes:

- Inappropriate discharge or eviction
- Dignity and respect, including staff attitudes
- Residents' symptoms unattended

Top three complaints in assisted living facilities and adult family care homes:

- Residents' personal funds mismanaged
- Menu
- Dignity and respect, including staff attitudes



South Dade & Florida Keys

- **19** Ombudsman volunteers
- **179** individual cases
- **506** complaints investigated
- **648** Facility assessments completed

Top three complaints in nursing homes:

- Inappropriate discharge or eviction
- Shortage of facility staff
- Issues regarding residents' personal hygiene (including oral hygiene)

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration and organization
- Menu
- Facility staff training



First Coast South

- **13** Ombudsman volunteers
- **125** individual cases
- **201** complaints investigated
- **52** Facility assessments completed

Top three complaints in nursing homes:

- Failure to respond to requests for assistance
- Inappropriate discharge or eviction
- Dignity and respect, including staff attitudes

Top three complaints in assisted living facilities and adult family care homes:

- Medication administration and organization
- Shortage of facility staff
- Residents' symptoms unattended

http://ombudsman.myflorida.com

LOCAL STATISTICS



Treasure Coast

22 Ombudsman volunteers

88 individual cases

214 complaints investigated

114 Facility assessments completed

Top three complaints in nursing homes:

Inappropriate discharge or eviction

• Issues regarding residents' personal hygiene (including oral hygiene)

• Dignity and respect, including staff attitudes

Top three complaints in assisted living facilities and adult family care homes:

Menu

• Dignity and respect, including staff attitudes

Cleanliness, pests and/or general housekeeping



South Central Florida

19 Ombudsman volunteers

150 individual cases

376 complaints investigated

104 Facility assessments completed

Top three complaints in nursing homes:

 Issues regarding residents' personal hygiene (including oral hygiene)

• Medication administration and organization

Residents incurring accidental injuries of unknown origins or falls

Top three complaints in assisted living facilities and adult family care homes:

• Dignity and respect, including staff attitudes

• Medication administration and organization

· Residents' personal funds mismanaged

Totals

417 Number of Ombudsman volunteers

3,881 Facility assessments completed



LAWS AND REGULATIONS GOVERNING THE LONG-TERM CARE OMBUDSMAN PROGRAM

CHAPTER 400, PART I, FLORIDA STATUTES (2009)

400.0060 Definitions.--When used in this part, unless the context clearly dictates otherwise, the term:

- (1) "Administrative assessment" means a review of condiwtions in a long-term care facility which impact the rights, health, safety, and welfare of residents with the purpose of noting needed improvement and making recommendations to enhance the quality of life for residents.
- (2) "Agency" means the Agency for Health Care Administration.
- (3) "Department" means the Department of Elderly Affairs.
- (4) "Local council" means a local long-term care ombudsman council designated by the ombudsman pursuant to s. 400.0069. Local councils are also known as district long-term care ombudsman councils or district councils.
- (5) "Long-term care facility" means a nursing home facility, assisted living facility, adult family-care home, board and care facility, or any other similar residential adult care facility.
- (6) "Office" means the Office of State Long-Term Care Ombudsman created by s. 400.0063.
- (7) "Ombudsman" means the individual appointed by the Secretary of Elderly Affairs to head the Office of State Long-Term Care Ombudsman.
- (8) "Resident" means an individual 60 years of age or older who resides in a long-term care facility.
- (9) "Secretary" means the Secretary of Elderly Affairs.
- (10) "State council" means the State Long-Term Care Ombudsman Council created by s. 400.0067.

400.0061 Legislative findings and intent; long-term care facilities.--

(1) The Legislature finds that conditions in long-term care facilities in this state are such that the rights, health, safety, and welfare of residents are not fully ensured by rules of the Department of Elderly Affairs or the Agency for Health Care Administration or by the good faith of owners or operators of long-term care facilities.

Furthermore, there is a need for a formal mechanism whereby a long-term care facility resident, a representative of a long-term care facility resident, or any other concerned citizen may make a complaint against the facility or its employees, or against other persons who are in a position to restrict, interfere with, or threaten the rights, health, safety, or welfare of a long-term care facility resident. The Legislature finds that concerned citizens are often more effective advocates for the rights of others than governmental agencies.

The Legislature further finds that in order to be eligible to receive an allotment of funds authorized and appropriated under the federal Older Americans Act, the state must establish and operate an Office of State Long-Term Care Ombudsman, to be headed by the State Long-Term Care Ombudsman, and carry out along-term care ombudsman program.

(2) It is the intent of the Legislature, therefore, to utilize voluntary citizen ombudsman councils under the leadership of the ombudsman, and through them to operate an ombudsman program which shall, without interference by any executive agency, undertake to discover, investigate, and determine the presence of conditions or individuals which constitute a threat to the rights, health, safety, or welfare of the residents of long-term care facilities. To ensure that the effectiveness and efficiency of such investigations are not impeded by advance notice or delay, the Legislature intends that the ombudsman and ombudsman councils and their designated representatives not be required to obtain warrants in order to enter into or conduct investigations or onsite administrative assessments of long-term care facilities.

It is the further intent of the Legislature that the environment in long-term care facilities be conducive to the dignity and independence of residents and that investigations by ombudsman councils shall further the enforcement of laws, rules, and regulations that safeguard the health, safety, and welfare of residents.

400.0063 Establishment of Office of State Long-Term Care Ombudsman; designation of ombudsman and legal advocate.--

- (1) There is created an Office of State Long-Term Care Ombudsman in the Department of Elderly Affairs.
- (2) (a) The Office of State Long-Term Care Ombudsman shall be headed by the State Long-Term Care Ombudsman, who shall serve on a full-time basis and shall personally, or through representatives of the office, carry out the purposes and functions of the office in accordance with state and federal law.
 - (b) The ombudsman shall be appointed by and shall serve at the pleasure of the Secretary of Elderly Affairs. The secretary shall appoint a person who has expertise and experience in the fields of long-term care and advocacy to serve as ombudsman.
- (3) (a) There is created in the office the position of legal advocate, who shall be selected by and serve at the pleasure of the ombudsman and shall be a member in good standing of The Florida Bar.
 - (b) The duties of the legal advocate shall include, but not be limited to:
 - 1. Assisting the ombudsman in carrying out the duties of the office with respect to the abuse, neglect, or violation of rights of residents of long-term care facilities.
 - 2. Assisting the state and local councils in carrying out their responsibilities under this part.
 - 3. Pursuing administrative, legal, and other appropriate remedies on behalf of residents.
 - 4. Serving as legal counsel to the state and local councils, or individual members thereof, against whom any suit or other legal action is initiated in connection with the performance of the official duties of the councils or an individual member.

400.0065 State Long-Term Care Ombudsman; duties and responsibilities.--

- (1) The purpose of the Office of State Long-Term Care Ombudsman shall be to:
 - (a) Identify, investigate, and resolve complaints made by or on behalf of residents of long-term care facilities relating to actions or omissions by providers or representatives of providers of long-term care services, other public or private agencies, guardians, or representative payees that may adversely affect the health, safety, welfare, or rights of the residents.
 - (b) Provide services that assist in protecting the health, safety, welfare, and rights of residents.
 - (c) Inform residents, their representatives, and other citizens about obtaining the services of the State Long-Term Care Ombudsman Program and its representatives.
 - (d) Ensure that residents have regular and timely access to the services provided through the office and that residents and complainants receive timely responses from representatives of the office to their complaints.
 - (e) Apply for, receive, and accept grants, gifts, or other payments, including, but not limited to, real property, personal property, and services from a governmental entity or other public or private entity or person, and make arrangements for the use of such grants, gifts, or payments.
 - (f) Coordinate, to the greatest extent possible, state and local ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses and with legal assistance programs for the poor through adoption of memoranda of understanding and other means.
 - (g) Enter into a cooperative agreement with the Statewide Advocacy Council for the purpose of coordinating and avoiding duplication of advocacy services provided to residents.

- (h) Enter into a cooperative agreement with the Medicaid Fraud Division as prescribed under s. 731(e)(2)(B) of the Older Americans Act.
- (i) Prepare an annual report describing the activities carried out by the office, the state council, and the local councils in the year for which the report is prepared. The ombudsman shall submit the report to the secretary at least 30 days before the convening of the regular session of the Legislature. The secretary shall in turn submit the report to the United States Assistant Secretary for Aging, the Governor, the President of the Senate, the Speaker of the House of Representatives, the Secretary of Children and Family Services, and the Secretary of Health Care Administration. The report shall, at a minimum:
 - 1. Contain and analyze data collected concerning complaints about and conditions in long-term care facilities and the disposition of such complaints.
 - 2. Evaluate the problems experienced by residents.
 - 3. Analyze the successes of the ombudsman program during the preceding year, including an assessment of how successfully the program has carried out its responsibilities under the Older Americans Act.
 - 4. Provide recommendations for policy, regulatory, and statutory changes designed to solve identified problems; resolve residents' complaints; improve residents' lives and quality of care; protect residents' rights, health, safety, and welfare; and remove any barriers to the optimal operation of the State Long-Term Care Ombudsman Program.
 - 5. Contain recommendations from the State Long-Term Care Ombudsman Council regarding program functions and activities and recommendations for policy, regulatory, and statutory changes designed to protect residents' rights, health, safety, and welfare.
 - 6. Contain any relevant recommendations from the local councils regarding program functions and activities.

400.0067 State Long-Term Care Ombudsman Council; duties; membership.--

- (1) There is created within the Office of State Long-Term Care Ombudsman, the State Long-Term Care Ombudsman Council.
- (2) The State Long-Term Care Ombudsman Council shall:
 - (a) Serve as an advisory body to assist the ombudsman in reaching a consensus among local councils on issues affecting residents and impacting the optimal operation of the program.
 - (b) Serve as an appellate body in receiving from the local councils complaints not resolved at the local level. Any individual member or members of the state council may enter any long-term care facility involved in an appeal, pursuant to the conditions specified in s. 400.0074(2).
 - (c) Assist the ombudsman to discover, investigate, and determine the existence of abuse or neglect in any long-term care facility, and work with the adult protective services program as required in ss. 415.101-415.113.
 - (d) Assist the ombudsman in eliciting, receiving, responding to, and resolving complaints made by or on behalf of residents.
 - (e) Elicit and coordinate state, local, and voluntary organizational assistance for the purpose of improving the care received by residents.
 - (f) Assist the ombudsman in preparing the annual report described in s. 400.0065.

- (3) The State Long-Term Care Ombudsman Council shall be composed of one active local council member elected by each local council plus three at-large members appointed by the Governor.
 - (a) Each local council shall elect by majority vote a representative from among the council members to represent the interests of the local council on the state council. A local council chair may not serve as the representative of the local council on the state council.
 - (b) 1. The secretary, after consulting with the ombudsman, shall submit to the Governor a list of persons recommended for appointment to the at-large positions on the state council. The list shall not include the name of any person who is currently serving on a local council.
 - 2. The Governor shall appoint three at-large members chosen from the list.
 - 3. If the Governor does not appoint an at-large member to fill a vacant position within 60 days after the list is submitted, the secretary, after consulting with the ombudsman, shall appoint an at-large member to fill that vacant position.
 - (c) 1. All state council members shall serve 3-year terms.
 - 2. A member of the state council may not serve more than two consecutive terms.
 - 3. A local council may recommend removal of its elected representative from the state council by a majority vote. If the council votes to remove its representative, the local council chair shall immediately notify the ombudsman. The secretary shall advise the Governor of the local council's vote upon receiving notice from the ombudsman.
 - 4. The position of any member missing three state council meetings within a 1-year period without cause may be declared vacant by the ombudsman. The findings of the ombudsman regarding cause shall be final and binding.
 - 5. Any vacancy on the state council shall be filled in the same manner as the original appointment.
 - (d) 1. The state council shall elect a chair to serve for a term of 1 year. A chair may not serve more than two consecutive terms.
 - 2. The chair shall select a vice chair from among the members. The vice chair shall preside over the state council in the absence of the chair.
 - 3. The chair may create additional executive positions as necessary to carry out the duties of the state council. Any person appointed to an executive position shall serve at the pleasure of the chair, and his or her term shall expire on the same day as the term of the chair.
 - 4. A chair may be immediately removed from office prior to the expiration of his or her term by a vote of two-thirds of all state council members present at any meeting at which a quorum is present. If a chair is removed from office prior to the expiration of his or her term, a replacement chair shall be chosen during the same meeting in the same manner as described in this paragraph, and the term of the replacement chair shall begin immediately. The replacement chair shall serve for the remainder of the term and is eligible to serve two subsequent consecutive terms.
 - (e) 1. The state council shall meet upon the call of the chair or upon the call of the ombudsman. The council shall meet at least quarterly but may meet more frequently as needed.
 - 2. A quorum shall be considered present if more than 50 percent of all active state council members are in attendance at the same meeting.
 - 3. The state council may not vote on or otherwise make any decisions resulting in a recommendation that will directly impact the state council or any local council, outside of a publicly noticed meeting at which a quorum is present.
 - (f) Members shall receive no compensation but shall, with approval from the ombudsman, be reimbursed for per diem and travel expenses as provided in s. 112.061.

400.0069 Local long-term care ombudsman councils; duties; membership.--

- (1) (a) The ombudsman shall designate local long-term care ombudsman councils to carry out the duties of the State Long-Term Care Ombudsman Program within local communities. Each local council shall function under the direction of the ombudsman.
 - (b) The ombudsman shall ensure that there is at least one local council operating in each of the department's planning and service areas. The ombudsman may create additional local councils as necessary to ensure that residents throughout the state have adequate access to State Long-Term Care Ombudsman Program services. The ombudsman, after approval from the secretary, shall designate the jurisdictional boundaries of each local council.

(2) The duties of the local councils are to:

- (a) Serve as a third-party mechanism for protecting the health, safety, welfare, and civil and human rights of residents.
- (b) Discover, investigate, and determine the existence of abuse or neglect in any long-term care facility and to use the procedures provided for in ss. 415.101-415.113 when applicable.
- (c) Elicit, receive, investigate, respond to, and resolve complaints made by or on behalf of residents.
- (d) Review and, if necessary, comment on all existing or proposed rules, regulations, and other governmental policies and actions relating to long-term care facilities that may potentially have an effect on the rights, health, safety, and welfare of residents.
- (e) Review personal property and money accounts of residents who are receiving assistance under the Medicaid program pursuant to an investigation to obtain information regarding a specific complaint or problem.
- (f) Recommend that the ombudsman and the legal advocate seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents.
- (g) Carry out other activities that the ombudsman determines to be appropriate.
- (3) In order to carry out the duties specified in subsection (2), a member of a local council is authorized to enter any long-term care facility without notice or first obtaining a warrant, subject to the provisions of s. 400.0074(2).
 - 2. At least one registered nurse who has geriatric experience;
 - 3. At least one licensed pharmacist;
 - 4. At least one registered dietitian;
 - 5. At least six nursing home residents or representative consumer advocates for nursing home residents;
 - 6. At least three residents of assisted living facilities or adult family-care homes or three representative consumer advocates for alternative long-term care facility residents;
 - 7. At least one attorney; and
 - 8. At least one professional social worker.
 - (b) In no case shall the medical director of a long-term care facility or an employee of the agency, the department, the Department of Children and Family Services, or the Agency for Persons with Disabilities serve as a member or as an ex officio member of a council.
- (5) (a) Individuals wishing to join a local council shall submit an application to the ombudsman. The ombudsman shall review the individual's application and advise the secretary of his or her recommendation for approval or disapproval of the candidate's membership on the local council. If the secretary approves of the individual's membership, the individual shall be appointed as a member of the local council.

- (b) The secretary may rescind the ombudsman's approval of a member on a local council at any time. If the secretary rescinds the approval of a member on a local council, the ombudsman shall ensure that the individual is immediately removed from the local council on which he or she serves and the individual may no longer represent the State Long-Term Care Ombudsman Program until the secretary provides his or her approval.
- (c) A local council may recommend the removal of one or more of its members by submitting to the ombudsman a resolution adopted by a two-thirds vote of the members of the council stating the name of the member or members recommended for removal and the reasons for the recommendation. If such a recommendation is adopted by a local council, the local council chair or district coordinator shall immediately report the council's recommendation to the ombudsman. The ombudsman shall review the recommendation of the local council and advise the secretary of his or her recommendation regarding removal of the council member or members.
- (6) (a) Each local council shall elect a chair for a term of 1 year. There shall be no limitation on the number of terms that an approved member of a local council may serve as chair.
 - (b) The chair shall select a vice chair from among the members of the council. The vice chair shall preside over the council in the absence of the chair.
 - (c) The chair may create additional executive positions as necessary to carry out the duties of the local council. Any person appointed to an executive position shall serve at the pleasure of the chair, and his or her term shall expire on the same day as the term of the chair.
 - (d) A chair may be immediately removed from office prior to the expiration of his or her term by a vote of two-thirds of the members of the local council. If any chair is removed from office prior to the expiration of his or her term, a replacement chair shall be elected during the same meeting, and the term of the replacement chair shall begin immediately. The replacement chair shall serve for the remainder of the term of the person he or she replaced.
- (7) Each local council shall meet upon the call of its chair or upon the call of the ombudsman. Each local council shall meet at least once a month but may meet more frequently if necessary.
- (8) A member of a local council shall receive no compensation but shall, with approval from the ombudsman, be reimbursed for travel expenses both within and outside the jurisdiction of the local council in accordance with the provisions of s. 112.061.
- (9) The local councils are authorized to call upon appropriate agencies of state government for such professional assistance as may be needed in the discharge of their duties. All state agencies shall cooperate with the local councils in providing requested information and agency representation at council meetings.

400.0070 Conflicts of interest.--

- (1) The ombudsman shall not:
 - (a) Have a direct involvement in the licensing or certification of, or an ownership or investment interest in, a long-term care facility or a provider of a long-term care service.
 - (b) Be employed by, or participate in the management of, a long-term care facility.
 - (c) Receive, or have a right to receive, directly or indirectly, remuneration, in cash or in kind, under a compensation agreement with the owner or operator of a long-term care facility.
- (2) Each employee of the office, each state council member, and each local council member shall certify that he or she has no conflict of interest.

- (3) The department shall define by rule:
 - (a) Situations that constitute a person having a conflict of interest that could materially affect the objectivity or capacity of a person to serve on an ombudsman council, or as an employee of the office, while carrying out the purposes of the State Long-Term Care Ombudsman Program as specified in this part.
 - (b) The procedure by which a person listed in subsection (2) shall certify that he or she has no conflict of interest.

400.0071 State Long-Term Care Ombudsman Program complaint procedures. The department shall adopt rules implementing state and local complaint procedures. The rules must include procedures for:

- (1) Receiving complaints against a long-term care facility or an employee of a long-term care facility.
- (2) Conducting investigations of a long-term care facility or an employee of a long-term care facility subsequent to receiving a complaint.
- (3) Conducting onsite administrative assessments of long-term care facilities.

400.0073 State and local ombudsman council investigations.--

- (1) A local council shall investigate, within a reasonable time after a complaint is made, any complaint of a resident, a representative of a resident, or any other credible source based on an action or omission by an administrator, an employee, or a representative of a long-term care facility which might be:
 - (a) Contrary to law;
 - (b) Unreasonable, unfair, oppressive, or unnecessarily discriminatory, even though in accordance with law;
 - (c) Based on a mistake of fact;
 - (d) Based on improper or irrelevant grounds;
 - (e) Unaccompanied by an adequate statement of reasons;
 - (f) Performed in an inefficient manner; or
 - (g) Otherwise adversely affecting the health, safety, welfare, or rights of a resident.
- (2) In an investigation, both the state and local councils have the authority to hold public hearings.
- (3) Subsequent to an appeal from a local council, the state council may investigate any complaint received by the local council involving a long-term care facility or a resident.
- (4) If the ombudsman or any state or local council member is not allowed to enter a long-term care facility, the administrator of the facility shall be considered to have interfered with a representative of the office, the state council, or the local council in the performance of official duties as described in s. 400.0083(1) and to have committed a violation of this part. The ombudsman shall report a facility's refusal to allow entry to the agency, and the agency shall record the report and take it into consideration when determining actions allowable under s. 400.102, s. 400.121, s. 429.14, s. 429.19, s. 429.69, or s. 429.71.

400.0074 Local ombudsman council onsite administrative assessments.--

- (1) In addition to any specific investigation conducted pursuant to a complaint, the local council shall conduct, at least annually, an onsite administrative assessment of each nursing home, assisted living facility, and adult family-care home within its jurisdiction. This administrative assessment shall focus on factors affecting the rights, health, safety, and welfare of the residents. Each local council is encouraged to conduct a similar onsite administrative assessment of each additional long-term care facility within its jurisdiction.
- (2) An onsite administrative assessment conducted by a local council shall be subject to the following conditions:
 - (a) To the extent possible and reasonable, the administrative assessments shall not duplicate the efforts of the agency surveys and inspections conducted under part II of this chapter and parts I and II of chapter 429.
 - (b) An administrative assessment shall be conducted at a time and for a duration necessary to produce the information required to carry out the duties of the local council.
 - (c) Advance notice of an administrative assessment may not be provided to a long-term care facility, except that notice of followup assessments on specific problems may be provided.
 - (d) A local council member physically present for the administrative assessment shall identify himself or herself and cite the specific statutory authority for his or her assessment of the facility.
 - (e) An administrative assessment may not unreasonably interfere with the programs and activities of residents.
 - (f) A local council member may not enter a single-family residential unit within a long-term care facility during an administrative assessment without the permission of the resident or the representative of the resident.
 - (g) An administrative assessment must be conducted in a manner that will impose no unreasonable burden on a long-term care facility.
- (3) Regardless of jurisdiction, the ombudsman may authorize a state or local council member to assist another local council to perform the administrative assessments described in this section.
- (4) An onsite administrative assessment may not be accomplished by forcible entry. However, if the ombudsman or a state or local council member is not allowed to enter a long-term care facility, the administrator of the facility shall be considered to have interfered with a representative of the office, the state council, or the local council in the performance of official duties as described in s. 400.0083(1) and to have committed a violation of this part. The ombudsman shall report the refusal by a facility to allow entry to the agency, and the agency shall record the report and take it into consideration when determining actions allowable under s. 400.102, s. 400.121, s. 429.14, s. 429.19, s. 429.69, or s. 429.71.

400.0075 Complaint notification and resolution procedures.--

- (1) (a) Any complaint or problem verified by an ombudsman council as a result of an investigation or onsite administrative assessment, which complaint or problem is determined to require remedial action by the local council, shall be identified and brought to the attention of the long-term care facility administrator in writing. Upon receipt of such document, the administrator, with the concurrence of the local council chair, shall establish target dates for taking appropriate remedial action. If, by the target date, the remedial action is not completed or forthcoming, the local council chair may, after obtaining approval from the ombudsman and a majority of the members of the local council:
 - 1. Extend the target date if the chair has reason to believe such action would facilitate the resolution of the complaint.
 - 2. In accordance with s. 400.0077, publicize the complaint, the recommendations of the council, and the response of the long-term care facility.
 - 3. Refer the complaint to the state council.
 - (b) If the local council chair believes that the health, safety, welfare, or rights of the resident are in imminent danger, the chair shall notify the ombudsman or legal advocate, who, after verifying that such imminent danger exists, shall seek immediate legal or administrative remedies to protect the resident.
 - (c) If the ombudsman has reason to believe that the long-term care facility or an employee of the facility has committed a criminal act, the ombudsman shall provide the local law enforcement agency with the relevant information to initiate an investigation of the case.
- (2) (a) Upon referral from a local council, the state council shall assume the responsibility for the disposition of the complaint. If a long-term care facility fails to take action on a complaint by the state council, the statecouncil may, after obtaining approval from the ombudsman and a majority of the state council members:
 - 1. In accordance with s. 400.0077, publicize the complaint, the recommendations of the local or state council, and the response of the long-term care facility.
 - 2. Recommend to the department and the agency a series of facility reviews pursuant to s. 400.19, s. 429.34, or s. 429.67 to ensure correction and nonrecurrence of conditions that give rise to complaints against a long-term care facility.
 - 3. Recommend to the department and the agency that the long-term care facility no longer receive payments under any state assistance program, including Medicaid.
 - 4. Recommend to the department and the agency that procedures be initiated for revocation of the long-term care facility's license in accordance with chapter 120.
 - (b) If the state council chair believes that the health, safety, welfare, or rights of the resident are in imminent danger, the chair shall notify the ombudsman or legal advocate, who, after verifying that such imminent danger exists, shall seek immediate legal or administrative remedies to protect the resident.
 - (c) If the ombudsman has reason to believe that the long-term care facility or an employee of the facility has committed a criminal act, the ombudsman shall provide local law enforcement with the relevant information to initiate an investigation of the case.

400.0077 Confidentiality.--

- (1) The following are confidential and exempt from the provisions of s. 119.07(1):
 - (a) Resident records held by the ombudsman or by the state or a local ombudsman council.
 - (b) The names or identities of the complainants or residents involved in a complaint, including any problem identified by an ombudsman council as a result of an investigation, unless:
 - 1. The complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure in writing;
 - 2. The complainant or resident consents orally and the consent is documented contemporaneously in writing by the ombudsman council requesting such consent; or
 - 3. The disclosure is required by court order.
 - (c) Any other information about a complaint, including any problem identified by an ombudsman council as a result of an investigation, unless an ombudsman council determines that the information does not meet any of the criteria specified in 1s. 119.14(4)(b); or unless the information is to collect data for submission to those entities specified in s. 712(c) of the federal Older Americans Act for the purpose of identifying and resolving significant problems.
- (2) That portion of an ombudsman council meeting in which an ombudsman council discusses information that is confidential and exempt from the provisions of s. 119.07(1) is closed to the public and exempt from the provisions of s. 286.011.
- (3) All other matters before the council shall be open to the public and subject to chapter 119 and s. 286.011.
- (4) Members of any state or local ombudsman council shall not be required to testify in any court with respect to matters held to be confidential under s. 429.14 except as may be necessary to enforce the provisions of this act.
- (5) Subject to the provisions of this section, the Office of State Long-Term Care Ombudsman shall adopt rules for the disclosure by the ombudsman or local ombudsman councils of files maintained by the program.
- (6) This section does not limit the subpoena power of the Attorney General pursuant to s. 409.920(10)(b).

400.0078 Citizen access to State Long-Term Care Ombudsman Program services.--

- (1) The office shall establish a statewide toll-free telephone number for receiving complaints concerning matters adversely affecting the health, safety, welfare, or rights of residents.
- (2) Every resident or representative of a resident shall receive, upon admission to a long-term care facility, information regarding the purpose of the State Long-Term Care Ombudsman Program, the statewide toll-free telephone number for receiving complaints, and other relevant information regarding how to contact the program. Residents or their representatives must be furnished additional copies of this information upon request.

400.0079 Immunity .--

- (1) Any person making a complaint pursuant to this part who does so in good faith shall be immune from any liability, civil or criminal, that otherwise might be incurred or imposed as a direct or indirect result of making the complaint.
- (2) The ombudsman or any person authorized by the ombudsman to act on behalf of the office, as well as all members of the state and local councils, shall be immune from any liability, civil or criminal, that otherwise might be incurred or imposed during the good faith performance of official duties.

400.0081 Access to facilities, residents, and records.--

- (1) A long-term care facility shall provide the office, the state council and its members, and the local councils and their members access to:
 - (a) Any portion of the long-term care facility and any resident as necessary to investigate or resolve a complaint.
 - (b) Medical and social records of a resident for review as necessary to investigate or resolve a complaint, if:
 - 1. The office has the permission of the resident or the legal representative of the resident; or
 - 2. The resident is unable to consent to the review and has no legal representative.
 - (c) Medical and social records of the resident as necessary to investigate or resolve a complaint, if:
 - 1. A legal representative or guardian of the resident refuses to give permission;
 - 2. The office has reasonable cause to believe that the representative or guardian is not acting in the best interests of the resident; and
 - 3. The state or local council member obtains the approval of the ombudsman.
 - (d) The administrative records, policies, and documents to which residents or the general public have access.
 - (e) Upon request, copies of all licensing and certification records maintained by the state with respect to a long-term care facility.
- (2) The department, in consultation with the ombudsman and the state council, may adopt rules to establish procedures to ensure access to facilities, residents, and records as described in this section.

400.0083 Interference; retaliation; penalties.--

- (1) It shall be unlawful for any person, long-term care facility, or other entity to willfully interfere with a representative of the office, the state council, or a local council in the performance of official duties.
- (2) It shall be unlawful for any person, long-term care facility, or other entity to knowingly or willfully take action or retaliate against any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of the office, the state council, or a local council.
- (3) Any person, long-term care facility, or other entity that violates this section:
 - (a) Shall be liable for damages and equitable relief as determined by law.
 - (b) Commits a misdemeanor of the second degree, punishable as provided in s. 775.083.

400.0087 Department oversight; funding.--

- (1) The department shall meet the costs associated with the State Long-Term Care Ombudsman Program from funds appropriated to it.
 - (a) The department shall include the costs associated with support of the State Long-Term Care Ombudsman Program when developing its budget requests for consideration by the Governor and submittal to the Legislature.
 - (b) The department may divert from the federal ombudsman appropriation an amount equal to the department's administrative cost ratio to cover the costs associated with administering the program. The remaining allotment from the Older Americans Act program shall be expended on direct ombudsman activities.
- (2) The department shall monitor the office, the state council, and the local councils to ensure that each is carrying out the duties delegated to it by state and federal law.
- (3) The department is responsible for ensuring that the office:
 - (a) Has the objectivity and independence required to qualify it for funding under the federal Older Americans Act.
 - (b) Provides information to public and private agencies, legislators, and others.
 - (c) Provides appropriate training to representatives of the office or of the state or local councils.
 - (d) Coordinates ombudsman services with the Advocacy Center for Persons with Disabilities and with providers of legal services to residents of long-term care facilities in compliance with state and federal laws.
- (4) The department shall also:
 - (a) Receive and disburse state and federal funds for purposes that the ombudsman has formulated in accordance with the Older Americans Act.
 - (b) Whenever necessary, act as liaison between agencies and branches of the federal and state governments and the State Long-Term Care Ombudsman Program.

400.0089 Complaint data reports.--

The office shall maintain a statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems. The office shall publish quarterly and make readily available information pertaining to the number and types of complaints received by the State Long-Term Care Ombudsman Program and shall include such information in the annual report required under s. 400.0065.

400.0091 Training.--

The ombudsman shall ensure that appropriate training is provided to all employees of the office and to the members of the state and local councils.

- (1) All state and local council members and employees of the office shall be given a minimum of 20 hours of training upon employment with the office or approval as a state or local council member and 10 hours of continuing education annually thereafter.
- (2) The ombudsman shall approve the curriculum for the initial and continuing education training, which must, at a minimum, address:
 - (a) Resident confidentiality.
 - (b) Guardianships and powers of attorney.
 - (c) Medication administration.
 - (d) Care and medication of residents with dementia and Alzheimer's disease.
 - (e) Accounting for residents' funds.
 - (f) Discharge rights and responsibilities.
 - (g) Cultural sensitivity.
 - (h) Any other topic recommended by the secretary.
- (3) No employee, officer, or representative of the office or of the state or local councils, other than the ombudsman, may hold himself or herself out as a representative of the State Long-Term Care Ombudsman Program or conduct any authorized program duty described in this part unless the person has received the training required by this section and has been certified by the ombudsman as qualified to carry out ombudsman activities on behalf of the office or the state or local councils.

LAWS AND REGULATIONS GOVERNING THE LONG-TERM CARE OMBUDSMAN PROGRAM

Chapter 58L-1; 58L-2; 58L-3, Florida Administrative Code (2009)

58L-1.001 Confidentiality and Disclosure.

Pursuant to Section 400.0077(5), F.S., the Department of Elder Affairs, in consultation with the Office of the State Long-Term Care Ombudsman and the State Long-Term Care Ombudsman Council, hereby adopt and incorporate by reference herein Sections 400.0077(1)-(4), F.S., Confidentiality, and Section 712(d) of Section 201 of the Older Americans Act of 1965, 42 USC 3058g, Disclosure, as policy and procedure for the confidentiality of and the disclosure by any ombudsman and all ombudsman councils of files maintained by the Office of the State Long-Term Care Ombudsman, the State Long-Term Care Ombudsman Council, their representatives and their employees, and their district or area councils, representatives and employees as established in Chapter 400, Part I, F.S.

Specific Authority 400.0077(5) FS. Law Implemented 400.0077 FS. History-New 7-25-95.

58L-1.005 Access.

- (1) Pursuant to Section 400.0081(3), F.S., the Department of Elder Affairs, in consultation with the Office of the State Long-Term Care Ombudsman and the State Long-Term Care Ombudsman Council, hereby adopts and incorporates by reference herein ss. 400.0081(1) and (2), F.S., Access, and Section 712(b) of Section 201 of the Older Americans Act of 1965, 42 USC 3058g, Procedures for Access, as policy and procedure to ensure access by the Office of the State Long-Term Care Ombudsman, the State Long-Term Care Ombudsman Council, the district or area long-term care councils, and their representatives as established in Chapter 400, Part I, F.S., to long-term care facilities, facility records, facility licensure and certification records maintained by the state, residents, and resident records.
- (2) The following terms within the above-incorporated statutory references are defined as follows:
 - (a) "Access" means the ability pursuant to Section 400.0073, F.S., to investigate. The denial of access constitutes an interference in the performance of official duties and is a violation of Section 400.0083, F.S.
 - (b) "Administrative records, policies, and documents to which the residents, or the general public, have access" means records maintained by the facility which concern, involve, or pertain to the residents' diet, comfort, health, safety, or welfare.
 - (c) "Social records" means non-medical resident records and includes resident financial records. Specific Authority 400.0081 (3) FS. Law Implemented 400.0081 FS. History–New 7-31-95, Formerly 58L-3.001.

58L-2.001 Definitions.

- (1) All terms used in this chapter and not defined as follows are derived from and defined in Chapter 400, Part I, Florida Statutes, Long-Term Care Facilities; Ombudsman Program.
- (2) "Conflict of Interest" as used in this chapter means:
 - (a) Having a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - (b) Having an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - (c) Employed by, or participating in the management of, a long-term care facility in the state of Florida; or
 - (d) Receiving, or having the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility.
- (3) "Department" means the Department of Elder Affairs.
- (4) "District" means a geographic area in which the programs of the department are administered and services are delivered.
- (5) "Immediate family" means father, mother, husband, wife, son, daughter, brother, sister, or an individual residing in the household.
- (6) "Indirectly" means receiving remuneration from a company providing a service to a long-term care facility, such as a consulting pharmacist.
- (7) "Long-term care facility" means a nursing home facility, assisted living facility, or an adult family care home as those terms are defined in Chapter 400, Florida Statutes.
- (8) "Long-term care services" means services provided by a long-term care facility, home health agency, adult day care center, hospice, intermediate care facility, home for special services, or transitional living facility as those terms are defined in Chapter 400, Florida Statutes, guardians or representative payees for individuals, other than an immediate family member, who are residents of long-term care facilities.
- (9) "Program" refers to the Office of the State Long-Term Care Ombudsman, its representatives and employees, the State Long-Term Care Ombudsman Council, and the district or local Long-Term Care Ombudsman councils as established in Chapter 400, Part I, Florida Statutes.
 - Specific Authority 400.0065(3), 400.0067(4), 400.0069(10), 400.0087(1) FS. Law Implemented 400.0065(1)(a), (3), 400.0067(4), 400.0069(4), (10), 400.0087(1), (3) FS. History–New 6-27-94, Amended 10-20-03.

58L-2.003 Purpose.

The purpose of this chapter is to ensure that every effort is made to minimize any perception of conflicts of interest affecting the ombudsman program. It is promulgated to further the ability of ombudsmen to independently and fully carry out their functions, including the public perception of the program's independence. The Department shall vigorously monitor the program in this regard to ensure that the program has the objectivity and independence required to qualify it for federal funding under the Older Americans Act of 1965, as amended, and to comply with and implement all state laws, rules and regulations relating to the program.

Specific Authority 400.0087(3) FS. Law Implemented 400.0065(3), 400.0067(5), 400.0069(10), 400.0087(1), (3) FS. History–New 6-27-94.

58L-2.005 Prohibitions.

- (1) No officer, employee or representative of the Office of State Long-Term Care Ombudsman or of the State or District Long-Term Care Ombudsman Councils, nor any member of the immediate family of such officer, employee, or representative, may have a conflict of interest.
- (2) No employee of the Agency for Health Care Administration, the Department of Business and Professional Regulation, the Department of Children and Family Services, the Department of Health, the Department of Elder Affairs, or medical director of a long-term care facility shall be a member of a District Long-Term Care Ombudsman Council.

 Specific Authority 400.0065(3), 400.0067(4), 400.0069(10), 400.0087(1), (3) FS. Law Implemented 400.0065(3), 400.0067(4), 400.0069(4), (10), 400.0087(1), (3) FS. History–New 6-27-94, Amended 10-20-03.

58L-2.007 Procedures.

- (1) Upon appointment, reappointment, employment or affiliation with the program, each appointee, officer, employee or representative shall sign the Conflict of Interest Certification Form, SLTCO Form #1, dated July 2003, incorporated herein by reference and available at the Office of the State Long-Term Care Ombudsman,
 - (a) Acknowledging receipt and understanding of these rules, and
 - (b) Stating that such individual has no conflict of interest as defined by these rules. The Office of the State Long-Term Care Ombudsman will keep the statements on file at its headquarters.
- (2) Deliberate failure to disclose any conflict of interest, whether upon affiliation with the program or which subsequently develops, or the violation of any prohibition set forth in this chapter shall be considered sufficient grounds for
 - (a) A recommendation to the State Long-Term Care Ombudsman that the appointee, officer, representative, or affiliate be immediately disqualified pursuant to Section 400.0091, Florida Statutes, to carry out ombudsman activities on behalf of the office of the State or District Long-Term Care Ombudsman Council;
 - (b) Termination for cause of any such employee.
- (3) The State Long-Term Care Ombudsman shall receive and review all violations and allegations of conflict of interest and shall, in consultation with the State Long-Term Care Ombudsman Council and the Department,
 - (a) Request that the person resign from the council; or
 - (b) Request that the person remove the conflict. If the person does not resign from the council or remove the conflict, the State Long-Term Care Ombudsman shall disqualify the employee, officer, or representative of the Office or of the State or District Long-Term Care Ombudsman Councils from carrying out any authorized ombudsman duty or responsibility.

Specific Authority 400.0065(3), 400.0067(4), 400.0069(10), 400.0087(1) FS. Law Implemented 400.0065(3), 400.0067(4), 400.0069(10), 400.0087(1), 400.0091 FS. History–New 6-27-94, Amended 10-20-03.

RESIDENTS' RIGHTS

When an individual is admitted to a long-term care facility, he or she gains a special set of rights in addition to his or her rights as a citizen, which are maintained. The special set of right are called "Residents' Rights" and residents of different kinds of facilities have a different set of rights. For a complete list of residents' rights, please visit us online at http://ombudsman.myflorida.com

For Residents of Nursing Homes (NHs)

According to Section 400.022, Florida Statutes:

Nursing home facilities shall adopt and make public a statement of the rights and responsibilities of the residents and shall treat such residents in accordance with the provisions of that statement. Each resident shall have the right to:

- · Civil and religious liberties.
- Private and uncensored communication.
- Visitation by any individual providing health, social, legal, or other services and the right to deny or withdraw consent at any time.
- Present grievances and recommend changes in policies and services free from restraint, interference, coercion, discrimination, or reprisal. Includes the right to have access to the ombudsmen and other advocacy groups.
- Organize and participate in resident groups.
- Participate in social, religious, and community activities that do not interfere with the rights of others.
- Examine results of recent facility inspections by federal and state agencies including the plan of correction if applicable.
- Manage his/her own financial affairs. A quarterly accounting will be furnished to resident or legal representative.
- Be fully informed, in writing and orally, of services available at the facility and of related charges for such services.
- Refuse medication and treatment and to know the consequences.
- Receive adequate and appropriate health care, protective and support services within established and recognized standards.
- Privacy in treatment and in caring for personal needs.
- Be informed of medical condition and proposed treatment and be allowed participation in planning.
- Be treated courteously, fairly, and with the fullest measure of dignity.
- Be free from mental and physical abuse, corporal punishment, extended involuntary seclusion, and from physical and chemical restraints except those ordered by resident's physician.

- Be transferred or discharged only for medical reasons, the welfare of other residents or nonpayment of a bill.
- Receive a thirty (30) day written notice of discharge or relocation, and challenge such notice.
- Choose physician and pharmacy.
- Retain and use personal clothing and possessions.
- Have copies of rules and regulations of the facility.
- · Notification prior to room change.
- Information concerning bed-hold policy for hospitalization.

Also, federal law prevents nursing homes from discharging (removing) or transferring (moving to another facility) a resident except for the following reasons:

- The resident's welfare cannot be met at the facility.
- The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
- The health or safety of individuals is endangered.
- The resident has failed, after reasonable and appropriate notice, to pay or have paid under Medicare or Medicaid for residence at the facility.
- The facility closes.

A nursing home must give residents 30 days written notice prior to discharge or transfer. A resident who thinks the above rights have been violated must request a hearing in writing within 90 days by sending the form given to them by the facility to: Office of Appeals Hearings, 1317 Winewood Boulevard, Building 5, Room 203, Tallahassee, FL 32399-0700. (Telephone: 1-850-488-1429)

Requesting a hearing within 10 days stops the removal of the resident until the hearing process is completed. A nursing home resident may request assistance from the Long-Term Care Ombudsman Program by calling toll-free 1-888-831-0404.

For Residents of Assisted Living Facilities (ALFs) or Adult Family Care Homes (AFCHs)

According to Section 429.28 and 429.85, Florida Statutes:

No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident shall have the right to:

- Live in a safe and decent living environment, free from abuse and neglect.
- Be treated with consideration, respect and with due recognition of personal dignity, individuality, and the need for privacy.
- Retain and use his/her own clothes and other personal property.
- Unrestricted private communication including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum.
- Participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction with the community.
- Manage his/her own financial affairs unless the resident (or the resident's legal representative) authorizes the administrator of the facility to provide safekeeping for funds.
- Share a room with spouse if both are residents of the facility.
- Reasonable opportunity to exercise and to go outdoors at regular and frequent intervals.
- Adequate and appropriate health care consistent with established and recognized standards.
- Exercise civil and religious liberties including personal decisions. No religious beliefs, practices, nor attendance at religious services, shall be imposed on any resident.
- Thirty (30) days notice to AFCH residents and forty-five (45) day notice to ALF residents of relocation or termination of residency except in cases of emergency.
- Present grievances and recommend changes in policies, procedures, and services to the staff of the facility without restraint, interference, coercion, discrimination, or reprisal. This right includes access to ombudsmen volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
- (ALF) Be free from physical and chemical restraints other than those prescribed by the resident's physician. The use of physical restraints shall be limited to half-bedrails and only upon the written order of the resident's physician and the consent of the resident or the resident's legal representative. [S. 429.41(1)(k)].
- (AFCH) Be free from chemical and physical restraints. [S. 429.85(1)(k)].

Also, every assisted living facility resident shall have the right to at least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a non-emergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

Every adult family care home resident shall have the right to at least 30 days' notice of relocation or termination of residency from the home unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. If a resident has been adjudicated mentally incompetent, the resident's guardian must be given at least 30 days' notice, except in an emergency, of the relocation of a resident or the termination of a residency. The reasons for relocating a resident must be set forth in writing.

An assisted living facility resident or adult family care home resident may request assistance from the Long-Term Care Ombudsman Program by calling toll-free 1-888-831-0404.

AWARENESS OF RESOURCES

What the Ombudsman Program Can Do for Residents

"Part of what needs to happen with the services available to residents is education. Sadly, elder abuse, exploitation and neglect does occur in long-term care facilities. But many people don't realize they can get help if they need to. And it's not just about your loved ones. Many residents don't have any family nearby. Families and friends of long-term care residents need to keep their eyes and ears open. The squeaky wheel gets the grease. Talk to Mom's roommate at the facility. Look at and speak with everyone in the day room or other common areas. Look out for everybody you can. When you need to, call the Department of Children and Families. Call an ombudsman. These agencies can help. How we treat our vulnerable citizens reflects on who we are as a society." – Resident advocate

"When you're struggling and fighting with all of these people trying to get something done and then you meet the ombudsman group and you find out what they're about, it is such a relief."

— Resident



When a resident, family member or concerned citizen identifies a problem in a long-term care facility, there are many places where he or she can go for help. One of the goals of the Long-Term Care Ombudsman Program is to raise awareness among those in contact with long-term care facility residents, letting them know that there is somebody who cares and wants to help.

An ombudsman empowers residents and their caregivers to know their rights and voice their concerns to facility administrators and staff.

While the Long-Term Care Ombudsman Program is not a regulatory agency, it maintains partnerships with agencies that possess regulatory authority such as the Agency for Health Care Administration (AHCA), the Department of Children and Families (DCF) and Adult Protective Services (APS) to ensure that each resident's personal rights are upheld and protected to the highest degree possible. These agencies and others can be contacted at any time, regardless of if a complaint with the Ombudsman Program has previously been filed.

On the next several pages, you will find a list of valuable resources for Florida's elder community, including more detailed contact information for the Ombudsman Program's local offices, AHCA, DCF and APS.

More valuable resources for Florida's elder community:

Long-Term Care Ombudsman Program (LTCOP)

Advocates for the health, safety, rights and welfare of people who live in nursing homes, assisted living facilities and adult family care homes in Florida.

Toll-free 1-888-831-0404

Website http://ombudsman.myflorida.com

Email Itcopinformer@elderaffairs.org

AARP

A nonprofit, nonpartisan membership organization that helps people 50 + improve the quality of their lives.

Toll-free 1-888-OUR-AARP (1-888-687-2277)

Website www.aarp.org

Florida's Agency for Healthcare Administration (AHCA)

Responsible for the administration of the Medicaid program, for the licensure and regulation of health facilities and for providing information to Floridians about the quality of the health care they receive in Florida.

Toll-free 1-888-419-3456

Website www.fdhc.state.fl.us

Alzheimer's Association

A volunteer based health organization in Alzheimer care, support and research with several local chapters across Florida.

Toll-Free 1-800- 272-3900

Website www.alz.org

Center for Medicare Advocacy

A non-profit, non-partisan organization that works to advance fair access to comprehensive Medicare coverage and quality health care for older people and people with disabilities by providing the highest quality analysis, education and advocacy.

Phone (860) 456-7790

Website www.medicareadvocacy.org

Centers for Medicare and Medicaid Services

A valuable online resource listing several Medicare and Medicaid programs available to older Floridians. cms.hhs.gov

Florida's Elder HelpLine

A hotline for information about the resources and activities that are available to Florida's senior residents. This helpline provides direct access to names and numbers of agencies and organizations that can immediately assist or facilitate long-term assistance. Toll-free 1-800-96-ELDER (1-800-963-5337)

Florida's Senior Legal Helpline

Department of Elder Affairs helpline for legal referral services, legal questions regarding housing, health care, family law, employment, advance directives and many other issues.

Toll-free 1-888-895-7873

Florida Abuse Hotline

The Florida Abuse Hotline serves as the central intake and referral point for all reports of suspected abuse, neglect, or exploitation of children, disabled adults and the elderly.

Toll-free 1-800-96-ABUSE or 1-800-962-2873.

Website www.dcf.state.fl.us/abuse/

Florida Affordable Assisted Living

This program is managed by the Elderly Housing Unit within the Department of Elder Affairs as a part of the Communities for a Lifetime initiative. This resource is a comprehensive clearinghouse of information for assisted living consumers, operators and developers.

Phone (850) 414-2000

Website www.floridaaffordableassistedliving.org

Florida Association of Homes and Services for the Aging (FAHSA)

Statewide association representing mission-driven providers of quality elder care services and housing. Representing and promoting the common interests of continuing care retirement communities, assisted living facilities, nursing homes, and affordable supportive housing members through advocacy, education, leadership development and shared services to enhance their ability to serve older or disabled adults.

Phone (850) 671-3700

Website www.fahsa.org

Florida Assisted Living Association (FALA)

Professional organization representing the owners and operators of assisted living communities.

Phone (850) 383-1159

Website www.falausa.com/

Florida Department of Elder Affairs (DOEA)

Primary state agency responsible for administering human services programs to benefit Florida's elder population.

Phone (850) 414-2000

Website http://elderaffairs.state.fl.us

Florida Department of Children & Families (DCF) This

state agency provides a wide variety of services including facilitating an abuse hotline.

Website www.state.fl.us/cf_web/

More valuable resources for Florida's elder community:

Florida Department of Health (DOH)

The state agency charged with promoting and protecting the health and safety of all Floridians.

Phone (850) 245-4444

Website www.doh.state.fl.us/

Health Professional Licensure Information

Subdivision of the Florida Department of Heath that oversees licensing of various facilities including assisted living facilities, nursing homes and adult day cares.

Phone (850) 488-0595

Website www.doh.state.fl.us/

Florida Health Care Association

Advocacy organization for long-term care providers and the elderly residents they serve.

Phone (850) 224-3907

Website www.fhca.org

Florida Pioneer Network

Organization developed to improve the quality of life and work in elder care settings in Florida through creating environments that support elders and those closest to them through a culture that is life-affirming, satisfying, humane and meaningful.

Phone (407) 514-1818

Website www.seniorresourcealliance.org

Florida Statewide Advocacy Council (SAC)

Volunteer advocacy group that investigates complaints about abuse and deprivations of human and constitutional rights; monitors and investigates reports of abuse; monitors programs and facilities that are operated, funded, or contracted by state agencies; reviews research projects involving human subjects; and generally advocates for the welfare of individuals who are in the care and custody of state agencies in the social service area or private vendors under contract to the state.

Toll-free 1-800-342-0825

Website www.floridasac.org/

National Long Term Care Ombudsman Resource Center (NORC)

Federally-funded organization that provides support, technical assistance and training to the 53 State Long-Term Care Ombudsman Programs and their statewide networks of almost 600 regional (local) programs.

Phone (202) 332-2275

Website www.ltcombudsman.org

National Citizens' Coalition for Nursing Home Reform (NCCNHR)

A national nonprofit organization of consumers and advocates who define and achieve quality for people with long-term care needs

Phone (202) 332-2275

Website www.nccnhr.org (Click on "State Ombudsmen" to search Ombudsman Programs in all 50 states)

National Senior Citizens Law Center

The National Senior Citizens Law Center advocates before the courts, Congress and federal agencies to promote the independence and well-being of low-income elderly and disabled Americans.

Phone (202) 289-6976

Website www.nsclc.org

Nursing Home Compare

This website is provided by the Centers for Medicare and Medicaid Services and it lists detailed information about every Medicare and Medicaid-certified nursing home in the country. Website www.medicare.gov/NHCompare/home.asp

National Pioneer Network

National group formed in 1997 by a small group of prominent professionals in long-term care to advocate for person-directed care. They seek to improve the quality of life and work in elder care settings in Florida through creating environments that support elders and those closest to them through a culture that is life-affirming, satisfying, humane and meaningful.

Phone (585) 271-7570

Website www.pioneernetwork.net

U.S. Administration on Aging (AOA)

Federal department with the mission of helping elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated and cost effective systems of long-term care and livable communities across the U.S.

Phone (202) 619-0724

Website www.aoa.gov

U.S. Government Accountability Office

The GAO is an independent, nonpartisan agency that works for Congress by investigating how the federal government spends taxpayer dollars.

Phone (202) 512-3000

Website www.gao.gov

LOCAL OMBUDSMAN OFFICES



Pasco &

Mid &

S. Pinellas SOUTH PINELLAS

MANATEE

Southwest

DE SOTO

CHARLOTTE

N. Pinellas

#119 1101 Gulf Breeze Parkway Gulf Breeze, FL 32561

Gulf Breeze, FL 3256 (850) 916-6720

PANHANDLE

2002 Old St. Augustine Road Suite E49 Tallahassee, FL 32301 (850) 921-4703

NORTH CENTRAL FLORIDA

3801 NW 40th Terrace Suite A Gainesville, FL 32606-6183 (352) 955-5015

WITHLACOOCHEE AREA

1515 E Silver Springs Blvd #203 Ocala, FL 34470 (352) 620-3088

FIRST COAST

Midtown Center Office Center Park, #3300 4161 Carmichael Avenue Suite 141 Jacksonville, FL 32207 (904) 391-3942

FIRST COAST SOUTH

210 N Palmetto, Suite 403 Daytona Beach, FL 32114 (386) 226-7846

MID & SOUTH PINELLAS

11351 Ulmerton Road Suite 303 Largo, FL 33778 (727) 588-6912

PASCO & NORTH PINELLAS

Holiday Tower, Suite 330 2435 US Highway 19 Holiday, FL 34691 (727) 943-4955 or s/c 516-7158

WEST CENTRAL FLORIDA

701 W Fletcher Avenue Suite C Tampa, FL 33612 (813) 558-5591

SOUTH CENTRAL FLORIDA

200 N Kentucky Avenue #224 Lakeland, FL 33801 (863) 413-2764

EAST CENTRAL FLORIDA

988 Woodcock Road Suite 198 Orlando, FL 32803 (407) 228-7752

TREASURE COAST

1903 S 25th Street, Suite 100 Ft. Pierce, FL 34947 (772) 595-1385

SOUTHWEST FLORIDA

2295 Victoria Ave. Room 135 Ft. Myers, FL 33901 (239) 338-2563

PALM BEACH COUNTY

WestCentral

111 S. Sapodilla Avenue #125A-B-C West Palm Beach, FL 33401 (561) 837-5038

BROWARD COUNTY

7771 W Oakland Park Blvd Suite 139 Sunrise, FL 33351 (954) 747-7919

NORTH DADE

7270 NW 12th Street Suite 550 Miami, FL 33126 (786) 336-1418

SOUTH DADE & THE FL KEYS

7300 N. Kendall Drive Suite 780 Miami, FL 33156 (305) 671-7245 Call Toll-Free

1-888-831-0404

Visit Online http://ombudsman.myflorida.com

East Central

INDIAN

MARTIN

PALM BEACH

N. DADE

South Central

Treasure

Palm

Beach

Broward

South Dade

& the Florida

Keys

North Dade

Coast

ORANGE

OSCEOLA

GLADES

COLLIER

HENDRY



Our 2 cents is no small change

Florida's Long -Term Care Ombudsman Program 4040 Esplanade Way Tallahassee. FL 32399-7000 Phone (850) 414-2323 or Toll-free (888) 831-0404 Fax (850) 414-2377

http://ombudsman.myflorida.com

All services are free; all complaints are confidential.