



State of Connecticut

**DDS**

Department of Developmental Services

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2008  
Annual Report of the  
Ombudsman

Nursing Home  
Oversight

Advocacy

Case Management

Day Programs

Guardianship

Client Rights

Quality  
Improvement

Respite

Information &  
Referrals

2008 ANNUAL REPORT

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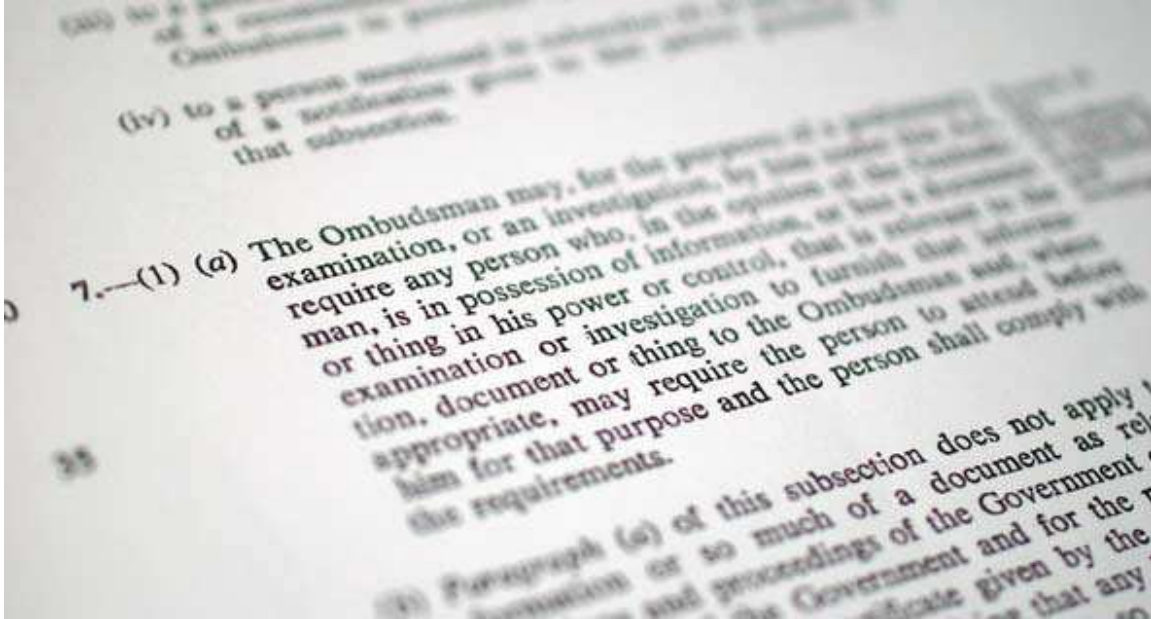
2008 ANNUAL REPORT

## Mandate

**As mandated by Public Act NO. 99-271 (Sec. 17a-210a), I hereby  
submit my 2008 Annual Report of The Independent Office of the  
Ombudsman for the Department of Developmental Services.**

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## What is an Ombudsman?



In general, an ombudsman is a designated neutral person who investigates complaints, receives and provides information, suggests referrals and helps resolve concerns or conflicts from members of the public who feel they have been treated unfairly.

Ombudsmen are employed by States (Hawaii), state agencies (CT Department of Developmental Services), municipalities (Anchorage, Alaska), universities (Harvard), newspapers (New York Times), hospitals (Mayo Clinic) and countries (Australia).

The establishment of an ombudsman office for complaint resolution has grown significantly during the past 30 years in the United States and throughout the world.

The word *ombudsman* is a Swedish word meaning "agent, representative, attorney, solicitor, deputy, proxy or delegate" of the people. There are several ways to say the term. Some of the most common are:

- Ombuds
- Ombudsman
- Ombudsperson

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## 2008 ANNUAL REPORT

## Introduction to the Ombudsman



I am Edward R. Mambruno, the Ombudsman for the State of Connecticut Department of Developmental Services (DDS). I am a graduate of the University of Connecticut with a Bachelor of Science degree in Business Administration and a Master of Public Affairs Degree.

During my tenure in state service, I have been instrumental in the development and implementation of bills protecting, empowering and improving the lives of persons with developmental disabilities in the State of Connecticut.

Additionally, I have served and continue to serve on various boards and committees that improve policy for people with disabilities. Some include the President's Committee for People with Intellectual Disabilities, the Commission on Human Rights and Opportunities, the Office of Protection and Advocacy Board for persons with disabilities, the Developmental Disability Council, and the Department of Social Services Disability Council.

I served on the President's Committee for People with Intellectual Disabilities (PCPID) for two full terms. This national appointment is bestowed on only twenty-one individuals in the nation. I was nominated by the PCPID Chairman to Chair the PCPID sub-committee on Employment. I served as Chair of the Employment sub-committee for two years and was a member of the sub-committee for dental care during my last term.

In 2002, I was nominated by the Governor and unanimously voted by the General Assembly to serve as a Commissioner for the Connecticut Commission on Human Rights and Opportunities (CHRO). CHRO was established to eliminate discrimination through civil and human rights law enforcement and to create equal opportunity and justice for all persons within the state. CHRO is the first and longest serving civil rights agency in the nation.

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I am currently serving as Secretary of CHRO and perceive my role on this commission as an opportunity to serve as a watchdog for the human rights of persons with disabilities throughout Connecticut.

I have served as the State of Connecticut Americans with Disabilities Act (ADA) Coordinator and legislative liaison for disability policy for the Governor's Office. In this capacity, I lobbied for legislation that would help improve and empower individuals with disabilities.

It was while I was working as the legislative liaison for the Department of Developmental Services (DDS), that I chose to apply for the newly created position of Ombudsperson for the Department of Developmental Services.

## Role and Mission of the Ombudsman

My role as the DDS Ombudsman is to safeguard the rights, independence, dignity and equality of people with intellectual disabilities who receive services from the Department of Developmental Services (DDS).

The Independent Office of the Ombudsman for the Department of Developmental Services (DDS) follows The Ombudsman Association (TOA) code of ethics and core principles. The principles adhere to **neutrality**, **confidentiality**, and **independence**.

The mission of the Ombudsman is to work on behalf of consumers and their families addressing complaints and/or problems regarding access to services or equity in treatment. The Independent Office of the Ombudsman, hereinafter referred to as the *Office*, makes recommendations to the DDS Commissioner after noting that systemic changes can and would assist in the resolution of complaints affecting consumers under the care or supervision of the department or of any public or private agency with which the department has contracted for the provision of services.

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# The Independent Office of the Ombudsman

The Independent Office of the Ombudsman was established on June 29, 2001 in accordance with Public Act NO. 99-271 (Sec. 17a-210a).

The Office is located within the Central Office of the State Department of Developmental Services (DDS) in Hartford, Connecticut. The proximity and familiarity with CO Directors, Regional Directors and staff allows for direct access to information needed for each individual review. This collaboration achieves improved advocacy for individuals and their families. The Office maintains a strong policy of confidentiality and consumer protection and informs individuals and their families of the role the DDS Ombudsman has in resolving concerns and issues with the department.

The Department of Developmental Services consists of three regional offices: the North, South, and West Region which includes the Southbury Training School. The DDS provides approximately 16,000 consumers with supports and/or services. The Office of the Ombudsman receives referrals through consumers and their families, DDS Councils, legislative inquiries, DDS case managers, DDS newsletters, 2-1-1 info-line, and agency referrals, to name a few.

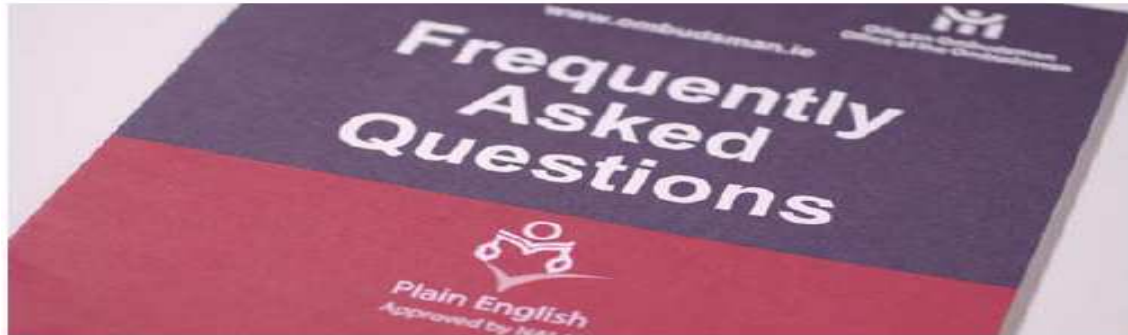
Cases are resolved or closed by researching and investigating specific complaints referred to the Office. Most times, this requires collaborating with CO staff, DDS regional staff and other state agencies that may be involved with the issue in an ancillary capacity. Once the Office has concluded its investigation into a complaint, the findings are then communicated back to the individual who issued the complaint.

The Office is mandated to assist only individuals who are eligible for DDS services and is prohibited from addressing employee or labor grievances.

The advocacy provided by the Office can prove to be a valuable resource to consumers and families especially during these difficult times.

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## Filing a Complaint



### What *Services* can I complain about?

- Any services offered, contracted or overseen by The Department of Developmental Services including its regions and providers.

### What *Issues* can I complain about?

- Equity in treatment
- Any issues/problems involving DDS consumers

### The Ombudsman **CANNOT**

- Address complaints that are part of formal litigation or formal grievance procedures or investigations already underway.
- Give formal legal notice to the DDS regarding grievances, complaints or concerns.
- Address concerns from employees of the DDS.
- Testify in formal or legal actions.
- Conduct formal investigations.

### When should I complain?

Before you make your complaint, you should try and solve your problem with the parties concerned...

- Talk to the Case Manager, if still unresolved
- Talk to the Case Supervisor, if still dissatisfied

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- Meet with the Regional Director, if none of the above helps
- Contact the Office of the Ombudsman

### Where do I make a complaint?

Contact the Office by...

- Fax: 860-418-8707
- Phone: 860-418-6047 (local) & 866-737-0331 (toll free)
- E-mail: [ed.mambruno@ct.gov](mailto:ed.mambruno@ct.gov)
- Website: <http://www.ct.gov/dds/lib/dds/ombudsperson/ombudform.pdf>
- Correspondence: 460 Capitol Avenue, Hartford, CT 06106
- In person: Please call to schedule an appointment

### How long will the process take?

- Depending on the complexity of the issue, the Office will try to resolve your complaint in 7-10 business days

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# 2008 Business Review

In December 2008, the enhancement of collaboration and communication between the Ombudsman and the CO Utilization Nurse proved a key element in providing services to the least protected and most vulnerable population of the DDS. Consumers of the DDS for a number of reasons, including acute care and rehabilitation, reside at Skilled Nursing Facilities (SNFs). During the calendar year, the Office visited a total of **119** consumers at **40** facilities. The Office implemented additional oversight and advocacy to consumers and had the opportunity to speak with them and/or their guardians to ensure that any issues with their care and treatment were addressed.

Additionally, the Office advocated for several consumers who expressed a desire to live in the community. The Office made several recommendations to move consumers into the community from nursing homes. Fortunately, the majority of the Ombudsman's recommendations were met. Some individuals moved into community living arrangements (CLAs), community training homes (CTHs) and in some cases back to their family residences.

## Complaints Management

The Office maintains a database that logs all concerns and keeps track of all resolutions. In 2008, this Office addressed **856** cases that involved complaints and inquiries involving the Department of Developmental Services and Skilled Nursing Facilities. This total marked a **24%** increase in the number of cases that the Office addressed compared to that in 2007. Approximately **95%** of these cases were resolved or closed. Since the origination of the Office of the Ombudsman, roughly **4,000** cases have been logged.

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**2008 ANNUAL REPORT****SNF Oversight – Findings & Recommendations**

- Oftentimes, SNF's place Preadmission Screening Sheets (PAS) in their business office and not in the patient's medical charts.  
--Recommended that case managers notify SNF's to change this Policy when found.
  
- Frequently, hospitals fail to contact DDS or nursing facilities when a consumer dies and only notify the family or next-of-kin.  
--Made recommendation to improve communication with department so that notices of death are timely so the department can keep its database accurate.
  
- Recommended that DDS case managers visit with consumers and staff when a consumer is moved into a long-term nursing facility.  
--Social workers in nursing homes have a high turnover rate. DDS case managers need to visit facilities in person to effectively improve communication and know the concerns and needs of the individual so specialized supports such as a day program can be arranged.
  
- Advised case managers to update the contact list frequently with any changes and make this information clearly visible in chart so that staff is aware of any changes to case management.
  
- Advised case managers to notify the DDS, family and guardian immediately after a fall or when a consumer's condition worsens.
  
- Recommended that the Department make use of training courses given by the Department of Social Services (DSS) to hospital staff regarding the care of consumers with special needs or behavioral issues as well as patients with Alzheimer's, Parkinson and dementia.
  
- Hospital staff do not always understand the legal rights of guardianship, the role of an advocate or the importance of friendship. DDS should provide this very important education on guardianship awareness and advocacy.

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## Skilled Nursing Facility Review Form

The Office collaborated with OBRA coordinators to discuss and implement the standardization of a nursing home review checklist to use when reviewing DDS consumers residing in Skilled Nursing Facilities.

Below is a sample of the checklist used when a consumer is visited.

### SAMPLE

#### Nursing Home Review

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

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

Nursing Home: \_\_\_\_\_

DDS Case Manager: \_\_\_\_\_

Contact Person: \_\_\_\_\_

- Is the DDS contact information available in the individual's chart?
- What is the Head Nurse's understanding of the DNR status for the individual?
- Does the DNR status match with DDS information?
- Are PRN meds being used for agitation?
- Are there any recent Incident Reports?
- Is DDS aware of the incidents if any?
- How does the DDS client feel about this placement? Is it appropriate?
- Has consumer-consumed liquids recently; is there a pitcher and cup within reach?
- Does the DDS client receive visits from their case manager?
- Does the DDS client have a Preadmission MI/MR Identification Screen in file?
- If unable to walk, how often is individual removed (in/out) from their wheelchair?
- How much time is spent in their wheelchair each day?
- Where does the person spend most of their day?
- Is there a history of pressure sores? Was treatment Hospital or Staff? Current?
- Is the use of Physical Therapy on contract? If not, how is it paid? (Medicare)
- How much time is spent on staff training versus routine training for individual needs?
- Does the individual have a Day Program?
- Is the individual referred to PRAT for Day Program?

Additional Comments:

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## 2008 ANNUAL REPORT

## Skilled Nursing Facility Visits

The collaboration between the Ombudsman and the Central Office Utilization Nurse produced the following visits to SNF's. To date, **all 315** consumers residing in SNF's were visited. This number changes constantly due to acute care and rehabilitation needed by consumers.

### North Region Visits

- Alexandria Manor, Bloomfield
- Andrew House, New Britain
- Bidwell Health Care Center, Manchester
- Blair Manor, Enfield
- Bloomfield Conv. Home
- Brittany Farms, New Britain
- Chelsea Place, Hartford
- Crestfield Rehab. Center, Manchester
- Ellis Manor, Hartford
- Farmington Care Center
- Genesis Soundview Center, West Hartford
- Haven Health Care, Danielson
- Haven Health Care, Rocky Hill
- Haven Health Care, West Hartford
- Haven Health Care, Windham
- Jerome Home, New Britain
- Kimberly Hall Nursing, Windsor
- Mansfield Nursing & Rehab.
- Maple View Manor, Rocky Hill
- Marlborough Health Center
- Matulaitis Nursing, Putnam
- Mclean Home, Simsbury
- Mediplex of Center CT, Plantsville
- Nursing Care Center, Bristol
- Park Place Health Care, Hartford
- Pierce Baptist Memorial, Brooklyn
- Riverside Health Care, E Hartford
- Roncalli Health, Farmington
- Sheriden Woods, Bristol
- Southington Care Center
- Sub-Acute Center, Bristol
- Suffield House, Suffield
- Villa Maria Home, Plainfield
- Walnut Hill, New Britain
- Westside Multi-Care, Manchester
- Wethersfield Health Care
- Windsor Rehab. & Health Care
- Wintonbury Manor, Bloomfield
- Woodlake, Tolland

### South Region Visits

- Arden House-Harborside Health, Hamden
- Bayview Health Care Center, Waterford
- Birmingham Health, Derby
- Bride Brook Rehab Center, Niantic
- Brook Hollow, Wallingford
- Camelot Nursing Home, New London
- Cedar Lane Rehab. Health, Waterbury
- Chesterfields Health Care Center, Chester
- Cobalt Lodge, Cobalt
- Colchester Lane Rehab. Health
- Cromwell Health & Rehab.
- Fairview Home, Groton
- Hewitt Memorial, Shelton
- Hilltop Health Center, Ansonia
- Jewish Home Aged, New Haven
- Kindred Crossing, New London
- Marathon Health, New Haven
- Marathon Health, West Haven
- Marshall Lane, Derby
- Mary Wade Home, Fair Haven
- Masonic Home, Wallingford
- Middlesex Health, Middletown
- Milford Health Center, Milford
- Mystic Manor, Mystic

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- Fountainview Care Center, Waterford
- Gardner Heights, Shelton
- Genesis Meriden Center, Meriden
- Genesis Skyview Center, Wallingford
- Genesis University Center, New Haven
- Gladeview Health, Old Saybrook
- Golden Hill Health Care Center, Middletown
- Groton Regency, Groton
- Harbor Hill Care, Middletown
- Harbor View Manor, West Haven
- Harborside, Madison
- Haven Health Care, Cheshire
- Haven Health Care, Norwich
- Orange Health Care, Orange
- Orchard Grove, Uncasville
- Pendleton Mariner, Mystic
- Portland Conv. Home, Portland
- Regency House, Wallingford
- Saybrook Home, Old Saybrook
- Shady Knoll Health, Seymour
- Silver Springs, Meriden
- Twin Maples Home, Durham
- Wadsworth Glenn, Middletown
- West River Health, Milford
- Westfield Manor, Meriden
- Willows Woodbridge, Woodbridge

### West Region Visits

- Abbott Terrace, Waterbury
- Astoria Park Health Care, Bridgeport
- Bridgeport Health Care, Bridgeport
- Camillus Health Center, Stamford
- Carlton Conv., Fairfield
- Cedar Lane Rehab. Health, Waterbury
- Coleman Park, Bridgeport
- Conn. Health of Greenwich, Greenwich
- Courtland Gardens, Stamford
- Crescent Manor, Waterbury
- Danbury Health Care, Danbury
- Geer Memorial Health Center, Canaan
- Greenwich Woods, Greenwich
- Grove Manor Nursing Home, Waterbury
- Haven Health Care, Cheshire
- Haven Health Care, Torrington
- Honey Hill Care Center, Norwalk
- Litchfield Woods, Torrington
- Lockwood Lodge at Ashlar, Newtown
- Lutheran Home, Southbury
- Marathon Health, Prospect
- Marathon Health, Torrington
- Marathon Health, Waterbury
- Meridian Manor, Waterbury
- Nathaniel W. Home, Greenwich
- North Milford Nursing
- Northbridge Health, Bridgeport
- Notre Dame Conv. Home, Norwalk
- Pope John Paul Center, Danbury
- River Glen Health, Southbury
- Smith House, Stamford
- Southport Manor, Southport
- St. Joseph's Manor, Trumbull
- Tandet Center, Stamford
- Valerie Manor, Torrington
- Waterbury Conv. Home
- West River Health, Milford
- Wethersfield Health Care
- Wolcott Manor, Wolcott
- Wolcott Nursing Home, Torrington

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## 2008 ANNUAL REPORT

### Selected Cases

- I. Received a call from Long Term Care (LTC) case manager regarding a consumer residing in a Skilled Nursing Facility (SNF). Case manager was concerned that the consumer's quality of life was being affected, due to the SNF ignoring her form of communication (alphabet board) and hence restricting her dietary choices. Spoke with OBRA nurse regarding consumer's dietary restrictions. The Office collaborated with DDS case manager and made recommendations to use pictures of foods that consumer enjoyed and the dietitian could easily follow to prepare the menu.

#### UPDATE

- Office contacted DDS CO utilization nurse to check up on the consumer while visiting the SNF. Nurse discovered that consumer's dietary needs had improved and that consumer had gained weight. Staff now understands that the communication board must be used at all times and they cannot assume to know what consumer wants. Medically, individual does not need feeding tube according to Dr. and the DDS OBRA nurse. SNF is working with consumer to make meals more enjoyable. In addition, now that consumer is healthy she is able to participate in a day program two to three times a week.
- II. Executive Director for private provider contacted the Office in regards to a consumer's placement in a nursing home for the purpose of improving medication administration. Individual needed skilled nursing care and it was decided that a skilled nursing facility was the best choice for him at the time.  
--After medication was changed and monitored by RN it was determined that he would be able to return to group home.
  - III. Met with an advocate from Protection & Advocacy regarding a consumer residing in a SNF. Individual has a progressive illness affecting his speech and is in need of assistive technology/low-tech to help with communication. It was determined that the individual needed an evaluation due to his lack of fine motor function.  
--After speaking with case manager and speech therapist at nursing home an alternative communication device was found for the individual. This device is working well and funding sources to purchase it are being researched. In addition, this individual qualifies

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- for Money Follows the Person (MFP) which supports a transfer to a community placement.
- IV. Received a call from CLA manager regarding a DDS consumer currently residing at a skilled nursing facility, due to a fall. The CLA manager stated that DDS case manager referred her to Office. Ombudsman visited consumer the next day with both DDS case manager and house manager. His mother had stated that facility did not address his pain level because consumer is non-verbal. Asked the case manager if she could meet with staff along with the mother since she would be best able to gauge when her son is in pain.
- Met with charge nurse and physical therapists regarding individual's progress and time frame to return to his home. Suggested she speak with staff and physical therapists to give them ideas and examples of how to determine pain. Case manager and house manager shared concerns they had with facility. The DDS case manager, house manager and I met with charge nurse and physical therapists to discuss short-term plans.
  - Physical therapists and consumer visited the home to see what accommodations were needed when he was able to return. Consumer is now back with accommodations such as roll bar in bathroom.
- V. Recommendations were made to the DDS concerning an individual whose placement in a nursing facility was inappropriate. Both consumer and family members had made request for placement in the community. Followed up with regional director who looked into vacancies at CLAs, and other residential options including supports in the family setting.
- Individual was placed in a CLA and is doing extremely well. Family stated that he was thriving there.



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## Complaints Form

A confidential link is provided in both English & Spanish on the Ombudsman's website where an individual can make a complaint. The complaint can be made anonymously however; all information will be generalized to maintain confidentiality. Below is what an individual will see when the link is opened.

<http://www.ct.gov/dds/lib/dds/ombudsperson/ombudform.pdf> English

<http://www.ct.gov/dds/lib/dds/ombudsperson/ombudformes.pdf> Spanish

### SAMPLE

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#### Complaints/Concerns for the Ombudsperson

All fields are optional except Name and Complaint/Concern. You may enter your full name, or use only your first name or initials, however you feel comfortable. Remember to include at least one contact method so that we may respond to your concern.

**Name:**

**Email:**

**Telephone 1:**

**Telephone 2:**

**Street:**

**Street 2:**

**City:**

**State:**

**Zip Code:**

**Complaint/**

**SUBMIT BY E-MAIL**

**RESET FORM**

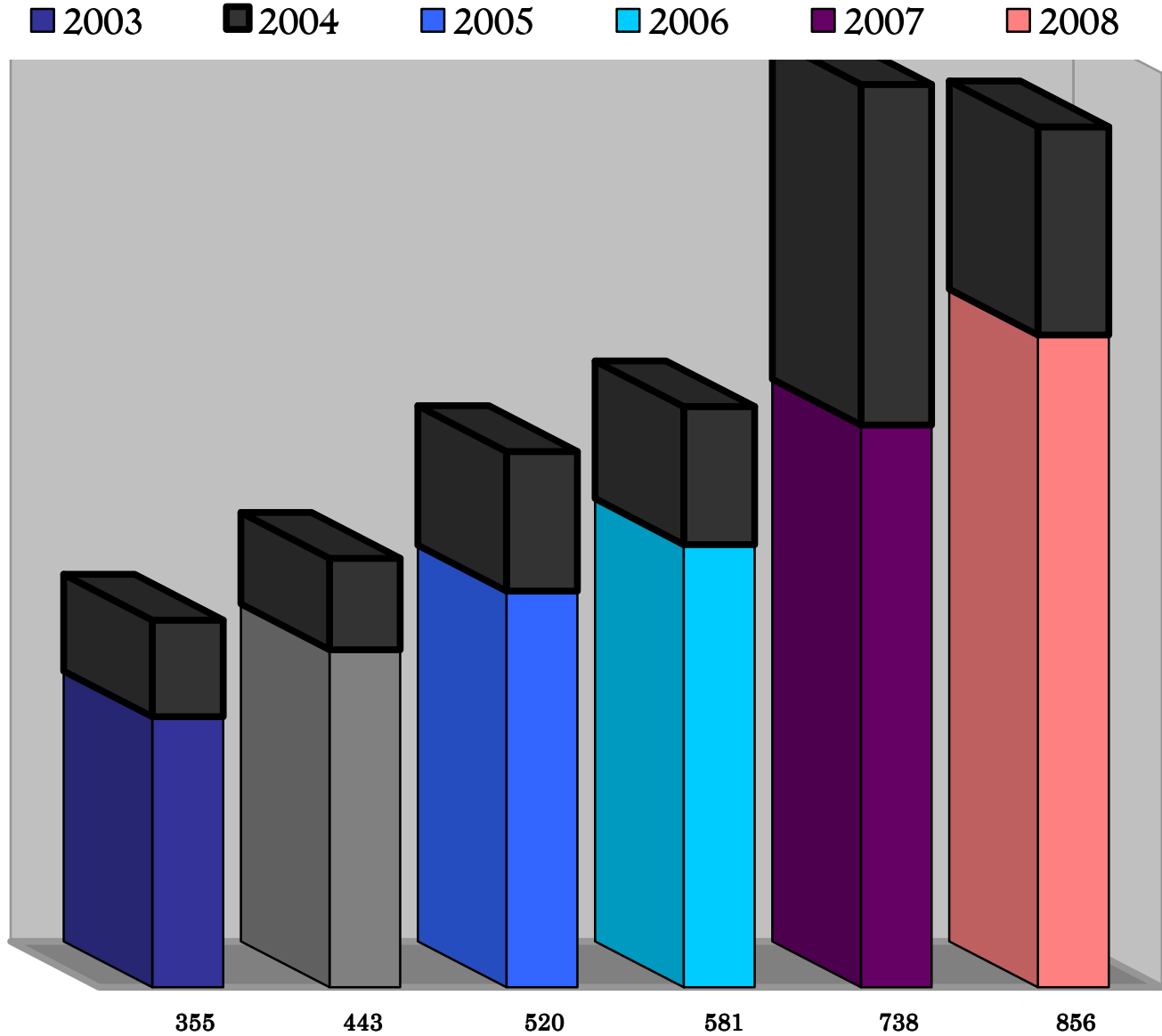
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Yearly Aggregate Complaints /  
Information & Referrals (INR)



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# Areas of Concern

■ Abuse and Neglect

■ Information & Referrals

■ Day Programs

■ Guardianship

■ Transportation

■ Quality Improvement

■ Medicaid Benefits

■ Dental Services

■ Placement

■ Nursing Home Oversight

■ Case Management

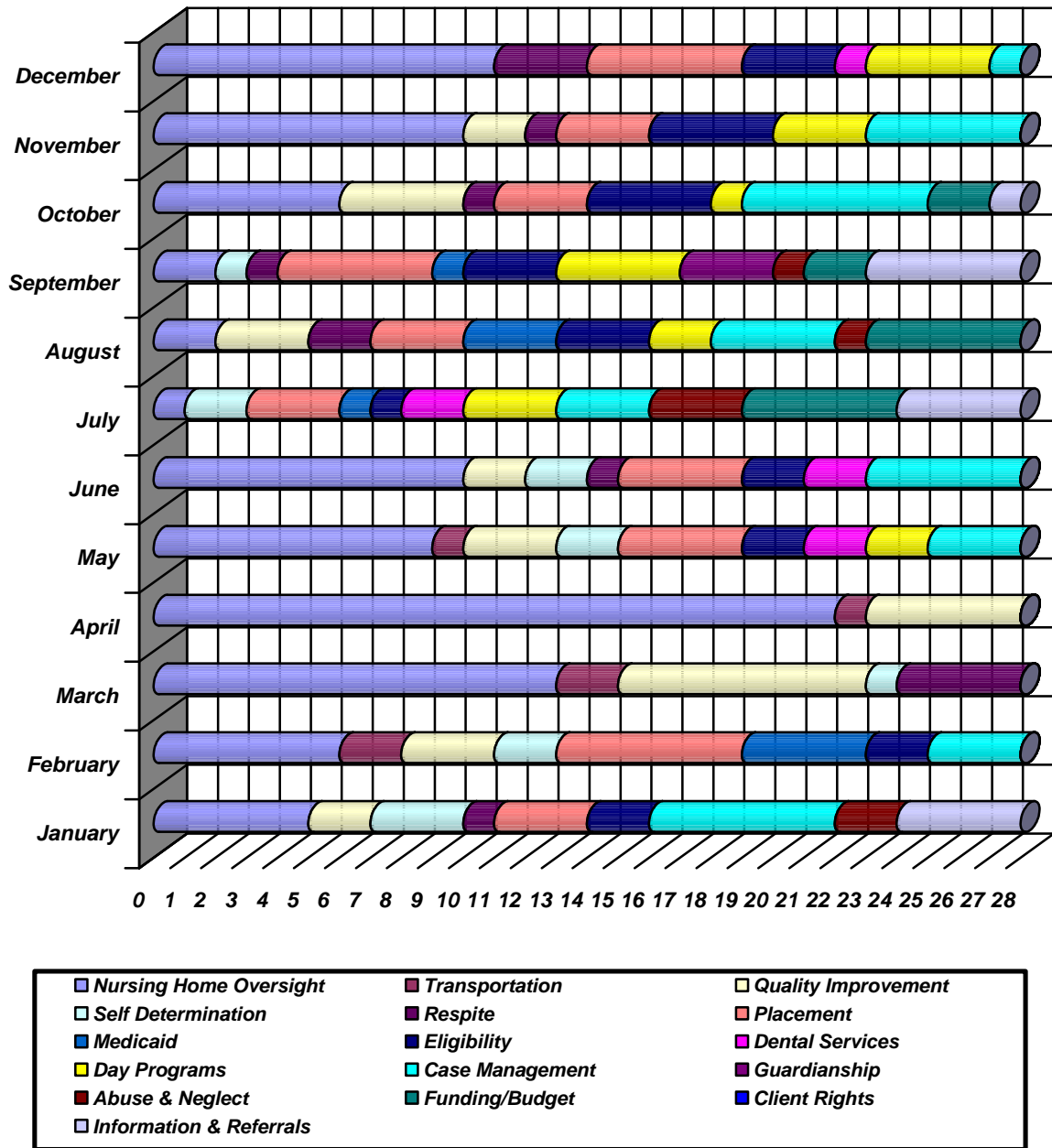
■ Respite

■ Eligibility

■ Self-Determination

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2008 Comprehensive Monthly Statistical Chart

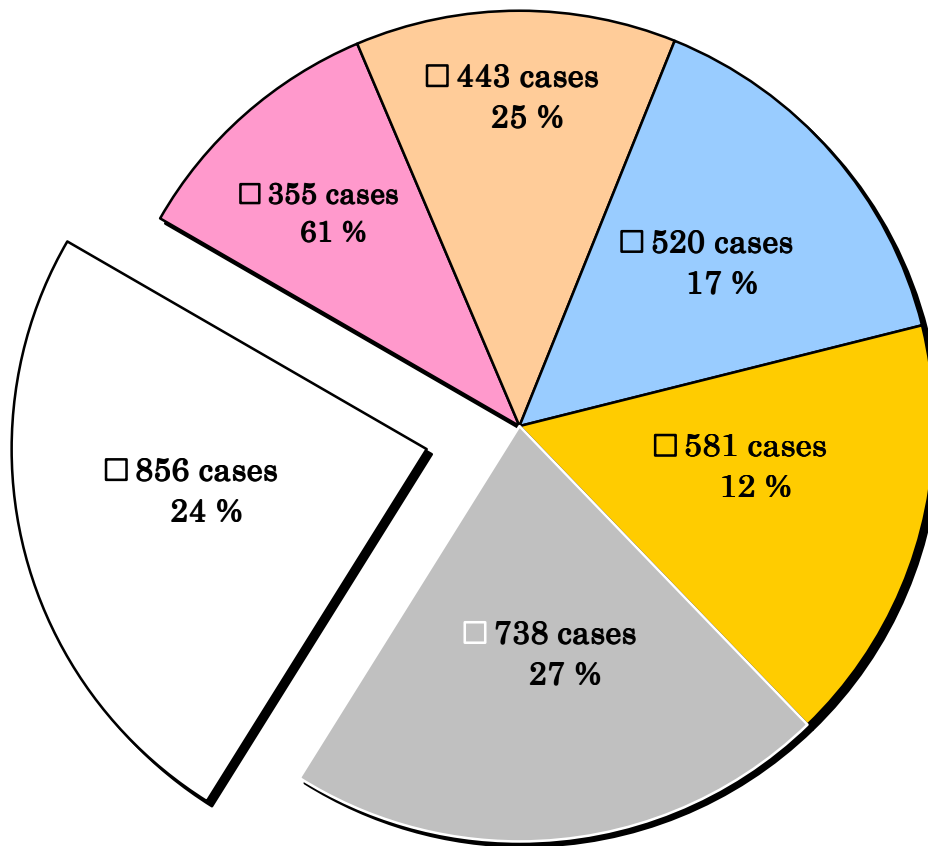


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Total Case % Increases 2003-2008



2003 2004 2005 2006 2007 2008

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Staff of the Ombudsman

**Director**

Edward R. Mambruno

**Administrative Assistant**

Doralis Hernaiz