SESSION 1995

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SENATE BILL 334

Short Title: Ombudsman/Rest Home Committee/AB.

(Public)

Sponsors: Senators Cochrane, Edwards, Parnell, Carpenter, and Martin of Pitt.

Referred to: Children and Human Resources

March 8, 1995

1	A BILL TO BE ENTITLED
2	AN ACT TO MAKE CLARIFYING CHANGES TO THE LONG-TERM CARE
3	OMBUDSMAN PROGRAM LAW, THE NURSING HOME COMMUNITY
4	ADVISORY COMMITTEE LAW, AND THE ADULT CARE HOME
5	COMMUNITY ADVISORY COMMITTEE LAW.
6	The General Assembly of North Carolina enacts:
7	Section 1. G.S. 143B-181.15 reads as rewritten:
8	"§ 143B-181.15. Long-Term Care Ombudsman Program/Office; policy.
9	The General Assembly finds that a significant number of older citizens of this State
10	reside in long-term care facilities and are dependent on others to provide their care. It is
11	the intent of the General Assembly to protect and improve the quality of care and life for
12	residents through the establishment of a program to assist residents and providers in the
13	resolution of complaints or common concerns, to promote community involvement and
14	volunteerism in long-term care facilities, and to educate the public about the long-term
15	care system. It is the further intent of the General Assembly that the Department of
16	Human Resources, within available resources and pursuant to its duties under the Older
17	Americans Act of 1965, as amended, 42 U.S.C. § 3001-3057g, 42 U.S.C. § 3001 et seq.,
18	ensure that the quality of care and life for these residents is maintained, that necessary
19	reports are made, and that, when necessary, corrective action is taken at the Department
20	level."

1		2. G.S. 143B-181.16 reads as rewritten:
2		. Long-Term Care Ombudsman Program/Office; definition.
3		ontent clearly requires otherwise, as used in this Article:
4	(1)	'Long-term care facility' means any skilled nursing facility and
5		intermediate care facility as defined in <u>G.S. 131A-(4)-G.S. 131A-3(4)</u> or
6	(2)	any <u>domiciliary adult care</u> home as defined in G.S. 131D-20(2).
7	(2)	'Resident' means any person who is receiving treatment or care in any
8	(2)	long-term care facility.
9	(3)	'State Ombudsman' means the State Ombudsman as defined by the
10		Older Americans Act of 1965, as amended, <u>42 U.S.C. § 3001 et seq.</u> ,
11	(A)	who carries out the duties and functions established by this Article.
12	(4)	'Regional Ombudsman' means a person employed by an Area Agency
13 14		on Aging to carry out the functions of the Regional Ombudsman Office
14 15	Saa	established by this Article." 3. G.S. 143B-181.18 reads as rewritten:
13 16		
10 17		8. Office of State Long-Term Care Ombudsman Program/State udsman duties.
17		mbudsman shall:
18 19	(1)	Promote community involvement with long-term care provider providers
20	(1)	and residents of long-term care facilities and serve as liaison between
20 21		residents, residents' families, facility personnel, and facility
21		administration;
22	(2)	Supervise the Long-Term Care Program pursuant to rules adopted by
23 24	(2)	the Secretary of the Department of Human Resources pursuant to G.S.
24 25		143B-10;
23 26	(3)	Certify regional ombudsmen. Certification requirements shall include
20 27	(5)	an <u>internship</u> <u>internship</u> <u>training</u> in the aging process, complaint
28		resolution, long-term care issues, mediation techniques, recruitment and
20 29		training of volunteers, and relevant federal, State, and local laws,
30		policies, and standards;
31	(4)	Attempt to resolve complaints made by or on behalf of individuals who
32	(.)	are residents of long-term care facilities, which complaints relate to
33		administrative action that may adversely affect the health, safety, or
34		welfare of residents;
35	(5)	Provide training and technical assistance to regional ombudsmen;
36	(6)	Establish procedures for appropriate access by regional ombudsmen to
37	(-)	long-term care facilities and residents' records including procedures to
38		protect the confidentiality of these records and to ensure that the identity
39		of any complainant or resident will not be disclosed without the written
40		consent of the complainant or resident or upon court order; except as
41		permitted under the Older Americans Act of 1965, as amended, 42
42		<u>U.S.C. § 3001 et seq.;</u>
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Analyze data relating to complaints and conditions in long-term care (7)1 2 facilities to identify significant problems and recommend solutions; 3 (8) Prepare an annual report containing data and findings regarding the 4 types of problems experienced and complaints reported by residents as 5 well as recommendations for resolutions of identified long-term care 6 issues: 7 (9) Prepare findings regarding public education and community 8 involvement efforts and innovative programs being provided in long-9 term care facilities; and 10 (10)Provide information to public agencies, and through the State Ombudsman, to legislators, and others regarding problems encountered 11 12 by residents or providers as well as recommendations for resolution." Sec. 4. G.S. 143B-181.20(a) reads as rewritten: 13 14 "(a) The State and Regional Ombudsman may enter any long-term care facility and 15 may have reasonable access to any resident in the reasonable pursuit of his function. The Ombudsman may communicate privately and confidentially with residents of the facility 16 17 individually or in groups. The Ombudsman shall have access to the patient records of any 18 resident, under procedures established by the State Ombudsman pursuant to G.S.143B-19 181.18(6), provided that the medical and personal financial records pertaining to an individual 20 resident may be inspected only with the permission of the resident or his legally appointed 21 guardian, if any. as permitted under the Older Americans Act of 1965, as amended, 42 22 U.S.C. § 3001 et seq., and under procedures established by the State Ombudsman 23 pursuant to G.S. 143B-181.18(6). Entry shall be conducted in a manner that will not significantly disrupt the provision of nursing or other care to residents and if the long-24 term care facility requires registration of all visitors entering the facility, then the State or 25 26 Regional Ombudsman must also register. Any State or Regional Ombudsman who

discloses any information obtained from the patient's medical or personal financial records 27 without a court order or without authorization in writing from the resident, or his legal 28

- 29 representative, records except as permitted under the Older Americans Act of 1965, as 30
- amended, 42 U.S.C. § 3001 et seq., is guilty of a Class 1 misdemeanor." 31

Sec. 5. G.S. 143B-181.22 reads as rewritten:

32 "§ 143B-181.22. State/Regional Long-Term Care Ombudsman; confidentiality.

The identity of any complainant, resident on whose behalf a complaint is made, or 33 individual providing information on behalf of the resident or complainant relevant to the 34 attempted resolution of a complaint is confidential and may be disclosed only with the 35 express permission of the person. The information produced by the process of complaint 36 resolution may be disclosed by the State Ombudsman or Regional Ombudsman only if 37 the identity of any such person is not disclosed by name or inference. If the identity of 38 39 any such person is disclosed by name or inference in such information, the information may be disclosed only with his express permission. If the complaint becomes the subject 40 of a judicial proceeding, the investigative information may be disclosed for the purpose 41

42 of the proceeding. 1995

1	The identity	of any complainant, resident on whose behalf a complaint is made, or any
2	•	iding information on behalf of the resident or complainant relevant to the
3		ation of the complaint along with the information produced by the process
4	-	solution is confidential and shall be disclosed only as permitted under the
5	-	<u>s Act of 1965, as amended, 42 U.S.C. § 3001 et seq.</u> "
6		5. G.S. 131D-31 reads as rewritten:
7	"§ 131D-31. Do	miciliary home <u>Adult care home</u> community advisory committees.
8	(a) Stater	ment of Purpose It is the intention of the General Assembly that
9	community adv	risory committees work to maintain the intent of the Domiciliary Home
10	Adult Care Hor	<u>me</u> Residents' Bill of Rights within the licensed domiciliary homes adult
11		this State. It is the further intent of the General Assembly that the
12	*	mote community involvement and cooperation with domiciliary homes
13		<u>s</u> to ensure quality care for the elderly and disabled adults.
14	(b) Estab	lishment and Appointment of Committees. –
15	(1)	A community advisory committee shall be established in each county
16		which that has at least one licensed domiciliary home, adult care home,
17		shall serve all the homes in the county, and shall work with each of
18		these homes for the best interests of the residents. In a county which that
19		has one, two, or three homes for the aged and disabled, adult care homes
20		with 10 or more beds, the committee shall have five members.
21	(2)	In a county with four or more homes for the aged and disabled, adult care
22		homes with 10 or more beds, the committee shall have one additional
23		member for each home for the aged and disabled adult care home with 10
24		or more beds in excess of three, up to a maximum of 20 members. In
25 26		each county with four or more hode the committee shall establish a
26 27		<u>homes with 10 or more beds</u> , the committee shall establish a subcommittee of no more than five members and no fewer than three
27		members from the committee for each domiciliary home-adult care home
28 29		in the county. Each member must serve on at least one subcommittee.
2) 30	(3)	In counties with no homes for the aged and disabled, <u>adult care homes</u>
31	(5)	with 10 or more beds, the committee shall have five members.
32		Regardless of how many members a particular community advisory
33		committee <u>must-is required to</u> have, at least one member of each
34		committee shall be a person involved in the area of mental retardation.
35	(4)	The boards of county commissioners are encouraged to appoint the
36		Domiciliary Home Adult Care Home Community Advisory Committees.
37		Of the members, a minority (not less than one-third, but as close to one-
38		third as possible) must-shall be chosen from among persons nominated
39		by a majority of the chief administrators of domiciliary homes adult care
40		homes in the county. If the domiciliary home adult care home
41		administrators fail to make a nomination within 45 days after written
42		notification has been sent to them requesting a nomination, such-these
43		appointments may be made without nominations. If the county

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commissioners fail to appoint members to a committee by July 1, 1983, the appointments shall be made by the Assistant Secretary on <u>for</u> Aging, Department of Human Resources, no sooner than 45 days after nominations have been requested from the <u>domiciliary home adult care</u> <u>home administrators</u>, but no later than October 1, 1983. In making his appointments, the Assistant Secretary <u>for Aging shall</u> follow the same appointment process as that specified for the County Commissioners.

8 Joint nursing-Nursing and Domiciliary Home-Adult Care Home Community (c)9 Advisory Committees. - Appointment to the Nursing Home Community Advisory 10 Committees shall preclude appointment to the Domiciliary Home Adult Care Home Community Advisory Committees except where written approval to combine these 11 12 committees is obtained from the Assistant Secretary on-for Aging, Department of Human Resources. Where such-this approval is obtained, the Joint Nursing and Domiciliary Home 13 14 Adult Care Home Community Advisory Committee shall have the membership required 15 of Nursing Home Community Advisory Committees and one additional member for each 16 home for the aged and disabled present adult care home with 10 or more beds licensed in the 17 county. In counties with no homes for the aged and disabled, adult care homes with 10 or 18 more beds, there shall be one additional member for every four domiciliary homes other 19 types of adult care homes in the county. In no case shall the number of members on the 20 Joint Nursing and Domiciliary Home-Adult Care Home Community Advisory Committee 21 exceed 25. Each member shall exercise the statutory rights and responsibilities of both Nursing Home Committees and Domiciliary Home-Adult Care Home Committees. In 22 23 making appointments to this joint committee, the county commissioners shall solicit 24 nominations from both nursing and domiciliary home-adult care home administrators for the appointment of approximately (but no more than) one-third of the members. 25

(d) Terms of Office. – Each committee member shall serve an initial term of one
year. Any person reappointed to a second or subsequent term in the same county shall
serve a two- or three-year term at the county commissioners' discretion to ensure
staggered terms of office.

30 Vacancies. – Any vacancy shall be filled by appointment of a person for a one-(e) year term. If this vacancy is in a position filled by an appointee nominated by the chief 31 administrators of domiciliary homes adult care homes within the county, then the county 32 33 commissioners shall fill the vacancy from persons nominated by a majority of the chief administrators. If the domiciliary home adult care home administrators fail to make a 34 35 nomination by registered mail within 45 days after written notification has been sent to them requesting a nomination, such this appointment may be made without nominations. 36 37 If the county commissioners fail to fill a vacancy, the vacancy may be filled by the 38 Assistant Secretary on-for Aging, Department of Human Resources no sooner than 45 39 days after the commissioners have been notified of the appointment or vacancy.

40 (f) Officers. – The committee shall elect from its members a chair, to serve a one-41 year term.

42 (g) Minimum Qualifications for Appointment. – Each member must be a resident 43 of the county which the committee serves. No person or immediate family member of a

person with a financial interest in a home served by the committee, or employee or 1 2 governing board member of a home served by the committee, or immediate family 3 member of a resident in a home served by the committee may be a member of that committee. Any county commissioner who is appointed to the committee shall be 4 5 deemed to be serving on the committee in an ex officio capacity. Members of the 6 committee shall serve without compensation, but may be reimbursed for actual expenses 7 incurred by them in the performance of their duties. The names of the committee 8 members and the date of expiration of their terms shall be filed with the Division of 9 Aging, Department of Human Resources.

10 (h) Training. – The Division of Aging, Department of Human Resources, shall 11 develop training materials, which shall be distributed to each committee member. Each 12 committee member must receive training as specified by the Division of Aging prior to 13 exercising any power under G.S. 131D-32. The Division of Aging, Department of 14 Human Resources, shall provide the committees with information, guidelines, training, 15 and consultation to direct them in the performance of their duties.

(i) Any written communication made by a member of a domiciliary home an adult
care home advisory committee within the course and scope of the member's duties, as
specified in G.S. 131D-32, shall be privileged to the extent provided in this subsection.
This privilege shall be a defense in a cause of action for libel if the member was acting in
good faith and the statements and communications do not amount to intentional
wrongdoing.

To the extent that any <u>domiciliary home-adult care home</u> advisory committee or any member thereof-is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance."

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Sec. 7. G.S. 131D-32 reads as rewritten:

27 "§ 131D-32. Functions of domiciliary home_adult care home_community advisory 28 committees.

(a) The committee shall serve as the nucleus for increased community
 involvement with domiciliary homes adult care homes and their residents.

31 (b) The committee shall promote community education and awareness of the needs 32 of aging and disabled persons who reside in domiciliary homes, <u>adult care homes</u>, and 33 shall work towards keeping the public informed about aspects of long-term care and the 34 operation of domiciliary homes <u>adult care homes</u> in North Carolina.

(c) The committee shall develop and recruit volunteer resources to enhance the
 quality of life for domiciliary home adult care home residents.

37 (d) The committee shall establish linkages with the domiciliary home_adult care
 38 <u>home</u> administrators and the county department of social services for the purpose of
 39 maintaining the intent of the <u>Domiciliary Home_Adult Care Home</u> Residents' Bill of
 40 Rights.

41 (e) Each committee shall apprise itself of the general conditions under which the
42 persons are residing in the homes, and shall work for the best interests of the persons in
43 the homes. This may include assisting persons who have grievances with the home and

facilitating the resolution of grievances at the local level. The names of all complaining persons and the names of residents involved in the complaint shall remain confidential unless written permission is given for disclosure. The identity of any complainant or resident involved in a complaint shall not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq. The committee shall notify the enforcement agency of all verified violations of the Domiciliary Home_Adult Care Home Residents' Bill of Rights.

8 (f) The committee or subcommittee may communicate through the committee 9 chair with the Department of Human Resources, the county department of social services, 10 or any other agency in relation to the interest of any resident.

Each committee shall quarterly visit the homes for the aged and disabled adult 11 care homes with 10 or more beds it serves. For each official quarterly visit, a majority of 12 13 the committee members shall be present. A minimum of three members of the committee 14 shall make at least one visit annually to each family care home and group home for developmentally disabled adults present other type of adult care home licensed in the 15 county. In addition, each committee may visit the domiciliary homes adult care homes it 16 17 serves whenever it deems it necessary to carry out its duties. In counties with subcommittees, the subcommittee assigned to a home shall perform the duties of the 18 19 committee under this subsection, and a majority of the subcommittee members must be 20 present for any visit. When visits are made to group homes for developmentally disabled 21 adults, rules concerning confidentiality as adopted by the Commission for Mental Health, 22 Developmental Disabilities, and Substance Abuse Services shall apply.

The individual members of the committee shall have the right between 10:00 23 (h) 24 a.m. and 8:00 p.m. to enter the facility the committee serves in order to carry out the 25 members' responsibilities. In a county where subcommittees have been established, this right of access shall be limited to members of the subcommittee which serves that home. 26 27 A majority of the committee or subcommittee members must shall be present to enter the facility at other hours. Before entering any domiciliary home, adult care home, the 28 29 committee or members of the committee shall identify themselves to the person present at 30 the facility who is in charge of the facility at that time.

(i) The committee shall prepare reports as required by the Department of Human
 Resources containing an appraisal of the problems of domiciliary care adult care facilities
 as well as issues affecting long-term care in general. Copies of the report shall be sent to
 the board of county commissioners, county department of social services and the
 Division of Aging.

36 (j) Nothing contained in this section shall be construed to require the expenditure
 37 of any county funds to carry out the provisions herein. in this section."

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Sec. 8. 131E-101 reads as rewritten:

39 **"§ 131E-101. Definitions.**

40 As used in this Part, unless otherwise specified:

41 (1) 'Adult care home,' as distinguished from a nursing home, means a
42 facility operated as a part of a nursing home and which provides
43 residential care for aged or disabled persons whose principal need is a

1		home with the sheltered or personal care their age or disability requires.
2		Medical care in a domiciliary adult care home is usually occasional or
3		incidental, such as may be required in the home of any individual or
4		family, but the administration of medication is supervised. Continuing
5		planned medical and nursing care to meet the resident's needs may be
6		provided under the direct supervision of a physician, nurse, or home
7		health agency. Domiciliary-Adult care homes are to be distinguished
8		from nursing homes subject to licensure under this Part. The three types
9		of domiciliary homes are homes for the aged and disabled, family care homes
10		and group homes for developmentally disabled adults.
11	(1)	(1a) 'Combination home' means a nursing home offering one or more
12		levels of care, including any combination of skilled nursing,
13		intermediate care, and domiciliary-adult care home.
14	(2)	'Commission' means the North Carolina Medical Care Commission.
15	(3)	'Community advisory committee' means a nursing home advisory
16		committee established for the statutory purpose of working to carry out
17		the intent of the Nursing Home Patients' Bill of Rights (Chapter 131E,
18		Article 6, Part B) in accordance with G.S. 143B-181.1.
19	(4) 7	'Domiciliary home,' as distinguished from a nursing home, means a
20		facility operated as a part of a nursing home and which provides
21		residential care for aged or disabled persons whose principal need is a
22		home with the sheltered or personal care their age or disability requires.
23		Medical care in a domiciliary home is usually occasional or incidental,
24		such as may be required in the home of any individual or family, but the
25		administration of medication is supervised. Continuing planned medical
26		and nursing care to meet the resident's needs may be provided under the
27		direct supervision of a physician, nurse, or home health agency.
28		Domiciliary homes are to be distinguished from nursing homes subject
29		to licensure under this Part. The three types of domiciliary homes are
30		homes for the aged and disabled, family care homes and group homes
31		for developmentally disabled adults.
32	(5)	'Medical review committee' means a committee of a State or local
33	(0)	professional society, of a medical staff of a licensed hospital, of
34		physicians having privileges within the nursing home or of a peer
35		review corporation or organization which-that is formed for the purpose
36		of evaluating the quality, cost of or necessity for health care services
37		under applicable federal statutes.
38	(6)	'Nursing home' means a facility, however named, which that is
38 39	(0)	advertised, announced, or maintained for the express or implied purpose
39 40		
40 41		of providing nursing or convalescent care for three or more persons unrelated to the licensee A 'nursing home' is a home for chronic or
41 42		unrelated to the licensee. A 'nursing home' is a home for chronic or
42 43		convalescent patients, who, on admission, are not as a rule, acutely ill and who do not usually require special facilities such as an operating
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