

nh<sup>2</sup>a

Nursing Home Ombudsman Agency  
of the Bluegrass



# FFY 2022 ANNUAL REPORT

OFFICE OF THE KENTUCKY STATE LONG-TERM  
CARE OMBUDSMAN PROGRAM

---

# Table of Contents

Meet the Ombudsman **1**

---

By the Numbers **2**

---

Ombudsmen in Nursing Homes **3**

---

Ombudsmen in Personal and Family Care Homes **6**

---

Consultation and Training **9**

---

Funding & Outcomes **11**

---

Program Highlights **12**

---

Recommendations **14**

# Meet the OMBUDSMAN

[aam·buhdz·muhn]

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

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

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

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

- Advocates for increased 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.

The following report highlights the accomplishments, challenges, and opportunities of Federal Fiscal Year 2022. These numbers have been submitted, validated, and accepted by the Administration for Community Living.



Sherry Culp, CSW

State Long Term-Care Ombudsman

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.



# *By the Numbers*

October 2021 – September 2022

<b>Long-Term Care Ombudsman Accomplishments</b>	<b>FFY2022</b>
Nursing home complaints investigated	1,864
Personal care and family care home complaints	256
Percentage of complaints that were resolved or partially resolved	91%
Nursing home visits	5,385
Personal care and family care home visits	2,585
Volunteer representatives	77
Consultations to residents or representatives	11,240
Resident and Family Councils attended	655
Consultations to facility staff	3,009
Training provided to facility staff	35
Community education sessions	1,539
Input provided to OIG surveyors	236



# Ombudsmen in Nursing Homes

October 2021 – September 2022

	Most Frequent Nursing Home Complaints	Complaints
1	Failure to respond to requests for help, including call light	176
2	Personal hygiene	91
3	Insufficient staffing	91
4	Symptoms unattended	90
5	Rights and preferences	88
6	Food services	87
7	Dignity and respect	83
8	Medication administration	87
9	Response to complaints	76
10	Access to information and records	66
11	Discharge and eviction	56
12	Care plan	49
13	Other	824
	Total complaints investigated in nursing homes	<b>1,864</b>

Long-term care ombudsmen made 5,385 visits to Kentucky's 304 licensed nursing facilities in FFY 2022. During their visits, ombudsmen closed 895 nursing home cases surrounding 1,864 complaints.

## Verification of complaints

Ombudsmen verify complaints through observation, interviews and record review. Verification indicates that the circumstances described in the complaint existed or were generally accurate. In 2022, 95 percent of nursing home complaints were verified.

Nursing Home Complainants	Percent
Resident	56%
Family, friend, representative, or other concerned persons	27%
Ombudsman	7.1%
Facility staff	3%
Unknown	5%
Another agency representative	1.3%
Resident or Family Council	0.6%

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. When residents see ombudsmen working to build relationships, they are better able to trust ombudsmen to help them without 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.**

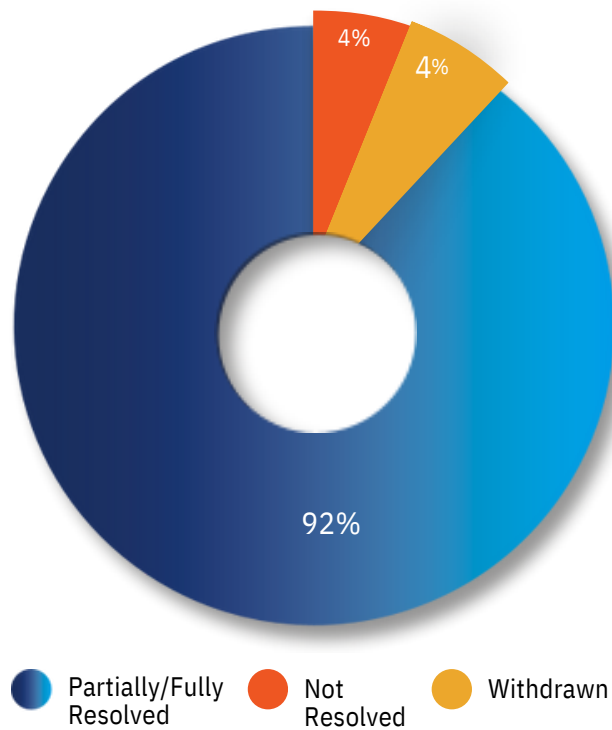
Ombudsmen can provide support to a resident by attending their care plan meeting. A care plan meeting produces a strategy for how facility staff will help a resident and ensure that residents’ needs are met. This meeting includes members of a resident’s interdisciplinary care team and a review of the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

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

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

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

## Nursing home complaint outcomes



## CASE EXAMPLE

Martha was a nursing home resident who had significantly declined and could no longer communicate. Her power of attorney and niece Sheryl contacted the ombudsman and explained that she was extremely worried about her aunt Martha.

Martha had been sick with pneumonia for three weeks, and Sheryl had not seen any improvement from the nursing home's treatment plan. Sheryl had repeatedly asked the nursing home to send her aunt to the hospital, but they refused. The ombudsman informed her that she had the right to call an ambulance herself to take Martha to the hospital for additional treatment, so that is what Sheryl did.

Unfortunately, the hospital was not able to save Martha from the nursing home's neglect. The doctors talked with Sheryl about her aunt's end of life wishes, but she wasn't sure what Martha wanted. Sheryl called the ombudsman again, and the ombudsman helped Sheryl exercise her right to access Martha's end of life documented wishes from the nursing home. Sheryl was able to then share Martha's instructions with the hospital which saved Martha from the live prolonging treatment she did not wish to have.

Days later Sheryl told Martha she loved her for the last time. Martha passed that day, but the ombudsman's work with Sheryl continued. The ombudsman help Sheryl file reports with Adult Protective Services and the Office of Inspector General.



# *Ombudsmen in Personal & Family Care Homes*

October 2021 – September 2022

In 2022, Kentucky had 163 licensed Personal Care Homes (7,836 beds) and 29 Family Care homes (87 beds). Long-term care ombudsmen made 2,585 visits to these facilities.

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

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

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

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

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





	<b>Most Frequent Personal and Family Care Home Complaints</b>	<b>Complaints</b>
1	Discharge and eviction	23
2	Failure to respond to complaints	22
3	Personal property (lost, stolen, used by others, destroyed)	15
4	Housekeeping, laundry, and pest abatement	15
5	Failure to respond to request for help	14
6	Rights and preferences	13
7	Billing and charges	13
8	Services from an outside provider	10
9	Environment	9
10	Appeals process	8
11	Lack of administrative oversight	8
12	Access to health related services	7
13	Other	104
	Total complaints investigated in personal and family care homes	<b>261</b>

<b>Personal and Family Care Home Complainants</b>	<b>Percent</b>
Resident	59%
Family, friend, resident representative	19%
Ombudsman	6%
Unknown	6%
Facility Staff	5%
Another agency representative	2%
Concerned person	3%

## Personal and family care home complaint outcomes

### A PERSONAL CARE HOME CASE EXAMPLE

On April 13, 2022, a line of tornadoes devastated an entire region of Western Kentucky. The District Ombudsman was unable to travel to facilities and check up on residents due to road conditions. The backup district ombudsman lived close to the hardest hit area and began making visits to facilities to check on residents and determine the needs and locations of evacuees.

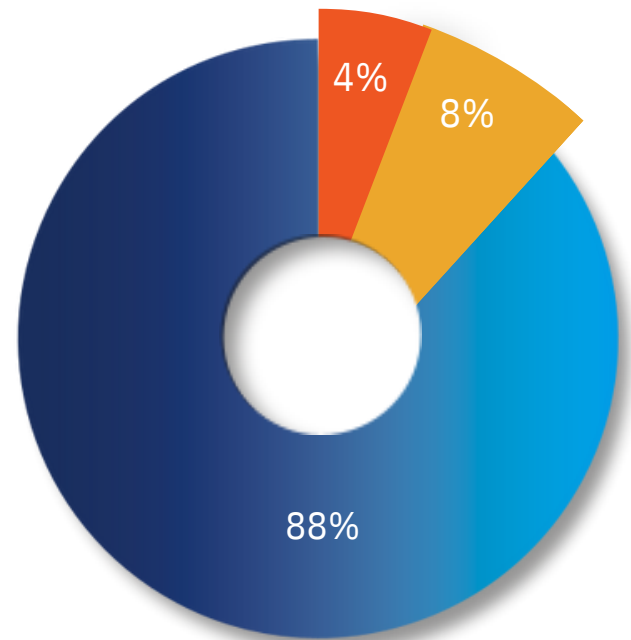
The designated backup ombudsman stopped by a Personal Care Home he believed had been evacuated and was surprised to find residents in the building. Residents were huddled in a common area near the kitchen door because the building had no heat and only a small generator that was operating some kitchen equipment to warm food. The ombudsman was concerned that there was no heat and temperatures were predicted to drop below freezing. The facility operator was not in the building.

The State and local Long-Term Care Ombudsmen facilitated communication between area leaders and the emergency response center staff. Responders in the area had previously received a false report that all residents were relocated to another facility.

The State Long-Term Care Ombudsman (SLTCO) contacted the facility manager at the company's corporate office. Due to the ombudsman intervention the corporation was notified that emergency services would deliver a generator capable of operating the building systems including heat. The corporation had agreed to have an electrician qualified to make the connections on site at the appointed time which would hopefully ensure residents had full heat and power services before sundown.

The SLTCO confirmed with the corporate office that: medications were in supply and the provider pharmacy was able to make an additional delivery (supply and road access confirmed); there was no structural damage to the building; facility staff on site were recording room temperatures regularly and reporting that there had been no temperatures below 69 degrees since the weather event; there was food on the premises and no meals or snacks were missed; the food vendor was set to make a food delivery the next day (supply and road access confirmed).

Follow up revealed that the large generator was delivered and in process of being professionally connected when the area utility company restored electrical service to the area. Residents did not experience prolonged cold temperatures in the building as the outside temperature dropped. The heating system resumed working and residents were satisfied and comfortable.



● Partially/Fully Resolved ● Not Resolved ● Withdrawn



# Consultation and Training

October 2021 – September 2022

## Resident and family councils

Resident and Family Councils are opportunities for residents or families to gather and share concerns or suggestions with the home. 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 assist residents and families who wish to start new councils. Interested consumers can download our guide to starting a Family Council at our website [here](#).

Ombudsmen attended 621 Resident Council and 34 Family Council meetings in nursing homes and personal care homes during 2022.

**OMBUDSMEN PROVIDED  
A TOTAL OF 11,240  
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 39 training sessions to facilities. At least 419 employees received training from an ombudsman during Federal Fiscal Year 2022.

## 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 3,009 consultations to facility staff during 2022. 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 11,240 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 forty-five volunteers served in the Long-term Care Ombudsman Program and contributed 3,909 hours in 2022.

The Kentucky LTC Ombudsman Program trained 21 new certified ombudsmen in 2022. 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 2022 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 8 training sessions for District LTC Ombudsmen in 2022.

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 26 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	\$179,500
OAA Title VII, Chapter 3	\$72,898
OAA Title III- State level	\$140,139
OAA Title III- Area Agency on Aging level	\$562,994

### Other Federal Sources

Federal pandemic funds expended	\$66,472
---------------------------------	----------

### Other State Sources

State funds expended	\$1,115,437
----------------------	-------------

### Other Local Sources

Local funds expended	\$45,164
----------------------	----------

<b>Total</b>	<b>\$2,182,605</b>
--------------	--------------------



# Program Highlights

During the first quarter of Federal Fiscal Year 2022 (October 2021) LTCO worked toward resuming at least one visit per facility per quarter. COVID-19 cases rose due to the delta and omicron variant which prevented some visits and resident councils.

Governor Andy Beshear proclaimed October Residents' Rights Month in Kentucky. Ombudsmen promoted Residents' Rights Month and celebrated residents. Ombudsmen requested and accepted city and county proclamations for Residents' Rights Month on the behalf of residents. Ombudsmen participated in radio, TV and newspaper interviews about Residents' Rights. Ombudsmen helped residents submit art expressing their thoughts and feelings about their rights to the national 2021 Resident's Rights Challenge page. The art of several KY LTC residents were featured in national rights month materials such as postcards and door hangers. Ombudsmen sent post cards to residents in quarantine or isolation due to COVID-19. Ombudsmen provided rights education to residents, families, facility staff and the community.

A devastating tornado hit the state in December 2021. SLTCO Office staff made contact and stayed in touch with districts impacted to follow up with residents displaced or impacted by the disaster. One nursing facility was destroyed and residents were permanently relocated to other facilities. Local ombudsmen visited residents in their new locations, worked to address concerns, and coordinated replacement of some personal items lost during the storm.

Local Long-Term Care Ombudsman Programs coordinated holiday gift campaigns for residents known as Silver Bells. District ombudsmen programs distributed 2,477 gifts donated by community members and businesses.

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

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 Alzheimer's Association and AARP. State and local ombudsmen served on the State Elder Abuse Committee and Local Elder Abuse Coordinating Councils.

Systems Advocacy work of the SLTCO Office included continued review and suggestions for state COVID-19 guidance; assisted living modernization and essential visitors state legislation.

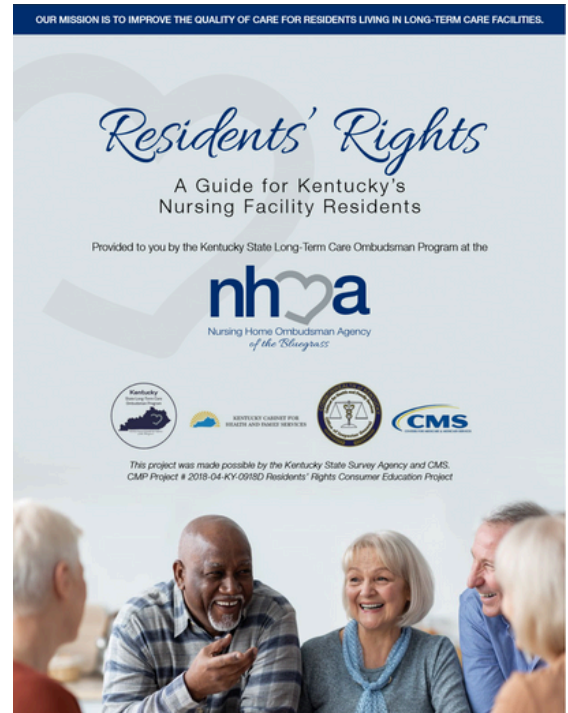
A devastating flood hit the eastern part of the state at the end of July 2022. SLTCO Office staff worked with districts impacted to follow up with residents displaced or impacted by the disaster. Residents from two facilities were temporarily evacuated to hospitals and community shelters. District LTC Ombudsmen visited residents in shelters and when residents returned to their home facility. Ombudsmen connected the management of damaged facilities with county emergency management personnel.

Two nursing facilities and three personal care homes closed during the year. Ombudsmen regularly visited the residents during the closure process, provided written information about closures to residents and counseled residents and families concerned about the closures.

# Program Highlights

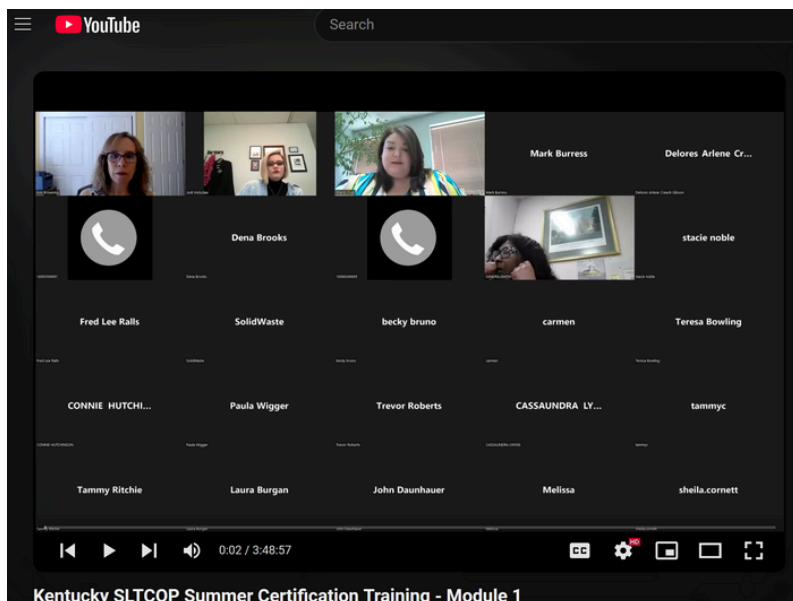
## Residents' Rights

The SLTCO Office wrote and was awarded a Civil Monetary Penalty (CMP) Fund grant request to support Residents' Rights education in certified licensed nursing facilities. The SLTCO Office created written residents' rights materials for nursing facility residents and families. Materials include a booklet focused on residents; rights and regulation revisions. Eighteen thousand copies of the rights book were shipped to the fifteen District LTCO Programs for distribution in Certified Nursing Facilities. The SLTCO Office created a training presentation and a video. All materials are available on [www.ombuddy.org](http://www.ombuddy.org). District LTCO distributed booklets and are provided rights presentations to resident and family groups.



## Volunteer Campaign and Training

The SLTCO Office's Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act funded a temporary part-time outreach coordinator at the SLTCO Office. The outreach coordinator worked to combat abuse and neglect in long-term care facilities through recruitment and training of new certified ombudsmen representatives and the reduction of resident isolation. All KY LTCO certification training materials were redesigned in 2022. The STLCOP elicited district feedback on federally increased training requirements and time commitments for new recruits, and in response, a statewide Zoom training event was created to help districts certify new volunteers. SLTCO staff partnered with District Ombudsmen to provide ten live module training sessions over nine days in July, August, and September. Thirty-five ombudsmen certification candidates attended one or more module training sessions. Candidates must complete all ten modules and have at least 10 hours of field experience prior to becoming certified.



### 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.

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.

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

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

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

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



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

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 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.

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

[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.

This information is made possible by state and/or federal funding provided by the Department for Aging and Independent Living.