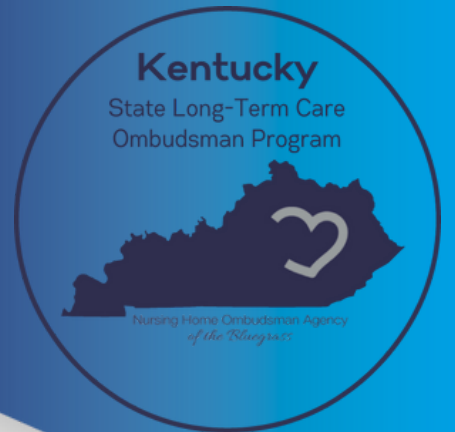




**nh**  **a**  
Nursing Home Ombudsman Agency  
*of the Bluegrass*



# Office of the Kentucky State Long-Term Care Ombudsman

## *Annual Report*

Federal Fiscal Year 2021

July 2023

# Meet the OMBUDSMAN

[aam·buhdz·muhn]

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

## A long-term care ombudsman:

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

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

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



Sherry Culp, CSW  
State Long Term-Care Ombudsman

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# Highlights

October 2020 – September 2021

Long-Term Care Ombudsman Accomplishments	2021
Nursing home complaints	1,468
Personal care and family care home complaints	205
Resolved or partially resolved complaints	91%
Nursing home visits	2,196
Personal care and family care home visits	1,090
Volunteer Representatives	97
Consultation to residents or representatives	11,534
Resident and Family Councils attended	385
Consultations to facility staff	3,454
Training provided to facility staff	32
Community education sessions	1,197
Input provided to OIG surveyors	608

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



# Ombudsmen in Nursing Homes

Long-term care ombudsmen made 2,196 visits to Kentucky's 309 licensed nursing facilities in FFY 2021.

Most frequent nursing home complaints		
1.	Failure to respond to requests for help, including call light	124
2.	Symptoms unattended	101
3.	Access to visitors	84
4.	Insufficient staffing	73
5.	Failure to respond to complaints	65
6.	Personal hygiene	64
7.	Dignity and respect	61
8.	Personal property: lost, stolen, used by others, destroyed	56
9.	Medication errors	54
10.	Resident unable to exercise choice, rights, preferences	49
11.	Food services	49
12.	Access to information and records	46
<b>Subtotal</b> (of most frequent complaints)		<b>826</b>
<b>Total</b> (of all complaints received)		<b>1,468</b>

Ombudsmen closed 767 nursing home cases with 1,468 complaints in Federal Fiscal Year 2021. In order of frequency, the most common complaints involved unanswered requests for help; failure to identify, accommodate or provide services related to a change in resident's condition; restrictions on a resident's ability to choose who to associate with and when to visit; insufficient staffing; lack of bathing, oral care, dressing, and grooming assistance; dignity, respect, and poor staff attitudes; loss and theft of personal property; medication given in error, or not given on time or at all; violation of a resident's freedom of choice, personal liberty, right to vote, right to refuse treatment; food quantity, quality, variation, choice, temperature and timing of meals and snacks; and lack of access to information regarding medical condition, advance directives, treatment or public benefits.

Sufficient, well-trained and well-supervised staff is critical to quality care in nursing homes. Many of the complaints ombudsman receive are caused by insufficient or poorly trained and supervised staff.

## Verification of complaints

Ombudsmen verify complaints through observation, interviews and record review. Verification indicates that the circumstances described in the complaint existed or were generally accurate. In 2021, 95 percent of nursing home complaints were verified.

## 2021 nursing home complainants

Percent	Complainant
44%	Resident
40%	Family, friend, resident representative, concerned persons
7%	Ombudsman
3%	Facility Staff
3.4%	Unknown
2.3%	Another agency representative
0.3%	Resident/Family council

The LTC Ombudsman’s goal in problem solving is achieving satisfaction for residents. The approach an ombudsman uses is critical not only to the immediate outcome but also to effectiveness in the future with residents and staff. If residents see ombudsmen working to build relationships, residents are better able to trust ombudsmen to help them without feeling that their own relationships with staff will be strained. Therefore, ombudsmen must carefully select strategies and be skillful and thoughtful in investigating and resolving problems. Real problem solving requires taking the time to understand what factors affect how the staff is working, as well as what the resident is experiencing. Since the LTCO’s primary responsibility is problem solving, ombudsmen take the time to get to know the resident’s situation and to investigate creative solutions that are workable for the staff and residents. A solution will work only if it is based on mutual understanding and if it works for all parties. Ombudsmen seek to work in such a way that staff understand more of what is at the heart of a resident’s concerns and find ways to respond to the resident’s needs. As a result, ombudsmen hope to see a difference in the way care is provided for an individual in both observable and attitudinal aspects. Working on behalf of one resident can lead to changes in facility policies and routine practices thus, benefiting all residents. The ultimate goal of the ombudsman approach to problem solving is to help staff become more responsive to residents and better equip residents to directly express their concerns to staff.

One way ombudsmen provide support to a resident is by attending their care plan meeting. A care plan meeting produces a strategy for how facility staff will help a resident and ensure that residents’ needs are met. All nursing home residents are entitled to take part in planning for their own care and long-term care ombudsmen work to empower residents to participate in their plan of care.

A resident who cannot, or does not choose to, participate in care planning may appoint a representative.

Sixty percent of residents do not have family or friends who actively participate in their care. Some residents routinely invite an ombudsman to attend care plan meetings and provide support. An ombudsman may offer to attend a care plan meeting with a resident to help them address a concern. This meeting includes members of a resident’s interdisciplinary care team and a review of the resident’s total plan of care.

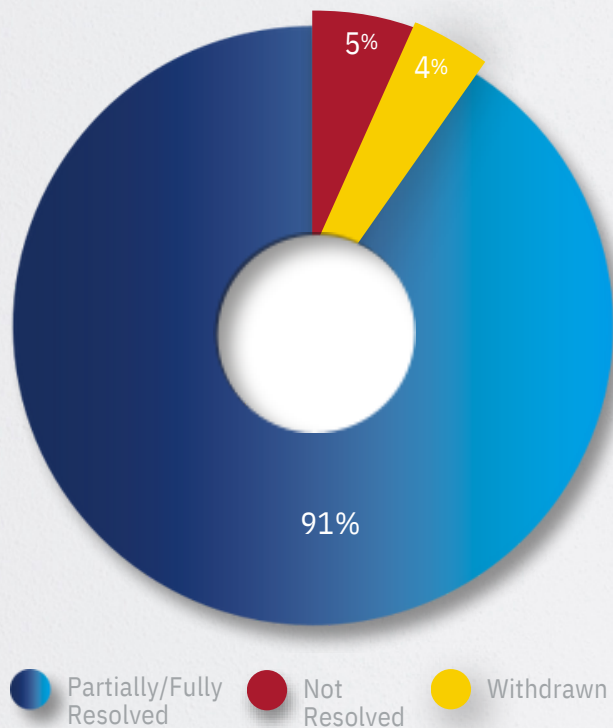
Ombudsmen work to bring the resident’s interests to the heart of the discussion and empower residents and families to participate in the care planning process.

Ombudsmen also assist residents in filing requests for a fair hearing to help residents facing discharge from a facility or denial of Medicaid benefits.

Ombudsmen may attend those hearings on behalf of residents or partner with legal aid providers who represent residents in appeals.



## Nursing home complaint outcomes



## Case examples

COVID-19 had a significant detrimental impact on long-term care residents in Kentucky and across the United States. Complaints surrounding resident visitation were one of the most common that our ombudsmen worked toward resolutions. Guidelines initially prioritized reducing physical risk without regard to psychological/emotional damage. Guidance confused the public and providers, causing conflict regarding visitation. In attempts to keep the deadly virus out of nursing homes, families were denied access to long-term care facilities and residents became extremely isolated. Major changes in the condition of residents occurred and some providers failed to understand and acknowledge them. Family members could not come in and support their loved ones like they would have prior to the pandemic.

### CASE EXAMPLE

The spouse of a resident reported to the ombudsman that the resident had been placed on hospice care and the resident would likely die within two days. The spouse was staying with the resident who was in a private room. However, one night a nurse came into the room and informed the resident and spouse that the facility management decided the spouse must leave due to the COVID-19 pandemic. The spouse was distressed and fearful that the resident would unnecessarily die alone.

The ombudsman received consent to work on the complaint and contacted the facility administration. The ombudsman advocated that the resident and spouse spend time together in the resident's private room during the resident's final days. Due to the ombudsman's intervention the administration decided to allow the spouse to stay with the resident during the dying process. The ombudsman checked back with the resident and spouse and confirmed that the visitation was granted. One week later the resident died with the spouse at their side.



## *Ombudsmen in Personal Care Homes and Family Care Homes*

In 2021, Kentucky had 162 licensed Personal Care Homes and 37 Family Care homes. Long-term care ombudsmen made 1,104 visits to these facilities.

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

A family care home is licensed to provide 24-hour supervision and personal care services for persons over the age of 18 who have an impaired capacity for self-care or requires a protective environment. The residents must be ambulatory or mobile non-ambulatory and be able to manage most activities of daily living (ADLs). The residents do not have to have an illness, injury, or disability to live in the family care home. Services include basic health and health-related services (assistance with medications, obtaining medical care or therapeutic services if needed) and personal care services such as bathing and grooming; and dietary. The family care home will have no more than three residents living in the home.



## Most frequent Personal and Family care home complaints

Complaints personal and family care homes	2021
1. Personal property: lost, stolen, used by others, destroyed	15
2. Residents unable to exercise choice, rights and preferences	14
3. Insufficient staffing	12
4. Medication errors	11
5. Failure to respond to complaints	10
6. Environment (building condition/disrepair)	9
7. Discharge and eviction	8
8. Dignity and respect	8
9. Failure to respond to request for help	8
10. Food Services	8
11. Housekeeping, laundry and pest abatement	8
12. Lack of administrative oversight	8
<b>Subtotal</b> (of most frequent complaints)	<b>119</b>
<b>Total</b> (of all complaints received)	<b>205</b>

Ombudsmen closed 114 Personal and Family care home cases with 205 complaints in 2021.

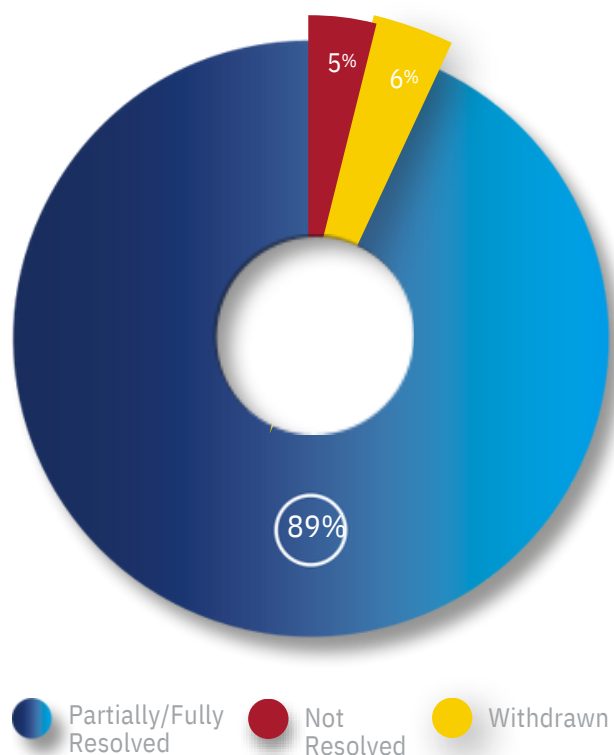




## 2021 Personal and Family care home complainants

Percent	Complainant
57%	Resident
23%	Family, friend, resident representative, concerned person
8.3%	Unknown
5.2%	Another agency representative
4.5%	Ombudsman
1%	Facility Staff
1%	Resident/Family council

## Personal and family care home complaint outcomes



The resident described longing to live in an apartment, having some in-home services, and eventually getting a new job. The resident wanted to know if this was possible and if so what community services may help him regain his independence.

The ombudsman educated the resident about in-home community health services and vocational rehabilitation programs. The resident considered the information and asked the ombudsman for additional information. The ombudsman gathered additional brochures and pamphlets describing community services and discussed them with the resident. The resident then asked the ombudsman to contact certain programs and make referrals on his behalf. The ombudsman contacted multiple agencies and programs on the resident's behalf and was able to determine which programs and services he was eligible for and provided those agencies with the resident's contact information. The ombudsman returned to the resident to discuss the referrals and inform the resident that an agency was sending a case manager to speak with him about Medicaid Home and Community Based Waiver Services. Within the month the ombudsman followed up again with the resident by phone and he reported that he had transitioned back into the community and was enjoying his independence once again. He reported being grateful for the ombudsman's assistance and thanked her.

### A PERSONAL CARE HOME CASE EXAMPLE

A resident told the ombudsman he wanted to move out of a personal care home and return to living in the community. The resident reported that he had been a professional driver before his foot was amputated due to complications from diabetes.

# Consultation and Training

## Resident and family councils

Ombudsmen attended 345 resident council and 62 family council meetings in nursing homes and personal care homes during 2021. Ombudsmen may attend meetings only at the invitation of the group and are often asked to provide information to councils about the role of an ombudsman, problem-solving techniques, facility rules and regulations, and Residents' Rights.

**OMBUDSMEN PROVIDED  
A TOTAL OF 11,534  
CONSULTATIONS TO  
RESIDENTS AND FAMILIES.**



## In-service training to facility staff

Most staff who work at long-term care facilities are required to have some annual in-service education. Ombudsmen are often requested to provide onsite training. Frequent topics include: residents' rights; recognizing and preventing abuse, neglect and exploitation; and the role of the ombudsman. Ombudsmen provided 33 training sessions to facilities. At least 369 employees received training from an ombudsman during Federal Fiscal Year 2021.

## Consultation to facility staff

Ombudsmen are a resource to staff — particularly management — who encounter complex problems as care and services are provided. Consultation is available on any subject that affects a resident's life in a facility. Common consultation subjects include residents' rights, care planning, discharge procedures and planning, the ombudsman role, and regulations. Ombudsmen provided a total of 3,940 consultations to facility staff during 2021. Kentucky ombudsmen provided valuable support to facility staff trying to navigate a pandemic..

## Consultation to residents and families

In addition to resolving complaints, ombudsmen work with residents, family members and friends to respond to questions. Resident requests are most frequently related to resident care, residents' rights, finding and interpreting regulations, and decision-making authority. Family members and friends often consult with ombudsmen about the role of the ombudsman, how to select a long-term care facility, paying for care, relocation options and residents' rights. Ombudsmen provided a total of 11,534 consultations to residents and families.

## Multi-agency regional groups

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

Multi-agency regional groups were developed to:

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

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





# Funding and Program Outcomes

## Ombudsman representatives: volunteers & staff

One hundred seventy-seven volunteers served in the Long-term Care Ombudsman Program and contributed 1,233 hours in 2021.

The Kentucky LTC Ombudsman Program trained 17 new certified ombudsmen in 2021. The ombudsman position whether staff or volunteer is a challenging one, and ongoing training is necessary to sharpen professional skills and maintain program integrity. In 2021 all new certified ombudsmen received at least 36 hours of certification training, completed a certification exam with a passing score, and shadowed an experienced ombudsman.

Certified ombudsman staff and volunteers receive at least 18 hours of continuing education training annually.

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

The Office of State LTC Ombudsman provided 13 training sessions for District LTC Ombudsmen in 2021. Training focused on residents' rights, benefits, recognizing and addressing abuse/neglect/financial exploitation, ombudsman services, policy, emergency preparedness, and COVID-19 guidance.

There were three full-time staff members in the Office of State Long-Term Care Ombudsman (LTC). The State Long-Term Care Ombudsman Office includes the State LTC Ombudsman and the Western and Eastern Regional LTC Ombudsmen. There were 24 full-time equivalent ombudsmen staff in the 15 local programs.

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

### Older Americans Act (OAA) Sources Federal

OAA Title VII, Chapter 2, Ombudsman Federal	\$135,798
OAA Title VII, Chapter 3	\$53,107
OAA Title III- State level	\$110,617
OAA Title III- Area Agency on Aging level	\$350,904

### Other Federal Sources

Federal pandemic funds expended	\$181,974
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### Other State Sources

State funds expended	\$979,701
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### Other Local Sources

Local funds expended	\$57,691
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<b>Total</b>	<b>\$1,869,792</b>
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# Moving Forward from a Global Pandemic

The COVID-19 global pandemic brought many challenges to LTC residents, families, and the long-term care ombudsman program. Visitation restrictions, infection control, and ever evolving policy and guidance on both state and federal levels were difficult to navigate. Since LTC Ombudsmen are advocates and educators it was important to remain up to date and knowledgeable as we helped residents, families, and LTC providers navigate a difficult situation. The State LTC Ombudsman Office produced a monthly newsletter for consumers and providers. The LTC Ombudsman Program continued to respond to and investigate complaints brought forth by residents, family members and other individuals acting on behalf of residents.

LTC ombudsmen resumed in-person visitation with residents. Ombudsmen navigated COVID-19 outbreaks and performed virtual visitation and phone contact with residents as well as in-person window visits, outdoor visits, indoor visits at designated visitation spots and visitation at the bedside when necessary.

When LTC Ombudsmen were prevented from entering facilities ombudsmen facilitated communication by phone, video conferencing, or email and questions and complaints were addressed

The State LTC Ombudsman continued to serve on the Kentucky LTC COVID-19 Task Force which provided a weekly opportunity to remind policy makers of the conditions and problems residents and families were facing.

The State LTC Ombudsman also served on the National Association of State LTC Ombudsmen board of directors and met regularly with the Centers for Medicare and Medicaid Services, U.S. Administration for Community Living, the KY Office of Inspector General, Kentucky Association of Health Care Facilities, Kentucky Leading Age, the Alzheimer's Association and AARP. State and local ombudsmen served on the State Elder Abuse Committee and Local Elder Abuse Coordinating Councils as they resumed meeting.

LTCOs helped plan World Elder Abuse Awareness Day events in KY. The Nursing Home Ombudsman Agency created and published a series of recordings for social media focused on the definitions and signs of abuse, neglect and financial exploitation as well as steps to address it.

The Office of State LTC Ombudsman formed a partnership with Justice in Aging and Kentucky Equal Justice to assess and limit resident evictions/involuntary discharges from licensed LTC facilities. The partnership created a webinar for advocates in Kentucky helping residents facing involuntary discharges.

Ombudsmen worked with the National Ombudsman Resource Center on new ombudsman certification training materials to help new ombudsman candidates receive at least 36 hours of training.

Ombudsmen continued to work to inform and educate residents' families during the pandemic. The KY LTC Ombudsman Program partnered with the University of Louisville on a LTC Emergency Preparedness Civil Monetary Penalty (CMP) fund project in 2018. The project was extended due to the pandemic. The Office of State LTC Ombudsman created manuals and guides for families of LTC residents. In 2020 the ombudsman program distributed 500 of these written guides for families of LTC residents to promote the development of family councils empowered with emergency preparedness information. Ombudsmen conducted outreach to families to promote the development of new virtual family councils during the pandemic. During the three-year project 27 new family councils were developed.

During October, Residents' Rights Month, the KY LTC Ombudsman Program distributed themed materials created by the National Ombudsman Resource Center. The 2020 theme was Connection Matters. Five thousand *Staying Connected* enrichment books were distributed to residents.

# Project Highlights

## Long-Term Care Home Closures

Two licensed LTC facilities closed during Federal Fiscal Year 2021. The District Ombudsman Programs serving the two facilities visited daily during the over sixty days it took for all residents to be relocated. During their visits, ombudsmen talked with residents, families, and facility management and advocated for choice and a smooth transition.

Ombudsmen served on the state closure team with residents, families, Adult Protective Services, the Office of Inspector General, the state guardianship program, and facility operators during the closures to ensure residents were informed of the closure process and resident preferences for relocation were considered.

Ombudsmen created and distributed a written closure guide for residents and families with questions about the closure process and their rights. District Ombudsmen checked on residents after relocation and worked to resolve concerns about missing items and new plans of care.

Successful Transitions: A Resident's Guide When a Nursing Home Closes



The Kentucky Long-Term Care Ombudsman Program



## Silver Bells

Local Long-Term Care Ombudsman Programs coordinated holiday gift campaigns for residents known as Silver Bells.

District ombudsman programs distributed 2,148 gifts donated by community members and businesses.

## Working with Students

The KY LTC Ombudsman Program hosted five college interns. All five students were attending Kentucky universities in course studies requiring internship hours.

Four students completed LTC Ombudsman Certification and served the program for two semesters.

### Follow us on Social Media

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



## Recommendations

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

### Set minimum state staffing standards

Lack of enough staff in nursing homes can harm residents and prevent them from getting even the most basic care they need. Understaffing has been linked to pressure ulcers (bedsores), malnutrition, dehydration, preventable hospitalizations and even death. Residents may also experience loneliness and isolation as a result of understaffing. Even the best nurses and nurse aides cannot provide quality care if there are not enough of them. Nursing home residents are not the only ones who suffer.

Insufficient numbers of staff cause on-the-job injuries for overworked employees; distress and anxiety for residents' families; and unnecessary costs for taxpayers when residents end up in the hospital and Medicare must pay the bill.

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

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

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



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

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

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

## Increased Resources for the Kentucky LTC Ombudsman Program

Certified ombudsman volunteers volunteer their time providing information and complaint resolution services for consumers of long-term care. Our corps of volunteers continued to decline. At the beginning of the pandemic the majority of volunteers were retired older Kentuckians and many are unable to resume volunteering as we move out of the pandemic. The Kentucky Office of State LTC Ombudsman needs additional full-time staff to help local programs recruit and train volunteers. Districts have few resources to dedicate to retaining and supporting volunteers. Volunteers need ongoing training and staff support to be effective advocates. Local District Ombudsmen programs need additional staff to support volunteers, provide community education, and assist with complaint resolution.

## DISTRICT OMBUDSMAN PROGRAMS NEED ADDITIONAL STAFF TO SUPPORT VOLUNTEERS, PROVIDE COMMUNITY EDUCATION, AND ASSIST WITH COMPLAINT RESOLUTION

District LTC Ombudsman Programs and Office of State LTC Ombudsman in Kentucky need increased funding to support competitive wages for district and regional ombudsmen. District and regional ombudsman work requires specific skills and expertise. District and regional ombudsmen must possess a minimum of a bachelor's degree and have experience with long-term services and supports or other direct services for older persons or individuals with disabilities; consumer-oriented public policy advocacy; leadership and program management skills; and negotiation and problem-solving skills.

The District LTC Ombudsman is a unique position because it delivers services to individual residents. It calls upon others to fulfill their responsibilities to residents and is a public voice advocating for improvements needed by residents. Staff ombudsmen are expected to be experts on multiple levels of long-term care. Ombudsmen are free from federal conflicts of interest such as not being employed by a long-term care facility in the twelve months prior to accepting the district or regional ombudsman position. Ombudsmen must be knowledgeable about illness and common conditions residents suffer including mental illness. Ombudsmen must educate consumers of long-term care services about Residents' Rights as well as abuse, neglect, and exploitation. An ombudsman must be familiar with federal and state regulations governing long-term care facilities. Ombudsmen work to help various agencies and programs coordinate efforts to combat elder abuse. Many District Ombudsmen facilitate Local Elder Abuse Coordinating Councils and Multi-Agency Regional Groups. Ombudsmen are advocates, counselors, mediators, brokers, educators, case managers, investigators, supervisors, and facilitators. Due to increases in expenses that support the positions and the need to retain experts with the knowledge and skills necessary to be an effective long-term care ombudsman, it is necessary to increase funding for the Kentucky Long-Term Care Ombudsman Program.





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

Office of the Kentucky Long-Term Care  
Ombudsman [www.ombuddy.org](http://www.ombuddy.org)  
Nursing Home Ombudsman Agency of the  
Bluegrass  
3138 Custer Drive, Suite 110  
Lexington, KY 40517  
(859) 277-9215

Barren River District  
Kentucky Legal Aid  
(270) 780-8835  
Allen, Barren, Butler, Edmonson, Hart, Logan,  
Metcalf, Monroe, Simpson, and Warren counties

Big Sandy District  
Big Sandy ADD  
(606) 866-2374 ext. 335  
Floyd, Johnson, Magoffin, Martin, and Pike  
counties

Bluegrass District  
Nursing Home Ombudsman Agency of the  
Bluegrass, Inc.  
(859) 277-9215  
Anderson, Bourbon, Boyle, Clark, Estill, Fayette,  
Franklin, Garrard, Harrison, Jessamine, Lincoln,  
Madison, Mercer, Nicholas, Powell, Scott, and  
Woodford counties

Buffalo Trace District  
Buffalo Trace ADD  
(606) 564-6894  
Bracken, Fleming, Lewis, Mason, and Robertson  
counties

Cumberland Valley District  
Cumberland Valley ADD  
(606) 864-7391  
Bell, Clay, Harlan, Jackson, Knox, Laurel,  
Rockcastle, and Whitley counties

FIVCO District  
Legal Aid of the Bluegrass  
(606) 329-1321 x 2323  
Boyd, Carter, Elliott, Greenup, and Lawrence  
counties

Gateway District  
Legal Aid of the Bluegrass  
(606) 784-8921, ext. 2127  
Bath, Menifee, Montgomery, Morgan, and Rowan  
counties

Green River District  
Green River ADD  
(800) 928-9094  
Daviess, Hancock, Henderson, McLean, Ohio,  
Union, and Webster counties

Kentucky River District  
Kentucky River ADD  
(606) 436-3158  
Breathitt, Knott, Lee, Leslie, Letcher, Owsley,  
Perry, and Wolfe counties

KIPDA District  
Catholic Charities  
(502) 637-9786  
Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer,  
and Trimble counties

Lake Cumberland District  
Lake Cumberland ADD  
(270) 866-4200  
Adair, Casey, Clinton, Cumberland, Green,  
McCreary, Pulaski, Russell, Taylor, and Wayne  
counties

Lincoln Trail District  
Catholic Charities  
(502) 637-9786  
Breckinridge, Grayson, Hardin, Larue, Marion,  
Meade, Nelson, and Washington counties

Northern Kentucky District  
Northern Kentucky ADD  
(859) 283-8185  
Boone, Campbell, Carroll, Gallatin, Grant, Kenton,  
Owen, and Pendleton counties

Pennyrile District  
Pennyrile ADD  
(270) 886-9484  
Caldwell, Christian, Crittenden, Hopkins,  
Livingston, Lyon, Muhlenberg, Todd, and Trigg  
counties

Purchase District  
Purchase ADD  
(270) 251-6120  
Ballard, Calloway, Carlisle, Fulton, Hickman,  
Graves, Marshall, and McCracken counties

[Anyone may contact the ombudsman to voice a concern or obtain information about long-term care.](#)

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