



Nursing Home Ombudsman Agency  
of the Bluegrass



# FFY 2023 ANNUAL REPORT

OFFICE OF THE KENTUCKY STATE LONG-TERM  
CARE OMBUDSMAN PROGRAM

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# Meet the OMBUDSMAN

[aam·buhdz·muhn]

Ombudsmen are advocates who protect and promote the rights of residents in long-term care facilities.

Ombudsman duties are defined by Section 712 of the Older Americans Act, 45 C.F.R. 1324.13 and 910 KAR 1:210, Kentucky Long-Term Care Ombudsman Program.

The Office of the State Long-Term Care Ombudsman is independently housed at the Nursing Home Ombudsman Agency of the Bluegrass Inc. and reports to the Department of Aging and Independent Living.

## **A long-term care ombudsman:**

- Advocates for increased protection for residents in state and federal laws and regulations.
- Educates residents about their rights.
- Empowers and supports residents and families to discuss concerns with facility staff.
- Identifies and seeks to remedy gaps in facility, government or community services.
- Protects the health, safety, welfare and rights of residents in nursing homes, personal care homes, assisted living communities, and family care homes.
- Provides information and assistance about long-term services and supports.
- Receives, investigates and helps residents resolve complaints.
- Represents residents' interests before governmental agencies.
- Respects the privacy and confidentiality of residents and complainants.

The following report highlights the accomplishments, challenges, and opportunities of Federal Fiscal Year 2023. These numbers have been submitted, validated, and accepted by the Administration for Community Living.



Sherry Culp, CSW  
State Long Term-Care Ombudsman

## *Follow us on Social Media*

For more updates and to find out how you can help advocate for Kentucky's long-term care residents, follow us on Facebook and Instagram.



The mission of the Kentucky Long-Term Care Ombudsman Program is to improve the quality of life and care for residents of nursing homes, personal care, and assisted living communities, and family care homes.



## *By the Numbers*

October 2022 – September 2023

Long-Term Care Ombudsman Accomplishments	FFY2023
Nursing home complaints investigated	2,273
Personal care and family care home complaints investigated	408
Assisted living community complaints investigated	81
Percentage of complaints that were resolved or partially resolved	90%
Nursing home visits	7,219
Personal care and family care home visits	3,783
Volunteers	142
Consultations to residents or representatives	18,738
Resident and Family Councils attended	795
Consultations to facility staff	3,383
Training provided to facility staff	53
Community education sessions	1628
Input provided to OIG surveyors	211



# *Ombudsmen in Nursing Homes*

October 2022 – September 2023

	Most Frequent Nursing Home Complaints	Complaints
1	Failure to respond to requests for help, including call lights	246
2	Symptoms unattended	125
3	Insufficient staffing	120
4	Personal hygiene	111
5	Food services	102
6	Rights and preferences	102
7	Dignity and respect	102
8	Facility failed to respond to complaints	96
9	Medication administration	95
10	Discharge and eviction	80
	All other types of complaints	1094
	Total complaints investigated in nursing homes	<b>2,273</b>
Nursing Home Complainants		Percent
Resident		55%
Family, friend, representative, or other concerned persons		30%
Ombudsman		7%
Facility staff		3%
Unknown		3%
Another agency representative		1.3%
Resident or Family Council		1.2%

Long-term care ombudsmen made 7,219 visits to Kentucky's 299 licensed nursing facilities in FFY 2023. During their visits, ombudsmen closed 1,100 nursing home cases involving 2,273 complaints.

### **Verification of complaints**

Ombudsmen verify complaints through observation, interviews and record review. Verification indicates that the circumstances described in the complaint existed or were generally accurate. In 2023, 95 percent of nursing home complaints were verified.

### **The Goal of the Long-Term Care Ombudsman**

The LTC Ombudsman's goal in problem-solving is to achieve satisfaction for residents. The approach an ombudsman uses is critical not only to the immediate outcome, but also to effectiveness in the future with residents and staff. When residents see ombudsmen working to build relationships, they are better able to trust ombudsmen to help them without their own relationships with staff being strained. Therefore, ombudsmen must carefully select strategies and be skillful and thoughtful in investigating and resolving problems. Real problem-solving requires taking the time to understand what factors affect how the staff is working, as well as what the resident is experiencing.

Since the LTCO's primary responsibility is problem solving, ombudsmen take the time to get to know the resident's situation and to investigate creative solutions that are workable for the staff and residents. A solution will work only if it is based on mutual understanding and if it works for all parties. Ombudsmen seek to work in such a way that staff understand more of what is at the heart of a resident's concerns and find ways to respond to the resident's needs. As a result, ombudsmen hope to see a difference in the way care is provided for an individual in both observable and attitudinal aspects. Working on behalf of one resident can lead to changes in facility policies and routine practices, thus benefiting all residents. **The ultimate goal of the ombudsman approach to problem-solving is to help staff become more responsive to residents and better equip residents to directly express their concerns.**

Ombudsmen can provide support to a resident by attending their care plan meeting. A care plan meeting produces a strategy for how facility staff will help a resident and ensure residents' needs are met. This meeting includes members of a resident's interdisciplinary care team and a review of the resident's total plan of care.

All nursing home residents are entitled to take part in planning for their own care, and long-term care ombudsmen work to empower residents to participate in their plan of care. A resident who cannot, or does not choose to, participate in care planning may appoint a representative.

Sixty percent of residents do not have family or friends who actively participate in their care. Some residents routinely invite an ombudsman to attend care plan meetings and provide support. An ombudsman may offer to attend a care plan meeting with a resident to help them address a concern. Ombudsmen work to bring the resident's interests to the heart of the discussion and empower residents and families to participate in the care planning process.

Ombudsmen also assist residents in filing requests for a fair hearing to help residents facing discharge from a facility or denial of Medicaid benefits. Ombudsmen may attend those hearings on behalf of residents or partner with legal aid providers who represent residents in appeals.



## CASE EXAMPLE

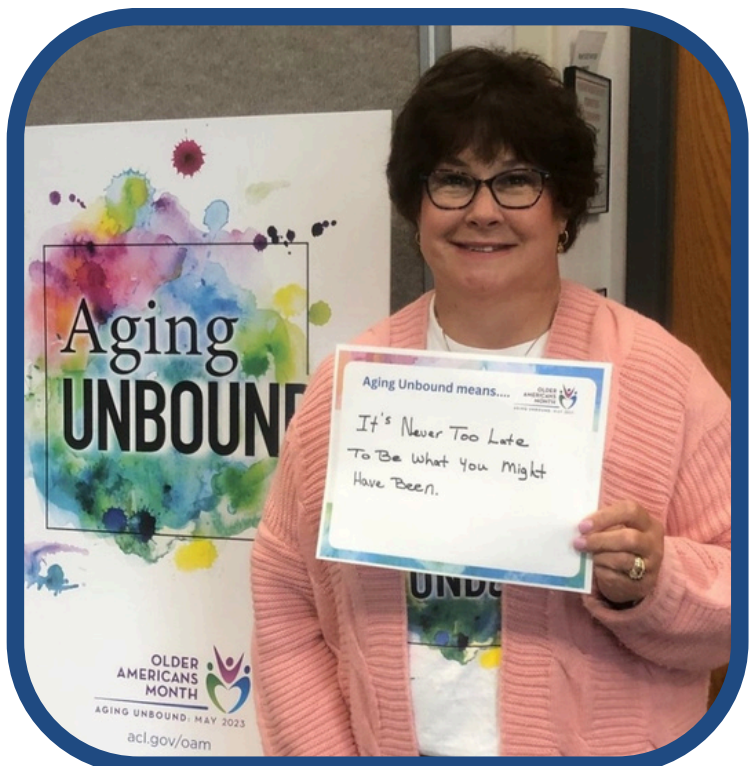
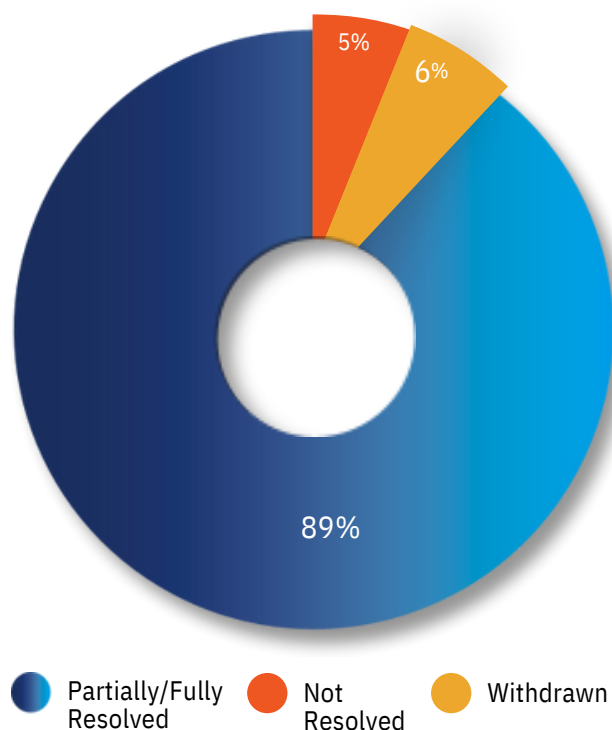
During a routine visit to a nursing facility, several residents requested to speak privately with the ombudsman concerning long call light response times due to low staffing. Residents stated facility staff come into the rooms when the call lights are turned on and turn them off without providing assistance. Staff say they “will be right back to help” but never come back. All residents wanted to remain anonymous due to fear of staff retaliation but gave the ombudsman consent to work on this complaint.

Throughout the ombudsman’s investigation, it was noted that a large number of call lights were on with little staff on the floor during 1st, 2nd and 3rd shifts. On one floor, there were five call lights on with one aid assisting a resident with their meal, and another aid gathering trays; no one was responding to residents who had call lights on. The ombudsman addressed concerns about the unanswered call lights with the administrator and director of nursing, making sure not to mention any specific resident names. The ombudsman made several visits to the nursing facility in the following weeks to monitor residents’ call light response times, and would report her findings to the administrator and director of nursing when exiting each time.

The ombudsman provided in-service training to facility staff on Residents’ Rights and focused on dignity, respect, and receiving proper medical care. The administrator also provided training to staff on timely response times to call lights and the inappropriateness of turning call lights off without first helping the resident.

The ombudsman followed up with the group of residents several weeks later to see how things were going regarding staff response time to call lights. The residents reported that things had gotten better. Staff had not been turning off call lights and leaving the room without assisting the resident. Residents were satisfied with the resolution.

### Nursing home complaint outcomes



# *Ombudsmen in Personal & Family Care Homes*

October 2022 – September 2023

In 2023, Kentucky had 171 licensed Personal Care Homes (8,201 beds) and 27 Family Care homes (81 beds). Long-term care ombudsmen made 2,709 visits to these facilities.

A **personal care home** is licensed to provide supervision, basic health services, personal care services, residential care services, social and recreational services. Criteria for residing in a personal care home include: the person must be at least 18 years old; ambulatory (able to walk) or mobile non-ambulatory (uses a device to assist with walking such as a wheelchair or walker); and able to manage most activities of daily living (ADLs) such as grooming, bathing, dressing/undressing, toileting, and feeding.

Some personal care homes are freestanding, while other personal care beds are located within a wing or section of a nursing facility.

A **family care home** is licensed to provide 24-hour supervision and personal care services for persons over the age of 18 who have an impaired capacity for self-care or requires a protective environment. The residents must be ambulatory or mobile non-ambulatory and be able to manage most activities of daily living (ADLs). The residents do not have to have an illness, injury, or disability to live in the family care home.

Services include basic health and health-related services (assistance with medications, obtaining medical care or therapeutic services if needed) and personal care services such as bathing and grooming; and dietary.

A family care home has no more than three residents living in the home.





	<b>Most Frequent Personal and Family Care Home Complaints</b>	<b>Complaints</b>
1	Personal property (lost, stolen, used by others, destroyed)	30
2	Housekeeping, laundry, and pest abatement	29
3	Services from an outside provider	27
4	Discharge and eviction	23
5	Rights	21
6	Transition to community setting	17
7	Environment	16
8	Food services	15
9	Personal hygiene	13
10	Symptoms unattended	13
	All other types of complaints	182
	Total complaints investigated in personal and family care homes	<b>408</b>

<b>Personal and Family Care Home Complainants</b>	<b>Percent</b>
Resident	63%
Family, friend, or resident representative	11%
Ombudsman	17%
Unknown	2%
Facility Staff	2%
Another agency representative	3%
Concerned person	2%

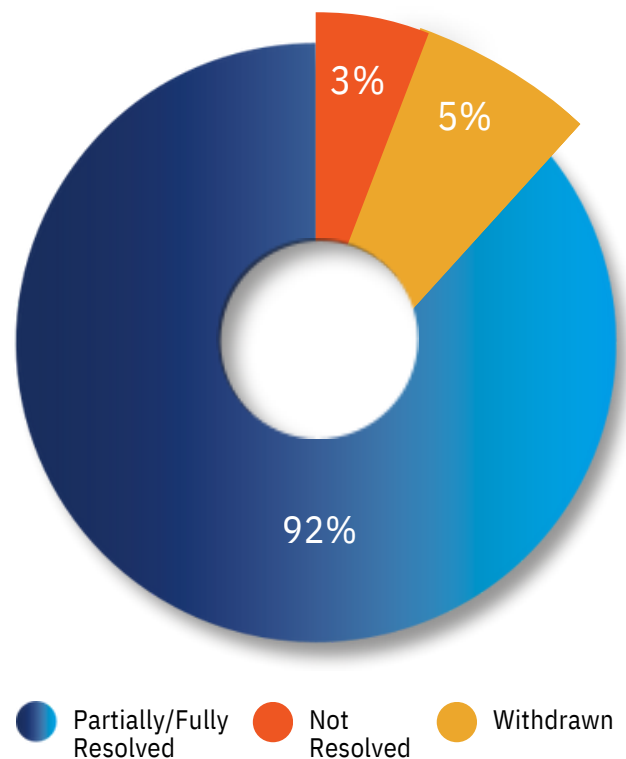
## Personal and family care home complaint outcomes

### *A PERSONAL CARE HOME CASE EXAMPLE*

A Personal Care Home that specializes in serving residents with serious mental illness decided to close for the convenience of the owner. The facility did not give the required notice to residents or their representatives of the closure. The facility did not issue discharge notices to the residents. The facility did not consult with residents about their choice of facility and relocated residents without consent to other facilities they owned in other parts of the state.

The local ombudsman interviewed the residents and determined that twenty-two of them had complaints about their discharges. The ombudsman consulted with the facility manager and provided information about transfer/discharge rights as well as the requirement of facilities voluntarily closing to give 60 days' notice. The facility did not give notice to residents or work on discharge planning. The facility verbally notified the public guardianship program that served some of the residents after the ombudsman intervened. While all residents were relocated, the facility did not close. There was no enforcement action taken, residents were relocated, and their rights were violated. Ombudsmen visited residents after they relocated, and some reported liking their new home better. Within months the company closed the home residents were transferred to and residents were relocated again and given no notice or choice about where they went. Some residents returned to their original home.

Residents were shuffled across the state and most were moved in and out of a facility with chronic pest and medication administration problems. The SLTCO Office began meeting with enforcement and protection agencies to encourage orderly transfers, regulatory enforcement, and a consistent process of providing services to protect the rights and dignity of residents and prevent future chaotic relocations. Transfer/discharge rights, statutes, licensure revocation and appeal procedures were reviewed. There is a lack of enforcement and policy and procedure. The Office continues to work with stakeholders on potential system solutions.



# *Ombudsmen in Assisted Living Communities*

October 2022 – September 2023

In 2023, Kentucky had 132 of Assisted Living Communities (5,774 units). Long-term care ombudsmen made 805 visits to these facilities.

**Assisted Living Communities (ALCs)** are licensed long-term care facilities that provide sleeping accommodations and assisted living services set forth in the facility's lease and policies for five (5) or more adult persons not related within the third degree of consanguinity to the owner or manager. Residents of ALC's should be ambulatory unless due to a temporary condition, and require a medical examination prior to admission. ALC's complete functional needs assessments for each resident, and on an as-needed basis, if there is a change in resident condition, but no later than once every twelve (12) months. Assessments include:

- Has at least minimal ability to verbally direct or physically participate in activities of daily living (ADL) or instrumental activities of daily living (IADL) during the time in which assistance is provided;
- Is free from signs and symptoms of any communicable diseases that is likely to be transmitted to other residents or staff;
- Does not have any special dietary needs that the facility is unable to meet; and
- Does not require twenty-four (24) hour nursing supervision.

In Kentucky, ALC's are required to choose from three (3) licensure categories:

1. Social Model (ALC) provides assisted living services that exclude basic health and health-related services;
2. Basic-Health Model (ALC-BH) provides assisted living services including basic health and health-related services directly to residents and does not have a secured dementia unit; and
3. Dementia Care (ALC-DC) provides assisted living services and dementia care services in a secure dementia unit.



	<b>Most Frequent Assisted Living Complaints</b>	<b>Complaints</b>
1	Dignity and Respect	9
2	Facility failed to respond to complaints	8
3	Administration unresponsive or absent	7
4	Insufficient staffing	5
5	Rights and preferences	5
6	Facility interference with visitors (family/friends)	4
7	Access to information and records	4
8	Retaliation (revenge in response to a complaint)	3
9	Activities	3
10	Food services	3
	All other types of complaints	30
	Total complaints investigated in Assisted Living Communities	<b>81</b>

<b>Assisted Living Community Complainants</b>	<b>Percent</b>
Resident	54%
Family, friend, or resident representative	37%
Ombudsman	4%
Unknown	5%

# Consultation and Training

October 2022 – September 2023

## Resident and family councils

Resident and Family Councils are opportunities for residents or families to gather and share concerns or suggestions. Ombudsmen and facility staff may attend meetings only at the invitation of the group.

Ombudsmen are often invited and asked to provide information to councils about problem-solving techniques, the role of the ombudsman, facility rules and regulations, and Residents' Rights. Councils sometimes gather grievances and directly report them to the facility staff.

The State Office of the LTCO provided Family Council Development training materials to staff and volunteer ombudsmen.

Ombudsmen assist residents and families who wish to start new councils. Interested consumers can download our guide to starting a Family Council at our website [here](#).

Ombudsmen attended 808 Resident Council and 45 Family Council meetings during 2023.

## In-service training to facility staff

Most staff who work at long-term care facilities are required to have some annual in-service education. Ombudsmen are often requested to provide onsite training. Frequent topics include: residents' rights; recognizing and preventing abuse/neglect/exploitation; and the role of the ombudsman.

Ombudsmen provided 53 training sessions to facilities. At least 331 facility employees received training from an ombudsman during Federal Fiscal Year 2023.

## Consultation to facility staff

Ombudsmen are a resource to staff — particularly management — who encounter complex problems as care and services are provided. Consultation is available on any subject that affects a resident's life in a facility. Common consultation subjects include residents' rights, discharge procedures, and the ombudsman role.

Ombudsmen provided 3,383 consultations to facility staff during 2023. Kentucky ombudsmen provided valuable support to facility staff trying to navigate a pandemic.

## Consultation to residents and families

In addition to resolving complaints, ombudsmen work with residents, family members and friends to respond to questions. Resident requests are most frequently related to resident care, residents' rights, finding and interpreting regulations, and decision-making authority. Family members and friends often consult with ombudsmen about the role of the ombudsman, how to select a long-term care facility, paying for care, relocation options and residents' rights.

**OMBUDSMEN PROVIDED  
A TOTAL OF 18,763  
CONSULTATIONS TO  
RESIDENTS AND FAMILIES.**





## Multi-agency regional groups

The Kentucky Long-Term Care Ombudsman Program (LTCOP) promotes systems advocacy aimed at improving both the quality of life and the quality of care for all citizens residing in long-term care facilities. In 2009, the LTCOP created the Multi-Agency Regional groups.

Multi-agency regional groups were developed to:

- Help participants understand each other's roles and agency's services;
- Identify gaps and barriers in the coordination efforts of government agencies at the local level;
- Increase coordinated efforts of multi-disciplinary investigations for cases of suspected elder abuse/neglect; and
- Identify issues and suggest policy and communication improvements.

The Multi-Agency Regional groups are geographically organized according to the four Office of Inspector General (OIG) Enforcement Branches (Eastern, Southern, Western and Northern). Meetings were held quarterly. Key participating agencies include: Office of Inspector General; Adult Protective Services; Guardianship; Office of Attorney General; Area Agencies on Aging and Independent Living; Protection and Advocacy; and District Long-Term Care Ombudsman Programs. These agencies play a role in the identification, investigation, resource coordination, and prosecution of abuse/neglect/exploitation of long-term care residents. While each agency holds a specific role in investigating and combating abuse and neglect, all participants possess a common goal of serving and protecting residents as they work in these regional groups to identify gaps in services and better serve residents.





## Funding and Program Outcomes

### Ombudsman representatives: volunteers & staff

One hundred forty-two volunteers served in the Long-term Care Ombudsman Program and contributed 6,670 hours in 2023.

The Kentucky LTC Ombudsman Program trained 22 new certified ombudsmen in 2023. The ombudsman position, whether staff or volunteer, is a challenging one, and ongoing training is necessary to sharpen professional skills and maintain program integrity. All new certified ombudsmen received at least 36 hours of certification training, completed a certification exam with a passing score, and shadowed an experienced ombudsman. Certified ombudsman staff and volunteers receive at least 18 hours of continuing education training annually.

The Office of State LTC Ombudsman provided five training sessions for District LTC Ombudsmen in 2023.

All incoming district long-term care ombudsmen are assigned a mentor (an experienced district ombudsman) who, along with the Office of the State Long-Term Care Ombudsman, provide additional support.

The Program hosted three Medical Administration University of Kentucky interns. The interns focused on policy related to LTCOP services to assisted living residents.

There were four full-time staff members in the Office of State Long-Term Care Ombudsman (LTC). The State Long-Term Care Ombudsman Office includes the State LTC Ombudsman, and the Western and Eastern Regional LTC Ombudsmen, and two part-time ombudsmen. There were 29 full-time equivalent ombudsmen staff in the 15 local programs.

### Sources of funding for the Kentucky Long-term Care Ombudsman Program

#### Older Americans Act (OAA) Sources Federal

OAA Title VII, Chapter 2, Ombudsman Federal	\$156,737
OAA Title VII, Chapter 3	\$69,835
OAA Title III- State level	\$215,387
OAA Title III- Area Agency on Aging level	\$235,748

#### Other Federal Sources

Federal pandemic funds expended	\$39,250
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#### Other State Sources

State funds expended	\$1,432,548
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#### Other Local Sources

Local funds expended	\$67,649
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<b>Total</b>	<b>\$2,217,154</b>
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## Program Highlights

Long-Term Care Ombudsman began visiting assisted living facilities in October 2022. The Office of State LTC Ombudsman reviewed and issued comments to the Office of Inspector General's draft assisted living regulations. The State LTC Ombudsman also provided testimony during the administrative regulation public hearing.

It was a challenge to resolve complaints during the regulatory transition period which continued after the regulation adoption and through the facility licensure application process. Ombudsmen rose to the challenge and successfully negotiated resolutions to resident complaints despite the transition period. Assisted Living regulations were finalized in July 2023.

The SLTCOP created residents' rights materials for Assisted Living residents. Local programs distributed resident rights materials to residents of assisted living. Staff provided training to assisted living providers at the Kentucky Senior Living Association annual conference.

The Office of State Ombudsman continued to analyze the fiscal impact of providing services to assisted living communities. Office staff developed a budget request that was submitted to the Cabinet for Health and Family Services as well as the General Assembly. Services to assisted living facilities are described in a previous section of this report.

Training was provided to 200 aging and mental health professionals in Bowling Green at the Barren River Mental Health and Aging Conference on October. Continuing education credits were provided for multiple disciplines. The presentation title was "From Admission to Care What consumers need to know about LTC in KY," and the audience was presented with information about the Long-Term Care Ombudsman Program; basic facts about the state of LTC in KY; levels of long-term care; long-term care payor sources; admission process and tips for successful adjustment to placement; as well as residents' rights.



The State LTC Ombudsman served on the KY Long-Term Care Task Force, KY State Elder Abuse Committee, and the National Association of State LTC Ombudsmen Board of Directors. Local ombudsmen led or served on Local Elder Abuse Coordinating Councils.

The State LTC Ombudsman met regularly with the Centers for Medicare and Medicaid Services, U.S. Administration for Community Living, the Alzheimer's Association, and AARP. Program staff participated in Healthcare Coalition Regional LTC Emergency Preparedness Subcommittees; Personal Care Home State and Regional Settlement Agreement meetings. Staff served in appointments to the Alzheimer's Disease and Related Disorders Council, the Palliative Care Interdisciplinary Advisory Council, and led the Palliative Care Consumer Education Project Committee.

Eight LTC facilities (313 beds) closed. The closure breakdown includes: 1 involuntary closure of a nursing facility, 2 voluntary closures of a nursing homes, 2 voluntary closures of hospital-based nursing facilities, 1 voluntary closure of a personal care home, and 2 voluntary closures of family care homes.

Ombudsmen visited regularly during each closure, provided written information about closures to residents, and counseled residents and families concerned about the closures. The Program created and distributed a special guide for the residents of each facility that answered common questions for the residents and families. The Program performed follow up visits to all residents transferred to other facilities in Kentucky to monitor resident transfers and signs of trauma or distress.

## Program Highlights

### Residents' Rights

Governor Andy Beshear proclaimed October Residents' Rights Month in Kentucky. Ombudsmen promoted Residents' Rights Month and celebrated residents. Ombudsmen requested and accepted city and county proclamations for Residents' Rights Month on the behalf of residents. Ombudsmen participated in radio, television, and newspaper interviews about Residents' Rights. Ombudsmen provided rights education to residents, families, facility staff and the community.

Ombudsman program staff and volunteers provided Residents' Rights information to 7,761 nursing facility consumers (residents and families) during one-on-one consultations about rights. Ninety-eight percent of consumers indicated increased knowledge of residents' rights after receiving the information. LTC Ombudsman staff and volunteers provided the Residents' Rights information to staff at 194 nursing facilities.

Residents' Rights books, slides, and a video presentation are featured on [www.ombuddy.org](http://www.ombuddy.org).



"The petals are made of residents' handprints, the center is made of staff fingerprints, and the center represents the love we have for each other at our facility."

*By Residents at Robertson  
County Healthcare Facility in  
Mount Olivet, KY*



As directed by the Older Americans Act, a long-term care ombudsman recommends improvements in the long-term care system to better the lives of residents. The following recommendations are based on the collective program experience of the state and local ombudsmen.

### **Set minimum state staffing standards**

Lack of enough staff in nursing homes can harm residents and prevent them from getting even the most basic care. Understaffing has been linked to pressure ulcers (bedsores), malnutrition, dehydration, preventable hospitalizations, and even death. Residents may also experience loneliness and isolation as a result of understaffing. Even the best nurses and nurse aides cannot provide quality care if there are not enough of them. Nursing home residents are not the only ones who suffer. Insufficient numbers of staff cause on-the-job injuries for overworked employees; distress and anxiety for residents' families; and unnecessary costs for taxpayers when residents end up in the hospital and Medicare must pay the bill.

Kentucky law only requires a nursing home to have "sufficient" staff to meet the needs of residents. The term "sufficient" is vague and exceedingly difficult to measure. A study by the federal government determined that nursing home residents need at least 4.1 hours of care per day: 2.8 hours nursing assistants, .55 hours from licensed practical nurses and .75 hours from registered nurses. This is the minimum amount of care needed to prevent common quality of care problems like pressure ulcers, dehydration, and losing the ability to carry out daily tasks like eating, dressing, toileting and walking.

Kentucky nursing facilities averaged 3.26 hours per resident per day, in quarter three data collect by the Centers for Medicare and Medicaid Services in 2019. Facility data reporting and collection stopped during the pandemic. Two hundred forty three of the 282 nursing facilities reporting provided less than 4.1 hours of care per resident per day. Staffing levels in nursing homes should be increased so each resident receives the recommended minimum of 4.1 hours of care every day.

## **A STUDY BY THE FEDERAL GOVERNMENT DETERMINED THAT NURSING HOME RESIDENTS NEED AT LEAST 4.1 HOURS OF CARE PER DAY.**

Additional recommendations to be better prepared to handle a pandemic like COVID-19:

1. Increase workers' pay. The need to work at two or three places to equal full-time pay potentially spreads the virus.
2. Start paying for sick leave. Many nursing homes do not give staff paid sick leave. Sick employees may feel financial pressure to work.
3. Improve staffing ratios. Federal law requires facilities to have a registered nurse working eight consecutive hours daily, and licensed nurses on hand 24 hours a day. Research recommends at least one registered nurse on duty during the day for every 28 residents during the day shift, for every 30 residents in the evening and for 40 residents at night. A June study in the Journal of the American Geriatrics Society found that among homes with at least one confirmed virus case, every 20-minute increase in registered nurse staffing was tied to 22 percent fewer confirmed cases. Residents are vulnerable up to 16 hours each day when there is no RN present who can respond when their medical conditions suddenly change or deteriorate.
4. Store more personal protective equipment (PPE). Nursing homes need to keep more face shields, gloves, gowns and masks on hand. Without PPE, you lose the battle!
5. Have access to testing and test frequently.
6. Hire an infection specialist. Every home needs a specialist on-site.
7. Improve staff training and certification.

Source: AARP 7 Ways to Curb Coronavirus Deaths at Nursing Homes by Deborah Schoch, July 16, 2020



## **Increased Resources for the Kentucky LTC Ombudsman Program**

The Kentucky State Long-Term Care Ombudsman Program (KSLTCOP) is in desperate need of additional State General Funds (SGF) to adequately advocate for the Commonwealth's 40,253 long-term care residents.

For each State Fiscal Year, the program needs an additional \$1,050,342 in SGF. The KSLTCOP acknowledges that this is a 100% increase from SFY 2023. However, this increase in allocations will be transformational for the program and for Kentucky's long-term care residents.

The Office of the Kentucky State Long-Term Care Ombudsman requests an additional \$295,000 to support:

1. A full-time legal counsel, as required in 45 CFR 1324.15(j).
2. A full-time Deputy State Ombudsman.
3. Salary adjustments to retain current staff with competitive wages.
4. Contribution to cost of Executive Director to comply with 45 CFR 1324.11(c).

The Office of the Kentucky State Long-Term Care Ombudsman requests an additional \$755,342 to be distributed to the 15 District Long-Term Care Ombudsman Programs (DLTCOP) through a new formula to support:

1. Salary adjustments to retain current District Ombudsmen.
2. An additional 0.50 FTE for every DLTCOP.
3. An additional contract requirement for 0.25 FTE for every 500 beds over 2,000 in a DLTCOP.
4. Expanded coverage into Assisted Living Communities.

## **DISTRICT OMBUDSMAN PROGRAMS NEED ADDITIONAL STAFF TO SUPPORT VOLUNTEERS, PROVIDE COMMUNITY EDUCATION, ASSIST WITH COMPLAINT RESOLUTION, AND SERVE ASSISTED LIVING RESIDENTS.**



[Click here for our online directory with  
mailing and email addresses](#)

Office of the Kentucky Long-Term Care  
Ombudsman [www.ombuddy.org](http://www.ombuddy.org)

Nursing Home Ombudsman Agency of the  
Bluegrass  
3138 Custer Drive, Suite 110  
Lexington, KY 40517  
(859) 277-9215

Barren River District

Kentucky Legal Aid

(270) 780-8835

Allen, Barren, Butler, Edmonson, Hart, Logan,  
Metcalf, Monroe, Simpson, and Warren counties

Big Sandy District

Big Sandy ADD

(606) 866-2374 ext. 335

Floyd, Johnson, Magoffin, Martin, and Pike  
counties

Bluegrass District

Nursing Home Ombudsman Agency of the  
Bluegrass, Inc.

(859) 277-9215

Anderson, Bourbon, Boyle, Clark, Estill, Fayette,  
Franklin, Garrard, Harrison, Jessamine, Lincoln,  
Madison, Mercer, Nicholas, Powell, Scott, and  
Woodford counties

Buffalo Trace District

Buffalo Trace ADD

(606) 564-6894

Bracken, Fleming, Lewis, Mason, and Robertson  
counties

Cumberland Valley District

Cumberland Valley ADD

(606) 864-7391

Bell, Clay, Harlan, Jackson, Knox, Laurel,  
Rockcastle, and Whitley counties

FIVCO District

Legal Aid of the Bluegrass

(606) 329-1321 x 2323

Boyd, Carter, Elliott, Greenup, and Lawrence  
counties

Gateway District

Legal Aid of the Bluegrass

(606) 784-8921, ext. 2127

Bath, Menifee, Montgomery, Morgan, and Rowan  
counties

Green River District

Green River ADD

(800) 928-9094

Daviess, Hancock, Henderson, McLean, Ohio,  
Union, and Webster counties

Kentucky River District

Kentucky River ADD

(606) 436-3158

Breathitt, Knott, Lee, Leslie, Letcher, Owsley,  
Perry, and Wolfe counties

KIPDA District

Catholic Charities

(502) 637-9786

Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer,  
and Trimble counties

Lake Cumberland District

Lake Cumberland ADD

(270) 866-4200

Adair, Casey, Clinton, Cumberland, Green,  
McCreary, Pulaski, Russell, Taylor, and Wayne  
counties

Lincoln Trail District

Catholic Charities

(502) 637-9786

Breckinridge, Grayson, Hardin, Larue, Marion,  
Meade, Nelson, and Washington counties

Northern Kentucky District

Northern Kentucky ADD

(859) 283-8185

Boone, Campbell, Carroll, Gallatin, Grant, Kenton,  
Owen, and Pendleton counties

Pennyrile District

Pennyrile ADD

(270) 886-9484

Caldwell, Christian, Crittenden, Hopkins,  
Livingston, Lyon, Muhlenberg, Todd, and Trigg  
counties

Purchase District

Purchase ADD

(270) 251-6120

Ballard, Calloway, Carlisle, Fulton, Hickman,  
Graves, Marshall, and McCracken counties

Anyone may contact the ombudsman to voice a concern or obtain information about long-term care.

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