

# Lieutenant Governor's Office on Aging Office of the State Long Term Care Ombudsman

## Training Manual for Friendly Visitor Volunteers



*"I shall pass through this world but once. Any good, therefore, that I can do or any kindness that I can show to any human being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."*

– Mahatma Gandhi

Prepared for the  
Office of the State Long Term Care Ombudsman  
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December 15, 2011

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# **The Volunteer Handbook**

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**State of South Carolina**  
**Office of The Lieutenant Governor**

**Glenn F. McConnell**  
**Lieutenant Governor**

**Office on Aging**  
**Tony Kester**  
**Director**

Dear Friendly Visitor Volunteer,

Thank you for choosing to become a Volunteer Friendly Visitor with the Lieutenant Governor's Office on Aging's State Long Term Care Ombudsman Program. Volunteers are a vital part of achieving our goals of improving and maintaining the highest quality of life for residents of South Carolina's Long Term Care facilities.

The role you play in achieving this goal is a critical one. You will improve resident and facility awareness of critical issues such as Residents' Rights, you will be the link between the resident and the community, and you will play a key role in raising community awareness regarding the role of the Office on Aging, the local Area Agency on Aging or Aging Disability Resource Center, and the resources available to support South Carolina's seniors as they age.

I hope that you will find volunteering to be a rewarding and fulfilling experience. As you make a positive difference in the lives of our seniors, we hope that you will experience positive and affirming change in your own life as well.

The following information package includes details about our organization and the roles and responsibilities of our volunteers. If you have any questions, please contact your local Ombudsman or the Volunteer Program Manager, Cat Angus, at 803-734-9983.

Once again, welcome, and thank you for the important service you perform in improving quality of life for seniors here in South Carolina.

Sincerely,

A. Dale Watson  
State Long Term Care Ombudsman

State Long Term Care Ombudsman Program  
1301 Gervais Street, Suite 350 Columbia, SC 29201 (803) 734-9900 • Fax (803) 734-9988

# THE VOLUNTEER FRIENDLY VISITOR ORIENTATION AND TRAINING PROCESS



## Overview and Purpose

### **What Is My Role As A Volunteer Friendly Visitor?**

As a Volunteer Friendly Visitor, you serve as a volunteer in the Lieutenant Governor's Office on Aging's Friendly Visitor Program. You are the connection between our community and the individuals who live in a long term care environment, such as an Assisted Living Facility or a Nursing Home. You make a critical difference in the quality of life of the people you serve.

You have the potential to be a powerful, effective voice in our community, speaking knowledgeably and persuasively about the critical work and advocacy performed by the Area Agency on Aging or Aging Disability Resource Center located in your region of South Carolina. You will work under the direction of the Ombudsman in your local area. You bring contact, communication, and companionship to residents, and as you develop relationships with our residents, you will become someone that they trust.

Volunteer Friendly Visitors do not investigate complaints, nor do they deal with abuse, neglect, and exploitive situations. Any allegations or concerns about abuse, neglect, or exploitation must be directed to the Ombudsman for their consideration and action.

The Ombudsman is the advocate for the residents of facilities, ensuring that residents know that they have the legal right to be treated with dignity and respect and that staff are responsive to their needs and concerns. The Ombudsman investigates any complaints of abuse, neglect, and exploitation that occur in long term care facilities.

### **How Will I Know What Is Expected Of Me?**

Before you go to a facility, you will receive a complete training course on many subjects, including program expectations, rules and requirements, and things you may experience. You will learn how to respond to residents, how to answer questions, and you will become knowledgeable about many subjects, including the way that residents should be treated, their rights, and how you can be of assistance to them.

When you go to the facility for the first time, you will receive an orientation so that you will know the employees of the facility, any facility rules, and you will have a designated facility contact. The Ombudsman will accompany you during your initial visit(s)—a process called shadowing—so that you have assistance and guidance. You can learn how to handle situations without concern since you have a mentor and guide to assist you during your first visit(s).

This will prepare you not only for success as a Volunteer Friendly Visitor, but also to be a voice and a champion of aging in the greater community.

## **The Organization**

### **What Is The Lieutenant Governor's Office On Aging?**

The Lieutenant Governor's Office on Aging is sometimes called the "State Unit on Aging."

In 1965, Congress enacted Medicare and Medicaid. In 1970, conditions in Long Term Care Facilities and Nursing Homes were often terrible, so Congress passed federal regulations governing the standard of care for residents of long term care facilities.

In 1971, Congress established the Office of Nursing Home Affairs and in 1978, the Older Americans Act was passed, requiring all states to create an Ombudsman Program. An "Ombudsman" is a Swedish word that means someone who investigates citizens' complaints and tries to bring about a fair settlement. In other words, an Ombudsman is a protector, a mediator, and an advocate.

The State Unit on Aging, which is the Lieutenant Governor's Office on Aging in South Carolina, houses the State Long Term Care Ombudsman Program and ensures that the rights of residents in long term care are protected.

## **The Mission**

### **What Is The Mission Of The Long Term Care Ombudsman Program?**

The mission of the Long Term Care Ombudsman Program is to enhance the quality of life for seniors through advocacy including planning and developing resources in partnership with state and local governments, non-profits and the private sector, individuals, and advocates to meet the present and future aspirations of the growing senior population.

Even though you are not an Ombudsman, as a Volunteer Friendly Visitor, you are critical to the success of this mission.

## Objectives/Goals of the Organization

### **What Are the Goals of the Lieutenant Governor's Office on Aging as Supported by the State Long Term Care Ombudsman Program?**

We envision a state where seniors enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive those supports necessary to age with choice and dignity. Your role as a Volunteer Friendly Visitor helps provide those critical supports to our most vulnerable population.

### **What Are The Goals Of The Volunteer Friendly Visitor Program?**

The Volunteer Friendly Visitor Program goals include:

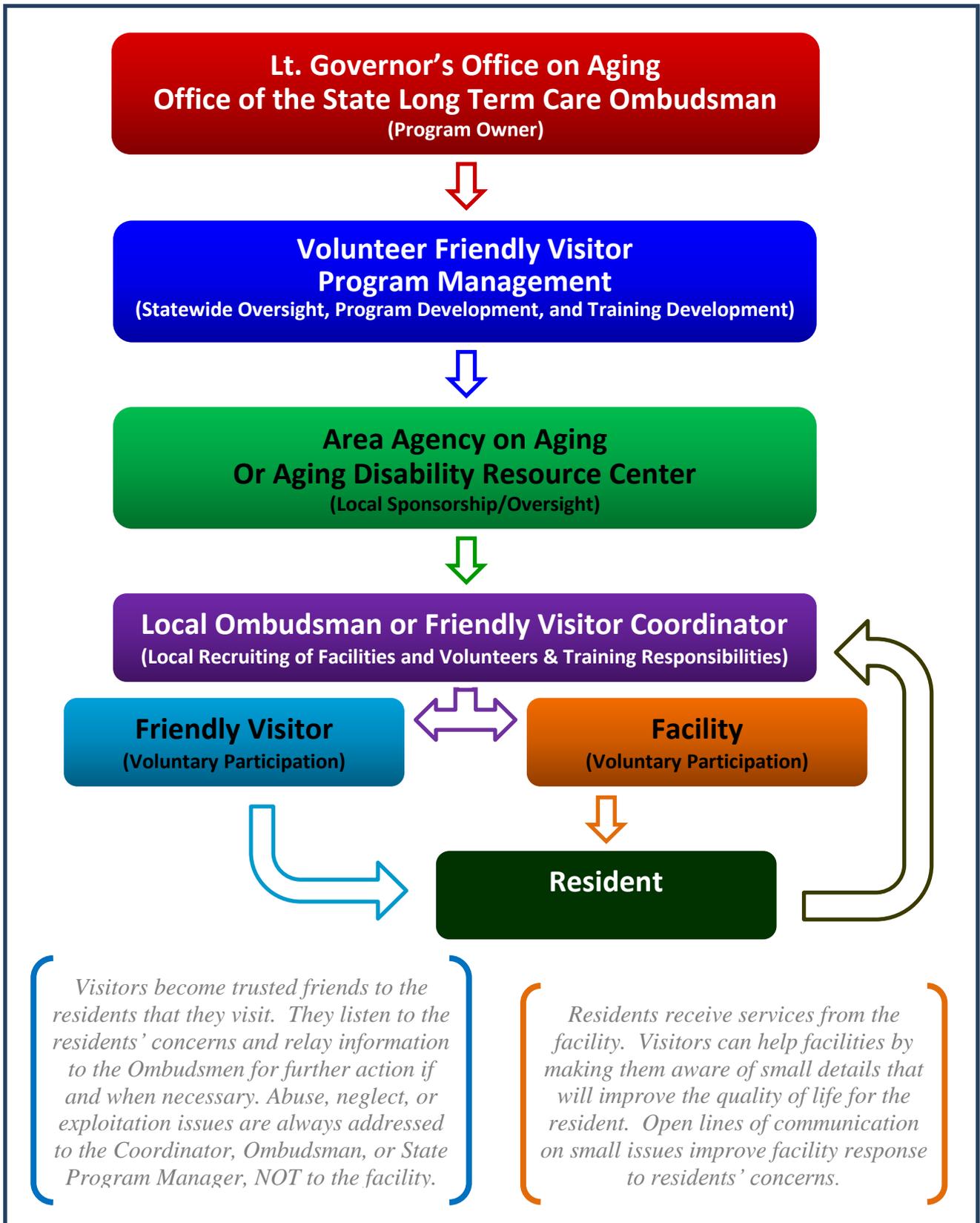
- Promoting public awareness of the need for support for individuals within the long term care environment;
- Recruiting, training and supporting volunteers to provide greater connection for residents of long term care facilities;
- Providing one-on-one and group learning opportunities to meet individual needs for additional training and interaction as perceived by the coordinator and expressed by the volunteer;
- Networking with other volunteer programs and support groups who provide resources and training that will improve and facilitate the work done by Friendly Visitors within the long term care facilities; and,
- Improving awareness and reporting of any need for assistance for residents when these needs are expressed or when any situation precipitates observation or awareness of the need for additional support and/or knowledge.

## Organizational Chart

### **How Is The Volunteer Friendly Visitor Program Organized Within The Lieutenant Governor's Office On Aging, Office of the State Long Term Care Ombudsman?**

The Friendly Visitor Program is a statewide program, managed from the State Long Term Care Ombudsman Program, under the Lieutenant Governor's Office on Aging. Regional Offices coordinate the program within their geographic area. All facilities participate on a voluntary basis. (See following chart.)

## Organizational Chart



# Becoming a Volunteer Friendly Visitor

## **How Do I Become A Volunteer Friendly Visitor? What Is The Application Process?**

The application process to serve as a Volunteer Friendly Visitor is comprehensive, because the Lieutenant Governor's Office on Aging and the Office of the State Long Term Care Ombudsman must ensure that our volunteers have the highest levels of ethical behavior and integrity.

Not only do we require you to complete an application and a number of other forms that ensure that you understand the responsibilities you will assume, we also perform a security background check on every applicant.

Our volunteers serve South Carolina's most vulnerable population, so we must ensure that we use due diligence in bringing every volunteer into the program. The application process helps protect our seniors from those who might try to gain access to them for dishonest or illegal purposes.

We sincerely appreciate the disclosures that our volunteers make to serve in our program. All information is maintained confidentially, under lock and key at all times. Access is restricted to the Program Coordinator/Ombudsman at the local regional office, the Volunteer Program Manager and the State Long Term Care Ombudsman.

We have included the list of qualifications and samples of the various forms in this chapter.

## **Volunteer Qualifications**

Because residents in long term care facilities may be at risk of exploitation, the State Long Term Care Ombudsman Program maintains high standards for Volunteer Friendly Visitors. To be a volunteer, you must:

1. Be 18 years of age or older;
2. Have a valid driver's license and transportation;
3. Not use controlled substances;
4. Not have a criminal record;
5. Pass a criminal background check;
6. Have acceptable verbal, listening, and writing skills;
7. Be available for a minimum of 2-4 hours a week to visit residents at a designated facility;
8. Be free from any conflicts of interest;
9. Not have a friend, member of their immediate family, or other relative in the facility that they serve; and
10. Abide by the Volunteer Friendly Visitor Code of Ethics.

## **Forms For The Application Process**

All of the application and related forms follow.



## Volunteer Program Cover Letter



Thank you for your interest in South Carolina's Volunteer Friendly Visitor Program, sponsored by the Lieutenant Governor's Office on Aging, Office of the State Long Term Care Ombudsman.

Over sixty percent (60%) of the residents of long term care facilities in South Carolina have no visitors. They have no family or friends who are available to visit them or spend time with them, and the lack of social contact and a support system often results in depression and decline.

The function of the Friendly Visitor in residential facilities is to provide encouragement and meets an essential need. Your efforts and commitment to this program will make a significant difference in the lives of many. Your presence will diminish the sense of isolation that these residents experience and helps them achieve a sense of self-determination.

Because our Volunteer Friendly Visitors serve vulnerable adults in long term care residential settings, all applicants must complete a screening process. The application process includes completion of the application, an interview, a background check (civil and criminal), and character reference checks. Once selected as a Volunteer Friendly Visitor, an exceptional training program is provided that includes classroom and on-the-job training. This program has been implemented to ensure that the volunteers are equipped with the fundamental tools necessary to develop the skills that are needed to succeed in working with residents.

Enclosed, you will find the following information and application forms for this program:

- Friendly Visitor Position Description
- South Carolina Friendly Visitor Program Application
- Authorization for Release of Information Background Report
- Conflict of Interest Letter
- Confidentiality and Conflict of Interest Agreement
- Friendly Visitor Contract
- South Carolina Friendly Visitor Brochure
- Long Term Care Ombudsman Brochure
- South Carolina Friendly Visitor Newsletter

Volunteers are invaluable assets to any organization and we want your experience in this volunteer program to be well worth your time and effort. Please complete the enclosed forms and return them as soon as possible. This is the initial step to becoming a Volunteer Friendly Visitor and we will contact you as soon as the information is processed.

If you have any questions or need further information, please contact me, Catherine Angus, at the Lieutenant Governor's Office on Aging at 803-734-9900 or by email at [cangus@aging.sc.gov](mailto:cangus@aging.sc.gov). We are looking forward to having you join us in our Volunteer Friendly Visitor Program.

**Lieutenant Governor's Office on Aging  
Office of the State Long Term Care Ombudsman  
1301 Gervais St., Suite 350  
Columbia, SC 29201**





## Volunteer Position Description



### **VOLUNTEER FRIENDLY VISITOR Position Description**

The Volunteer Friendly Visitor's goal is to improve the quality of life for residents in long-term care facilities through communication and visits.

**Location: Long Term Care Facilities:** The program will concentrate in Community Residential Care Facilities (CRCF'S) and Skilled Nursing Facilities.

**Qualifications:** Age 18 and older and interested in improving the quality of life in long-term care facilities. Have the ability to communicate with vulnerable adults, a genuine care and concern for older adults, problem-solving skills, and empathy, dependable, exercise good judgment and have available transportation.

#### **Specific Duties:**

- Visit residents in assigned facilities 2-4 hours per week.
- Empower residents and their families to advocate on behalf of the resident.
- Advocate for the residents by addressing resident rights with appropriate facility staff.
- Provide information about residents' rights and LTCO services.
- Participate in Resident and Family Councils upon request.
- Function as a resource to residents and their families
- Maintain communication with the Regional Ombudsman's office.
- Report any suspected, alleged, or actual cases of abuse, neglect, or exploitation to the Regional Ombudsman's office as required by law.
- Maintain confidentiality.
- Keep accurate records and submit monthly reports to the Regional LTCO program.
- Participate in ongoing continuing education training.
- Perform other duties as assigned by the Regional Ombudsman.
- Volunteers do NOT provide personal services, assist with eating or feeding, provide food or beverages, or any other responsibility that is managed by the facility staff.
- Friendly Visitors do NOT investigate complaints, mediate disputes, or involve themselves in any controversy with families or facility staff. Refer complaints to the Regional Ombudsman or Volunteer Coordinator

**Requirements:** Application, interview, criminal background and reference checks, 14-16 hours of certification training, exam, orientation to the facility and staff and 8 hours of re-certification training throughout each year of volunteer service.

**Hours:** Flexible

**Time Frame:** Two to four hours per week

**Time Commitment:** One Year

**Supervision:** Regional Long Term Care Ombudsman Program

**Lieutenant Governor's Office on Aging  
Office of the State Long Term Care Ombudsman  
1301 Gervais St., Suite 350  
Columbia, SC 29201**





# Volunteer Application Form



## FRIENDLY VISITOR PROGRAM APPLICATION

Region: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION PROVIDED ON THIS APPLICATION IS CONFIDENTIAL**

### **Personal Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Previous Address (if less than 5 years at current address): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Education: \_\_\_\_\_

### **Days and Times You Are Available to Volunteer:**

Days: \_\_\_\_\_

Times: \_\_\_\_\_

### **Volunteer Activities:**

Friendly Visitor: \_\_\_\_\_ Data Entry: \_\_\_\_\_ Intake: \_\_\_\_\_ Speaker/Presenter: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Are you willing to make a one year commitment as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Form of Transportation \_\_\_\_\_

Why are you interested in volunteering with the Ombudsman Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office of the State Long Term Care Ombudsman  
Lieutenant Governor's Office on Aging

How did you learn about the Friendly Visitor Program?

Newspaper: \_\_\_\_\_ LTCO Staff: \_\_\_\_\_ AARP: \_\_\_\_\_ Poster: \_\_\_\_\_ Brochure: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have friends or relatives connected with a long-term care facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a conflict of interest (work for a facility/family member in a facility, etc.?) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been employed by a long-term care facility within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Interests or Hobbies: \_\_\_\_\_

Special Skill, Training, Languages, etc. \_\_\_\_\_

**Work History:**

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: \_\_\_\_\_

**References: Personal or Professional (Non-relatives):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the SC State Long Term Care Ombudsman Program to contact references that I have listed.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Resume or additional comments may be submitted in addition to application.



Office of the State Long Term Care Ombudsman  
Lieutenant Governor's Office on Aging



## Volunteer Authorization for Release of Background Information



### Authorization for Release of Information Background Report

For the purpose of evaluating my qualifications to be a Friendly Visitor to vulnerable adults within a long term care residential care facility through South Carolina Volunteer Friendly Visitor Program, I consent to the Lieutenant Governor's Office on Aging or its agents conducting a background check which may include but is not limited to investigation of my employment history, educational background, criminal history, military records, credit history, Department of Social Services records, Department of Health and Environmental Control records, and Department of Motor Vehicle records.

Below, I have provided my full name, date of birth and social security number for this purpose. I understand and agree that if I choose not to provide this information or otherwise refuse to consent and authorize this background check, any conditional offer will be withdrawn and I will not be allowed to participate in the Volunteer Friendly Visitor Program.

I may receive complete disclosure about the nature and scope of the background check and any information received by the Lieutenant Governor's Office on Aging or its agents during this background check by submitting a written request to the Lieutenant Governor's Office on Aging or its agents within 45 days of their receipt of such report. All information received by the Lieutenant Governor's Office on Aging or its agents as a result of this background check will be maintained confidentially and not released to anyone for any purpose except as I personally designate in writing. The Lt. Governor's Office or its agents may disclose copies of all results of this background check to the decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf or as required by law.

I understand that a photocopy or facsimile of this signed document shall be as valid as the original document and authorizes the Lieutenant Governor's Office on Aging or its agents to perform the background check as stated above.

I hereby release the Lieutenant Governor's Office on Aging and its agents from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy. I authorize all persons who may have information relevant to this research to disclose such information to the Lieutenant Governor's Office on Aging or its agents, and I hereby release all persons from liability because of true and accurate disclosure.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_

Full Name (print): \_\_\_\_\_ D/O/B \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

**Lieutenant Governor's Office on Aging  
Office of the State Long Term Care Ombudsman  
1301 Gervais St., Suite 350  
Columbia, SC 29201**





# Conflict of Interest Letter



## State of South Carolina Office of The Lieutenant Governor

Glenn F. McConnell  
Lieutenant Governor

Office on Aging  
Tony Kester  
Director

Dear Volunteer,

Thank you for your interest in the Volunteer Friendly Visitor Program. We are looking forward to working with you.

As a volunteer, conflicts of interest must be avoided. A conflict of interest arises when any situation occurs that may influence your behavior toward the facility to which you may be assigned. As an advocate for the residents, your behavior can be compromised or perceived to be compromised if your relationship to the facility includes certain types of involvement, attitudes, or considerations. Examples of situations that are construed to be conflicts of interest to your advocacy role include but are not limited to the following:

1. Working for a facility, either now or in the past;
2. Having a family member or close friend working for a facility, either now or in the past;
3. Having a relative or other person you cared for residing in your assigned facility, either now or in the past;
4. Being employed in any capacity other than as a Friendly Visitor that involves contact with a facility;
5. Having a financial interest in or financially benefiting from a facility;
6. Accepting free gratuities, such as food, beverages, or gifts from a facility regardless of value; or
7. Having a personal belief or opinion that limits your ability to represent the Resident's wishes.

Please sign below to indicate that you understand that conflicts of interest must be avoided. If you believe you may have a conflict of interest or need clarification, please explain in the area below your signature and provide your phone number. We will be happy to discuss any potential conflict with you to resolve your concern. If you do not have a conflict, please check "I do not have a conflict of interest".

Thank you again for your interest in becoming a part of the Friendly Visitor Program.

Catherine S. Angus  
Volunteer Program Coordinator

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I believe a conflict exists. Please contact me at: \_\_\_\_\_ Conflict: \_\_\_\_\_

\_\_\_\_

\_\_\_\_ I do not have a conflict of interest.

State Long Term Care Ombudsman Program  
1301 Gervais Street, Suite 350 Columbia, SC 29201 (803) 734-9900 • Fax (803) 734-9988



## Confidentiality and Conflict of Interest Agreement



### State of South Carolina Office of The Lieutenant Governor

Glenn F. McConnell  
Lieutenant Governor

Office on Aging  
Tony Kester  
Director

State Long Term Care Ombudsman Program  
Confidentiality and Conflict of Interest Agreement for  
Volunteer Friendly Visitor Program Participants

#### CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, agree to keep all information confidential about Volunteer Friendly Visitor Program complaints, residents, facilities, and staff. I will not discuss information gained through participation in the Volunteer Friendly Visitor Program with anyone outside of the Long Term Care Ombudsman Office. I will not express an opinion about the quality of specific long-term care facilities to anyone outside of the Long Term Care Ombudsman Office.

#### CONFLICT OF INTEREST AGREEMENT

I, \_\_\_\_\_, acknowledge that I have reviewed the Long Term Care Ombudsman Program's Conflict of Interest Policy for Volunteer Friendly Visitors. I have no financial interest in, or employment, business association, or business dealings with any long-term care facility that the volunteer Long Term Care Ombudsman Program investigates. I do not have a family member in any long-term care facility to which I am or will be assigned. I have no direct involvement in the licensing or certification of any long-term care facility. I do not provide services to or serve in any personnel capacity for long-term care facilities.

I agree to immediately disclose to the Regional Long Term Care Ombudsman Program and the Regional and/or State Volunteer Program Coordinator any potential conflict of interest that may arise after the date of this document.

By signing this document, I agree to abide by the Confidentiality Agreement and the Conflict of Interest Agreement set forth herewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

State Long Term Care Ombudsman Program  
1301 Gervais Street, Suite 350 Columbia, SC 29201 (803) 734-9900 • Fax (803) 734-9988



## Volunteer Friendly Visitor Program Contract



**South Carolina Volunteer Friendly Visitor Program  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 350  
Columbia, SC 29209  
803-734-9983**

### CONTRACT FOR VOLUNTEERS

1. The Volunteer Friendly Visitor Program is operated under the auspices of the South Carolina Long Term Care Ombudsman Program. Every Area Agency on Aging has a Volunteer Coordinator who, in conjunction with the State Coordinator, will be available to assist the volunteers during work hours and will act as a liaison between volunteers and paid staff.
2. Each Volunteer Friendly Visitor will receive a written description of the Friendly Visitor Volunteer Position Description. This includes a description of the duties of the position and information regarding desirable experiences, skills, and education.
3. The Volunteer Coordinators will assess the qualifications of each individual and provide each Volunteer Friendly Visitor with the opportunity to use his or her experience to the best advantage of the program.
4. The Volunteer Coordinators will provide continued training to whatever extent necessary to maintain competence.
5. The Volunteer Coordinators will provide working conditions equal to those of paid employees so that the Volunteer Friendly Visitor can express concerns, report activities, and request assistance in a timely and appropriate manner and receive support and information to allow the Volunteer to perform his/her duties effectively.
6. The Volunteer Coordinators will provide job and character references for Volunteer Friendly Visitors in search of future employment.
7. The Volunteer Coordinator, in conjunction with the State Coordinator, will be responsible for the hiring, training, and termination of all Friendly Visitor Program Volunteers. The Volunteer Coordinators will discuss any problems with job performance with the Volunteer Friendly Visitors prior to termination of service if reasons for dismissal occur.
8. The Volunteer Coordinators will include Volunteer Friendly Visitor in staff conferences and training when the subject matter is appropriate or necessary to the performance of their duties.
9. The Volunteer Coordinators will treat everyone with dignity and respect without regard to race, culture, ethnicity, religion, sexual orientation, disabling condition, gender, or age.

Office of the State Long Term Care Ombudsman  
Lieutenant Governor's Office on Aging

**The Friendly Visitor Program Volunteer Agrees To:**

10. Work a minimum of two (2) to four (4) hours per week or hours established according to a schedule mutually acceptable to the Agency and the Volunteer Friendly Visitor.
11. Become thoroughly familiar with the policies and procedures set forth by the program.
12. Report activities and file paperwork in a timely manner and maintain an accurate record of hours worked.
13. Attend orientation and training sessions, as required, and undertake continuing education provided by the program as necessary to maintain competence.
14. Notify the Volunteer Coordinator in advance of resignation or requesting a leave of absence.
15. Notify the Volunteer Coordinator in advance if he/she is unable to fulfill a scheduled visit.
16. Perform with dignity and caution when acting as a representative of the Program.
17. Refrain from entering into any agreements with third parties or assuming any third party responsibilities on behalf of the Volunteer Friendly Visitor Program.
18. Maintain confidentiality of all client information and any other information deemed confidential by the Long Term Care Ombudsman or Volunteer Friendly Visitor Programs.
19. Maintain the security of the Volunteer Friendly Visitor Program and promote the safety of Volunteer Friendly Visitors and paid staff.
20. Treat everyone with dignity and respect without regard for race, culture, ethnicity, religion, sexual orientation, disabling condition, gender or age.

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Volunteer Friendly Visitor Signature

Date

---

Volunteer Coordinator Signature

Date

---

Name of Region

Phone Number

**Lieutenant Governor's Office on Aging  
Office of the State Long Term Care Ombudsman  
1301 Gervais Street, Suite 350  
Columbia, SC 29209  
803-734-9983**





## **What Are The Purposes Of All Of These Forms?**

The first form found on page 8 is a generic cover letter that explains the purpose of the Volunteer Friendly Visitor Program.

The next form, page 9, is a Position Description of the work that you will perform as a Volunteer Friendly Visitor.

The actual application form can be found on pages 10 and 11.

Because the program must ensure the safety of the resident's we serve, all applicants must go through a background check. The form on page 12 gives us permission to perform this security measure.

Volunteers who serve in the Friendly Visitor Program cannot have any conflict of interest. If you believe that you may have a conflict of interest, we ask that you complete the document on page 13, so that we can resolve the concern and hopefully bring you into the program as a volunteer. Not all concerns and conflicts can be resolved.

The next form, found on page 14, is the Confidentiality and Conflict Agreement. This form is your agreement to maintain confidentiality and to immediately disclose any conflict of interest, should one arise.

On page 15 and 16, you will find the actual contract that all Volunteer Friendly Visitors must sign to participate in the program. The contract sets forth the terms that will be followed by both program management and the Friendly Visitor Volunteer.

# Responsibilities of the Volunteer Friendly Visitor

## What Services Does A Volunteer Friendly Visitor Perform?

As a Volunteer Friendly Visitor, you act as advocates for residents in nursing homes and residential care facilities. You make friendly visits to an assigned facility for two (2) to four (4) hours per week. You help resolve minor issues and you may interact with facility staff to solve minor concerns. Volunteer Friendly Visitors may attend Resident or Family Councils on request. You must report all visit activities/progress to the certified Ombudsman. As long as you follow the rules and requirements of the program and follow the restrictions set forth in training, you have immunity for good faith performance of your duties

Volunteer Friendly Visitors talk with residents of facilities and listen to their conversation and concerns. Simple concerns, such as “my bedroom shoes are missing” should be addressed courteously to facility staff. Be sure to determine if the problem has previously been resolved before speaking to staff about the issue.

In the case referenced, you might say “Did you tell the staff?” or “What did they do about it? Did they find your shoes?” If the answer is “Yes, I told the staff and they found my shoes,” then there is nothing to resolve. If the answer is “No, I didn’t tell staff,” then you would ask the resident’s permission to mention the concern to your designated facility contact before you leave the facility. Assuming the resident agrees, you would then follow up with staff. You might say “Mrs. Smith said that her bedroom shoes are missing. Could you have someone look into that?”

As a Volunteers Friendly Visitor, you do NOT investigate abuse, neglect or exploitation or any other official complaint. You do NOT review medical records or become involved in family disputes. You do NOT help out with staff shortages.

You do NOT provide direct care to residents, ever. More specifically, you do NOT ever feed residents or get residents any type of food or beverage. Volunteer Friendly Visitors do NOT bring refreshments to residents. Volunteers, as a rule, should NOT bring gifts or other items to residents. Do NOT shop for residents. Do NOT assist residents in moving, sitting, standing, toileting, or with any other mobility request.

Volunteer Friendly Visitors do help ensure that facility residents know that they have rights. These are called Residents’ Rights and you will learn more about them in the next section.

You do NOT get involved in any disputes with staff or family. If any intervention is needed such as advocating for a resident involving a dispute with family or facility, you should communicate the situation immediately to the Ombudsman or Volunteer Coordinator for action. These concerns are NEVER addressed between the volunteer and the facility or other individuals.

Any report of abuse, neglect, or exploitation MUST be reported to the Ombudsman or Volunteer Coordinator or State Program Manager and is NEVER addressed to facility, staff, or family. You must NOT break the code of confidentiality (see next section).

Also, Volunteer Friendly Visitors may not volunteer or work in any other capacity within the assigned facility.

### **What Are Residents' Rights?**

Residents' Rights are the rights of facility residents as set forth by SC Law. All facilities must have posters telling the residents and families what these rights actually are. You can read the rights in detail in **SECTION 44-81-40** of the South Carolina Code of Laws.

A sample of the poster follows on the next page.

## RESIDENT'S BILL OF RIGHTS

South Carolina Code of Laws, Section 44-81-20 et. seq.

As a resident of this facility, YOU have or your legal guardian has, the right to:

### MEDICAL TREATMENT

- X Choose your own personal physician;
- X Receive from your physician a complete and current description of your medical condition in terms you understand;
- X Participate in planning the care and treatment you receive;
- X Participate in any changes to your care and treatment;
- X Be fully informed in advance of any changes in your care and treatment that may affect your well-being;
- X Refuse to participate in any type of experimental tests or research;
- X Have privacy during treatment;
- X Have your medical records treated with confidentiality;
- X Approve or refuse release of your medical records to anyone outside this facility, unless you are transferred to another health care facility, or it is required by law or by other third party contracts;

### PERSONAL POSSESSIONS

- X Have security in storing your personal possessions;
- X Approve or refuse release of your personal records to anyone outside the facility, except as provided by law;
- X Keep and use personal clothing and possessions as long as they do not affect other residents' rights;
- X Manage your personal finances. If the facility has been delegated in writing to manage your finances for you, it must provide you with a quarterly report of your finances;

### PERSONAL TREATMENT

- X Be treated with respect and dignity;
- X Be free from mental or physical abuse;
- X Be free from being restrained either physically or with drugs, unless your doctor has ordered them;
- X Be free from working or performing services for the facility unless they are part of your plan of care;
- X Be discharged or transferred to another facility against your wishes only for: your welfare; the welfare of the other residents; medical reasons; or for nonpayment. You must be given written notice at least 30 days prior to discharge or transfer, unless your discharge or transfer is for your welfare or the welfare of other residents; in that case the facility must provide you with written notice within a reasonable time under the circumstances.

### COMMUNICATION

- X Have your legal guardian, family members, and other relatives see you when they visit;
- X Refuse to see your legal guardian, family members, and other relatives;
- X Send and receive mail with freedom and privacy;
- X Associate and communicate privately with persons of your choice;
- X Meet with your legal guardian, family members, or other resident's family members to discuss this facility;
- X Meet with and participate in social, religious, and community group activities, unless a written medical order prohibits such activity;

### PERSONAL PRIVACY

- X Have privacy when receiving personal care;
- X Have privacy when visiting with your husband or wife;
- X Share a room with your husband or wife, unless your doctor forbids this in your medical record;
- X Have your personal records treated confidentially;
- X Employ a sitter from outside this facility to come and provide you with sitter services, unless you have already agreed in writing with this facility not to hire a private sitter. You must choose a sitter from an approved agency or list and that sitter must be approved by the facility. The sitter must also abide by the policies and procedures of this facility. You must agree not to hold the facility liable for any matters involving your private sitter.

**By the time you were admitted to this facility, a representative of this facility must have explained to you:**

**Your Rights:** You must have been told and given a written explanation of your rights as explained in this poster, what to do if you believe your rights have been violated, and how to enforce your rights under state law. You must have acknowledged that you received these explanations in writing, and they must be part of your file.

**Services:** You must have been given a written list of the services that are available to you and their cost. If the services or their costs change, you must be notified of those changes in writing.

**Refund Policy:** This facility must have a policy on giving refunds to residents. The policy must be based on the actual number of days you were in the facility or a bed was held there for you. You must have been given a copy of this policy in writing and you must be notified in writing again of any changes that are made to this policy.

If you contact a member of the facility staff, but no action is taken on your behalf, contact: **South Carolina Department of Health & Environmental Control, Health Licensing, 2600 Bull Street, Columbia, SC 29201. Or call: (803) 545-4370.**



## **What Should I Know About Complaints, Investigations, And Confidentiality Issues?**

As a Volunteer Friendly Visitor, you will have residents' trust, so you should expect to receive complaints from residents. Complaints are the highest priority for the certified ombudsmen. When you hear a complaint, this requires you to work closely with residents, facility staff and the certified ombudsmen.

Complaints come from many various sources, including the residents, their relatives or friends, advocacy or visiting groups, facility staff, human service agencies, hospitals, legislators or political leaders, or any other interested person.

If a resident makes a complaint, you may be able to resolve the issue if the complaint is something simple, such as "my coffee is cold." The appropriate response to that type of concern would be to ask staff if they could warm up the coffee. As a volunteer, you do not field complaints beyond that level of intervention. The Volunteer Friendly Visitor does NOT warm up the coffee or give food or beverages to the resident.

The process of handling complaints includes finding out what the complaint is and determining if it is within the scope of your authority as a Volunteer Friendly Visitor. Ask the resident if others are involved and find out if steps have been taken to resolve the issue. Find out what result the complainant seeking. Above all, remember that you cannot make promises to the complainant!

You do NOT investigate nor are you responsible for resolving anything beyond the level of the simplest complaint as described in this section and the previous section. If the resident has a complaint, you should ask the resident if they would like to have their concern addressed. Simple complaints, such as laundry issues or cold food, should be addressed only with the resident's permission.

Volunteer Friendly Visitors should tell the resident that complaints are confidential and explain that disclosure of identifying information in general complaints (coffee cold, shoes missing) will only be made to the level that the resident wishes. Remember that residents are dependent on the facility for their care and may not want the problem to be discussed. Residents also may wish to have the concern addressed but may choose to remain anonymous. This is their right. As a Volunteer Friendly Visitor, you should NOT guarantee any resolution of the complaint. Also, you should tell the resident that retaliation is illegal, but never guarantee that retaliation will not occur.

If a resident states that they have been abused, neglected, or exploited—or if the resident describes a situation that meets the definitions of abuse, neglect, or exploitation—the situation MUST be reported to the Ombudsman or Volunteer Coordinator or State Program Manager and is NEVER addressed to facility, staff, or family. Under South Carolina Law reporting of all abuse, neglect, or exploitation is mandatory.

In cases of abuse, neglect, or exploitation, the volunteer must disclose the resident's identity and other specifics to the Ombudsman or Volunteer Coordinator or State Program Manager when they report the situation. Do not discuss complaints with anyone outside of the Long Term Care Ombudsman Program.

## What Does “Mandatory Reporting” Mean?

Mandatory reporting simply means that under the Omnibus Adult Protection Act, any person who knows of a situation or has reason to believe that a situation exists that meets the definition of abuse, neglect, or exploitation MUST report the event.

If abuse, neglect, or exploitation occurs in a Department of Mental Health facility or a Department of Disabilities and Special Needs facility, the report must go to the Vulnerable Adult Investigation Unit (VAIU) at the State Law Enforcement Division (SLED).

If the complaint occurs at a nursing home or other long term care facility, it must be reported to the Long Term Care Ombudsman Program.

Under §43-35-5, every facility must have a poster about this prominently displayed. The poster contains contact information for both VAIU and the State Long Term Care Ombudsman. A copy of the posters can be found on the next pages.

The first, on page 1-23, is a general version that is placed in DMH and DDSN facilities. We do not assign volunteers in these facilities. The second, on page 1-24, is the version that is placed in nursing homes; while Central Midlands is used as the example, the information on that poster will reflect the Ombudsman Program information for that region.

# ~ NOTICE ~

## DUTY TO REPORT ABUSE, NEGLECT, OR EXPLOITATION

Omnibus Adult Protection Act  
Code of Laws of South Carolina, 1976 amended 2006 §43-35-5 et. seq.

All health care professionals and allied health professionals, staff or volunteers of an adult day care center or a facility, law enforcement officers, public assistance workers and care givers having knowledge or reason to believe that a vulnerable adult (18 years of age or older) has been or is likely to be abused, neglected or exploited shall report the incident pursuant to South Carolina Code of Laws §43-35-25. Failure to report such an incident may result in criminal charges according to §43-35-85(A). Reports must be made within 24 hours or the next working day.

If you have knowledge or reason to believe that a consumer, client, resident, or patient (Vulnerable Adult 18 years of age or older) of a facility operated by or contracted for operation by the South Carolina Department of Mental Health or the South Carolina Department of Disabilities and Special Needs has been, or is likely to be, abused, neglected, or exploited, you must report the incident to the:

**South Carolina State Law Enforcement  
Division (SLED)**

**1-866-200-6066**

Violations or resident's rights, standards of care, or quality of living issues must be reported to the:

**State Long Term Care Ombudsman  
Program**

**Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 350  
Columbia, SC 29201**

**(803) 734-9900**

**Or**

**1-800-868-9095**

**FAX: (803) 734-9988**

**(Regional Office Information Appears Here)**

Each nursing care facility, community residential care facility, psychiatric hospital or residential program operated or contracted for operation by the South Carolina Department of Mental Health or the South Carolina Department of Disabilities and Special Needs, operating under the provisions of the Omnibus Adult Protection Act, is required to display this notice prominently for the benefit of consumers, clients, patients, personnel and families according to the South Carolina Code of Laws §43-35-65.

# ~ NOTICE ~

## DUTY TO REPORT ABUSE, NEGLECT, EXPLOITATION OF A RESIDENT OR SUSPICION OF A CRIME AGAINST A RESIDENT OF THIS FACILITY

IF YOU HAVE REASON TO BELIEVE THAT A RESIDENT HAS BEEN OR IS LIKELY TO BE ABUSED, NEGLECTED, OR EXPLOITED OR IF YOU SUSPECT THAT A RESIDENT HAS BEEN THE VICTIM OF ANY OTHER CRIME, YOU MUST REPORT THE INCIDENT IMMEDIATELY BUT NO LATER THAN 24 HOURS (NO LATER THAN 2 HOURS IF SERIOUS BODILY INJURY RESULTED) AS FOLLOWS:

|  |   |
|--|---|
| <p><b><u>ABUSE, NEGLECT OR EXPLOITATION</u></b><br/>If you have knowledge or reason to believe that a resident of a facility has been, or is likely to be, abused, neglected, or exploited, you must report the incident to the:</p> <p><b>CENTRAL MIDLANDS REGIONAL<br/>LONG TERM CARE<br/>OMBUDSMAN PROGRAM</b></p> <p>Central Midlands Council of Governments<br/>236 Stoneridge Drive<br/>Columbia, SC 29210</p> <p><b>803-376-5389 or<br/>1-800-391-1185</b><br/>Fax: 803-253-7542<br/>Serves: Fairfield, Lexington, Newberry and<br/>Richland Counties</p> | <p><b><u>ANY OTHER CRIME</u></b><br/>If you have a reasonable suspicion that some other crime has been committed against a resident, report the incident to:</p> <p><b>Local Law Enforcement</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b><u>AND</u></b></p> <p>South Carolina Department of Health and<br/>Environmental Control (DHEC)<br/>Bureau of Certification<br/>Complaint Intake<br/><b>803-545-4205 or<br/>1-800-922-6735</b></p> |
|--|---|

FAILURE TO REPORT ABUSE, NEGLECT, OR EXPLOITATION MAY RESULT IN CRIMINAL CHARGES. FAILURE TO REPORT SOME OTHER CRIME AGAINST A RESIDENT MAY RESULT IN SANCTIONS AGAINST THE EMPLOYEE AND THE FACILITY.

Each nursing care facility is required to display this notice prominently for the benefit of residents, staff, and families in accordance with law. (Nursing care facilities operated or contracted for operation by the South Carolina Department of Mental Health or the South Carolina Department of Disabilities and Special Needs must utilize a different notice.)

### **VIOLATIONS OF RESIDENT'S RIGHTS**

Violations of resident's rights, standards of care or quality of living issues must be reported to the local Long Term Care Ombudsman Program (above) or:

Office of the State Long Term Care Ombudsman  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 350  
Columbia, SC 29201

1-803-734-9900  
OR  
1-800-868-9095  
FAX: (803) 734-9988

## **What Is Abuse, Neglect, Or Exploitation?**

You can find more about abuse, neglect, and exploitation in the SC Code of Laws under the Omnibus Adult Protection Act, Title 43, Section 35.

By law, "Abuse" means physical abuse or psychological abuse.

"Exploitation" means causing a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. It can also mean an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person. If someone causes a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person through: (i) undue influence, (ii) harassment, (iii) duress, (iv) force, (v) coercion, or (vi) swindling by overreaching, cheating, or defrauding the vulnerable adult through misrepresentation, trickery, or deluding the vulnerable adult so that it causes him to lose money or other property, this is also exploitation.

"Neglect" means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult. This can include, but is not limited to, food, clothing, medicine, shelter, supervision, and medical services. If the failure or omission has caused, or presents a substantial risk of causing, physical or mental injury to the vulnerable adult, this is neglect.

## **I Understand That I Don't Investigate, So How Do I Actually Handle Complaints?**

In handling complaints, you should always maintain your objectivity. Establish a rapport with the resident and explain the function of ombudsmen. Use open-ended questions in talking with the resident. Use understandable language. Using extremely large words is unnecessary and may be confusing to a resident.

When the resident has explained the problem, you should summarize what has been said so that both you and the resident have a clear understanding of the situation. Always let the resident explain the problem. Listen actively. Remember that it is not always necessary to talk. Simply being comfortable with silence is a very effective listening technique that can help the resident gather their thoughts and feel less pressured.

Volunteer Friendly Visitors should never use defensive communication or be judgmental. Don't intimidate the resident or complainant; be understanding and patient because residents may sometimes have memory lapses. Always encourage the resident to elaborate.

Remember two things: some complaints cannot be resolved and complaint resolution is not always clear-cut. In some cases the problem will go away and then reappear. Sometimes situations occur because of the way a particular staff member does their job. When shifts change, the situation will resolve because that staff member is on another shift. When shifts change again, the situation may recur.

You should follow up with the resident on complaint resolution. Follow-up ensures that resolution has occurred and also assures the resident that everything possible has been done. Follow-up time may range from a few days to several months after resolution.

If at any time you determine that the situation is worse or not getting a timely response, notify the Long Term Care Ombudsman.

### **Do I Have To Keep Records?**

As a Friendly Visitor Volunteer, you must report specific information to the Long Term Care Ombudsman Program. Information should include the date of the visit, the time spent in the facility, the number of residents visited, the number of residents visited for the very first time, and the number of residents that you visit for more than five minutes (each).

If any complaints are received, this should be documented in the manner requested by the Ombudsman; however, as a program volunteer, you do NOT keep written records of these complaints. That is the responsibility of the Long Term Care Ombudsman Program.

Every time you visit a facility, you will complete the form on the following page. This form must be turned in to the Long Term Care Ombudsman or Friendly Visitor Coordinator at least monthly.



## **What Do I Need To Know About Dealing With Facility Staff?**

As a program volunteer, you should always represent a resident's interests in a strong but sensitive manner. Gaining the respect of facility staff is critical to good interaction and resolution. When expressing the needs of the resident, do not alienate staff. Remember that residents depend on staff for services.

The successful volunteer is never aggressive with staff. Being aggressive will alienate the facility staff and sabotage the assistance the volunteer can render to the resident. Also, facility administrators have the right to file a complaint against a volunteer for unprofessional or aggressive behavior.

Facilities participate in the Friendly Visitor Program voluntarily. The way that the volunteer deals with staff can help cement the relationship with the facility and ensure that the program will continue actively at that location.

## **What Is My Volunteer Friendly Visitor Commitment And What Hours Do I Work?**

We ask our Volunteer Friendly Visitors to commit to a minimum of two (2) hours per week to visit in their assigned facilities. This schedule is flexible, however, for those of you who may want to visit for several hours every other week or once a month. The program asks for a minimum commitment of four (4) hours a month, regardless of visit schedule.

Visiting regularly is important to the residents, so that they will expect you to visit in the facility. Residents look forward to contact with you. While your visits will generally be unannounced, knowing that you will be visiting is an expectation that is critical to their happiness and quality of life. If you plan to be out of the facility for a period of time, such as skipping a week for vacation or family plans, please let the Program Coordinator, Facility, and Residents know that you will be gone during the next scheduled visit time and when you will return to the facility.

## **Do I Have To Be Tested For Tuberculosis?**

Yes. Health regulations in facilities require that all personnel, including facility staff and visitors assigned to the facility must have a current Tuberculosis test.

The expense for this test will be covered by the Area Agency on Aging or Aging Disability Resource Center where you are assigned. You may be asked to take this test either as provided by an Agency-contracted physician or the test may be provided by the facility where you will visit. Please coordinate the testing, schedule, and expense with the local Coordinator.

## **Can I Be Reimbursed For Mileage And Travel?**

No. Under state law, you cannot be compensated for travel or expenses related to conducting your volunteer activities. If you are asked to travel for training purposes, the Area Agency/ADRC will cover the transportation cost or arrangements in the manner provided in their management contract. Volunteer expenses for mileage are deductible on your federal tax return.

## **Other Organizational Information and Topics**

### **Dealing With Media**

**As a Friendly Visitor Volunteer, you do not give interviews to the media.** All requests for interviews are to be immediately forwarded to the Public Information Officer at the Lieutenant Governor's Office on Aging. If the Public Information Officer determines that you are the correct person to participate in the interview, the Officer will direct the volunteer interview and clarify in detail the information that will be disclosed. Unless specifically directed differently, again, **you do NOT give interviews to the media.**

### **Guiding Principles for Volunteer Involvement**

The Lieutenant Governor's Office on Aging and the State Long Term Care Ombudsman Program recognizes that volunteers are a vital human resource and commits to the appropriate infrastructure to support volunteers.

- The practices of the Lieutenant Governor's Office on Aging and the Office of the State Long Term Care Ombudsman ensure effective volunteer involvement.
- The Lieutenant Governor's Office on Aging and the Office of the State Long Term Care Ombudsman commits to providing a safe and supportive environment for volunteers.
- Volunteers make a commitment and are accountable to the organization.
- Volunteers will act with respect for facilities, residents, and community.
- Volunteers will act responsibly and with integrity.

### **Values for Volunteer Involvement**

Volunteer involvement is vital to ensuring the quality of life for facility residents.

- Volunteering fosters civic responsibility, participation, and interaction.
- Volunteer involvement strengthens communities and builds community awareness of the functions of the Lieutenant Governor's Office on Aging and the State Long Term Care Ombudsman Program and the benefits that they provide to the aging community.
- Volunteers promote change and development by identifying and responding to community needs and involvement that mutually benefits both the volunteer and the organization.
- Volunteers increase the capacity of the organization to accomplish its goals.
- Volunteering provides volunteers with opportunities to develop and contribute to their community.
- Volunteer involvement is based on relationships.
- Volunteers are expected to act with integrity and be respectful and responsive to others with whom they interact.

#### **Program Administration**

The Lieutenant Governor's Office on Aging has designated a program manager located in the state office and has delegated to each region the responsibility for local direction of volunteers working within their geographical area.

#### **Volunteer Assignments**

Volunteer assignments are always focused on the mission and purpose of the State Long Term Care Ombudsman Program. Regional offices are charged to organize program involvement and ensure that Volunteer Friendly Visitors utilize their abilities and skills to benefit South Carolina's most vulnerable population.

#### **Recruitment**

Regional and State Offices are engaged in volunteer recruitment that will incorporate both internal and external strategies to reach out and involve a diverse volunteer base.

#### **Screening**

A clearly communicated screening process has been adopted and is consistently applied by the Lieutenant Governor's Office on Aging, Office of the State Long Term Care Ombudsman, and the regional offices.

## **Orientation and Training**

Each volunteer is provided with an orientation to the organization, its policies and practices, including the rights and responsibilities of volunteers. Each volunteer receives training customized to the volunteer assignment and the individual needs of the volunteer as well as incorporating the expectations and policies of the facilities where the volunteer serves.

## **Supervision**

Volunteers are supervised by the Ombudsman Program in their respective region. Their communication on all volunteer activities, information, concerns, and experiences in the facility is limited to the Ombudsman, volunteer coordinator, volunteer program manager, or other designated person as determined by the State Long Term Care Ombudsman.

## **Standard of Appearance**

The behavior and appearance of staff (paid and unpaid) reflects on the reputation of the Lieutenant Governor's Office on Aging, the Office of the State Long Term Care Ombudsman, and the regional office. All volunteers working in the Friendly Visitor Program will observe standards of identification and appearance as follows:

Nametags are required whenever you are present in your volunteer capacity. Dress appropriately for your duties recognizing that the image you portray represents the regional office, the State Long Term Care Ombudsman Program, and the Lieutenant Governor's Office on Aging.

Clothing may be comfortable, but cannot be torn, frayed, dirty, or reveal any part of the cleavage, midriff or buttock. Pants must be worn at the appropriate waist level for the garment design and may not reveal undergarments.

Hats and t-shirts with logos are not permitted.

Make-up and jewelry must be minimal especially in regard to facial jewelry. Fragrances should not be worn while visiting in facilities.

## **Grievance Procedure**

If a volunteer has a concern about handling situations properly, discriminatory treatment, or any other differences with regional staff, the concerns or questions should first be addressed to the Ombudsman Manager of the regional office. If the issue cannot be resolved at that level, the concern should be addressed directly to the Volunteer Friendly Visitor Program Manager in the state office.

## **Human Rights/Anti-Harassment Policy**

The Lt. Governor's Office on Aging's policy on anti-harassment applies to the volunteers in the Friendly Visitor Program. (See Volunteer Handbook Appendices, Page 2-26)

## **Resignation/Leaving the Volunteer Program**

Although volunteers commit for a minimum period of one year, they are not required to re-enroll in the program year to year. There is no predetermined time of service with a specific ending point. If a volunteer wishes to leave the program, they should give as much advance notice as possible to the regional coordinator so that a replacement can be found and oriented in the facility prior to the departure of the current Volunteer Friendly Visitor.

Volunteer Friendly Visitors may be asked to give an exit interview/questionnaire which allows the volunteer to state reasons for leaving and reflect upon their experience during their commitment. All communication regarding the program will be kept confidential and is for the use of the Program Manager and regional staff only.

Volunteers can and will be terminated for any violation of their duties or of the procedures set forth in this manual. Any conduct that conflicts with the training and directions provided to them through this program and their facility orientation is not only grounds for dismissal, it may cause the volunteer to lose their indemnification for good faith performance of their duties. Breach of Confidentiality will be grounds for immediate termination from the program. Any criminal activities perpetrated by a Volunteer Friendly Visitor will result in prosecution to the fullest extent of the law.

When a volunteer leaves the program, they must turn in all records, forms, reports, and materials within 5 business days of resignation or termination.

## **In Conclusion**

The Friendly Visitor Volunteer Program supports mission-focused work of the South Carolina Long Term Care Ombudsman Program and the Lieutenant Governor's Office on Aging. This handbook was developed to provide a resource to the regional offices and the Volunteer Friendly Visitors to serve as a guide for orientation for the volunteer and service to the organization.

Suggestions and contributions to improve the level of service provided by this program are welcome. Recommendations will help make this resource a valuable piece of collective wisdom shared for the benefit of the long term care community resident.

Lieutenant Governor's Office on Aging  
State Long Term Care Ombudsman Program  
1301 Gervais St., Suite 350  
Columbia, SC 29201  
Phone: 803-734-9983  
Email: [cangus@aging.sc.gov](mailto:cangus@aging.sc.gov)

# VOLUNTEER HANDBOOK APPENDICES

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## **VOLUNTEER FRIENDLY VISITOR CODE OF ETHICS**

As a Volunteer Friendly Visitor, I am subject to a code of ethics similar to that which binds Long Term Care Ombudsmen. I assume certain responsibilities and expect to account for what I do in terms what I am expected to do. I recognize and adhere to the following points of ethics as a Volunteer Friendly Visitor advocate and will endeavor to:

Participate in efforts to maintain and promote integrity and credibility of the Long-Term Care Ombudsman Program.

Recognize the boundaries of my own level of training and skills and consult with the Regional Ombudsman when needed.

Maintain competence in areas relevant to the long-term care system, especially regulatory, advocacy, and long term care service options.

Provide services with respect for human dignity and the individuality of the resident unrestrictive by considerations of age, social or economic status, personal characteristics, or lifestyle choices.

Respect and promote the resident's right to self-determination, making every reasonable effort to ascertain and act in accordance with the resident's wishes.

Assure that the resident's rights as reflected in federal and state laws and regulations are known by and applied to the residents for whose protection they were written.

Continually safeguard the confidentiality of residents and not divulge any information obtained in the course of Volunteer Friendly Visitor activity without proper consent from the resident unless law or an immediate life-threatening situation overrides this discretion.

Act in accordance with the standards and practices of the Long-Term Care Ombudsman Program and with respect to the policies of the sponsoring organization.

Participate in efforts to promote a quality long-term care system.

Avoid any conflict of interest or appearance of conflict of interest including financial gain in the provision of Volunteer Friendly Visitor services within long-term care facilities.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

# RESIDENTS' RIGHTS

## CHAPTER 81.

### BILL OF RIGHTS FOR RESIDENTS OF LONG-TERM CARE FACILITIES

#### **SECTION 44-81-10.** Short title.

This act may be cited as the "Bill of Rights for Residents of Long-Term Care Facilities".

#### **SECTION 44-81-20.** Legislative findings.

The General Assembly finds that persons residing within long-term care facilities are isolated from the community and often lack the means to assert their rights fully as individual citizens. The General Assembly recognizes the need for these persons to live within the least restrictive environment possible in order to retain their individuality and personal freedom. The General Assembly further finds that it is necessary to preserve the dignity and personal integrity of residents of long-term care facilities through the recognition and declaration of rights safeguarding against encroachments upon each resident's need for self-determination.

#### **SECTION 44-81-30.** Definitions.

As used in this chapter:

- (1) "Long-term care facility" means an intermediate care facility, nursing care facility, or residential care facility subject to regulation and licensure by the State Department of Health and Environmental Control (department).
- (2) "Resident" means a person who is receiving treatment or care in a long-term care facility.
- (3) "Representative" means a resident's legal guardian, committee, or next of kin or other person acting as agent of a resident who does not have a legally appointed guardian.

#### **SECTION 44-81-40.** Rights of residents; written and oral explanation required.

(A) Each resident or the resident's representative must be given by the facility a written and oral explanation of the rights, grievance procedures, and enforcement provisions of this chapter before or at the time of admission to a long-term care facility. Written acknowledgment of the receipt of the explanation by the resident or the resident's representative must be made a part of the resident's file. Each facility must have posted written notices of the residents' rights in conspicuous locations in the facility. The written notices must be approved by the department. The notices must be in a type and a format which is easily readable by residents and must describe residents' rights, grievance procedures, and the enforcement provisions provided by this chapter.

(B) Each resident and the resident's representative must be informed in writing, before or at the time of admission, of:

(1) available services and of related charges, including all charges not covered under federal or state programs, by other third party payers, or by the facility's basic per diem rate;

(2) the facility's refund policy which must be adopted by each facility and which must be based upon the actual number of days a resident was in the facility and any reasonable number of bed-hold days.

Each resident and the resident's representative must be informed in writing of any subsequent change in services, charges, or refund policy.

(C) Each resident or the resident's legal guardian has the right to:

(1) choose a personal attending physician;

(2) participate in planning care and treatment or changes in care and treatment;

(3) be fully informed in advance about changes in care and treatment that may affect the resident's well-being;

(4) receive from the resident's physician a complete and current description of the resident's diagnosis and prognosis in terms that the resident is able to understand;

(5) refuse to participate in experimental research.

(D) A resident may be transferred or discharged only for medical reasons, for the welfare of the resident or for the welfare of other residents of the facility, or for nonpayment and must be given written notice of not less than thirty days, except that when the health, safety, or welfare of other residents of the facility would be endangered by the thirty-day notice requirement, the time for giving notice must be that which is practicable under the circumstances. Each resident must be given written notice before the resident's room or roommate in the facility is changed.

(E) Each resident or the resident's representative may manage the resident's personal finances unless the facility has been delegated in writing to carry out this responsibility, in which case the resident must be given a quarterly report of the resident's account.

(F) Each resident must be free from mental and physical abuse and free from chemical and physical restraints except those restraints ordered by a physician.

(G) Each resident must be assured security in storing personal possessions and confidential treatment of the resident's personal and medical records and may approve or refuse their release to any individual outside the facility, except in the case of a transfer to another health care institution or as required by law or a third party payment contract.

(H) Each resident must be treated with respect and dignity and assured privacy during treatment and when receiving personal care.

(I) Each resident must be assured that no resident will be required to perform services for the facility that are not for therapeutic purposes as identified in the plan of care for the resident.

(J) The legal guardian, family members, and other relatives of each resident must be allowed immediate access to that resident, subject to the resident's right to deny access or withdraw consent to access at any time. Each resident without unreasonable delay or restrictions must be allowed to associate and communicate privately with persons of the resident's choice and must be assured freedom and privacy in sending and receiving mail. The legal guardian, family members, and other relatives of each resident must be allowed to meet in the facility with the legal guardian, family members, and other relatives of other residents to discuss matters related to the facility, so long as the meeting does not disrupt resident care or safety.

(K) Each resident may meet with and participate in activities of social, religious, and community groups at the resident's discretion unless medically contraindicated by written medical order.

(L) Each resident must be able to keep and use personal clothing and possessions as space permits unless it infringes on another resident's rights.

(M) Each resident must be assured privacy for visits of a conjugal nature.

(N) Married residents must be permitted to share a room unless medically contraindicated by the attending physician in the medical record.

(O) A resident or a resident's legal representative may contract with a person not associated with or employed by the facility to perform sitter services unless the services are prohibited from being performed by a private contractor by state or federal law or by the written contract between the facility and the resident. The person, being a private contractor, is required to abide by and follow the policies and procedures of the facility as they pertain to sitters and volunteers. The person must be selected from an approved list or agency and approved by the facility. All residents or residents' legal representatives employing a private contractor must agree in writing to hold the facility harmless from any liability.

**SECTION 44-81-50. Discrimination.**

Each resident must be offered treatment without discrimination as to sex, race, color, religion, national origin, or source of payment.

**SECTION 44-81-60. Grievance procedures; review by department.**

Each facility shall establish grievance procedures to be exercised by or on behalf of the resident to enforce the rights provided by this act. The department shall review and approve these grievance procedures annually. This act is enforced by the department. The department may promulgate regulations to carry out the provisions of this act.

**SECTION 44-81-70. Retaliation.**

No facility by or through its owner, administrator, or operator, or any person subject to the supervision, direction, or control of the owner, administrator, or operator shall retaliate against a resident after the resident or the resident's legal representative has engaged in exercising rights under this act by increasing charges, decreasing services, rights, or privileges, or by taking any action to coerce or compel the resident to leave the facility or by abusing or embarrassing or threatening any resident in any manner.

## RESIDENT'S BILL OF RIGHTS

South Carolina Code of Laws, Section 44-81-20 et. seq.

**As a resident of this facility, YOU have or your legal guardian has, the right to:**

### MEDICAL TREATMENT

- X Choose your own personal physician;
- X Receive from your physician a complete and current description of your medical condition in terms you understand;
- X Participate in planning the care and treatment you receive;
- X Participate in any changes to your care and treatment;
- X Be fully informed in advance of any changes in your care and treatment that may affect your well-being;
- X Refuse to participate in any type of experimental tests or research;
- X Have privacy during treatment;
- X Have your medical records treated with confidentiality;
- X Approve or refuse release of your medical records to anyone outside this facility, unless you are transferred to another health care facility, or it is required by law or by other third party contracts;

### PERSONAL POSSESSIONS

- X Have security in storing your personal possessions;
- X Approve or refuse release of your personal records to anyone outside the facility, except as provided by law;
- X Keep and use personal clothing and possessions as long as they do not affect other residents' rights;
- X Manage your personal finances. If the facility has been delegated in writing to manage your finances for you, it must provide you with a quarterly report of your finances;

### PERSONAL TREATMENT

- X Be treated with respect and dignity;
- X Be free from mental or physical abuse;
- X Be free from being restrained either physically or with drugs, unless your doctor has ordered them;
- X Be free from working or performing services for the facility unless they are part of your plan of care;
- X Be discharged or transferred to another facility against your wishes only for: your welfare; the welfare of the other residents; medical reasons; or for nonpayment. You must be given written notice at least 30 days prior to discharge or transfer, unless your discharge or transfer is for your welfare or the welfare of other residents; in that case the facility must provide you with written notice within a reasonable time under the circumstances.

### COMMUNICATION

- X Have your legal guardian, family members, and other relatives see you when they visit;
- X Refuse to see your legal guardian, family members, and other relatives;
- X Send and receive mail with freedom and privacy;
- X Associate and communicate privately with persons of your choice;
- X Meet with your legal guardian, family members, or other resident's family members to discuss this facility;
- X Meet with and participate in social, religious, and community group activities, unless a written medical order prohibits such activity;

### PERSONAL PRIVACY

- X Have privacy when receiving personal care;
- X Have privacy when visiting with your husband or wife;
- X Share a room with your husband or wife, unless your doctor forbids this in your medical record;
- X Have your personal records treated confidentially;
- X Employ a sitter from outside this facility to come and provide you with sitter services, unless you have already agreed in writing with this facility not to hire a private sitter. You must choose a sitter from an approved agency or list and that sitter must be approved by the facility. The sitter must also abide by the policies and procedures of this facility. You must agree not to hold the facility liable for any matters involving your private sitter.

**By the time you were admitted to this facility, a representative of this facility must have explained to you:**

**Your Rights:** You must have been told and given a written explanation of your rights as explained in this poster, what to do if you believe your rights have been violated, and how to enforce your rights under state law. You must have acknowledged that you received these explanations in writing, and they must be part of your file.

**Services:** You must have been given a written list of the services that are available to you and their cost. If the services or their costs change, you must be notified of those changes in writing.

**Refund Policy:** This facility must have a policy on giving refunds to residents. The policy must be based on the actual number of days you were in the facility or a bed was held there for you. You must have been given a copy of this policy in writing and you must be notified in writing again of any changes that are made to this policy.

If you contact a member of the facility staff, but no action is taken on your behalf, contact: **South Carolina Department of Health & Environmental Control, Health Licensing, 2600 Bull Street, Columbia, SC 29201. Or call: (803) 545-4370.**

# OMNIBUS ADULT PROTECTION ACT

## CHAPTER 35.

### ADULT PROTECTION

#### ARTICLE 1.

##### DUTIES AND PROCEDURES OF INVESTIGATIVE ENTITIES

###### **SECTION 43-35-5.** Short title.

This chapter may be cited as the Omnibus Adult Protection Act.

###### **SECTION 43-35-10.** Definitions.

As used in this chapter:

- (1) "Abuse" means physical abuse or psychological abuse.
- (2) "Caregiver" means a person who provides care to a vulnerable adult, with or without compensation, on a temporary or permanent or full or part-time basis and includes, but is not limited to, a relative, household member, day care personnel, adult foster home sponsor, and personnel of a public or private institution or facility.
- (3) "Exploitation" means:
  - (a) causing or requiring a vulnerable adult to engage in activity or labor which is improper, unlawful, or against the reasonable and rational wishes of the vulnerable adult. Exploitation does not include requiring a vulnerable adult to participate in an activity or labor which is a part of a written plan of care or which is prescribed or authorized by a licensed physician attending the patient;
  - (b) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a vulnerable adult by a person for the profit or advantage of that person or another person; or
  - (c) causing a vulnerable adult to purchase goods or services for the profit or advantage of the seller or another person through: (i) undue influence, (ii) harassment, (iii) duress, (iv) force, (v) coercion, or (vi) swindling by overreaching, cheating, or defrauding the vulnerable adult through cunning arts or devices that delude the vulnerable adult and cause him to lose money or other property.
- (4) "Facility" means a nursing care facility, community residential care facility, a psychiatric hospital, or any residential program operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.
- (5) "Investigative entity" means the Long Term Care Ombudsman Program, the Adult Protective Services Program in the Department of Social Services, the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division, or the Medicaid Fraud Control Unit of the Office of the Attorney General.
- (6) "Neglect" means the failure or omission of a caregiver to provide the care, goods, or services necessary to maintain the health or safety of a vulnerable adult including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services and the

failure or omission has caused, or presents a substantial risk of causing, physical or mental injury to the vulnerable adult. Noncompliance with regulatory standards alone does not constitute neglect. Neglect includes the inability of a vulnerable adult, in the absence of a caretaker, to provide for his or her own health or safety which produces or could reasonably be expected to produce serious physical or psychological harm or substantial risk of death.

(7) “Occupational licensing board” means a health professional licensing board which is a state agency that licenses and regulates health care providers and includes, but is not limited to, the Board of Long Term Health Care Administrators, State Board of Nursing for South Carolina, State Board of Medical Examiners, State Board of Social Work Examiners, and the State Board of Dentistry.

(8) “Physical abuse” means intentionally inflicting or allowing to be inflicted physical injury on a vulnerable adult by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, burning, actual or attempted sexual battery as defined in Section 16-3-651, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other qualified professional or that is part of a written plan of care by a licensed physician or other qualified professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between vulnerable adults.

(9) “Protective services” means those services whose objective is to protect a vulnerable adult from harm caused by the vulnerable adult or another. These services include, but are not limited to, evaluating the need for protective services, securing and coordinating existing services, arranging for living quarters, obtaining financial benefits to which a vulnerable adult is entitled, and securing medical services, supplies, and legal services.

(10) “Psychological abuse” means deliberately subjecting a vulnerable adult to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

(11) “Vulnerable adult” means a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person’s own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. A resident of a facility is a vulnerable adult.

(12) “Operated facility” means those facilities directly operated by the Department of Mental Health or the Department of Disabilities and Special Needs.

(13) “Contracted facility” means those public and private facilities contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs.

**SECTION 43-35-13.** Nonmedical remedial treatment by spiritual means is not abuse or neglect of vulnerable adult.

No vulnerable adult may be considered to be abused or neglected for the sole reason that, in lieu of medical treatment, the vulnerable adult is being furnished nonmedical remedial treatment by spiritual means through prayer alone which the vulnerable adult has practiced freely in accordance with his religion.

**SECTION 43-35-15.** Vulnerable Adults Investigations Unit; Long Term Care Ombudsman Program; Adult Protective Services Program; responsibilities.

(A) The Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division shall receive and coordinate the referral of all reports of alleged abuse, neglect, or exploitation of vulnerable adults in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs. The unit shall establish a toll free number, which must be operated twenty-four hours a day, seven days a week, to receive the reports. The unit shall investigate or refer to appropriate law enforcement those reports in which there is reasonable suspicion of criminal conduct. The unit also shall investigate vulnerable adult fatalities as provided for in Article 5, Chapter 35, Title 43. The unit shall refer those reports in which there is no reasonable suspicion of criminal conduct to the appropriate investigative entity for investigation. Upon conclusion of a criminal investigation of abuse, neglect, or exploitation of a vulnerable adult, the unit or other law enforcement shall refer the case to the appropriate prosecutor when further action is necessary. The South Carolina Law Enforcement Division may develop policies, procedures, and memorandum of agreement with other agencies to be used in fulfilling the requirements of this article. However, the South Carolina Law Enforcement Division must not delegate its responsibility to investigate criminal reports of alleged abuse, neglect, and exploitation to the agencies, facilities, or entities that operate or contract for the operation of the facilities. Nothing in this subsection precludes the Department of Mental Health, the Department of Disabilities and Special Needs, or their contractors from performing administrative responsibilities in compliance with applicable state and federal requirements.

(B) The Long Term Care Ombudsman Program shall investigate or cause to be investigated noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in facilities. The Long Term Care Ombudsman Program may develop policies, procedures, and memoranda of agreement to be used in reporting these incidents and in furthering its investigations. The Long Term Care Ombudsman Program must not delegate its responsibility to investigate noncriminal reports of alleged abuse, neglect, and exploitation to the facilities or to the entities that operate or contract for the operation of the facilities. Nothing in this subsection precludes the Department of Mental Health, the Department of Disabilities and Special Needs, or their contractors from performing administrative responsibilities in compliance with applicable state and federal requirements. The Long Term Care Ombudsman Program shall refer reports of abuse, neglect, and exploitation to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division if there is reasonable suspicion of criminal conduct.

(C) The Adult Protective Services Program in the Department of Social Services shall investigate or cause to be investigated noncriminal reports of alleged abuse, neglect, and exploitation of vulnerable adults occurring in all settings other than those facilities for which the Long Term Care Ombudsman Program is responsible for the investigation

pursuant to this section. The Adult Protective Services Program may promulgate regulations and develop policies, procedures, and memoranda of agreement to be used in reporting these incidents, in furthering its investigations, and in providing protective services. The Adult Protective Services Program shall refer reports of abuse, neglect, and exploitation to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division if there is reasonable suspicion of criminal conduct.

**SECTION 43-35-20.** Additional powers of investigative entities.

In addition to all other powers and duties that an investigative entity is given in this article, the investigative entity may:

- (1) have access to facilities for the purpose of conducting investigations, as otherwise permitted by law;
- (2) request and receive written statements, documents, exhibits, and other items pertinent to an investigation including, but not limited to, hospital records of a vulnerable adult which the hospital is authorized to release upon written request of the investigative entity without obtaining patient authorization;
- (3) issue, through its director, administrative subpoenas for the purpose of gathering information and documents;
- (4) institute proceedings in a court of competent jurisdiction to seek relief necessary to carry out the provisions of this chapter;
- (5) require all persons, including family members of a vulnerable adult and facility staff members, to cooperate with the investigative entity in carrying out its duties under this chapter including, but not limited to, conducting investigations and providing protective services;
- (6) require all officials, agencies, departments, and political subdivisions of the State to assist and cooperate within their jurisdictional power with the court and the investigative entity in furthering the purposes of this chapter;
- (7) conduct studies and compile data regarding abuse, neglect, and exploitation;
- (8) issue reports and recommendations.

**SECTION 43-35-25.** Persons required to report abuse, neglect, or exploitation of adult; reporting methods.

(A) A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or mental retardation specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. Any other person who has actual knowledge that a vulnerable adult has been abused, neglected, or exploited shall report the incident in accordance with this section.

(B) Except as provided in subsection (A), any other person who has reason to believe that a vulnerable adult has been or may be abused, neglected, or exploited may report the incident.

(C) A person required to report pursuant to this section is personally responsible for making the report; however, a state agency may make a report on behalf of an agency employee if the procedure the agency uses for reporting has been approved in writing by the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or the investigative entity to which the report is to be made.

(D) A person required to report under this section must report the incident within twenty-four hours or the next working day. A report must be made in writing or orally by telephone or otherwise to:

(1) the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs;

(2) the Long Term Care Ombudsman Program for incidents occurring in facilities, except those facilities provided for in item (1); and

(3) the Adult Protective Services Program for incidents occurring in all other settings.

(E) If the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or an investigative entity receives a report that is not within its investigative jurisdiction, the unit or investigative entity shall forward the report to the appropriate unit or investigative entity not later than the next working day.

(F) No facility may develop policies or procedures that interfere with the reporting requirements of this section.

(G) Provided the mandatory reporting requirements of this section are met, nothing in this section precludes a person also from reporting directly to law enforcement, and in cases of an emergency, serious injury, or suspected sexual assault law enforcement must be contacted immediately.

### **SECTION 43-35-30. Photographing of visible trauma on abused adult.**

A person required to report pursuant to this article or a person investigating a report may take or cause to be taken color photographs of the trauma visible on the vulnerable adult who is the subject of a report. A person required to report under this chapter as a member of the staff of a medical facility, public or private institution, school, facility, or agency immediately shall notify the person in charge or the designated agent of the person in charge who shall take or cause to be taken color photographs of visible trauma. The investigative entity or law enforcement, if indicated, may cause to be performed a radiological examination or medical examination of the vulnerable adult without consent. All photographs, x-rays, and results of medical examinations and tests must be provided to law enforcement or to the investigative entity upon request.

### **SECTION 43-35-35. Reporting deaths where abuse or neglect suspected.**

(A) A person required to report or investigate cases under this chapter who has reasonable suspicion to believe that a vulnerable adult died as a result of abuse or neglect shall report the death and suspected cause of death to the coroner or medical examiner. The coroner or medical examiner shall conduct an investigation and may conduct or order an autopsy. The coroner or medical examiner must report the investigative findings

to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division.

(B) All deaths involving a vulnerable adult in a facility operated or contracted for operation by the Department of Mental Health, the Department of Disabilities and Special Needs, or their contractors must be referred to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for investigation pursuant to Section 43-35-520.

**SECTION 43-35-40.** responsibilities when a report is received; initiation of investigation; reports to local law enforcement or Vulnerable Adults Investigations Unit.

Upon receiving a report, the Long Term Care Ombudsman or Adult Protective Services promptly shall:

- (1) initiate an investigation; or
- (2) review the report within two working days for the purpose of reporting those cases that indicate reasonable suspicion of criminal conduct to local law enforcement or to the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division (SLED). A report to local law enforcement or SLED must be made within one working day of completing the review.

**SECTION 43-35-45.** Warrant from family court to permit investigation of report; order for protective services; appointment of guardian and attorney; evaluation; hearing; review; semi-annual re-evaluation; payment for services.

(A) In investigating a report if consent cannot be obtained for access to the vulnerable adult or the premises, the investigative entity may seek a warrant from the family court to enter and inspect and photograph the premises and the condition of the vulnerable adult. The court shall issue a warrant upon a showing of probable cause that the vulnerable adult has been abused, neglected, or exploited or is at risk of abuse, neglect, or exploitation.

(B) At any time during or subsequent to an investigation where a vulnerable adult is at substantial risk to be or has been abused, neglected, or exploited and consent to provide services cannot be obtained, the Adult Protective Services Program may petition the family court for an order to provide protective services. In those cases requiring emergency protective services or emergency removal of the vulnerable adult from the place the adult is located or residing, the Adult Protective Services Program may seek ex parte relief. The court may expedite the ex parte proceeding to any extent necessary to protect the vulnerable adult. The family court may order ex parte that the vulnerable adult be taken into emergency protective custody without the consent of the vulnerable adult or the guardian or others exercising temporary or permanent control over the vulnerable adult, if the court determines there is probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the vulnerable adult's life or physical safety. The court also may order emergency services or other relief as necessary to protect the vulnerable adult.

(C) Within ten days following the filing of a petition pursuant to this section the court must appoint a guardian ad litem and an attorney for the vulnerable adult; and within forty days of the petition being filed the court shall hold a hearing on the merits.

(D) Before the hearing on the merits the Adult Protective Services Program must conduct a comprehensive evaluation of the vulnerable adult. The evaluation must include, but is not limited to:

- (1) the vulnerable adult's current address and with whom the vulnerable adult is residing;
  - (2) a list of all persons or agencies currently providing services to the vulnerable adult and the nature of these services;
  - (3) a summary of services, if any, provided to the vulnerable adult by the Adult Protective Services Program;
  - (4) if needed, a medical, psychological, social, vocational, or educational evaluation;
  - (5) recommendations for protective services which would serve the best interests of the vulnerable adult; however, when these services are to be provided by another state agency, these recommendations must be developed in consultation with the other agency.
- A copy of the evaluation must be provided to the court, the guardian ad litem, and the attorney at least five working days before the hearing on the merits. Reasonable expenses incurred for evaluations required by this subsection must be paid by the Adult Protective Services Program which must seek reimbursement for these evaluations, where possible.

(E) At the hearing on the merits, the court may order the Adult Protective Services Program to provide protective services if it finds that:

- (1) the vulnerable adult is at substantial risk of being or has been abused, neglected, or exploited and the vulnerable adult is unable to protect herself or himself; and
- (2) protective services are necessary to protect the vulnerable adult from the substantial risk of or from abuse, neglect, or exploitation.

(F) Protective services ordered pursuant to this section must be provided in the least restrictive setting available and appropriate for the vulnerable adult and noninstitutional placement must be used whenever possible. Subsequently, if commitment to a treatment facility is required, the Adult Protective Services Program may initiate commitment proceedings.

(G) Any interested person, on behalf of the vulnerable adult, may file a motion for review of the court order issued pursuant to this section.

(H) Following a court order from the merits hearing to provide protective services to a vulnerable adult, the Adult Protective Services Program, at least every six months, must evaluate the vulnerable adult and submit a written report to the court, and any other parties required by the court, regarding the vulnerable adult's need for continued protective services as defined in this chapter.

(I) If the court determines that the vulnerable adult is financially capable of paying for services ordered pursuant to this section, then payment by or from the financial resources of the vulnerable adult may be ordered.

(J) In an action for exploitation or in which payment for protective services is in issue, upon its own motion or a motion of any party, the court may order that the vulnerable adult's financial records be made available on a certain day and time for inspection by the parties.

(K) Expenses incurred by the Adult Protective Services Program on behalf of a vulnerable adult that have not been reimbursed at the time of the vulnerable adult's death become a claim against the estate of the vulnerable adult.

(L) Payments for which a vulnerable adult is responsible or for which the Adult Protective Services Program is to be reimbursed only include payments to third parties and do not include personnel or operating expenses of the Adult Protective Services Program.

**SECTION 43-35-50.** Abrogation of privilege for certain communications.

The privileged quality of communication between husband and wife or between a professional person and the person's patient or client, except that between attorney and client or priest and penitent, are abrogated and do not constitute grounds for failing to report or for the exclusion of evidence in any civil or criminal proceeding resulting from a report made pursuant to this chapter.

**SECTION 43-35-55.** Protective custody by law enforcement officer; procedure; notification of protective services program; subsequent proceedings.

(A) A law enforcement officer may take a vulnerable adult in a life-threatening situation into protective custody if:

- (1) there is probable cause to believe that by reason of abuse, neglect, or exploitation there exists an imminent danger to the vulnerable adult's life or physical safety;
- (2) the vulnerable adult or caregiver does not consent to protective custody; and
- (3) there is not time to apply for a court order.

(B) When a law enforcement officer takes protective custody of a vulnerable adult, the officer must transport the vulnerable adult to a place of safety which must not be a facility for the detention of criminal offenders or of persons accused of crimes. The Adult Protective Services Program has custody of the vulnerable adult pending the family court hearing to determine if there is probable cause for protective custody.

(C) A vulnerable adult who is taken into protective custody by a law enforcement officer, may not be considered to have been arrested.

(D) When a law enforcement officer takes protective custody of a vulnerable adult under this section, the law enforcement officer must immediately notify the Adult Protective Services Program and the Department of Social Services in the county where the vulnerable adult was situated at the time of being taken into protective custody. This notification must be made in writing or orally by telephone or otherwise and must include the following information:

- (1) the name of the vulnerable adult, if known, or a physical description of the adult, if the name is unknown;
- (2) the address of the place from which the vulnerable adult was removed by the officer;
- (3) the name and the address, if known, of any person who was exercising temporary or permanent custody of or control over or who was the caregiver of the vulnerable adult at the time the adult was taken into protective custody;
- (4) the address of the place to which the vulnerable adult was transported by the officer;

(5) a description of the facts and circumstances resulting in the officer taking the vulnerable adult into protective custody.

(E) The Department of Social Services is responsible for filing a petition for protective custody within one business day of receiving the notification required by subsection (D).

(F) The family court shall hold a hearing to determine whether there is probable cause for the protective custody within seventy-two hours of the Department of Social Services filing the petition, excluding Saturdays, Sundays, and legal holidays.

(G) Upon receiving notification that a vulnerable adult has been taken into protective custody the Adult Protective Services Program shall commence an investigation. After the hearing required by subsection (F), the Adult Protective Services Program may initiate or cause to be initiated a petition for services pursuant to Section 43-35-45.

**SECTION 43-35-60.** Sharing of report information by investigative entities; public confidentiality.

Unless otherwise prohibited by law, a state agency, an investigative entity, and law enforcement may share information related to an investigation conducted as a result of a report made under this chapter. Information in these investigative records must not be disclosed publicly.

**SECTION 43-35-65.** Notices to be displayed at facilities.

A facility as defined in Section 43-35-10 shall prominently display notices stating the duties of its personnel under this chapter and contact information, the text of which must be provided by the Long Term Care Ombudsman Program in consultation with the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division.

**SECTION 43-35-70.** Reports to occupational licensing boards.

The investigative entity shall report an alleged incident of abuse, neglect, or exploitation against a health care professional to the occupational licensing board by whom that person is licensed.

**SECTION 43-35-75.** Immunity of person making report or participating in investigation in good faith.

(A) A person who, acting in good faith, reports pursuant to this chapter or who participates in an investigation or judicial proceeding resulting from a report is immune from civil and criminal liability which may otherwise result by reason of this action. In a civil or criminal proceeding good faith is a rebuttable presumption.

(B) It is against the public policy of South Carolina to change an employee's status solely because the employee reports or cooperates with an investigation or action taken under this chapter.

**SECTION 43-35-80.** Action by Attorney General against person or facility for failure to exercise reasonable care; fine.

(A) Notwithstanding any regulatory or administrative penalty that may be assessed and in addition to a private civil cause of action that may be brought against a person or facility based on an action or failure to act that otherwise constitutes abuse, neglect, or exploitation under this chapter, the Attorney General, upon referral from the Long Term Care Ombudsman Program or the Vulnerable Adults Investigations Unit, may bring an action against a person who fails through pattern or practice to exercise reasonable care in hiring, training, or supervising facility personnel or in staffing or operating a facility, and this failure results in the commission of abuse, neglect, exploitation, or any other crime against a vulnerable adult in a facility. A person or facility which verifies good standing of the employee with the appropriate licensure or accrediting entity is rebuttably presumed to have acted reasonably regarding the hiring.

(B) In granting relief under this section, the court may assess a civil fine of not more than thirty thousand dollars or order injunctive relief, or both, and may order other relief as the court considers appropriate.

(C) Nothing in this section may be construed to create a private cause of action against one who fails through pattern or practice to exercise reasonable care as provided for in subsection (A).

(D) For the purposes of this section ‘person’ means any natural person, corporation, joint venture, partnership, unincorporated association, or other business entity.

(E) To the extent fines collected pursuant to this section exceed the cost of litigation, these fines must be credited to the Adult Protective Services Emergency Fund and may be carried forward from one fiscal year to the next.

#### **SECTION 43-35-85. Penalties.**

(A) A person required to report under this chapter who knowingly and willfully fails to report abuse, neglect, or exploitation is guilty of a misdemeanor and, upon conviction, must be fined not more than twenty-five hundred dollars or imprisoned not more than one year.

(B) Except as otherwise provided in subsections (E) and (F), a person who knowingly and willfully abuses a vulnerable adult is guilty of a felony and, upon conviction, must be imprisoned not more than five years.

(C) Except as otherwise provided in subsections (E) and (F), a person who knowingly and willfully neglects a vulnerable adult is guilty of a felony and, upon conviction, must be imprisoned not more than five years.

(D) A person who knowingly and willfully exploits a vulnerable adult is guilty of a felony and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than five years, or both, and may be required by the court to make restitution.

(E) A person who knowingly and willfully abuses or neglects a vulnerable adult resulting in great bodily injury is guilty of a felony and, upon conviction, must be imprisoned not more than fifteen years.

(F) A person who knowingly and willfully abuses or neglects a vulnerable adult resulting in death is guilty of a felony and, upon conviction, must be imprisoned not more than thirty years.

(G) A person who threatens, intimidates, or attempts to intimidate a vulnerable adult subject of a report, a witness, or any other person cooperating with an investigation conducted pursuant to this chapter is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned for not more than three years.

(H) A person who wilfully and knowingly obstructs or in any way impedes an investigation conducted pursuant to this chapter, upon conviction, is guilty of a misdemeanor and must be fined not more than five thousand dollars or imprisoned for not more than three years.

(I) As used in this section, “great bodily injury” means bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

**SECTION 43-35-90.** Article not to affect authority of agencies.

This article is not intended to affect in any way the authority of any agency to act under state or federal law.

ARTICLE 3.

ADULT PROTECTION COORDINATING COUNCIL

**SECTION 43-35-310.** Council created; membership; filling vacancies.

(A) There is created the Adult Protection Coordinating Council under the auspices of the State Health and Human Services Finance Commission and is comprised of:

(1) one member from the institutional care service provision system or a family member of a consumer of that system and one member from the home and community-based service provision system or a family member of a consumer of that system, both of whom must be appointed by the Governor for terms of two years; and

(2) these members who shall serve ex officio:

(a) Attorney General or a designee;

(b) Board of Long Term Health Care Administrators, Executive Director, or a designee;

(c) State Board of Nursing for South Carolina, Executive Director, or a designee;

(d) Commission on Aging, Executive Director, or a designee;

(e) Criminal Justice Academy, Executive Director, or a designee;

(f) South Carolina Department of Health and Environmental Control, Commissioner, or a designee;

(g) State Department of Mental Health, Commissioner, or a designee;

(h) South Carolina Department of Mental Retardation, Commissioner, or a designee;

(i) Adult Protective Services Program, Director, or a designee;

(j) Health and Human Services Finance Commission, Executive Director, or a designee;

(k) Joint Legislative Committee on Aging, Chair, or a designee;

(l) Police Chiefs’ Association, President, or a designee;

(m) Prosecution Coordination Commission, Executive Director, or a designee;

(n) South Carolina Protection and Advocacy System for the Handicapped, Inc., Executive Director, or a designee;

- (o) South Carolina Sheriff's Association, Executive Director, or a designee;
  - (p) South Carolina Law Enforcement Division, Chief, or a designee;
  - (q) Long Term Care Ombudsman or a designee;
  - (r) South Carolina Medical Association, Executive Director, or a designee;
  - (s) South Carolina Health Care Association, Executive Director, or a designee;
  - (t) South Carolina Home Care Association, Executive Director, or a designee.
- (B) Vacancies on the council must be filled in the same manner as the initial appointment.

**SECTION 43-35-320.** Responsibilities of council.

The Adult Protection Coordinating Council shall coordinate the planning and implementation efforts of the entities involved in the adult protection system. Members shall facilitate problem resolution and develop action plans to overcome problems identified within the system. The council shall develop methods of addressing the ongoing needs of vulnerable adults, including increasing public awareness of adult abuse, neglect, and exploitation. The council shall remain abreast of new trends in adult protection from national clearinghouses and other appropriate entities. The Adult Protection Coordinating Council has no authority to direct or require implementing action from any member or entity.

**SECTION 43-35-330.** Duties of council.

- (A) Duties of the council are to:
- (1) provide oversight in adult protection and to recommend changes in the system;
  - (2) identify and promote training on critical issues in adult protection;
  - (3) facilitate arrangements for continuing education seminars and credits, when appropriate;
  - (4) coordinate agency training when possible to avoid duplication;
  - (5) coordinate data collection and conduct analyses including periodic monitoring and evaluation of the incidence and prevalence of adult abuse, neglect, and exploitation;
  - (6) determine and target problem areas for training based on the analysis of the data;
  - (7) promote resource development;
  - (8) assist with problem resolution and facilitate interagency coordination of efforts;
  - (9) promote and enhance public awareness;
  - (10) promote prevention and intervention activities to ensure quality of care for vulnerable adults and their families;
  - (11) provide technical assistance for developing memoranda of agreement among involved entities;
  - (12) promote coordination and communication among groups and associations which may be affected by the Adult Protection Coordinating Council's actions through the use of memoranda of agreement.
- (B) Duties of the council are subject to the appropriation of funding and allocation of personnel sufficient to carry out the functions of the council.

**SECTION 43-35-340.** Officers; terms of office; quorum.

The chair of the council must be elected by a majority of the council membership for one two-year term. Other officers may be elected as needed in the same manner as the chair. A majority of the membership of the council constitutes a quorum for official business to be conducted.

**SECTION 43-35-350. Meetings.**

Meetings of the council must be held at least quarterly at the call of the chair or may be called by a petition of two-thirds of the council membership.

ARTICLE 5.

VULNERABLE ADULT FATALITIES

**SECTION 43-35-500. Definitions.**

In addition to the definitions contained in Section 43-35-10, for purposes of this article:

- (1) “Committee” means the Vulnerable Adult Fatalities Review Committee.
- (2) “Meeting” means both in-person meetings and meetings through telephone conferencing.
- (3) “Preventable death” means a death that reasonable medical, social, legal, psychological, or educational intervention may have prevented.
- (4) “Provider of medical care” means a licensed health care practitioner who provides, or a licensed health care facility through which is provided, medical evaluation or treatment, including dental and mental health evaluation or treatment.
- (5) “SLED” means the South Carolina Law Enforcement Division.
- (6) “Unit” means the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division.
- (7) “Working day” means Monday through Friday, excluding official state holidays.

**SECTION 43-35-510. Policy of State regarding health and safety of vulnerable adults.**

It is the policy of this State that:

- (1) Every vulnerable adult is entitled to live in safety and in health.
- (2) Responding to deaths of vulnerable adults is a state and a community responsibility.
- (3) When a vulnerable adult dies, the response by the State and the community to the death must include an accurate and complete determination of the cause of death, the provision of services to surviving family members, and the development and implementation of measures to prevent future deaths from similar causes and may include court action, including prosecution of persons who may be responsible for the death and family court proceedings to protect other vulnerable adults in the care of the responsible person.
- (4) Professionals from disparate disciplines and agencies that have responsibilities for vulnerable adults and expertise that can promote safety and well-being of vulnerable

adults should share their expertise and knowledge toward the goals of determining the causes of deaths of vulnerable adults, planning and providing services to nonoffending family members, and preventing future vulnerable adult deaths.

(5) A greater understanding of the incidence and causes of deaths of vulnerable adults is necessary if the State is to prevent future vulnerable adult deaths.

(6) Multi-disciplinary and multi-agency reviews of vulnerable adult deaths can assist the State in the investigation of vulnerable adult deaths, in the development of a greater understanding of the incidence and causes of vulnerable adult deaths and the methods for preventing such deaths, and in identifying gaps in services to vulnerable adults and families.

(7) Access to information regarding vulnerable adults and their families is necessary to achieve the mandates and purposes of this article.

(8) Competent investigative services must be sensitive to the needs of South Carolina's vulnerable adults and their families and not be unnecessarily intrusive and should be achieved through training, awareness, and technical assistance.

**SECTION 43-35-520.** Investigations of deaths in facilities operated by the Department of Mental Health or the Department of Disabilities and Special Needs.

The Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division, created pursuant to Section 23-3-810, shall, in addition to its investigation responsibilities under that section or Article 1, investigate cases of vulnerable adult fatalities in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs. Provided, that in a nursing home, as defined in Section 44-7-130, contracted for operation by the Department of Mental Health, the Vulnerable Adults Investigations Unit shall investigate those fatalities for which there is suspicion that the vulnerable adult died as a result of abuse or neglect, the death is suspicious in nature, or the death is referred by a coroner or medical examiner as provided in Section 43-35-35(A).

**SECTION 43-35-530.** Conduct of investigations.

Upon receipt of a report of a vulnerable adult death, as required by Section 17-5-555 or Section 43-35-35, the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division shall:

(1) investigate and gather all information on the vulnerable adult fatality pursuant to Section 43-35-520. The coroner or medical examiner immediately must request an autopsy if the unit determines that an autopsy is necessary. The autopsy must be performed by a pathologist with forensic training as soon as possible. The forensic pathologist must inform the unit of the findings within forty-eight hours of completion of the autopsy. If the autopsy reveals the cause of death to be pathological or an unavoidable accident, the case must be closed by the unit. If the autopsy reveals physical or sexual trauma, suspicious markings, or other findings that are questionable or yields no conclusion to the cause of death, the unit immediately must begin an investigation;

(2) request assistance of any other local, county, or state agency to aid in the investigation;

- (3) upon receipt of additional investigative information, reopen a case for another coroner's inquest;
- (4) upon receipt of the notification required by item (1), review agency records for information regarding the deceased vulnerable adult or family. Information available to the department pursuant to Section 43-35-570 and information that is public under Chapter 4, Title 30, the Freedom of Information Act, must be available as needed to the county coroner or medical examiner, the Long Term Care Ombudsman Program, the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division, and the Adult Protective Services Program of the Department of Social Services;
- (5) report the activities and findings related to vulnerable adult deaths to the Vulnerable Adults Fatalities Review Committee; and
- (6) develop a protocol for vulnerable adult death investigations.

**SECTION 43-35-540.** Access to medical information.

Upon request of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and as necessary to carry out the unit's duties, the unit immediately must be provided:

- (1) by a provider of medical care, access to information and records regarding a vulnerable adult whose death is being investigated by the unit or reviewed by the committee;
- (2) access to all information and records maintained by any state, county, or local government agency including, but not limited to, birth certificates, law enforcement investigation data, county coroner or medical examiner investigation data, parole and probation information and records, and information and records of social services and health agencies that provided services to the vulnerable adult or family.

**SECTION 43-35-550.** Subpoena of medical information.

When necessary in the discharge of the duties of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and upon application of the unit, the clerks of court shall issue a subpoena or subpoena duces tecum to any state, county, or local agency, board, or commission or to any representative of any state, county, or local agency, board, or commission or to a provider of medical care to compel the attendance of witnesses and production of documents, books, papers, correspondence, memoranda, and other relevant records to the discharge of the unit's duties. Failure to obey a subpoena or subpoena duces tecum issued pursuant to this section may be punished as contempt.

**SECTION 43-35-560.** Vulnerable Adults Fatalities Review Committee; members; terms; meetings; administrative support.

(A) There is created a multi-disciplinary Vulnerable Adults Fatalities Review Committee composed of:

- (1) the Director of the South Carolina Department of Social Services;

- (2) the Commissioner of the South Carolina Department of Health and Environmental Control;
- (3) the Executive Director of the South Carolina Criminal Justice Academy;
- (4) the Chief of the South Carolina Law Enforcement Division;
- (5) the Director of the South Carolina Department of Alcohol and Other Drug Abuse Services;
- (6) the Director of the South Carolina Department of Mental Health;
- (7) the Director of the South Carolina Department of Disabilities and Special Needs;
- (8) the Director of the Office on Aging;
- (9) the Executive Director of Protection and Advocacy for People with Disabilities, Inc.;
- (10) two representatives from two county boards of disabilities and special needs established pursuant to Section 44-20-375;
- (11) a county coroner or medical examiner;
- (12) an attorney with experience in prosecuting crimes against vulnerable adults;
- (13) a physician with experience in treating vulnerable adults, appointed from recommendations submitted by the South Carolina Medical Association;
- (14) a solicitor;
- (15) a forensic pathologist; and
- (16) two members of the public at large, one of whom must represent a private nonprofit community residential care facility and one of whom must represent a public for profit community residential care facility, both of which must provide services to vulnerable adults.

(B) Those members enumerated in items (1) through (10) shall serve ex officio and may appoint a designee, who has administrative or program responsibilities for vulnerable adults, to serve in their place from their particular departments or agencies. The remaining members, including the coroner or medical examiner and solicitor, who shall serve ex officio, must be appointed by the Governor for terms of four years and until their successors are appointed and qualify.

(C) A chairman and vice chairman of the committee must be elected from among the members by a majority vote of the membership for a term of two years.

(D) Meetings of the committee must be held at least quarterly. A majority of the committee constitutes a quorum.

(E) Each ex officio member shall provide sufficient staff and administrative support to carry out the responsibilities of this article.

**SECTION 43-35-570. Purpose of Vulnerable Adult Fatalities Review Committee.**

(A) The purpose of the Vulnerable Adult Fatalities Review Committee is to decrease the incidence of preventable vulnerable adult deaths by:

- (1) developing an understanding of the causes and incidences of vulnerable adult deaths;
- (2) developing plans for and implementing changes within the agencies represented on the committee which will prevent vulnerable adult deaths; and
- (3) advising the Governor and the General Assembly on statutory, policy, and practice changes that will prevent vulnerable adult deaths.

(B) To achieve its purpose, the committee shall:

- (1) meet with the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division no later than one month after the unit receives notification by the county coroner or medical examiner pursuant to Section 17-5-555 or Section 43-35-35 to review the investigation of the death;
- (2) undertake annual statistical studies of the incidence and causes of vulnerable adult fatalities in this State. The studies shall include an analysis of community and public and private agency involvement with the decedents and their families before and subsequent to the deaths;
- (3) consider training, including cross-agency training, consultation, technical assistance needs, and service gaps;
- (4) educate the public regarding the incidences and causes of vulnerable adult deaths, the public role in preventing these deaths, and specific steps the public can undertake to prevent vulnerable adult deaths. The committee shall enlist the support of civic, philanthropic, and public service organizations in performing the committee's educational duties;
- (5) develop and implement policies and procedures for its own governance and operation;
- (6) submit to the Governor and the General Assembly an annual written report and any other reports prepared by the committee including, but not limited to, the committee's findings and recommendations for changes to any statute, regulation, policy, or procedure that the committee determines is needed to decrease the incidence of preventable vulnerable adult deaths. Annual reports must be made available to the public.

**SECTION 43-35-580.** Meetings discussing individual cases closed; disclosure of information identifying vulnerable adult or family member.

(A) Meetings of the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division and of the Vulnerable Adult Fatalities Review Committee are closed to the public and are not subject to Chapter 4, Title 30, the Freedom of Information Act, when the unit and committee are discussing individual cases of vulnerable adult deaths.

(B) Except as provided in subsection (C), meetings of the committee are open to the public and subject to the Freedom of Information Act when the committee is not discussing individual cases of vulnerable adult deaths.

(C) Information identifying a deceased vulnerable adult or a family member, guardian, or caretaker of a deceased vulnerable adult, or an alleged or suspected perpetrator of abuse or neglect upon a vulnerable adult may not be disclosed during a public meeting and information regarding the involvement of any agency with the deceased vulnerable adult or family may not be disclosed during a public meeting.

(D) Violation of this section is a misdemeanor and, upon conviction, a person must be fined not more than five hundred dollars or imprisoned not more than six months, or both.

**SECTION 43-35-590.** Confidential and public information.

(A) All information and records acquired by the unit and the committee in the exercise of their duties and responsibilities pursuant to this article are confidential, exempt from

disclosure under Chapter 4, Title 30, the Freedom of Information Act, and only may be disclosed as necessary to carry out the unit's and committee's purposes and responsibilities.

(B) Statistical compilations of data that do not contain information that would permit the identification of a person to be ascertained are public records.

(C) Reports of the unit and the committee that do not contain information that would permit the identification of a person to be ascertained are public information.

(D) Except as necessary to carry out the unit's and committee's duties and responsibilities, unit personnel and members of the committee and persons attending meetings may not disclose what transpired at a meeting that is not public under Section 43-35-580 and may not disclose information, the disclosure of which is prohibited by this section.

(E) Members of the committee, persons attending a committee meeting, and persons who present information to the committee may not be required to disclose in any civil or criminal proceeding information presented in or opinions formed as a result of the meeting, except that information available from other sources is not immune from introduction into evidence through those sources solely because it was presented during proceedings of the committee or unit or because it is maintained by the committee or unit. Nothing in this subsection may be construed to prevent a person from testifying to information obtained independently of the committee or which is public information.

(F) Information, documents, and records of the unit and of the committee are not subject to subpoena, discovery, or the Freedom of Information Act, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or the Freedom of Information Act through those sources solely because they were presented during proceedings of the unit or committee or because they are maintained by the unit or the committee.

(G) A person who knowingly violates a provision of this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

#### **SECTION 43-35-595.** Promulgation of regulations.

The South Carolina Law Enforcement Division may promulgate regulations if necessary to carry out its responsibilities under this article.

# **~ NOTICE ~**

## **DUTY TO REPORT ABUSE, NEGLECT, OR EXPLOITATION**

**Omnibus Adult Protection Act  
Code of Laws of South Carolina, 1976 amended 2006 §43-35-5 et. seq.**

All health care professionals and allied health professionals, staff or volunteers of an adult day care center or a facility, law enforcement officers, public assistance workers and care givers having knowledge or reason to believe that a vulnerable adult (18 years of age or older) has been or is likely to be abused, neglected or exploited shall report the incident pursuant to South Carolina Code of Laws §43-35-25. Failure to report such an incident may result in criminal charges according to §43-35-85(A). Reports must be made within 24 hours or the next working day.

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| <p>If you have knowledge or reason to believe that a consumer, client, resident, or patient (Vulnerable Adult 18 years of age or older) of a facility operated by or contracted for operation by the South Carolina Department of Mental Health or the South Carolina Department of Disabilities and Special Needs has been, or is likely to be, abused, neglected, or exploited, you must report the incident to the:</p> <p><b>South Carolina State Law Enforcement Division (SLED)</b></p> <p><b>1-866-200-6066</b></p> | <p>Violations or resident's rights, standards of care, or quality of living issues must be reported to the:</p> <p><b>State Long Term Care Ombudsman Program</b></p> <p><b>Lieutenant Governor's Office on Aging</b><br/><b>1301 Gervais Street, Suite 350</b><br/><b>Columbia, SC 29201</b></p> <p><b>(803) 734-9900</b><br/><b>Or</b><br/><b>1-800-868-9095</b></p> <p><b>FAX: (803) 734-9988</b></p> <p>(Regional Office Information Appears Here)</p> |
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Each nursing care facility, community residential care facility, psychiatric hospital or residential program operated or contracted for operation by the South Carolina Department of Mental Health or the South Carolina Department of Disabilities and Special Needs, operating under the provisions of the Omnibus Adult Protection Act, is required to display this notice prominently for the benefit of consumers, clients, patients, personnel and families according to the South Carolina Code of Laws §43-35-65.

## ~ NOTICE ~

### DUTY TO REPORT ABUSE, NEGLECT, EXPLOITATION OF A RESIDENT OR SUSPICION OF A CRIME AGAINST A RESIDENT OF THIS FACILITY

IF YOU HAVE REASON TO BELIEVE THAT A RESIDENT HAS BEEN OR IS LIKELY TO BE ABUSED, NEGLECTED, OR EXPLOITED OR IF YOU SUSPECT THAT A RESIDENT HAS BEEN THE VICTIM OF ANY OTHER CRIME, YOU MUST REPORT THE INCIDENT IMMEDIATELY BUT NO LATER THAN 24 HOURS (NO LATER THAN 2 HOURS IF SERIOUS BODILY INJURY RESULTED) AS FOLLOWS:

#### **ABUSE, NEGLECT OR EXPLOITATION**

If you have knowledge or reason to believe that a resident of a facility has been, or is likely to be, abused, neglected, or exploited, you must report the incident to the:

#### **CENTRAL MIDLANDS REGIONAL LONG TERM CARE OMBUDSMAN PROGRAM**

Central Midlands Council of Governments  
236 Stoneridge Drive  
Columbia, SC 29210

**803-376-5389 or  
1-800-391-1185**

Fax: 803-253-7542  
Serves: Fairfield, Lexington, Newberry and  
Richland Counties

#### **ANY OTHER CRIME**

If you have a reasonable suspicion that some other crime has been committed against a resident, report the incident to:

#### **Local Law Enforcement**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **AND**

South Carolina Department of Health and  
Environmental Control (DHEC)  
Bureau of Certification  
Complaint Intake

**803-545-4205 or  
1-800-922-6735**

**FAILURE TO REPORT ABUSE, NEGLECT, OR EXPLOITATION MAY RESULT IN CRIMINAL CHARGES. FAILURE TO REPORT SOME OTHER CRIME AGAINST A RESIDENT MAY RESULT IN SANCTIONS AGAINST THE EMPLOYEE AND THE FACILITY.**

Each nursing care facility is required to display this notice prominently for the benefit of residents, staff, and families in accordance with law. (Nursing care facilities operated or contracted for operation by the South Carolina Department of Mental Health or the South Carolina Department of Disabilities and Special Needs must utilize a different notice.)

#### **VIOLATIONS OF RESIDENT'S RIGHTS**

Violations of resident's rights, standards of care or quality of living issues must be reported to the local Long Term Care Ombudsman Program (above) or:

**Office of the State Long Term Care Ombudsman  
Lieutenant Governor's Office on Aging  
1301 Gervais Street, Suite 350  
Columbia, SC 29201**

**1-803-734-9900  
OR  
1-800-868-9095  
FAX: (803) 734-9988**

The following is the Lieutenant Governor's Office on Aging's Anti-Harassment Policy. The role of Volunteer Friendly Visitor does not create an employment situation nor does it make volunteers employees of the Lieutenant Governor's Office on Aging or of any Region where they may volunteer their services.

Volunteer Friendly Visitors will be afforded the same rights as an employee to report harassment and have any such incident investigated and appropriate recourse taken to the extent possible should it occur.

Volunteer Friendly Visitors are also subject to the same prohibitions as an employee and can be terminated from the Volunteer Friendly Visitor Program without recourse should they violate this policy.

## **Lieutenant Governor's Office Anti-Harassment Policy**

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATES ANY CONTRACT OF EMPLOYMENT.**

### **I. Policy**

It is the policy of the Lieutenant Governor's Office to provide a work environment free of harassment based on race, color, sex, religion, national origin, ancestry, sexual orientation, age, disabilities, status of a veteran, or any other legally protected category under federal, state or local law. Offensive or harassing behavior will not be tolerated against any employee because of his or her protected status or the protected status of his or her relatives, friends, or associates. Any employee who engages in harassment will be subject to disciplinary action up to and including termination.

Supervisors and Deputy Directors are responsible for taking proper action to end harassment in the workplace. Any supervisor or Deputy Director who has knowledge of such behavior yet takes no action to end it will be subject to disciplinary action up to and including termination.

The Lieutenant Governor's Office will not tolerate retaliation against anyone who complains of harassment or who participates in an investigation. However, if it is determined after investigation that the complaint was made up of false charges or that an employee has provided false information, disciplinary actions will be taken against the employee who filed the complaint or provided the false information.

## **II. Complaint Procedure**

If anyone believes he or she is being treated in an unlawful discriminatory manner or is being harassed he or she is responsible for taking the initiative to stop the unwelcome and possibly unlawful conduct. This could include making it clear the conduct is unwelcome or bringing the conduct to the attention of their immediate supervisor, Deputy Director, or the Human Resources Administrator. If the supervisor is unavailable or is the offending party, or the employee is uncomfortable in reporting the harassment to the supervisor, or the employee feels that the supervisor has not handled the matter to his or her satisfaction, the employee should report the harassing conduct directly to the Human Resources Administrator. A complaint may also be made in writing and sent to the Lieutenant Governor's Office, Human Resources Office, 1301 Gervais Street, Suite 350, Columbia, SC 29201. In addition, supervisors having knowledge of complaints or allegations of harassment are required to contact the Human Resources Administrator immediately. All questions should be brought to the attention of the Human Resources Administrator.

## **III. Process**

All reports of harassment shall be investigated promptly and thoroughly. There shall be no exception to this rule. To the extent feasible, the claims of unlawful discrimination and unlawful harassment will be handled discreetly in order to protect all parties involved. The Lieutenant Governor's Office will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination.

The Lieutenant Governor's Office will take remedial action when warranted up to and including termination.

## **IV. Aspects of Harassment**

Harassment includes conduct by an employee that creates an intimidating, hostile or offensive work environment or interferes with an employee's work performance. The conduct may be between employee to employee, employee to supervisor, supervisor to employee, employee to non-employee or non-employee to employee. It is prohibited for an employee to harass a non-employee on Agency time or use State equipment. Supervisors may not threaten or imply that an employee's response to sexual advances, or any other harassing behaviors, will in any way influence the employee's continued employment or career development, nor may they have a sexual relationship with a subordinate.

**A.** The Lieutenant Governor's Office strictly prohibits conduct which can contribute to an offensive work environment which includes but is not limited to:

1. Unwelcome sexual advances, innuendoes, requests for sexual favors, and all other verbal or physical contact of a sexual nature.
2. Unwelcome jokes or pranks and offensive verbal, visual or physical conduct of a sexual nature, whether spoken, written, or communicated electronically.
3. Making or threatening reprisals for refusing sexual favors.
4. Repeated requests for dates or questions about one's sex life or experiences.
5. Unwelcome physical contact such as pinching, kissing, inappropriately touching another employee, or impeding another employee's normal work movement.
6. Slurs, jokes, posters, cartoons, pictures, offensive gestures, derogatory remarks, negative stereotyping, or offensive sounds that are based upon any protected status or directed toward an employee because of his or her protected status.
7. Acts of physical violence, threats of physical violence, or other physically intimidating behavior directed toward an employee because of his or her protected status.
8. A continuous discriminatory activity, engaged in because of an employee's protected status that is not explicitly sexual (or racial, ageist, etc.) (e.g., unequal distribution of work, lack of assistance when such assistance is provided to those outside the protected status, hiding work tools or equipment, etc.).

**B.** Any such offensive conduct will also be considered a prohibited form of harassment when either of the following is true:

1. There is a promise or implied promise of preferential treatment or negative consequences regarding employment decisions or status.
2. Such conduct has, or could have, the effect of creating an intimidating, hostile, or offensive work environment, or it unreasonably interferes with a person's work performance.





Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Case Scenarios**

Recognizing that you have not yet undergone training, we ask you to answer the following. As a Volunteer Friendly Visitor, how would you handle the following situations?

*(Keep in mind that you have a contact person on the facility staff who has been designated to receive complaints and concerns from you.)*

1. Your contact person is uncooperative and you have a personality conflict. How would you deal with that?

2. A resident routinely brings up minor problems to you and takes up a lot of your time. You enjoy talking with her, but you get the sense that she just wants your company and attention. How would you deal with that?

3. A problem at the assisted living facility that you visit is getting no response. The administrator (who is your contact person), keeps canceling your appointments with her. Then she makes excuses about the problem when you finally meet. How would you handle this situation?

4. A resident who is diabetic wants to eat the same chocolate cake for dessert that the rest of the residents eat. The dining room staff tell him that cake is not on his diabetic diet and they won't serve him. He complains to you about the staff not giving him cake. What are your next steps?

## Case Scenarios—Some Answers

1. Your contact person is uncooperative and you have a personality conflict. How would you deal with that?

- ❖ **Contact the Coordinator of Volunteers at the Ombudsman Program for guidance.**
- ❖ **Ask for an appointment to sit down and talk. Seek to clarify confusion about your role, if that exists. Ask him/her how to work together better.**
- ❖ **Meet with administrator and diplomatically state that you would probably do better with a different contact person. You should explain the road blocks you have encountered in a courteous, non-blameful way.**

2. A resident routinely brings up minor problems to you and takes up a lot of your time. You enjoy talking with her, but you get the sense that she just wants your company and attention. How would you deal with that?

- ❖ **Save visits with her until the end of the facility visit.**
- ❖ **Be firm with yourself about spending no more than 10 minutes with her. To leave, gently state that you would like to remain, but have other residents to see or other commitments.**
- ❖ **Not visit her every single time you're at the facility, but set aside time for a longer visit on the days when you do plan to visit with her.**
- ❖ **Find out her interests and encourage her to become more involved in facility activities.**
- ❖ **Tell the contact person your observations of the resident's need for more companionship, hoping that this might result in efforts by the facility to help her.**

3. A problem at the assisted living facility that you visit is getting no response. The administrator (who is your contact person), keeps postponing your appointments with her. When you finally meet, she makes excuses about the problem. How would you handle this situation?

- ❖ **In the face of the delayed meeting, contact the Volunteer Coordinator at the Long Term Care Ombudsman Program to alert her to this situation and to obtain advice.**
- ❖ **At the meeting, emphasize the concern that the problem needs to be rectified and that it has existed too long.**
- ❖ **Tell the administrator that you are concerned about the delay in getting to meet with her. State that if she is going to continue to be so busy, maybe someone else should be designated as your primary contact person.**

4. A resident who is diabetic wants to eat the same chocolate cake for dessert that the rest of the residents eat. The dining room staff tells him that cake is not on his diabetic diet and they won't serve him. He complains to you about the staff not giving him cake. What are your next steps?

- ❖ **Contact the Coordinator of Volunteers at the ombudsman program for guidance.**
- ❖ **The resident's problem involves two issues: Residents' Rights and his medical condition. This problem is one for referral, not intervention by the Volunteer Friendly Visitor.**

 **Overview of the Volunteer Friendly Visitor Program (State Office)**



## Volunteer Friendly Visitor Program

WELCOME and PROGRAM OVERVIEW



## A Little History

Who We Are and What We Do

### A Little History

- ▷ 1965 – Medicare and Medicaid Started
- ▷ 1970 – Federal regulations for standards of care
- ▷ 1971 – Office of Nursing Home Affairs | established
- ▷ 1978 – Older Americans Act (OAA)
  - required State Agencies on Aging to establish Ombudsman Program



### What is a Long Term Care Ombudsman (LTCO)?

- ▷ Ombudsman (*Swedish Word*)
  - A Protector
  - A Mediator
  - An Advocate
  - Someone who
    - investigates citizens' complaints
    - tries to bring about a fair settlement.



### What We Do

**Long Term Care Ombudsmen:**

- ▷ Advocate on behalf of residents
- ▷ Investigate and Resolve Complaints in Nursing Homes and Residential Care Facilities
- ▷ Maintain Confidentiality
- ▷ Maintain a Statewide Reporting System
- ▷ Promote Development of Citizens' Groups and Train Volunteers

MARCH 26, 2012



### Dr. Arthur Flemming



- ▷ US Commissioner on Aging under President Nixon
- ▷ Developed the idea for the Ombudsman Program



## Dr. Arthur Flemming

- Twice recipient of the Presidential Medal of Freedom
  - Eisenhower - 1957
  - Clinton - 1994

"Older persons need a dream, not just a memory."



## Dr. Arthur Flemming

Envisioned Community-Based Volunteer Advocates Who Would:

- Serve as the Eyes and Ears of the Community
- Work to Ensure that Residents are Treated with Respect and Dignity



## South Carolina's LTCO Program

- Required by Federal Statute in 1978
- Moved from Department of Health and Human Services to the Lt. Governor's Office on Aging in 2004



## Our Mission

To enhance the quality of life for seniors through advocating, planning and developing resources in partnership with state and local governments, non-profits and the private sector, individuals and advocates to meet the present and future aspirations of the growing senior population.



## Our Vision

A state where seniors enjoy an enhanced quality of life, contribute to their communities, have economic security, and receive those supports necessary to age with choice and dignity.



## The Friendly Visitor Program

Our History, Who We Are, and What We Do



### The Volunteer “Friendly Visitor” Program

- Began in 2005
- Nursing homes and residential care facilities participate voluntarily
- Volunteers are only assigned to participating facilities
- Volunteers are advocates



### Why do Residents Need Advocacy?

- Sixty percent (60%) never have visitors
- Residents don't always voice complaints to staff for fear of retaliation
- A volunteer is called a “Friendly Visitor” and is seen as a helpful friend, not an investigator



### Friendly Visitors

- Act as advocates for residents in nursing homes and residential care facilities
- Make friendly visits to an assigned facility (2-4 hours per week)
- Help resolve minor issues and work with facility staff to come up with solutions



### Friendly Visitors

- May participate in Resident or Family Councils on request
- Report all visit activities/progress to the certified Ombudsman
- Have immunity for good faith performance of their duties



### Friendly Visitors Do NOT

- Investigate abuse, neglect or exploitation
- Review medical records
- Become involved in family disputes
- Help out with staff shortages



### Friendly Visitors Do NOT

- Provide direct care to residents
- Break the code of confidentiality
- Volunteer in any other capacity within the assigned facility





## Hearing Complaints

What the Friendly Visitor Can Do

## Complaints

- Because Friendly Visitors have residents' trust, they receive complaints
- Highest priority for the certified ombudsmen
- Require working closely with residents, facility staff and the certified ombudsmen



## Sources of Complaints

- Residents
- Relatives or friends of residents
- Advocacy or visiting groups
- Facility staff
- Human service agencies
- Hospitals
- Legislators or political leaders



## Examples of Complaints

- Cold food
- Roommate issues
- Missing items

Handling Complaints will be discussed in detail in the next training

More information can be found in the Volunteer Friendly Visitor Handbook



## Handling Complaints:

- What is the complaint ?
- Is it within the scope of a Volunteer's authority?
- Are there others involved?
- Have steps been taken to resolve the issue?
- What result is the complainant seeking?
- Don't make promises to the complainant!



## Confidentiality

- All complaints are strictly confidential
- Do not discuss complaints with anyone outside of the Long Term Care Ombudsman Program
- Complaints may remain anonymous



## Confidentiality

- so Tell the resident there are laws against retaliation for voicing complaints
- so Never guarantee that retaliation will not occur



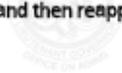
## Remember

- so Maintain Objectivity
- so Establish a rapport with the resident
- so Explain the function of ombudsmen



## The Resolution Process

- so Two things to remember:
  - o Some complaints cannot be resolved
  - o Complaint resolution is not always clear-cut. In some cases the problem will go away and then reappear



## Building Trust

so so  
Communication Skills for Friendly Visitors



## Building Trust

- so Residents' trust is crucial to solving problems
- so Let the residents explain the problem
- so Use open-ended questions
- so Use understandable language
- so Listen actively



## Building Trust

- so Don't use defensive communication
- so Don't be judgmental
- so Don't intimidate the resident or complainant
- so Listen actively



### Effective Listening

- Do Summarize what has been said
- Do Keep confidentiality
- Do Be comfortable with silence

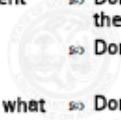


### Effective Listening

- | Do                                 | Don't                                  |
|------------------------------------|--|
| Do let the resident explain        | Don't take control of the conversation |
| Do be understanding                | Don't be judgmental                    |
| Do hear exactly what is being said | Don't jump to conclusions              |
| Do Be sensitive to memory lapses   | Don't give appearance of superiority   |

### Effective Listening

- | Do                                 | Don't                                  |
|------------------------------------|--|
| Do let the resident explain        | Don't take control of the conversation |
| Do be understanding                | Don't be judgmental                    |
| Do hear exactly what is being said | Don't jump to conclusions              |
| Do Be sensitive to memory lapses   | Don't give appearance of superiority   |



### Effective Listening

- | Do                                     | Don't                                 |
|--|---------------------------------------|
| Do listen actively, restate to clarify | Don't be detached                     |
| Do encourage the speaker to elaborate  | Don't make the speaker feel defensive |
| Do be attentive                        | Don't be disinterested                |
| Do empathize                           | Don't evaluate or accuse              |



### Responding to Complaints

Dealing with Facilities & Complaint Follow Up



### Assertiveness

- Represent a resident's interests in a strong but sensitive manner
- Gain the respect of facility staff
- When expressing the needs of the resident, do not alienate staff
- Remember that residents depend on staff for services



### Aggressiveness

- Never be aggressive with staff
- Being aggressive will alienate the facility staff and sabotage the investigation
- Facility administrators may file a complaint against a volunteer for unprofessional or aggressive behavior



### Complaint Follow-Up

- Follow up on complaint resolution
- Follow-up ensures that resolution has occurred
- Follow-up assures the resident that everything possible has been done
- Follow-up may range from a few days to several months after resolution



### The Benefits

The Benefits of Effective Friendly Visits



### Being an Effective Friendly Visitor

- Maintain confidentiality
- Thinking objectively
- Know your residents
- Be respectful
- Be dependable
- Be patient



### Benefits to Residents

- Residents achieve a sense of self-determination
- Feelings of isolation diminish
- Residents feel connected to the outside community



### Benefits to Residents

- Residents can voice their concerns
- Ombudsmen educate residents on their rights and assist them in exercising those rights
- Provide prompt feedback to residents regarding efforts to resolve complaints



### Benefits to Facilities

**Volunteers:**

- Educate staff and administrators on residents' rights
- Build positive relationships between staff, administrators, and residents
- Are liaisons between facilities and residents
- Increase administrators' awareness of issues



### Benefits to the Community

**Volunteers:**

- Provide information on the issues involving the aging population
- Educate the community about long term care, residents' rights, and the aging population
- Are liaisons between the Ombudsman program and the community



**Thank you for serving as a Volunteer Friendly Visitor. Through your service in this program, you will make a difference.**



You Will Change People's Lives Forever





## Introduction to the Volunteer Friendly Visitor Program (Regional)

**Volunteer  
Friendly Visitor Program**



Regional Aging Disability & Resource Center  
Office of the State Long-Term Care Ombudsman

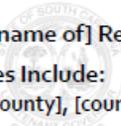
**Part 1**



State Long Term Care Ombudsman Program

**Aging Disability & Resource Centers**

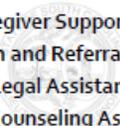
- Ten (10) Geographic Regions Statewide
- This is the [name of] Region
- Our Counties Include:
  - [county], [county], [county], and [county]



State Long Term Care Ombudsman Program

**[Name]  
Aging Disability & Resource Center**

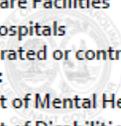
- Long Term Care Ombudsman Program
- Other Programs:
  - Family Caregiver Support Program
  - Information and Referral Assistance
    - Includes Legal Assistance Referral
  - Insurance Counseling Assistance
    - Medicare Part D help



State Long Term Care Ombudsman Program

**Long Term Care Ombudsmen**

- Advocates for Residents of:
  - Nursing Homes
  - Residential Care Facilities
  - Psychiatric hospitals
  - Facilities operated or contracted for operation by:
    - Department of Mental Health
    - Department of Disabilities and Special Needs.



State Long Term Care Ombudsman Program

**Volunteer Friendly Visitor Program**

- Operated by Lieutenant Governor's Office on Aging
- Managed by Regional Long Term Care Ombudsman Program Staff



State Long Term Care Ombudsman Program

## Part 2



State Long Term Care Ombudsman Program

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## Volunteer Friendly Visitors

- Make Friendly Visits to Long Term Care Residents
- Advocate for and Educate Residents
- Educate Families and Community on Residents' Rights
- Increase Community Awareness

State Long Term Care Ombudsman Program

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## Volunteer Friendly Visitors

- Empower Residents to Help Themselves.
- Identify Issues Before Intervention is Needed by LTCO.
- Reduce Feelings of Isolation
  - Studies show that 60% of facility residents have no visitors

State Long Term Care Ombudsman Program

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## Protocol for Visiting Facilities

- When to Visit
  - Any Day During Normal Visiting Hours
  - Address Any Exceptions with Facility
- Notify Facility Contact
  - When You Arrive, Sign In
  - When You Leave, Sign Out

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## Protocol for Visiting Facilities

- ALWAYS Knock on the Resident's Door
  - Introduce Yourself
  - State Your Purpose
  - Ask Permission to Enter/Speak with Them
  - Provide Information Brochures
  - Provide Ombudsman Contact Information

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## Making A Visit

- Unannounced and Staggered Visits
- Observe and Document Issues Affecting
  - Health
  - Safety
  - Wellbeing
  - Rights of residents

State Long Term Care Ombudsman Program

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## Making A Visit

- Introduce Yourself to Residents
- Explain Purpose of Ombudsman Program
- Give Residents/Their Representatives Brochures On:
  - Resident's Bill of Rights
  - Friendly Visitor Program

State Long Term Care Ombudsman Program

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## Group Visits

- Group Visits are...
  - Talking with multiple residents in a common area
  - Are one way of talking with many residents in a cordial setting
  - Are **NOT** the focus of the Volunteer Friendly Visitor Program

State Long Term Care Ombudsman Program

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## Group Visits

- Group Visits are...
  - **DO NOT** adequately allow one-on-one relationship building
  - **DO NOT** allow residents the opportunity to discuss problems adequately
  - **NO MORE** than ONE in TEN visits should be conducted as a group visit.

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## Volunteers Do:

- Offer Unique Skills
- Bring New Perspective to Residents
- Provide Residents with Connection to the Community
- Meet their Own Needs for Growth, Involvement, and Achievement

State Long Term Care Ombudsman Program

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## Volunteers Do:

- Advocate for Residents
- Make Regular Friendly Visits (weekly)
- Provide Information
- Document Activities and Provide Records to the Ombudsman Program

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## Volunteers Do:

- Perform all responsibilities in keeping with:
  - All Applicable Laws,
  - All Applicable Rules and Regulations
  - Training Received in this Program
    - Handbook
    - Classroom Instruction
    - Orientation
    - Shadowing

State Long Term Care Ombudsman Program

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### Volunteers Do:

- Build positive relationships with:
  - Residents
  - Facilities
  - Community and AAA
- Provide Information about Residents' Rights and Ombudsman Services Residents, Family Members, and Staff about
- Empower Residents to Self Advocate

State Long Term Care Ombudsman Program

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### Volunteers Do:

- Provide Presence in the Facility
- Attend Resident and Family Council Meetings When Invited
- Serve as "Eyes and Ears" of LTCO

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### Volunteers Do:

- Report All Complaints of Abuse, Neglect, or Exploitation to Ombudsman
- Ask Ombudsman for Support/Advice if Unsure
- Provide Reports of All Complaints to Ombudsman

State Long Term Care Ombudsman Program

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### Volunteers Do:

- Participate in On-going Training
- Attend Recognition Events
- Adhere to Agreement
  - Confidentiality
  - Conflict of Interest
  - Volunteer Contract
  - Code of Ethics

State Long Term Care Ombudsman Program

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### Volunteers Do:

- Make Ombudsman More Effective
  - Greater Effectiveness in Addressing Resident Concerns
  - Improve Response/Response Time on Minor Issues
  - Provide More Hours of Contact and Service

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### Volunteers Do NOT:

- Investigate Abuse, Neglect, or Exploitation
- Review Residents' Records
- Get Involved in Disputes
  - Guardianship/Conservatorship Issues
  - Transfer/Discharge Issues
  - Family Disputes
  - Medical or Treatment Issues

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### Volunteers Do NOT:

- Assist with Staff Shortages/Issues
- Provide Direct Care to Residents
- Handle Residents' Money or Finances
- Direct Facility Staff
- Make Referrals to Other Regulatory Agencies
- Break Confidentiality

State Long Term Care Ombudsman Program

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### Confidentiality

- All complaints are strictly confidential
- Share Only With
  - Ombudsman, or
  - Volunteer Friendly Visitor Program Coordinator

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### Residents

- Achieve a Sense of Self-Determination
- Don't Feel as Isolated
- Have More Connection to Community
- Have Trusted "Friend".
  - Can Safely Express Concerns
  - Learn Their Rights
  - Exercise Their rights
  - Receive Prompt Feedback on Complaint Resolution

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### Facilities

- Recognize and Address Concerns
- Improve Relationships Between Staff, Administrators, and Residents
- Additional Education for Staff and educate staff and administrators on residents' rights

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### Community

- Information and Education on:
  - Aging Issues
  - Long Term Care
  - Residents Rights
  - Ombudsman Program
- Liaison to the Community

State Long Term Care Ombudsman Program

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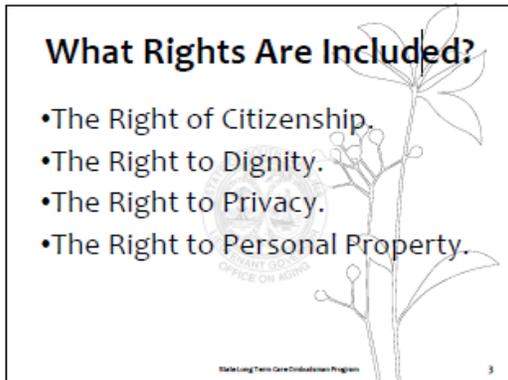
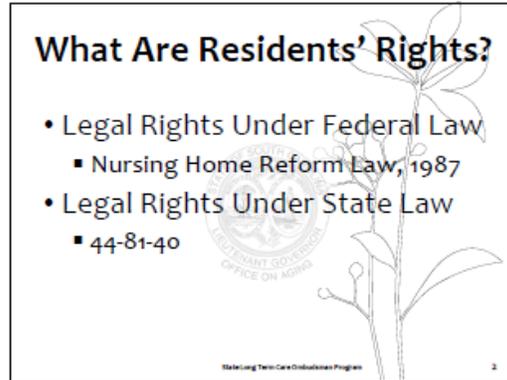
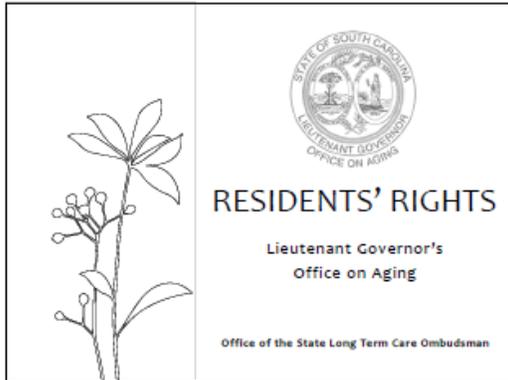
### Key Factors

- Maintain Confidentiality
- Think Objectively
- Know Your Residents
- Treat All with Respect
- Be Dependable
- Be Patient

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## Residents' Right



## Dignity, Respect, and Privacy

- Courteous Treatment
- Privacy in Room
- Privacy During Treatment/Care
- Privacy for Conjugal Visits
- Privacy for Phone Calls and Mail

State Long Term Care Ombudsman Program

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## Dignity and Respect

- Does Staff Knock Before Entering?
- Are Doors Closed/Curtains Drawn During Treatment/Care?
- Does Resident Have Access to Phone with Privacy?

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## Freedom of Choice

Residents Have the Right to:

- Refuse to Perform Services
- Participate in Activities
- Choose & Use Personal Clothing
- Maintain Possessions
- Communicate With Others

State Long Term Care Ombudsman Program

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## Freedom of Choice

- Is Resident Forced (or Not Allowed) to Attend Activities or Church?
- Is Resident Required to Go to Bed at a Certain Time?
- Does Resident Attend Care Plan Meetings & Participate in Decisions?

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## Access & Visitation

The Resident Can:

- Have Visits
- Refuse Visits
- Communicate/Associate Privately Others
- Meet With Others in Private

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## Access & Visitation

- Residents Can Form Resident Councils
  - Facility Must Provide Private Meeting Space
- Families Can Form Family Councils
  - Facility Must Provide Private Meeting Space

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## Access & Visitation

- Are friends and family allowed to visit?
- Does Facility Encourage Resident and Family Council Meetings?
- Do Families and Residents Know They Can Have these Meetings?

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## Grievances

Residents Can:

- Voice Grievances
- Exercise Rights without Fear of Retaliation
- Recommend Changes to Facility
- Speak with the Ombudsman or Other Regulatory Agent

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## Grievances

- Do the Residents Speak Freely?
- Do Residents Know They Can Voice Their Concerns?

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## Condition & Treatment

Residents Can:

- Choose Their Own Physician
- Be Fully Informed About Their Health
- Participate in Planning Their Treatment
- Refuse Treatment

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## Condition & Treatment

Residents Can:

- Self Administer Medication
- Have Medical Records Kept Confidential
- Have Privacy During Treatment

State Long Term Care Ombudsman Program

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## Condition & Treatment

- Are Doors Open During Treatment?
- Are Residents' Files Open and Unattended at Nurses' Station?

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## Funds & Finances

Residents Can:

- Manage Their Financial Affairs
- Receive Full Disclosure About Services and fees

State Long Term Care Ombudsman Program

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## Funds & Finances

Facility Must:

- Have a Written Refund Policy
  - Based on Days Resident is in Facility
  - Number of Bed-Hold Days
- Give Residents a Written Copy of the Policy
- Notify Residents in Writing of Changes

State Long Term Care Ombudsman Program

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## Funds & Finances

- Does Resident State a Problem?
- Does Resident Ask for Assistance with Their Funds or Financial Matters?

State Long Term Care Ombudsman Program

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## Admission, Transfer, Discharge, & Written Notices

On Admission, Facility Must NOT:

- Require Residents to Give Up Rights to Medicaid or Medicare
- Decline/Disallow Resident to Apply for Such Benefits at Time of Admission

State Long Term Care Ombudsman Program

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## Admission, Transfer, Discharge, & Written Notices

Transfer & Discharge Rights

- Resident Can Only Be Discharged if:
  - No Longer Needs Facility Services
  - For Health & Safety of Self or Others
  - Facility Cannot Meet Resident's Needs
  - Resident Is Given Notice to Pay & Does Not

State Long Term Care Ombudsman Program

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## Admission, Transfer, Discharge, & Written Notices

Transfer & Discharge Rights

- Resident Has the Right to Refuse Transfer to Another Room in the Facility

State Long Term Care Ombudsman Program

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## Admission, Transfer, Discharge, & Written Notices

### Written Notices

- Facility Must Notify Resident & Responsible Party Before Transfer
- Facility Must Give 30 Day Notice or Time to Find Place Suitable to Resident's Needs
- Notice Must Be In Writing

State Long Term Care Ombudsman Program

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## Admission, Transfer, Discharge, & Written Notices

### Written Notices

- Notice Must Give Reason for Discharge
- Notice Must Be in Understandable Terms
- Facility CAN Discharge Resident Without 30 Day Written Notice When Health or Safety of Resident or Others Are Endangered

State Long Term Care Ombudsman Program

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## Admission, Transfer, Discharge, & Written Notices

- Does Resident or Responsible Party State a Problem?
- Does Resident or Responsible Party Ask for Assistance Regarding This?

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27

## Abuse

Residents Must Be Free From Abuse Including:

- Verbal
- Sexual
- Physical
- Psychological
- Corporal Punishment
- Involuntary Seclusion

State Long Term Care Ombudsman Program

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## Abuse

- Do You Observe Any Condition Indicating Possible Abuse, Like:
- Black Eyes
- Bruises
- Unexplained Injury
- Sudden Change in Behavior/Fear

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## Chemical & Physical Restraints

Residents Must Be Free From Chemical or Physical Restraints Unless Ordered by the Physician

State Long Term Care Ombudsman Program

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## Chemical & Physical Restraints

- Do You Observe Use of Restraints?



State Long Term Care Ombudsman Program

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## Volunteer Friendly Visitors

### DO:

- Advocate for Residents
- Attend Family & Resident Council Meetings IF Invited
- Report Any Concerns or Observations That May Be a Residents' Rights Issue to the Ombudsman

State Long Term Care Ombudsman Program

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## Volunteer Friendly Visitors

### DO NOT:

- Investigate Abuse, Neglect, or Exploitation
- Argue With Facility Staff
- Give Medical, Financial, or Legal Advice, Regardless of Their Profession

State Long Term Care Ombudsman Program

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## Volunteer Friendly Visitors

### DO NOT:

- Assist Residents With Care
- Feed or Give Liquids to Residents
- Help With Staff Shortages
- Serve in Any Other Capacity in the Facility

State Long Term Care Ombudsman Program

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## Volunteer Friendly Visitors

### DO:

- Make a Difference in Residents' Lives



State Long Term Care Ombudsman Program

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 Abuse, Neglect, and Exploitation

STATE LONG TERM CARE  
OMBUDSMAN PROGRAM

DEALING WITH  
ABUSE, NEGLECT &  
EXPLOITATION



State Long Term Care Ombudsman Program 2

The Right to Protection



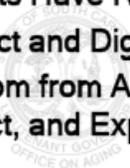
State Long Term Care Ombudsman Program 2

Legal Right To Protection



Residents Have Rights to

- Respect and Dignity, and
- Freedom from Abuse, Neglect, and Exploitation



State Long Term Care Ombudsman Program 3

As a Volunteer



Why Do I Have to Know About Abuse, Neglect, and Exploitation?

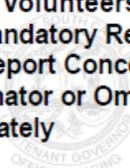
State Long Term Care Ombudsman Program 4

You Need to Know...



Because Volunteers...

- ARE Mandatory Reporters and Must Report Concerns to the Coordinator or Ombudsman Immediately



State Long Term Care Ombudsman Program 5

Volunteers



DO NOT EVER Investigate ANE Complaints



State Long Term Care Ombudsman Program 6

## About ANE

—  —

What Is It?  
How Do I Recognize It?  
What Do I Do About it?

State Long Term Care Ombudsman Program

7

## What is the Difference?

—  —

**Abuse:**

- ☞ Intentionally Inflicting Harm

**Neglect:**

- ☞ Failing to Provide Necessities
- ☞ Includes Self-Neglect

State Long Term Care Ombudsman Program

8

## What Is Abuse?

—  —

- ☞ Physically Hurting Someone
- ☞ Making Someone Fearful
  - ☞ Yelling, Shouting, Demeaning, Ridiculing
  - ☞ Threatening or Intimidating
- ☞ Sexual Battery (Actual or Attempted)

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## Signs of Abuse

—  —

- ☞ Bruises, Broken Bones, Injuries
- ☞ Sudden Change in Behavior from Outgoing to Fearful
- ☞ Unusual Behavior like Rocking
- ☞ Becomes Non-Communicative

State Long Term Care Ombudsman Program

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## Is It Abuse?

—  —

- ☞ Maybe.
  - ☞ Some Drugs can Cause Bruises.
  - ☞ Sometimes, a New Resident Comes in to a Facility with Bruises or Injuries

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## Is It Abuse?

—  —

- ☞ Sometimes.
  - ☞ Residents with Dementia Will Tell Stories of Past Abuse, Injury, or Harm.

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## What Do I Do?

- ☞ Always Report Concerns to:
  - ☞ the Volunteer Friendly Visitor Program Coordinator, or
  - ☞ the Long Term Care Ombudsman.

State Long Term Care Ombudsman Program

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## What Is Neglect?

Failure to Provide Things Needed to Maintain Health and Safety



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## What Is Neglect?

Neglect Includes Failing to Provide:

- ☞ Food, Clothing, Medicine, or Shelter
- ☞ Appropriate Supervision
- ☞ Necessary Medical Services

State Long Term Care Ombudsman Program

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## Signs of Neglect

- ☞ Dehydration or Malnutrition
  - ☞ Does the Resident Always Say They Are Hungry?
  - ☞ Does the Resident Always Say They Are Thirsty?

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## Signs of Neglect

- ☞ Lack of Assistance with ADLs
  - ☞ Does the Resident Complain About Call Bell not Being Answered?
- ☞ Poor Personal Hygiene
  - ☞ Is the Resident/Clothing Clean?

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## Signs of Neglect

- ☞ Unsanitary Living Conditions
  - ☞ What is the First Thing you Notice When You Arrive?
  - ☞ Is There a Bad/Urine Smell?

State Long Term Care Ombudsman Program

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## What Do I Do?

- ☞ Always Report Concerns to:
  - ☞ the Volunteer Friendly Visitor Program Coordinator, or
  - ☞ the Long Term Care Ombudsman.

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## What Is Exploitation?

### Exploitation Includes:

- ☞ Making a Resident Participate in Activity or Labor That is:
  - ☞ Improper
  - ☞ Illegal
  - ☞ Against Their Reasonable Wishes

State Long Term Care Ombudsman Program

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## What Is Exploitation?

### Exploitation Also Includes:

- ☞ Taking Money
- ☞ Financial Abuse
- ☞ Abuse of POA
- ☞ Identity Theft

State Long Term Care Ombudsman Program

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## Signs of Exploitation

- ☞ Resident Complains That:
  - ☞ Facility Makes Them Work, Clean, Cook, etc.
  - ☞ Someone is Taking their Money
  - ☞ Their POA Won't Disclose Financial Information

State Long Term Care Ombudsman Program

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## Signs of Exploitation

- ☞ Resident Says They Aren't Receiving Services
- ☞ Resident Says They Are Receiving Unnecessary Services
- ☞ Facility Complains That RP Won't Pay Resident's Bills

State Long Term Care Ombudsman Program

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## What Do I Do?

- ☞ Always Report Concerns to:
  - ☞ the Volunteer Friendly Visitor Program Coordinator, or
  - ☞ the Long Term Care Ombudsman.

State Long Term Care Ombudsman Program

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## About Reporting

Reporters  
Penalties for Not Reporting

State Long Term Care Ombudsman Program

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## Who Else Reports ANE?

Anyone Who Has:

- Actual Knowledge
- Reason to Believe ANE Has Occurred

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## Are There Penalties?

There ARE Penalties for:

- Failure to Report
- Abuse or Neglect, and
- Exploitation

State Long Term Care Ombudsman Program

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## Penalties

- Failure to Report:
  - Misdemeanor
  - Up to \$2,500 Fine
  - Up to 5 Years Imprisonment

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## Penalties

- Abuse or Neglect:
  - Felony
  - Up to 5 Years Imprisonment

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## Penalties

- Abuse or Neglect That Results in Great Bodily Injury:
  - Felony
  - Up to 15 Years Imprisonment

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## Penalties

- ☞ Abuse or Neglect That Results in Death:
  - ☞ Felony
  - ☞ Up to 30 Years Imprisonment

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## Penalties

- ☞ Exploitation:
  - ☞ Felony
  - ☞ Up to \$5,000 fine, or
  - ☞ Up to 5 Years Imprisonment, or
  - ☞ Both Fine and Imprisonment
  - ☞ May Have to Make Restitution

State Long Term Care Ombudsman Program

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## Penalties

- ☞ For Threatening the Victim, Witness, or Other Person in an Investigation:
  - ☞ Misdemeanor
  - ☞ Up to \$5,000 Fine, or
  - ☞ Up to 3 Years Imprisonment

State Long Term Care Ombudsman Program

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## The Last Word

About Reporting

State Long Term Care Ombudsman Program

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## Remember

- ☞ Volunteers
  - ☞ Do NOT Investigate ANE
  - ☞ ARE Mandatory Reporters
  - ☞ Must Report Concerns to the Coordinator or Ombudsman Immediately

State Long Term Care Ombudsman Program

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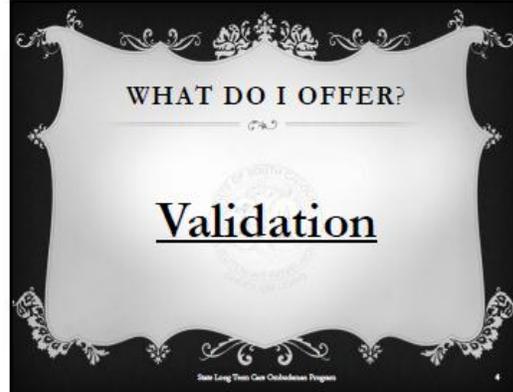
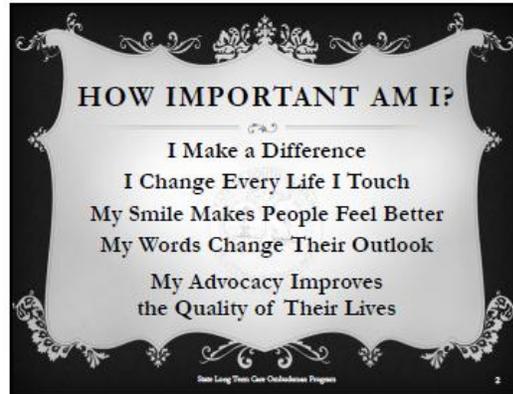
*BECAUSE WE CARE...*



State Long Term Care Ombudsman Program



## Changing Lives



## Aging Services

### The Lieutenant Governor's Office on Aging

The Lt. Governor's Office on Aging administers federal funds received through the Older Americans Act and the State of South Carolina. These funds are distributed to ten regional Aging and Disability Resource Centers (ADRCs)/Area Agencies on Aging (AAAs) who then contract with local providers for services such as: home delivered and congregate meals, transportation, home care services, social adult day care services, respite and disease prevention/health promotion. Staff is also available to present informative educational programs to groups or staff of other agencies.



Services such as information and referral, family caregiver support, Long Term Care ombudsman, education and training, legal service, disaster planning and insurance counseling are provided at each of the ADRCs.



**Aging and Disability Resource Centers (ADRCs)** provide a single, coordinated system of information and access for seniors, caregivers and adults with disabilities seeking long term care by minimizing confusion, enhancing individual choice, and supporting informed decision-making. ADRCs make it easier for consumers to learn about and access existing services and supports that are available in their communities.



**Information, Referral, and Assistance (I/R&A) - SC Access**, [www.scaccesshelp.org](http://www.scaccesshelp.org), is an Internet based information resource designed to assist seniors, adults with disabilities, and their caregivers locate a variety of services in their area and provides educational material on numerous issues. Ten regional Information and Referral Specialists, located at the ADRCs, provide personal assistance by phone or in person.



**Family Caregiver Support Program (FCSP)** provides services to help the caregiver with information, planning, problem solving, caregiver training, support groups, finding ways to take a break from caregiving (respite) and other services designed to make caregiving a little easier, less stressful and more rewarding. The FCSP helps unpaid family caregivers of adults age 60 and over; caregivers of adults with Alzheimer's disease; grandparents (55 or older) raising a grandchild under 19; and grandparents caring for an adult grandchild with a disability.



**State Health Insurance Program (SHIP) or I-CARE (Insurance Counseling and Referral for Elders)** assists seniors and adults with disabilities in accessing health insurance coverage, including Medicaid and Medicare Parts A, B, C and D, the prescription drug program.



**Long Term Care Ombudsman Program** investigates complaints and advocates for residents' rights in nursing homes, assisted living and residential care facilities as well as facilities operated or contracted for operation by the Department of Disabilities and Special Needs (DDSN) or the Department of Mental Health (DMH). The **Friendly Visitor Program** recruits and trains volunteers to visit residents in facilities.



**Legal Services** may be available, (first come, first serve basis), for seniors who need legal assistance for NON-CRIMINAL situations including issues such as: Income Protection (bankruptcy, appeal denials of pension, etc.); Health Care (appeal disability or Medicare/Medicaid denial); Long Term Care (facility involuntary transfer, inappropriate discharge); Nutrition (if benefits denied and a legal appeal is required); Housing (eviction or discrimination issues); Protected Services (conservatorships); Guardianship (defending you from guardianship or ensuring the least restrictive guardianship); or Abuse, Neglect, or Exploitation.

[www.scaccesshelp.org](http://www.scaccesshelp.org) ♦ 1-800-868-9095 ♦ 803-734-9900 ♦ E-mail: [askus@aging.sc.gov](mailto:askus@aging.sc.gov)



**Veteran Directed Home and Community Based Services** is a program for veterans (of any age) at high risk of nursing home placement who wish to remain at home and are willing to participate in directing their care. Participants in the program are assessed for needed services and supports, a service plan and budget is developed, and assistance is given in selecting providers, purchasing services and directing their care. The pilot is in the Trident Region (*Charleston, Berkeley and Dorchester counties*) with statewide implementation being the ultimate goal.



**A scheme or scam may be** defined as any deception, pretense, false statement, false promise or misrepresentation made by a seller or advertiser of merchandise. Concealment, suppression, or failure to disclose a material fact may also be considered consumer fraud in certain instances. Merchandise is broadly defined to include any objects, wares, goods, commodities, real estate or services. To report a scheme or scam against a senior, please contact our office.



**Alzheimer's Resource Coordination Center (ARCC)** provides statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families and caregivers. The ARCC also provides technical assistance for the development of support groups and other local initiatives to serve individuals, families and caregivers and provides seed money to local communities to develop or strengthen programs or services to serve people with dementia and their caregivers.



**Medicaid Eform** is available online at [www.scaccesshelp.org](http://www.scaccesshelp.org) for **Medicaid Long Term Care** (Medicaid-eligible individuals interested in receiving services in their homes or those needing nursing home placement).



**Geriatric Loan Forgiveness Program** provides funds to assist physicians in repaying student loans. In return, they agree to remain in South Carolina for five years and care for the state's ever increasing senior population.



**ElderCare Trust Fund** consists of monies received from a voluntary state income tax check-off. These funds are used to award seed grants to public and private nonprofit agencies and organizations to establish and administer innovative programs and activities that assist older South Carolinians to live with dignity and vitality in their communities.



**Permanent Improvement Program (PIP)** provides grants for permanent improvements of Senior Centers or the portion of the facility used for aging services. Grant proposals must provide evidence of need for proposed projects in the community and some match is required.



The **Better Choices Better Health** program uses a tested and proven method of helping people manage their chronic conditions and was developed by medical researchers at Stanford University. Small groups of classes are held once a week for 2 1/2 hours over a six week period. By attending all six classes, participants gain the knowledge and skills needed to help them live a healthier life.



The **A Matter of Balance Program** has also been proven to reduce the fear of falling in older adults. This fall prevention class is held twice a week for four weeks. Class locations can be found on the Lt. Governor's Office on Aging website.

[www.scaccesshelp.org](http://www.scaccesshelp.org) ♦ 1-800-868-9095 ♦ 803-734-9900 ♦ E-mail: [askus@aging.sc.gov](mailto:askus@aging.sc.gov)

12/2010



**VOLUNTEER CODE OF ETHICS**

Lieutenant Governor's Office on Aging  
Office of the State Long Term Care Ombudsman

## INTEGRITY

- Volunteer Friendly Visitors
  - Promote integrity and credibility of the Long Term Care Ombudsman Program

State Long Term Care Ombudsman Program 2

VOLUNTEER CODE OF ETHICS

## BOUNDARIES

- Volunteer Friendly Visitors Always
  - Consult with the Regional Ombudsman on Abuse, Neglect, and Exploitation, or
  - When in doubt about any issue, or
  - Whenever they have questions.

State Long Term Care Ombudsman Program 3

VOLUNTEER CODE OF ETHICS

## COMPETENCIES

- Volunteer Friendly Visitors
  - Maintain Competence on Issues Including:
    - Regulatory
    - Advocacy
    - Long Term Care Service Options.

State Long Term Care Ombudsman Program 4

VOLUNTEER CODE OF ETHICS

## SERVICES

- Volunteer Friendly Visitors
  - Provide Services That Respect
    - Human Dignity
    - Individuality of the Resident
  - Do NOT Consider
    - Age
    - Social or Economic Status
    - Personal Characteristics
    - Lifestyle Choices.

State Long Term Care Ombudsman Program 5

VOLUNTEER CODE OF ETHICS

## PROMOTE

- Volunteer Friendly Visitors
  - Promote the Resident's Right to Self-Determination, and
  - Make a Reasonable Effort to Determine & Act in Keeping with the Resident's Wishes.

State Long Term Care Ombudsman Program 6

VOLUNTEER CODE OF ETHICS

## ASSURE

- Volunteer Friendly Visitors
  - Assure that Residents' Rights are Known By and Applied To Residents

State Long Term Care Ombudsman Program

7

VOLUNTEER CODE OF ETHICS

## MAINTAIN CONFIDENTIALITY

- Volunteer Friendly Visitors
  - Maintain Confidentiality
  - Do NOT Divulge Information Without Resident's Consent, and
  - Only Address Abuse, Neglect, and Exploitation Issues to the Ombudsman

State Long Term Care Ombudsman Program

8

VOLUNTEER CODE OF ETHICS

## UPHOLD STANDARDS

- Volunteer Friendly Visitors
  - Uphold the Standards and Practices of the Long-Term Care Ombudsman Program

State Long Term Care Ombudsman Program

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VOLUNTEER CODE OF ETHICS

## PARTICIPATE

- Volunteer Friendly Visitors
  - Participate in Promoting a Quality Long-Term Care System.

State Long Term Care Ombudsman Program

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VOLUNTEER CODE OF ETHICS

## AVOID

- Volunteer Friendly Visitors
  - Avoid any Conflict of Interest
  - Avoid Appearance of Conflict of Interest
  - Financial Gain from Providing Volunteer Friendly Visitor Services

State Long Term Care Ombudsman Program

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VOLUNTEER CODE OF ETHICS

## I AGREE

- To Uphold and Adhere to the Volunteer Code of Ethics
- To Assume Responsibilities and Account for What I Do
- To Advocate for Residents

*Volunteer Friendly Visitor*

Signed: \_\_\_\_\_

State Long Term Care Ombudsman Program

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VOLUNTEER CODE OF ETHICS

## TIPS FOR ADVOCATES: WHAT TO WATCH FOR WHEN VISITING A LONG TERM CARE FACILITY

*Use your senses!  
Put yourself in the resident's position  
and ask yourself what you would want or need.*

### LOOK

At the Resident's Condition:

- **Grooming:** Hair clean and combed; Men shaven, no facial hair on women; nails trimmed and clean
- **Teeth:** Teeth clean; dentures in place and clean; no bad breath odor
- **Skin:** Hydrated and soft-looking; no cracked, flaking or chapped lips, hands, etc.
- **Clothing:** Clean, not torn; correct size
- **Assistive Devices:** Are glasses clean? Is hearing aide in? Is wheelchair/walker/cane in good repair? Does the resident have an identifying bracelet on?
- **Restraint Usage:** Is there use of physical restraints? If a person is in some form of restraint (lap cushion, bed side rails, waist belt), does he/she seem anxious or upset about it? Are residents sitting comfortably in their chairs? (Special wedged cushions can help prevent sliding out of chairs).
- **Exercise/Circulation:** Are residents being helped to walk (if help is needed) in order to get regular exercise? Are individuals who are bed bound being turned every two hours? Is there evidence that measures are being taken for them to avoid contractures of knees and hands (e.g., a rubber device gripped in one's fist)?

At the Resident's Room:

- **Call Buttons:** Accessible to resident wherever he/she is in room? If resident lacks the use of one hand, is button within reach of the functioning hand? Are needed items (eyeglasses, telephone, books) within reach?
- **Fluids:** Is there fresh (cool or cold) water available and within reach?
- **Cleanliness:** Are the resident's bedroom and bathroom floors free of spills, grime and trash?
- **Furnishings:** Is there a comfortable chair for each resident or a visitor to use? Are the places for storage (closet, dresser, night stand) in good repair? Are the bed linens in good condition (no holes, stains, or worn plastic covers on pillows)? Does the resident's toilet and bathtub or shower have grab bars for safety?

### At all Environmental Conditions

- Is the lighting adequate and soft? (Or is it dim or glaring?)
- If there are carts, bins, or equipment in the corridor, are they all on one side of the corridor or the other (for safe passage in the event of an emergency)?
- Is there a clear, unimpeded path that ambulatory residents can take down a given hall, with sturdy handrails?
- In homes with long hallways, are benches or chairs strategically placed for brief rests?
- Do you notice a draft in a resident's room or in common areas for residents? Alternatively, is it too warm or stuffy? (*Always try to ask the residents whether they are comfortable before taking action.*)

### At the Dining Room(s)

- Is the atmosphere pleasant and relaxed?
- Is the seating comfortable?
- Are many residents present? If a significant number are eating in their rooms, why is that?
- Are appropriate utensils provided (i.e., large-handled/easy-grip forks and spoons, or plates with a plate guard)?
- Is staff providing needed assistance such as opening milk cartons, or telling visually impaired people what and where food items are on their plates?
- Are residents who need assistance to eat waiting in the dining room for long periods while others eat (whether the food is or is not in front of them)?
- Is there enough staff to assist those who need to be fed?
- Does the staff sit down beside individuals who need to be hand fed and take their time in feeding them?
- Do the residents consume most of the food served to them?

### **LISTEN**

- Are call bells ringing for long periods?
- Are there residents who are constantly hollering out? Are they being ignored?
- Is the public address system overused, causing unsettling noise pollution?
- Is a TV or radio blaring with the resident absent from his/her room?
- Is staff speaking or laughing too loudly?
- If music is playing, is it the type that would appeal more to the residents versus the staff?
- Do you hear staff discussing a resident's personal care or medical condition in a way that violates the person's privacy?

- Is staff speaking in English only when two or more are providing care for the resident?

## **SMELL**

- Are you noticing urine, fecal or other odors that persist?
- Are odorous diaper and laundry bins not being emptied?
- Does the food served smell good, as well as look good?

## **TASTE**

- Is the menu posted?
- Is there variety in the menu?
- Are the residents served what is shown on the menu?
- Are fresh (versus canned) fruits and vegetables served regularly?
- Are the meals generally nutritious?

## **TOUCH**

- Are residents' hands sticky, dry, chapped or noticeably cold?
- Are residents' possessions or the furniture (e.g. overbed table) sticky to the touch?
- Does staff offer a comforting touch?

## **OTHER**

### Activities

- Are a significant number of residents present at a given activity?
- Is staff or volunteers available to assist in bringing residents to the event?
- If residents who would have enjoyed the event are absent, why is this the case?
- Are residents aware of the scheduled activities? If not, why not?
- Is the calendar of events (whether posted or in the newsletter) written in large, legible print?
- Are the activities appropriate for the participants? Is there a variety of opportunities to suit different tastes?
- Do residents say that they enjoy the activities?
- Are activities offered on weekends and in the evening as well as during the weekday?
- Are residents taken outside for some fresh air?

## **THE DO'S AND DON'TS OF ADVOCACY**

### **The DO'S of Advocacy**

- Respect the confidentiality of all complaints made to you.
- Be a good listener.
- Assure the residents that you are there to listen to their problems.
- Speak clearly and slowly so the resident can understand you.
- Try to talk to the resident in a quiet, private area.
- Explain things in a few words, rather than in long paragraphs
- Be objective, yet understanding.
- Try to provide an accurate picture to the residents of what they can expect.
- Attempt to make the residents feel you care and are there to help them.
- Work with patient, the staff, and the administration in solving problems.
- Keep accurate records of problems as requested and turn them in to the Ombudsman for follow up and tracking program activities.
- Remember that it may take some questions and perseverance to get to the real problem.

- Make an attempt to understand the total situation or problem by seeking out as many sources of information as possible.
- Remember that some residents may distort or exaggerate; therefore, an accurate and reliable assessment of the problem is necessary.
- Remember that the resident may tire easily, have a short attention span, digress during conversations, or simply become confused.

### **The DON'TS of Advocacy**

- Do not provide physical or nursing care. This is the responsibility of the trained nursing staff in the facility and is for the patients' protection as well as the advocate's.
- Do not bring unauthorized articles into the home such as food, drugs, prescriptions, tobacco, alcoholic beverages or matches.
- Never treat the residents as children. They have had a lifetime of experience.
- Do not diagnose or prescribe for a resident.
- Do not make promises which may be impossible to keep.
- Do not advise residents on business or legal matters.
- Do not be critical of the residents or the nursing home.
- Do not engage in arguments, but rather, stick to the question or problem at hand.
- You are not an inspector of the facility. You are not an Ombudsman. You are there as a Volunteer Friendly Visitor, to connect with residents. You will hear individual complaints sometimes when you visit and should try to resolve them as long as they fall within the scope of your responsibilities. All complaints of Abuse, Neglect, or Exploitation MUST go to the Ombudsman.

## **THE IMPORTANCE OF GOOD COMMUNICATION SKILLS**

The goal of communication is to increase understanding between people for a variety of purposes. You may want to exchange information needed for a decision, express feelings so others will know why an issue is important to you, ask for something you need, or increase understanding for its own sake - because it feels good. In this chapter we present some techniques that can make communication more effective. Many of the skills we describe are actually tools for preventing or clearing up misunderstanding. Since misunderstanding is most troublesome when it involves feelings or criticism, we will emphasize these personal areas. But we want to stress that the principles and skills described here are useful in all kinds of communication, including group discussions where ideas and opinions are exchanged.

### **LISTENING**

Communication involves more than just accurately transmitting information. It also requires that people know they are being understood. Speakers need responses that let them know the other person hears and cares about what they are expressing. They also need to know what the listener thinks or feels in response. Good communication is a cooperative activity in which people share responsibility, help and support each other.

#### **Listen Actively**

People tend to think of the listener's role as a passive one. The listener receives from and is acted upon by the speaker. A good listener shares the responsibility for increasing understanding by paying close attention and trying to understand. Good listening means using your own communication skills to help the speaker get the message across. There are several specific things you can do as a listener:

- **Make an effort to really hear what the speaker is saying.** Try to put yourself in the speaker's shoes and see things from her or his perspective. Refrain from making any judgments for the time being. Withholding judgment will help you be more open to what is said and will help create a non-threatening climate in which feelings, beliefs and values can be expressed.
- **Let the speaker know that you are listening, that you care.** All those little signals (eye contact, head nods, "Yeah, I know") can reassure

the speaker that you are involved and that you are making an effort to understand.

- **When you don't understand, seek more information.** Ask questions or paraphrase. (The use of questions and paraphrasing is discussed below.)

### **Examine Your Assumptions**

People make generalizations all the time - there is no avoiding it. They take specific bits of information and draw conclusions from them. (Barb is reading *The Women's Room*, so Barb must be a feminist.) This kind of logical reasoning is the way the human mind works. But in a quest for understanding, assumptions about other people, or what they mean, may be wrong, or incomplete, or may close your mind to the true significance of new information from that person. To reduce the misunderstanding that assumptions can cause, try to be aware of the conclusions you draw about others. Be conscious that they are just speculation. Think about what information has led you to make those assumptions and recognize that information. When an assumption about another person affects the way you communicate with her or him, you might want to share the assumption with the person and find out if it is valid, explaining why you are doing so.

***Example:** You might say, 'Last week when I asked you about your medical problems, you didn't want to talk about them. So, I'm assuming you would prefer that I never bring up that subject. Am I right?'*

By explaining why you have made particular assumptions, you offer others the opportunity to give you new information or explanations. At the same time, you increase their understanding by letting them know what you think and why.

### **Paraphrase**

Paraphrasing is a useful tool for clarifying communication during a conversation. It allows the speaker to know how well she or he is being understood and provides a second chance if a message was misperceived the first time. Paraphrasing consists of summarizing or restating what you have heard, in your own words, and asking the speaker if that is what was really meant.

***Example:** In response to repeated complaints on the theme of "I'm sick of all this extra work.", you might say, "I think what I hear you saying is that you have had to pick up a lot more work since John left, and you don't think that's fair. You want the rest of the staff to pitch in more. Is that what you mean? "*

A tool related to paraphrasing is expressing the unstated message you think you hear between the lines and seeing whether your perceptions are accurate.

("I get the impression that you would like me to offer to take over one of your projects. Is that what you want?") It's important not to do this kind of "reading between the lines" in an accusing way. Use this tentative paraphrasing gently and sensitively.

### **Ask Supportive Questions**

Questions are an obvious technique for getting information needed to understand the speaker's message better. Often it is up to the listener to ask questions because the speaker does not know what parts of the message are unclear, or that she or he has wrongly assumed a common background of information, a shared interpretation, or an insight that the listener does not have.

Questions can also be supportive. They tell the speaker that you are interested and care about understanding. Sometimes asking questions lets the speaker know that it's OK with you to discuss a subject that she or he finds difficult to talk about. On the other hand, sometimes questions can put pressure on a speaker and make her or him feel challenged or on the spot. A person can be embarrassed by a question he or she cannot or doesn't want to answer. So be sensitive to the effectiveness of your questions. A period of silence after a question may signal discomfort, or it may mean that the speaker is taking a question seriously and is thinking about the answer. Don't assume too quickly that it means one or the other. Do, however, be willing to withdraw a question if it is causing the speaker unnecessary discomfort.

There are two basic kinds of questions. An **open-ended question** allows an unlimited choice of responses. A **close-ended question** has only two, or a small number, or possible responses. "How are you feeling right now?" is open ended. "Are you mad at me?" is closed, since the only possible answers are "yes" and "no". Usually open-ended questions are preferable since they don't lead the speaker, but allow her or him to respond in the way she or he wants. Use closed-ended questions when you need specific, defined information. Another tip is that **positively phrased questions** are usually more supportive than negative ones. "How could we have managed this meeting better?" is more hopeful, encouraging, and perhaps more productive than "What did we do wrong?"

### **Levels of Responses**

Most of the things people say can be taken on three levels:

- **Content:** The facts or information of the message.
- **Sentiment:** How the speaker feels about what she or he is saying.
- **Intent:** The reason for making the statement.

You can respond to another person's statement on any one of these levels. For example, Jane might say, "I sent my article about our new energy saving system to the community newspaper. Do you think they'll print it?" A **content** response to the question might be, "Well, I know they only print about half of the articles they receive, but it's been awhile since they had anything on that topic, so the chances are better than 50-50." A response at the level **of sentiment** might be, "Don't be nervous. I think you did a great job and if they don't print it, it won't be your fault." An **intent** response is one that considers the question, "Why did Jane say what she just said to me?" In this case, such a response might be, "Are you asking my opinion because of my own newspaper experience? I'd be glad to review the article and give you my opinion, if that's what you want."

Since each of these responses is potentially an accurate reply to the message, it can be hard to know when a response is off, not at the speaker's intended level. Sometimes even the speaker cannot identify why she or he feels a vague discomfort about a conversation, thinking, "We are talking about the subject I brought up. Why am I not getting what I want out of the conversation?"

***Example:** Al might say, "My truck needs new tires," and Liz might respond on the sentiment level, "Gee you must be frustrated. Everything goes wrong with your speaking on Liz's level. "Yes, I'm sick and tired of dealing with that old truck." Or, "No, I'm not upset. I've known the tires were wearing out for a long time and I've been saving for new ones. " It is easy for Al to accept Liz's response at face value because it is accurate or reasonable, without realizing that he is uncomfortable with the conversation because he 'd hoped to communicate on the content level. Liz might have said, "I know something about tires. What brand are you planning to buy?" and Al would have been satisfied by an accurate response at his intended level.*

Different people are more comfortable communicating at different levels and may automatically reply at the same level most of the time. Try to be alert to all three levels and develop your ability to respond at each of them. When something about a conversation seems off, use your awareness of the different levels to diagnose if responding at the wrong level is the problem. If you have doubts, ask about the other person's intent.

**Example:** *"Are you telling me about all your bad experiences because you want emotional support? Or were you telling me your problems so I won't repeat your mistakes? Or is it some other reason? "*

## **FEEDBACK AND CRITICISM**

Feedback and criticism are potentially frightening activities. Sometimes it is very threatening to hear what another person thinks about you. It is equally risky to talk to someone about observations or problems you have with them. Yet often when people avoid giving feedback or criticism for too long, the situation gets worse and worse, or the feelings become increasingly intense, and an originally minor problem becomes a major crisis. It is easier to give needed feedback and criticism if you know specific communication techniques that promote clear communication and minimize threat. The techniques described below work best when they are used in a supportive atmosphere among people who trust each other. Some people find it easier to give and receive criticism in a group, when they are surrounded by friends who provide emotional support, and who can add their own insights or perceptions to the discussion. Others prefer the privacy of one-on-one interaction where they can focus exclusively on the person they are talking to, and where they feel less vulnerable.

### **Feedback**

Feedback is telling another person how you perceive what she or he did or said. Usually your perceptions are closely tied to some kind of judgment you have made about that behavior, an interpretation or evaluation. When you give feedback to someone, it is important to separate behavior from your judgment about it. If you tell Bill he is lazy, he will probably not know why you think that. If you specify that he is behind on his work load, or that he doesn't put the lids back on jars, he will know what you are talking about. (And what is going to be more productive to talk about? An abstract concept like laziness, or specific behaviors like keeping up with a work load?")

The most useful feedback describes rather than evaluates. It is **specific** rather than general. And if it does include some kind of interpretation on your part, it should be stated in **tentative** rather than absolute terms. ("You

seem like you have a lot of enthusiasm for this project," rather than "You're really in a hurry to dive into this.")

## **Criticism**

Criticism is a complex process that includes feedback. Criticism is appropriate when another person's behavior, as you have observed it, has caused a problem and when you are dissatisfied and want change. The process of criticism includes telling the other person your observations, explaining how you feel about their behaviors and stating what you want to be different and why. Although it often has negative connotations in this culture, criticism can be used in a positive, growth-oriented way. It can help groups to see new and better ways of working together. A constructively critical process can enhance group unity by correcting misunderstandings and relieving fears that keep group members from working together effectively. These positive effects are most likely to happen when criticism is separated from blame and approached as a shared, cooperative process.

**Before you criticize someone** ask yourself:

- Is it an appropriate time to discuss this topic?
- Is the person in a good emotional state to receive criticism?
- Am I in a good frame of mind myself? (Or do I just want to strike out somewhere because of other frustrations I am feeling?)
- Is the behavior or problem something that the other person has the power to change?
- Am I willing to take responsibility for helping to make that change? (This might include being specific about what you want, maintaining the relationship long enough to provide necessary emotional support, being open to compromise or change yourself.)
- Has the person indicated a willingness to hear the criticism? Is it about something she or he has been told before and chosen not to act on?

### **Steps for giving criticism:**

1. If the criticism is potentially upsetting for the other person, or if it will require a long discussion, then **ask first** whether this is a good time for the person to talk about something important.
2. Begin by **giving feedback** about the specific behavior you are responding to. Behavioral feedback requires a description of what was done and includes statement prefaced with, "When I saw you do..."or "You said a few minutes ago that..." It is an observation without evaluating what you saw.

3. The next step is to **identify how you feel** about the behavior. Verbalizing feelings independently of the stated observation has several advantages:
  - it reduces the chance that the criticism will be misinterpreted;
  - it allows others to understand your feelings and to correct you if they think your interpretation is wrong;
  - it expresses mutual responsibility by assuming that your feelings and the other person's behavior combine to make a shared problem.

**Example:** *A feeling statement after a description of the behavior might be, "When you take time off to chat -with your friends during working hours, I have to cover for you and then I think I am being taken advantage of and I get angry."*

4. You also have to **state what you want the other person to do differently**. Make clear what you want them to **do** (not feel, think, or be). Say what you want, not what you don't want. ("I want you to tell me when you think I am being rude to you," rather than "I don't want you to hide your feelings from me.") If there is any question about whom you are addressing, make that clear. If you say to a group, "Some of us need to be more careful about cleaning up after ourselves," everyone will wonder who you mean, and if it could be themselves. ("I think I left a dirty coffee cup out last week. I wonder if he's mad at me.") It's better to be direct about who you are talking to.
5. The final step is to say **why you want the change**. Explaining "why" might require a statement about your own values. ("I really like to work in a clean office") or it may clarify how the change in behavior will help you ("If I'm not distracted, I can get my work done more quickly"). Openly expressing your own values and needs helps to make criticism a cooperative process. The other person can better understand the reasons for your criticism and has an opportunity to object if your reasons seem wrong or unfair. Sharing information also increases the likelihood of a mutually agreeable change.

## **Receiving criticism**

When you are being criticized, try to listen well, using the techniques described above under "Listening". The following rules are helpful to remember.

1. **Listen carefully** to what the person is saying. Refrain initially from expressing your agreement or disagreement. Simply show that you have understood. Paraphrasing is helpful here. You might say, "The problem, then, as you see it, is..."or "If I understand you correctly, you feel we should..." After you have summarized what you heard, give the person a chance to agree or disagree with your perceptions. Continue to listen actively and paraphrase until all misunderstanding seems to be resolved and you believe that you understand what the person thinks, feels, and would like to see happen to change things.
2. **Wait quietly through pauses** in the conversation to encourage the other person to say all that may be on her or his mind. Don't rush to fill silences.
3. **Use open-ended questions** to encourage the person to continue talking. "How did you feel about that?" or "Is there anything else that's bothering you?" or "Where do you think we disagree?"
4. **Don't take the focus of the conversation away from the person** who is criticizing you by disagreeing or by talking about yourself, your thoughts, or your perceptions. Delay your response until you have heard what she or he has to say and you have used paraphrasing or other techniques to check your understanding of the criticism. Only when you understand, and the other person agrees that you understand, is it time to respond with your own perceptions and feelings.

Taken from *Building United Judgment: A Handbook for Consensus Decision Making*. Center for Conflict Resolution. 1981.

## **POINTS TO REMEMBER WHEN COMMUNICATING WITH A LTC RESIDENT**

1. Knock on the door - always - even if it is open.
2. Hello - introduce yourself - call them by the proper name, Mr. or Mrs., etc.
3. **Ask** the resident if you can sit down **and** are they willing to chat with you.
4. Be aware of impairments both of the resident and of the environment - is the TV blaring? Radio loud? If so, ask if you can turn it down.
5. Use simple language - repeat yourself if necessary - lower your voice if there seems to be a hearing problem.
6. ***Don't talk down to the resident.***  
Ex. sing song voice, using cute words, making assumptions
7. Allow for privacy, by shutting door, not talking when other people are around, not talking without exploring a private area to talk.
8. Don't give up immediately if patient is confused - change your approach.
9. Re-direct conversation in a gentle way. "I'm very happy you shared that - so what happened when ..."
10. Listen to cues, touch the resident's arm or hand if appropriate.
11. ***Don't promise what you can't deliver***, "I'll come back to see you before I leave." Don't say it unless you can do it.
12. Don't say I'll find out...and then not get back with the resident.
13. Never criticize the staff or facility in front of the patient - or agree with them that it is a terrible place - let them know you hear what **their** feelings are, not that they are **right**.

**Remember:** The volunteer ombudsman is there to assist the resident in self-advocacy and self-determination *"I'm here to help you solve your problems."*

## **COMMUNICATING WITH THE LONG TERM CARE FACILITY RESIDENT WITH MEMORY IMPAIRMENTS**

Communicating with a person with a dementing illness, such as Alzheimer's disease, can be a terribly difficult task. Often in early stages of a dementing illness, people have trouble finding the words to express their thoughts, or may be unable to remember the meaning of simple words or phrases; but these problems are usually minor inconveniences or frustrations. The later stages may be much more difficult with language skills quite impaired, resulting in nonsensical, garbled statements, and great difficulty in understanding.

When people cannot comprehend what is being said, or cannot find the words to express their own thoughts, it can be painful, frustrating, and embarrassing for everyone. The following are some suggestions of things to think about when communicating with an impaired person.

### **YOUR APPROACH - YOU SET THE TONE**

- **Think about how you are presenting yourself.** Are you tense? Frowning? Are you being bossy or controlling? People with dementia are often extremely aware of non-verbal signals such as facial expression, body tension, and mood. If you are angry or tense, they are likely to become angry, anxious or annoyed.
- **Try a calm, gentle, matter-of-fact approach.** You set the mood for the interaction -your relaxed manner may be contagious.
- **Use a non-demanding approach - try humor, cajoling, cheerfulness.** Humor or gentle teasing often helps caregivers through difficult moments. Convincing someone to get out of bed or go to the bathroom is usually easier if you can make a game or joke of it. Ordering or demanding may be much less successful with some people.
- **Try using touch to help convey your message.** Sometimes touch can show that you care, even when your words don't, or when they are not understood. Some people shy away from being touched, but most find a gentle touch reassuring.
- **Begin your conversation socially.** Winning the person's trust first can often make a task much simpler. One way of doing this is to spend some time chatting before approaching the task at hand. For example, you might spend ten minutes talking about weather, or family members, or some reassuring topic, to help get the person in a relaxed frame of mind. Again you are creating a pleasant mood.

## THINGS TO THINK ABOUT WHEN YOU SPEAK

- **Talk to the person in a place that is free from distractions,** such as equipment, noise, television, or other conversations. People with dementia often have very little ability to screen out distractions.
- **Begin conversations with orienting information.** Identify yourself, if necessary, and call the person by name. After creating a relaxed atmosphere, explain what it is you propose to do.
- **Look directly at the person and make sure you have his or her attention before you begin to speak.** If you cannot get the person's attention, wait a few minutes and try again. Move slowly. Gently touch an arm or hand to gain attention, while saying the person's name several times. Be careful not to startle him or her.
- **It is important to be at eye level with the person,** especially when talking to people who are very impaired or to those who are hard of hearing.
- **Speak slowly and say individual words clearly.** This is particularly important for people with hearing problems or those who are in the later stages of dementia.
- **Use short, simple sentences.** People with dementia may not be able to remember more than a few words at a time. Pause between sentences and allow plenty of time for the information to be understood.
- **Ask simple questions that require a choice of a yes/no answer,** rather than open ended questions. For example, instead of saying, "What would you like to wear today?" you might say, "Do you want to wear this green dress or this red one?" or "Is this the dress you would like to wear today?"
- **Use very concrete terms and familiar words.** As people become more impaired they lose the ability to understand abstract concepts. Thus, you may need to say "Here is your soup at this table," instead of "It's time for lunch." They may also revert to words from childhood or earlier in life, so that "Do you need to go to the bathroom?" may not be understood as easily as "Do you have to pee?"
- **Talk in a warm, easy-going, pleasant manner.** Try to use a tone of voice that you would like people to use with you.

- **Keep the pitch of your voice low.** Sometimes when people don't immediately understand us, we have a tendency to shout. This will simply upset the person with dementia and will make communication more difficult.

## **WHEN DOING A TASK TOGETHER**

- **Try to focus on familiar skills or tasks.** People with dementing illnesses gradually lose the ability to learn new tasks, but may be able to do familiar work, or hobby-related tasks or household chores even when very impaired.
- **Give choices, whenever possible.** For example, choosing whether to take a bath before or after dinner or choosing which of two shirts to wear, may help the person continue to feel some sense of control over life.
- **Allow plenty of time for the information to be absorbed.** People with dementia often need much more time to absorb simple statements or instructions. Allow a moment of silence before gently repeating an instruction. This requires a lot of patience on the part of caregivers.
- **Repeat instructions exactly the same way.** It may take a number of repetitions before the person responds. If, after allowing plenty of time, it still is not understood, try using different key words, or demonstrating what you want the person to do.
- **Break the task down into simple steps.** Most of our daily tasks are very complex activities; the concept of getting dressed or of taking a bath may be too overwhelming and abstract for a person with a dementing illness. Instead the person may be able to respond better to small, concrete steps - one part of the task at a time. For example, the first step in getting dressed might be unbuttoning pajamas. The second step might be taking the right arm out of the sleeve, etc. Find out which steps the person is able to do and encourage those. Gently help with steps that are more difficult. Although this technique takes time and practice, doing tasks together can become much more successful and pleasant.
- **Modify the steps as the person becomes more impaired.** You may need to break the task into even smaller steps, or you may need to gently begin doing some of the steps that the person was able to do previously. Again, this takes time and patience on the part of the caregiver, but can be very rewarding for both the person with dementia and the caregiver.
- **Praise sincerely for success.** We all need to hear that we are doing a good job, and for people who are losing their abilities it may be particularly important. Praise doesn't need to be long or "gushy" but may be a simple thank-you, or "You did a nice job."

## WHEN YOU ARE HAVING TROUBLE BEING UNDERSTOOD

- **Be sure you are allowing enough time.** It may seem to you that you have waited a long time, but people with brain impairments often need a great deal of time to process information.
- **Try demonstrating visually what you are saying.** Though not always possible, this technique of doing and saying at the same time is often a very effective way of communicating. Use visual aids - hold up the sweater when you are saying, "It's time to put on your sweater." Point to the spoon when you are encouraging the person to eat.
- **Think about the complexity of what you are saying.** Can you say it more simply? Is it too many words or too abstract for the person to understand? Can you be more concrete? Saying, "Why don't you sit in this chair?" At the same time touching the chair to give a non-verbal direction may be more effective than simply stating "It's time for breakfast."
- **Try a hug and a change of subject.** If you are both getting frustrated, it may be a good idea to drop it affectionately for the moment and try again later. Sometimes a hug and change of subject can make you both feel better. Other times you may need to leave the room and calm down.

## WHEN YOU ARE HAVING TROUBLE UNDERSTANDING

- **Listen actively and carefully to what the person is trying to say.** If you do not understand, apologize and ask the person to repeat it. Let him or her know when you do understand by repeating it or rephrasing it.
- **Try to focus on a word or phrase that makes sense.** Repeat that back to the person and try to help him or her clarify what is being said.
- **Respond to the emotional tone of the statement.** You may not understand what is being said, but you may recognize that it is being said angrily or sadly. Saying, "You sound very angry," at least acknowledges the feelings, even if you cannot decipher the words.
- **Try to stay calm and be patient.** Remember the person is not doing this on purpose and is probably even more frustrated than you. Your calmness and patience will help create a caring atmosphere that will encourage the person to keep trying.

- **Ask family members about possible meanings for words, names, or phrases you do not understand.** Sometimes people with dementia talk in a kind of code that may make sense to people who have known them for a long time. A name called over and over may be a close friend or relative from the past whose memory is reassuring. "Let's go down that street to my house," may be a very logical way of referring to a long corridor and room, when the names for these places have disappeared from memory. Language from childhood, such as names for bathroom habits or pet names for things, may reappear in the person's vocabulary. While it is helpful to use their words (e.g., "pee" or "tinkle"), it is important to continue to **treat them as adults, not children.**

## THINGS NOT TO DO

- **Don't argue with the person.** This always makes the situation worse. Furthermore, it is important to remember that a person with dementia no longer has the ability to be rational or logical to the extent you do.
- **Don't order the person around.** Few of us like to be bossed around and the person with dementia is no exception. Even when your words are not understood, your tone of voice will be.
- **Don't tell the person what he or she can't do.** State directions positively instead of negatively. Instead of "You can't go outside now," try "Let's sit down here and look at these pictures."
- **Don't be condescending.** It is hard not to use a condescending tone of voice when you are speaking slowly and in short sentences. However, a condescending tone is likely to provoke anger, even if the words are not understood.
- **Don't ask a lot of direct questions that rely on a good memory.** Often our attempts at being sociable involve asking people about themselves. Remember that people with dementia have memory loss and may feel humiliated or angry if you ask questions they can no longer answer. Try rephrasing. For example, instead of "Who is this in the picture?" say "This must be your daughter." This approach allows the person to reply gracefully without being embarrassed if he or she is not sure.
- **Don't talk about people in front of them.** It is easy to fall into the habit of talking about people in front of them, when they can no longer communicate well. It is impossible to know how much someone with dementia understands, and this may vary from moment to moment.

## WHEN VERBAL COMMUNICATION FAILS

- **Try distracting the person.** Sometimes simply diverting the person's attention to other activities - going for a walk, changing the subject, offering a snack, turning on the television - may be enough to diffuse an angry or anxious mood. Try again later.
- **Ignore a verbal outburst if you can't think of any positive response.** It is much better to ignore angry or agitated statements than to become angry yourself. You might also try apologizing and letting the subject drop, or changing the emotional tone of the conversation (e.g., making a positive, cheerful comment instead of an angry reply).

## **COMMUNICATING WITH LONG TERM CARE FACILITY RESIDENTS WITH PHYSICAL IMPAIRMENTS**

### **Communicating with the Hearing Impaired**

- Speak slightly louder than normal. Don't shout, though; it will not make the message clearer and may distort it.
- Speak at a normal rate. There is no need to talk slower or faster. Don't speak directly into the person's ear, as this distorts the message and hides the visual cues.
- Avoid chewing, eating, or covering your mouth with your hands. This reduces the volume of your speech and again hides the visual cues.
- Keep a distance of 3 to 6 feet while speaking.
- Talk in good light. Facial expressions, gestures, lip and body movements, which give cues to the message, can be seen more readily.
- Talk in a quiet place. This will help avoid the interference from other environmental noises.
- If the person does not appear to understand, rephrase the message in short, simple sentences.
- Be patient. It may take longer for the hearing-impaired person to respond.
- Glasses help hearing. Encourage the use of glasses since additional visual cues to the message will be picked up.
- Use as many cues as possible for the message. Pointing, nodding, pictures, demonstrations, written information, etc. can help understanding.
- Ask person to repeat questions to make sure that it has been understood clearly.

## **Communicating with the Visually Impaired**

- Position yourself or objects so that you can be best seen by the person. For a person with glaucoma, this will be in the center of visual field; for a person with cataracts, this will be at the edge.
- Provide adequate light. Avoid glare from windows and shiny surfaces that reflect light. Mirrors, waxed floors, and table tops may create glare.
- Abrupt changes in lighting are hazardous. The older eye is not quick to adapt to light changes and such a hazard may cause a fall or accident.
- Enlarge things to be seen. This includes large print, dials, controls and buttons. Also, contrasting colors, such as a dark door and a white wall make things easier to see.
- Don't change me furniture arrangement unless the older person is informed. Make sure they become familiar with the change.
- Keep objects within the distance of the visual field. For instance, move the person closer to the television; move clocks, calendars, and signs to eye level; and talk to the person at 3 to 6 feet so that you as well as your facial expressions and body gestures can be recognized.
- Verbally orient the person to any new or unfamiliar place.
- Use as many cues as possible to help identify key things in the environment.
- Use touch to help communicate. Holding, patting and squeezing someone's hand can be used to replace the feedback a person usually gets from facial expressions.

## **CONCLUSION**

The techniques described above are tools for communicating more effectively. If used judiciously, you can communicate better yourself and can help others to do as well. Please do not treat these tools as dogma or use them to gain an unfair advantage over people who have not learned the skills. An unsympathetic use of verbal proficiency by one person can intimidate others who are less skilled, and can cause resentment. Communication should be used to increase understanding among people, and the tools described in this chapter should be used toward that end.

## **Department of Health & Environmental Control (DHEC)**

### **The Bureau & Division of Certification**

The primary function of the Bureau of Certification is to ensure that all residents, patients and clients of providers which receive Medicare and Medicaid payments are afforded the quality of care which will attain or maintain the highest practicable level of physical, mental, and psychosocial well-being. This is accomplished by an on-site survey process which includes medical record review, facility file review, observation, and resident and staff interviews.

The Bureau of Certification is composed of two Divisions: Certification and Health Provider.

The Division of Certification surveys health facilities that participate in the Medicare and Medicaid programs, including nursing homes and facilities for persons with intellectual disability. These facilities are surveyed with unannounced site visits. Survey teams include nurses, pharmacists, social workers, dieticians, qualified intellectual disability professionals and generalists. The Division is divided into four program areas, each concerned with respective Medicare/Medicaid Standards and Conditions of Participation. These Standards and Conditions are expressed as Federal regulations, and are available from

#### **National Technical Information Service**

U.S. Department of Commerce  
5285 Port Royal Road  
Springfield, VA 22161  
(708)487-4600

Medicare and Medicaid Certified Nursing Home Comparison - The primary purpose of this tool is to provide detailed information about the performance of every Medicare and Medicaid certified nursing home in the country.

## **Long Term Care Program**

The Long Term Care Program surveys Nursing Facilities and Skilled Nursing Facilities (NF/SNF) for compliance with Medicare/Medicaid Standards and Conditions of Participation, expressed as Enforcement Regulations under 42 CFR. Surveyors are Registered Nurses, Social Workers, Pharmacists, Dieticians, and Generalists.

- Appendix I - Guidelines for Completion of Fire Safety Reports, Interpretive Guidelines for Life Safety Code Surveys
- Appendix P - Survey Protocol for Long-Term Care Facilities (42 CFR 483 Subpart B)
- Appendix PP- Guidance to Surveyors for Long Term Care Facilities
- Appendix Q - Guidelines for Determining Immediate and Serious Threat to Patient Health and Safety
- Appendix R - Resident Assessment for Long-Term Care Facilities

Contact Person: Gail Goode, (803) 545-4205.

## **Nurse Aide Abuse Registry Program**

The Nurse Aide Abuse Registry Program is responsible for placing Certified Nurse Aides with substantiated allegations of abuse, neglect or misappropriation of resident property, and/or findings in a court of law on the Abuse Registry of the South Carolina Nurse Aide Registry. Contact Person: Ruth Rush ([RushRF@dhec.sc.gov](mailto:RushRF@dhec.sc.gov))

## **Intermediate Care Facilities for Persons with Intellectual Disability (ICF/MR) Program**

The Intermediate Care Facilities for Persons with Intellectual Disability (ICF/MR) Program surveys intermediate care facilities for persons with intellectual disability. Surveyors meet professional qualifications of the designation Qualified Mental Retardation Professional (QMRP).

Contact Person: Gene Baughman Program Coordinator, (803) 545-4205.

## **Complaint Program**

The Complaint Program has a special staff of surveyors who go to facilities for the express purpose of investigating complaints. The same basic survey process is used as for the regular surveys, but with a focus on the complaint.

If you would like to register a complaint against a Nursing Home, an ICF/MR, Physical Therapists in Independent Practice, Occupational Therapists in Independent Practice, Comprehensive Outpatient Rehabilitation Facilities, Ambulatory Surgery Centers, Community Mental Health Centers, Hospital, Home Health Agency (the Home Health Hot Line is **1-800-922-6735** for concern about a Home Health Agency), End Stage Renal Disease Facility, Rehabilitation Agency, Rural Health Clinic, or Hospice, please click below to contact us by E-mail. Please give us the facility name and the full details of your concern.

- Timeframes for Reporting (Long Term Care Facilities)
- Conducting a Thorough Investigation (pdf)
- Initial 24-Hour Report (pdf)
- Five-Day Follow-up Report (pdf)

### Complaints

- All Facilities - Omnibus Adult Protection Act Section §43-35-5
- Long Term Care Facilities - 42CFR (Code of Federal Regulations)
- 483 Subpart B - Abuse - §483.13
- Anti-dumping Rule Violations: COBRA EMTALA:
- Consolidated Omnibus Budget Reconciliation Act of 1985
- Emergency Medical Treatment and Active Labor Act

- 42CFR 484.20 and 24

Contact Persons: Phyllis Dennis (DennisPL@DHEC.sc.gov)

## **Health Licensing**

Health Licensing has the ultimate goal of ensuring that individuals receiving care and services from health care activities licensed by the Department of Health and Environmental Control (DHEC) are provided appropriate care and services in a manner and, in an environment that promotes their health, safety, and well-being. Supporting goals of the Division include:

- Evaluating licensed and proposed activities through inspection and investigation based upon these established standards;
- Requiring activities to meet the established standards.

The Division offers assistance to activities in meeting the standards through consultation or, when necessary, takes enforcement actions when activities are unable or unwilling to meet the standards.

The Division is organized as follows:

- **Disabilities & Special Needs Program** provides onsite reviews of Community Training Homes Models I and II, Supervised Living Models I and II, and Day Program Services. The reviews focus on safety, location environment, health services and staff ratios/qualifications. The outcomes of all reviews are reported to the South Carolina Department of Disabilities and Special Needs.
- **Community Care Oversight Section** regulates Community Residential Care Facilities (CRCF) and Intermediate Care Facilities for Persons with Intellectual Disability (ICFMR) programs. Their duties and responsibilities are to inspect and investigate health care activities, provide consultations as needed, and recommend enforcement actions as deemed appropriate.
- **Health Facility Oversight Section** is divided into the Medical Management Office and The Facilities and Services Office. Their duties and responsibilities are to inspect and investigate health care activities, provide consultations as needed, and recommend enforcement actions as deemed appropriate.
- **Medical Management Office** manages Hospitals, Nursing Homes, Renal Dialysis Facilities, and Residential Treatment Facilities for Children and Adolescents.
- **Facilities and Services Office** manages Abortion Clinics, Ambulatory Surgery Facilities, Body Piercing Facility (Permitted, not licensed), Day Care Facilities for Adults, inpatient and outpatient Treatment Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Hearing Aid Specialists, Home Health Agencies, inpatient and outpatient Hospice Facilities, Freestanding or Mobile Technology and Tattoo facilities.

In addition, the Health Facility Oversight Section is responsible for Perinatal Oversight (pdf) through inspection of hospitals that provide obstetrical services. This area also oversees the licensing of Birthing Centers, Midwives and midwife apprentices.

*For additional information, contact: Division Director Gwendolyn Thompson at (803) 545-4370.*

## **Health Licensing**

### **Community Residential Care Facility Inspections Frequently Asked Questions**

#### **Why are Community Residential Care Facilities inspected?**

Regulation 61-84, Standards For Licensing Community Residential Care Facilities (pdf), is part of the South Carolina Code of Law, therefore, every licensed Community Residential Care Facility must meet these minimum requirements. The inspections are to verify that a Community Residential Care Facility has substantially met licensing requirements, and therefore can continue to do business in South Carolina.

- The Department of Health and Environmental Control (DHEC), in its role of monitoring public health in South Carolina, is responsible for ensuring Community Residential Care Facilities comply with the regulation through inspections by the Division of Health Licensing.
- A Community Residential Care Facility may be inspected because it is new, having applied for a Community Residential Care Facility license, and so it is being inspected for compliance the first time.
- A Community Residential Care Facility may be inspected because it must be inspected at least every two years (food service - Regulation 61-25 (pdf) - is annually).
- A Community Residential Care Facility may be inspected because there has been a change of ownership, of management, of administrator, bed increase, or etc.
- A Community Residential Care Facility may also be inspected because a complaint against the facility has been received.

Community Residential Care Facilities are inspected on a periodic basis by the Division of Health Licensing (food service - Regulation 61-25 (pdf) - annually), however, the Division of Health Licensing may inspect a Community Residential Care Facility as often as needed, if circumstances warrant special attention. When reviewing the inspection history, you may find that one place went two years, while another has two or more inspections in the same year.

## **Who does the Community Residential Care Facility inspections?**

Community Residential Care Facilities are inspected by a team of experienced employees (pdf). The team may have as few as one member, or as many as five. The number of inspectors is determined by the size of the Community Residential Care Facility and the complexity of the survey. A one-person team may visit a 5-bed facility, while a five-person team may visit a 100-bed facility. Each inspector receives training in how to apply and interpret the regulations and how to conduct the inspections.

## **What happens at a Community Residential Care Facility inspection?**

1. The inspection team prepares before it goes there
  - Before our inspection team visits a Community Residential Care Facility, we review the licensing history of the facility. We want to know how this Community Residential Care Facility has performed during previous inspections. Complaints, exceptions, enforcement actions, serious incident and accident reports, and previous violations are all reviewed.
  - In other words, our inspection team does not enter the Community Residential Care Facility unprepared. When we arrive, we already have some idea what to look for and have prepared check sheets and a worksheet.
2. Our team then introduces themselves at the site
  - When our team arrives at the Community Residential Care Facility, we introduce ourselves and let the staff know why we are there.
  - We ask the administrator (or in the absence of the administrator, the person in charge) to describe any special feature(s) of the facility's care. For instance, does the place have a special program for residents? The inspection team will invite the administrator (or another escort) to come along with us on our inspection. We will ask the administration to provide things like lists of key personnel, employee records, a copy of the document which is normally handed to residents advising them of their rights, samples of menus and mealtimes, lists of medications, lists of recent arrivals, activity schedules, lists of those receiving hospice services, home health care services, or dialysis, etc.
3. We take an initial tour
  - Next, our inspectors make a tour of the facility. We may split up into groups, or go individually. Again, we have staff come with us as an escort. We want to get an overall impression of the place. Here are some of the things we are looking for:

- Does the facility have a pervading unpleasant odor?
  - Are residents generally well-cared for?
  - Are residents restrained?
  - Does staff wash their hands?
  - Is the facility clean?
  - Is the facility well-maintained?
  - During this tour, our team will also compare what staff we find on duty with the staff schedule, looking for staffing discrepancies.
4. We gather information. This information-gathering phase is the heart of the inspection. There are many areas looked at:
- General Observation
    - Is the Community Residential Care Facility clean and well maintained? Are there vermin? Are there accident hazards? Are drugs stored safely?
  - Kitchen - Regulation 61-25
    - Is the food tasty? Is it hot, tepid, or just right? Is it fresh? Does it follow the menu? Are the meals nutritionally balanced? Are the dietary workers clean? Do they have the right equipment?
  - Resident Record Review
    - Has the resident been assessed? Does the resident have a care plan? And, is it followed? Each resident is supposed to have a care plan specific to him/her, based on an accurate, up-to-date assessment. In other words, he/she should not merely be warehoused; he/she should have a plan which aims at an outcome, and that plan needs to be followed.
  - Quality of Life
    - Does he/she receive the care he/she needs?
  - Medication
    - Inspectors review the drugs the resident has received to see whether the medication has been administered in accordance with physician orders.
  - Quality Assessment
    - Does the Community Residential Care Facility have an effective quality assurance program?
  - Abuse Prevention
    - A Community Residential Care Facility should have policies and procedures in place to screen new hires, train staff, identify

incidents of abuse, investigate such incidents, and respond to them. Are background checks being performed as required by the new South Carolina state law?

5. We examine the information
  - Now our team re-groups to share what we found. We will decide which violations shall be documented in our Report of Visit. These are consensus decisions.
6. We tell the Community Residential Care Facility what we found
  - Lastly, our inspection team advises the Community Residential Care Facility administrator and/or their designee of our findings. The Community Residential Care Facility may discuss the findings, voice their disagreement with violation findings, or even have violations removed, if they can provide compelling evidence. This Report of Visit, showing what standards were cited, is completely reviewed at the exit interview.

## **What's a violation?**

A Community Residential Care Facility has certain standards which apply to the facility. For instance, there is a standard to keep the facility in good repair.

Then there are other standards which apply to each resident. For instance, there is a standard that a resident be free from abuse.

Failure to meet any standard is a violation.

Violations are categorized according to Class. There are three levels of Classes:

- Class I violations are those which the Department determines to present an imminent danger to the residents of the facility or a substantial probability that death or serious harm could result therefrom.
- Class II violations are those which the Department determines to have a direct or immediate relationship to the health, safety or security of the facility's residents other than Class I violations.
- Class III violations are those which are not classified as serious in the regulation or those which are against the best practices as interpreted by the Department.

## **What is done about complaints?**

A complaint is defined as an allegation that relates to unsafe or dangerous conditions or events relative to a licensed Community Residential Care Facility. The Division of Health Licensing is required to investigate any written or verbal complaint which indicates that there may be a violation of the licensing standards.

Complaints may originate from many different sources, e.g., relatives/friends of residents, other licensed activities, visitors of the Community Residential Care Facility, political authorities, law enforcement agencies, media, etc.

An investigation may also be conducted if the Division of Health Licensing receives information from certain sources such as the Department of Social Services or the Department of Mental Health regarding a resident or conditions at a Community Residential Care Facility.

Also, serious incident reports may indicate a need to investigate a Community Residential Care Facility.

### **What enforcement follows all this inspecting?**

The authority to enforce is also granted in South Carolina state law. The Division of Health Licensing can:

- Suspend or revoke a Community Residential Care Facility license
- Impose monetary penalties
- Require consultations
- Require correction of violations
- Require a plan of correction for violations

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*For additional information, contact:  
Division Director Gwendolyn Thompson - (803) 545-4370*

## **Health Facilities Construction**

### **Office of Fire and Life Safety**

The Office of Fire and Life Safety, a Division of Health Facilities Construction, conducts periodic fire and life safety surveys of existing facilities to insure continued compliance with appropriate codes, standards and regulations. The authority to do this comes from the South Carolina Legislature. Some health care facility types such as doctors' offices and clinics are not licensed by S.C. DHEC and thus are not reviewed or inspected by us. We also do not review most of these facilities, even if owned by the licensed entity. If you have a question, please call us at (803) 545-4215.

Every year healthcare facilities experience a growing number of fire related emergencies. There can be many causes for the fires, however most are due to a lack of knowledge about fire safety and prevention. It is our mission through oversight, inspection, and education to help reduce these emergencies and prevent the loss of life and property at healthcare facilities.

The Office of Fire and Life Safety has regulatory responsibility to ensure compliance with state fire safety regulations and, in conjunction with the Division of Health Facilities Construction, acts as a liaison between local municipal fire departments, the South Carolina Office of State Fire Marshal and the healthcare facilities. We support regular interaction with these groups to discuss fire and life safety matters, as well as develop and conduct training programs.

Copies of the DHEC Regulation for any of the facilities that DHEC licenses may be downloaded from the Regulation page of the DHEC website. For additional information, contact: Division Director Daniel Skinner - (803) 545-4215.

| <b>MEDICARE-MEDICAID COMPARISON CHART</b>   |   |
|---|---|
| Medicare  | Medicaid  |
| <p><b>General</b></p> <ul style="list-style-type: none"> <li>• Helps pay medical bills</li> <li>• Public health insurance program</li> <li>• Part A covers hospital, skilled nursing facility, home health, and hospice care</li> <li>• Part B makes partial payment for doctor bills, durable medical equipment, ambulance trips, and other outpatient care</li> </ul>   | <p><b>General</b></p> <ul style="list-style-type: none"> <li>• Helps pay medical bills</li> <li>• Public health program providing health care based on financial need</li> </ul>  |
| <p><b>Eligibility: nationwide program</b></p> <ul style="list-style-type: none"> <li>• age 65 or older <i>and</i> recipient of social security retirement or railroad retirement, <i>or</i></li> <li>• recipient of social security disability for 24 months, <i>or</i></li> <li>• have end-stage renal disease, <i>and</i></li> <li>• have insured status acquired by working and contributing to Medicare trust fund</li> </ul> <p>If age 65 or older but not a recipient of SS or RR retirement benefits, must be resident of the U.S., citizen or lawfully admitted alien, and pay monthly premiums for Parts A and B</p> | <p><b>Eligibility: varies among states</b></p> <ul style="list-style-type: none"> <li>• low income and limited assets, <i>and</i></li> <li>• age 65 or older, <i>or</i></li> <li>• blind, <i>or</i></li> <li>• disabled, <i>or</i></li> <li>• dependent children, <i>or</i></li> <li>• pregnant women and infants</li> </ul> <p>Major coverage groups:</p> <ul style="list-style-type: none"> <li>• <i>Categorically needy</i>: fit above guidelines and are recipients of SSI or AFDC or would be eligible for SSI or AFDC but have not applied</li> <li>• <i>Medically needy</i>: fit guidelines except for income and resources above allowable levels, but can <i>spend down</i> the excess to become eligible</li> </ul> |
| <p><b>Payment</b></p> <ul style="list-style-type: none"> <li>• Part A: workers pay into federal trust fund, which in turn pays hospital and medical bills for beneficiaries</li> <li>• Part B: beneficiary pays monthly premium and an annual deductible and federal government pays the balance</li> <li>• annual deductible and co-payments for most services</li> </ul>  | <p><b>Payment</b></p> <ul style="list-style-type: none"> <li>• recipients generally do not pay for services</li> <li>• supported by federal and state taxes</li> <li>• some states may impose deductibles or co-payments on some services</li> <li>• payment is made directly to provider, i.e., hospital, doctor, etc.</li> </ul>  |
| <p><b>Administration</b></p> <ul style="list-style-type: none"> <li>• federal program</li> <li>• uniform across the country</li> <li>• administered through contracts with insurance companies called carriers or intermediaries</li> </ul>   | <p><b>Administration</b></p> <ul style="list-style-type: none"> <li>• states design own programs under federal guidelines and they vary among the states</li> <li>• administered by state with federal oversight</li> </ul>   |
| <p><b>Application:</b> at local Social Security office</p>  | <p><b>Application:</b> call local welfare office</p>  |
| <p><b>Coverage:</b> more limited range of services than Medicaid</p>  | <p><b>Coverage:</b> generally covers a much broader range of medical services than Medicare</p>   |
| <p><b>Dual Entitlement</b></p> <ul style="list-style-type: none"> <li>• an individual can be eligible for and receive benefits under both programs</li> <li>• Medicaid can pay Medicare expenses normally paid by the individual, such as Medicare premium, deductible, and co-payments</li> <li>• Medicare pays first, then Medicaid coverage is provided</li> </ul>   |   |

## **ASSESSMENT AND CARE PLANNING: THE KEY TO GOOD CARE**

### **A Guide for Nursing Home Residents and Their Families**

#### **Why do we need to know about assessment and care planning?**

To give good care, nursing homes need to know each person's strengths, needs, interests, and routines. Staff can prevent residents from losing abilities by keeping them active and mobile, knowing their habits and needs. Through assessment, staff learns about residents and their care needs. Resident/family involvement in care planning can help make sure residents get good care.

#### **What is a resident assessment?**

Assessments are a way to gather information about how well people are able to take care of themselves and in what areas they need help. Staff asks about residents' functional abilities-how well they walk, talk, eat, dress, bathe, see, hear, communicate, understand, and remember. Staff asks about residents' habits, activities and relationships, so they can help residents live comfortably.

The assessment helps staff look for what is causing a problem. For instance, poor balance could be caused by medication, inactivity, weak muscles, poor-fitting shoes, or a urinary or ear infection. Staff must know the cause in order to give treatment.

#### **What is a plan of care?**

A plan of care is a strategy for how the staff will help a resident. It says what each staff person will do and when it will happen. For instance, the nursing assistant will help Mrs. Jones walk to each meal to build her strength. Care plans must be reviewed regularly to make sure they work and must be revised as needed. For care plans to work, residents must feel like they meet their needs and must be comfortable with them. Care plans can address any medical or non-medical problem (For example: incompatibility with a roommate).

#### **What is a care planning conference?**

A care planning conference is a meeting where staff and residents/families talk about life in the facility meals, activities, therapies, personal schedule, medical and nursing care, and emotional needs. Residents/families can bring up problems, ask questions, or offer information to help staff provide care. Staff who work with a resident should be involved. This includes nursing assistants, nurse, physician, social worker, activities staff, dietician, occupational and physical therapists.

## **When does the care planning conference occur?**

Care planning meetings occur every three months, and whenever a resident gets worse or better physically or mentally, in ability to function or need for help. The care plan must be completed within 7 days after an assessment. Assessments must be done within 14 days of admission and at least once a year. Some parts must be reviewed every three months, and whenever there is a big change that might require a more complete review or change in care. Care plan meetings may be helpful when:

- Residents (and families) need information
- Residents (and families) have concerns about services or the resident's condition.
- The facility is violating state or federal requirements.
- The facility's complaint resolution process has failed.
- A resident receives a discharge notice.
- Residents (and families) want to bring several people together, each of whom has a role in the resident's care.
- The facility proposes to use physical restraints or new medications.

## **What are the principles for care planning?**

A good care plan should:

- 1) Properly Identify the Problem  
Watch for care plans that incorrectly label problems: label residents' choices or their attempts to let their needs and feelings be heard as problem behaviors.
- 2) Be Specific and Individualized  
Watch for care plans that have goals and approaches that are meaningless because they are too broad or are not individualized.
- 3) Be Written in Common Language that Everyone Can Understand  
Watch for care plans written in professional jargon nursing assistants and residents cannot understand or implement.
- 4) Have the Resident's Agreement  
Watch for care plans that have problems that do not reflect the resident's concern or have solutions that will not work for the resident
- 5) Be Supportive of Resident's Well-being, Functioning, and Rights  
Watch for care plans that are for staff, not residents; cause anxiety to residents or do not adapt to residents' needs; say what the resident will do instead of what the staff will do.

- 6) Utilize a Team Approach Based on Problems Identified in the Assessment  
Watch for care plans that do not address needs identified in the assessment; contain conflicting goals; do not use referrals to other agencies or professionals as needed.
- 7) Be Re-evaluated and Revised Routinely  
Watch for care plans that never change.

### **What should residents/families talk about at the meeting?**

Talk about how you're feeling, ask questions about care and the daily routine. Talk about food, activities, interests, how you get along with staff, personal care, medications, how well you are getting around. Staff must talk to you about treatment decisions such as medications and restraints and can only do what you agree to. You may have to be persistent in bringing up your concerns or making choices. If you run into problems, call your local ombudsman for help.

### **How can residents and their families participate in care planning?**

Residents have the right to make choices about care, services, daily schedule and life in the facility, and to be involved in the care planning meeting. Participating is the only way to be heard.

#### **Before the meeting:**

- Tell staff how you feel—your concerns, strengths, preferences, daily routines; what you can do yourself and when you need help; how things are with family/friends.
- Know about your condition, care and treatment; if you need more information, ask your doctor or other staff.
- Ask staff to hold the meeting when your family can come; if you want them there.
- Plan what you want to talk about at the meeting: make a list of questions, needs, problems and goals—what you want to happen while you are in the nursing home.

#### **During the meeting:**

- Discuss options for meeting your needs and preferences.
- Be sure you understand, and agree with the care plan and feel it meets your needs. Ask questions if you need terms or procedures explained to you.
- Ask for a copy of your care plan; ask with whom to talk if you need changes in it.

#### **After the meeting:**

- Watch how your care plan is followed; talk with nurse aides/other staff about it.

**Families:** Remember- each resident has the right to make informed choices about care. Support your relative's agenda and participation in the meeting. Even if your relative has dementia, involve her in care planning as much as possible. Always assume that she/he may understand and communicate at some level. Help the staff find ways to communicate with and work with your relative. Help watch how the care plan is working with staff if questions arise.

*Adapted from The National Citizens' Coalition for Nursing Home Reform, Washington, DC.*

## SC LONG TERM CARE OMBUDSMAN PROGRAM

### FRIENDLY VISITOR CERTIFICATION EXAM

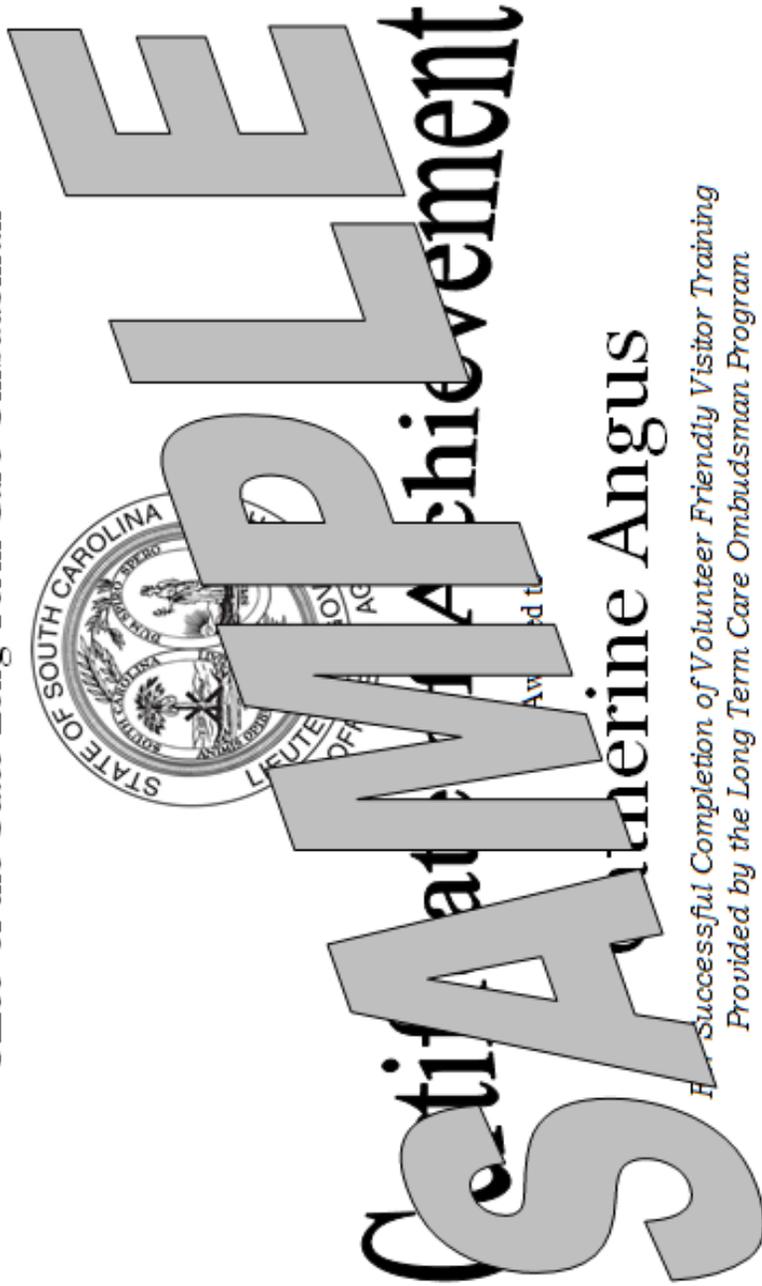
1. The purpose of the South Carolina Long Term Care Ombudsman Program is to improve the quality of life and quality of care for residents in long-term care facilities.  
 True       False
2. The Long Term Care Ombudsman Program is administered by the SC Lieutenant Governor's Office on Aging.  
 True       False
3. Ombudsmen and volunteers always advocate for the rights of residents in nursing homes and residential care facilities. Advocacy means activities that support and promote issues which benefit residents.  
 True       False
4. Across the nation, one of the primary roles for volunteer Friendly Visitors is to make regular friendly visits to residents in facilities.  
 True       False
5. Visits to a nursing facility or residential care facility for the purpose of monitoring and assessing the general condition of residents and/or the physical condition of the facility are called "friendly or routine" visits.  
 True       False
6. A volunteer Friendly Visitor does not have to be certified to perform official duties.  
 True       False
7. A volunteer Friendly Visitor may investigate any complaint that a Regional Ombudsman investigates, including abuse, neglect, and exploitation.  
 True       False
8. A volunteer Friendly Visitor may make "friendly visits" to *any* nursing home or residential care facility in the regional area.  
 True       False
9. Volunteer Friendly Visitors should always wear identification badges while visiting residents in a facility.  
 True       False

10. One reason that some nursing home residents do not lodge complaints is the fear of retaliation from facility staff  
 True       False
11. There are no federal or state laws or penalties for retaliating against a vulnerable adult for lodging a complaint.  
 True       False
12. If a volunteer should run into difficulty during a visit to a facility, one approach to the situation is to advise the facility administrator that a problem exists and contact the regional ombudsman or volunteer coordinator if the problem cannot be resolved.  
 True       False
13. One of the roles of the volunteer Friendly Visitor is to encourage residents to engage in self-advocacy and to represent themselves.  
 True       False
14. One of the roles of a volunteer is to attend resident and family council meetings whenever they happen to be in the facility and a meeting is scheduled.  
 True       False
15. Reviewing a resident's medical records is one of the many roles designated to a volunteer Friendly Visitor.  
 True       False
16. The Ombudsman program has the authority to request any records or documents form a facility that may be pertinent to an investigation.  
 True       False
17. The Older Americans Act intended for the Ombudsman program to use volunteers to be the eyes and ears of the community and work to ensure that residents are treated with respect and dignity.  
 True       False
18. Processing complaints is the Regional Ombudsman's highest priority.  
 True       False
19. Regardless of the source of a complaint, the Ombudsman or volunteer should discuss the complaint with the resident to determine the resident's perception.  
 True       False
20. All complaints referred to an Ombudsman should be investigated to determine the validity of the complaint.  
 True       False

21. All Ombudsman visits to facilities that are associated with investigations should be unannounced.  
 True       False
22. Ombudsmen and volunteers should never provide hands-on treatment or assistance to any resident. This includes rolling/pushing wheelchairs, giving water, rolling beds up or down, etc.  
 True       False
23. Many residents who voice complaints sometimes need help focusing on the actual problem. This is one of the many roles of the volunteer Friendly Visitor.  
 True       False
24. A volunteer Friendly Visitor may receive complaints from a variety of sources including facility staff.  
 True       False
25. Few residents will personally voice a complaint to an Ombudsman or volunteer unless that person is a frequent visitor in the facility.  
 True       False
26. In some instances, a resident council may bring a problem to the attention of the volunteer Friendly Visitor.  
 True       False
27. The needs and interests of families are not always the same as the needs and interests of the residents.  
 True       False
28. Routine visits to facilities by an Ombudsman or volunteer Friendly Visitor should be unannounced.  
 True       False
29. The volunteer Friendly Visitor should observe and document any conditions in the facility which could adversely affect the health, safety, and welfare or rights of residents.  
 True       False
30. When a volunteer makes a friendly visit to any facility, he/she should always notify their contact person that they are in the facility.  
 True       False
31. Unlike nursing home staff, volunteer Friendly Visitors do not need to knock on the resident's door before entering for a friendly visit.  
 True       False

32. All complaints are strictly confidential and cannot be shared with anyone outside of the Ombudsman program.  
 True       False
33. The key to knowing how to respond to facility complaints is to remember that the Ombudsman represents the resident.  
 True       False
34. A complaint should never be investigated when it is lodged by a resident who is confused.  
 True       False
35. The purpose of an Ombudsman investigation is to determine whether a complaint is valid and to gather the information necessary to resolve it.  
 True       False
36. One of the techniques used for earning a resident's trust is to listen carefully and let the resident do the explaining.  
 True       False
37. Self-advocacy is an important potential remedy that Ombudsmen and volunteers should encourage whenever possible.  
 True       False
38. Complaints may be resolved in many ways. Most complaints can be resolved by simply speaking with the staff or administrator in the facility.  
 True       False
39. Sometimes an Ombudsman has to become verbally aggressive with facility staff during an investigation.  
 True       False

**South Carolina**  
**Lieutenant Governor's Office on Aging**  
Office of the State Long Term Care Ombudsman



*Successful Completion of Volunteer Friendly Visitor Training  
Provided by the Long Term Care Ombudsman Program*

A. DALE WATSON  
State Long Term Care Ombudsman

August 6, 2007

ALICE STREETMAN  
Regional Long Term Care Ombudsman