



## **A note from the State Long-Term Care Ombudsman:**

In the February version of The Advocate, we provided information about non-involuntary discharge notices and how to notify the Office of the State Long-Term Care Ombudsman (OSLTCO) as they occur. However, late last spring, CMS revised its guidance to clarify that the only type of non-involuntary discharge that is required to be reported to the OSLTCO is a facility-initiated discharge, while a resident-initiated discharge is not.

This information can be found in [CMS Letter S&C: 17-27-NH](#), where a facility-initiated discharge is defined as "a transfer or discharge that the resident objects to, did not originate through a resident's verbal or written request, and/or is not in alignment with the resident's stated goals for care and preferences." A resident-initiated discharge, on the other hand, is one in which "the resident or, if appropriate, the resident representative, has provided verbal or written notice of intent to leave the facility."

Involuntary discharge notices and notices of any other facility-initiated discharges will still need to follow the requirements of Iowa Administrative Code [481-58](#) and [441-81](#), which require a facility to send a copy of the notice to the OSLTCO at the same time notice is provided to the resident. The discharge notice must be in writing at least 30 days prior to the discharge, or as soon as possible if it is an emergency discharge.

Please note that, due to budgetary constraints, the vacant Discharge Specialist position in the OSLTCO will not be filled at this time. Instead, involuntary discharge notices will be reviewed and investigated by the Local Long-Term Care Ombudsmen.

If you have any questions or concerns, please contact your [Local Long-Term Care Ombudsman](#). You may also reach out to your facility counsel or trade association for additional clarification on the discharge notices.

Cindy Pederson, JD

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## **Opioid Crisis in Iowa's Long-Term Care Facilities**

Iowa Governor Kim Reynolds proclaimed the week of Oct. 22 Opioid Awareness Week to highlight efforts and initiatives underway in communities across the state to combat the opioid crisis. While media stops during the week included a treatment center, community health center and hospital, one group of facilities that was overlooked, but should not be forgotten, is Iowa's long-term care facilities.



Prescription drugs used to manage chronic pain are at the heart of the opioid overdose epidemic, and these drugs are common in long-term care facilities where older adults, persons with disabilities and those who are rehabilitating from injury or illness are often prescribed opioids. However, it is well-known that most of the abuse of prescription pain pills is not by those for whom they are prescribed. Instead, the NIH reports that nearly 80 percent of Americans who become addicted to opioids never had a legitimate prescription for the drugs.

So what is the connection to this crisis and our long-term care population? Residents living in nursing facilities may be affected in several ways.

- Advancing age is a risk factor for pain. Many chronic conditions associated with the elderly put them at a high risk for pain. Treatment for chronic pain should be a team approach and pain medications alone should not be the only method used to manage and control pain. Other approaches that may be effective in treating pain include exercise, massage therapy, weight loss and cognitive behavioral therapy.
- Good communication between the resident and provider is crucial in treating the many issues surrounding pain management. The risks and benefits of drug treatment need to be thoroughly discussed and assessed with each resident before starting.
- Facilities that dispense opioids to residents are obligated to help protect the safety of all individuals (residents, staff, family members, visitors, etc.) by ensuring that there are good systems in place to account for accurate ordering, receiving and dispensing of pain medications.
- Providers must be aware of the warning signs regarding drug diversion in long-term care facilities and have an effective system in place to ensure that prescribed pain medications are providing adequate relief to the residents and that staff members are not substituting less effective, over-the-counter medications or not dispensing prescribed medications at all.
- Staff should be aware of the symptoms of opioid addiction or behaviors that signal drug diversion, such as certain individuals who over-assess for pain; insist that doctors prescribe stronger narcotics; leave their shift or work area without permission on a routine basis or report in late after breaks; dispense the maximum number of prescribed "as needed" (prn) pain medications more often than others; chart frequent waste, spills or refusal of the resident to take pain medications; or who consistently volunteer to count narcotics or pass medications. Facilities should promote a culture where staff members can voice concerns and suspicions confidentially without fear of retaliation.

Vigilance is the key to ensuring that drug theft is not occurring and that the opioid crisis in Iowa and across the nation does not continue to grow. This is a topic that concerns the OSLTCO, and we will continue to develop methods to combat this problem to protect the health, safety and welfare of the residents we serve.

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## **November is National Alzheimer's Disease Awareness Month**

To celebrate National Alzheimer's Disease Awareness Month, the OSLTCO wants to recognize the rights of individuals with this disease and provide some advocacy tips.

One topic that is often brought to our attention by families of those with Alzheimer's is the importance of activities and keeping them as stimulated and involved as possible, including include activities of daily living, doing chores, playing cards and even paying bills. These activities represent who we are and what we're about. Activities may also include:



- A personal encounter — Making eye contact, exchanging greetings or passing in the hall are important to a resident or program participant, but only if they are meaningful, supportive and affirming.
- Spontaneous interaction — A gathering of chairs and tables naturally promotes spontaneous interaction between residents and their surroundings. For example, a chair by the window that looks onto a bird feeder encourages bird watching.
- Daily housekeeping routines — Tasks such as folding laundry, raking, sweeping, dusting, clearing and setting tables and making beds are good for people with Alzheimer's because no new learning is required. These tasks can make the person feel useful and productive.
- Self-care activities — Dressing, bathing, grooming and dining can be the most personally meaningful and comforting activities, yet are often the first to be removed from an individual's control upon entering a long-term care facility. These activities help reinforce the individual's identity and sense of autonomy.
- Planned scheduled events — Planned normally by the activity staff, scheduled activities are often limited by the creativity, experience, abilities and interest of the participants and staff. Not all programs must be innovative and exciting.
- Spontaneous activities — Ad hoc activities can be used as a way to divert people with Alzheimer's disease from difficult or potentially dangerous behavior or to diffuse the behavior. For example, an invitation to have a cup of tea may distract a person who is intent on leaving, or a walk through the facility can diffuse anxiety or restlessness.

Activities can be planned on a one-on-one basis or as group programs. One-on-one activities, which are useful for participants whose attention is difficult to maintain, provide intimate, private time to build relationships. Avoid focusing on activities that serve the interest of the facility and lose sight of the participant's needs.

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## **Help Prevent the Identity Theft of Residents/Tenants**

The recent data breach reported by Equifax, one of the nation's three major credit-reporting agencies, affected approximately 143 million consumers. Hackers accessed a variety of personal information, including Social Security numbers, birthdates, addresses and driver's license numbers.



While this breach is one of the biggest and most compromising encountered to date, it is a reminder to all of us to protect the personal information of the residents and tenants in our care. Although long-term care facilities cannot completely guard against the identity theft of the individuals who live there, there are a few simple things we can do to help prevent it.

1. Omit residents' Social Security numbers when sending information (including copies of discharge notices) to the OSLTCO.
2. Do not respond to unsolicited requests for a resident's personal information by phone, mail or online.
3. Encourage residents to update their sharing and firewall settings if your facility has a public wi-fi network.
4. Always shred or securely dispose of any documents containing residents' personal information.

For more information on identity theft and how to report it, visit [USA.gov](http://USA.gov).

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## Upcoming Events & Educational Opportunities

### **Webinar: "What's New With Medicare in 2018" (National Council on Aging)**

Nov. 8, 2017 (1:00 p.m. CT)

[More Information](#) | [Register](#)

### **Webinar: "Suppressing the Superbug: The CDC's Infection Control Best Practices for MDROs"**

Nov. 14, 2017 (2:00 p.m. CT)

[More Information](#) | [Register](#)

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*The mission of the Office of the State Long-Term Care Ombudsman is to protect the health, safety, welfare and rights of individuals residing in long-term care by investigating complaints, seeking resolutions to problems and providing advocacy, with the goal of enhancing quality of life and care.*

*Please feel free to forward this newsletter to others who may be interested.*