Long-Term Care – Taking Stock and Mapping a Route For Later Years

'How to Swallow an Elephant'

October 23, 2025

It starts with the W's

- Starting with **WHY** –
  - **Your why** – "LTC Workshop" means different things to different people
  - **Our why** – our hope

    for today's discussion

And now the **WHO**

Me & my reasons (and caveats)

- A specific lens, but the same need to plan.

You and your impressions, experiences reasons…

- **LTC means different things to different people**.
- We are starting from different places.

A far too typical scenario

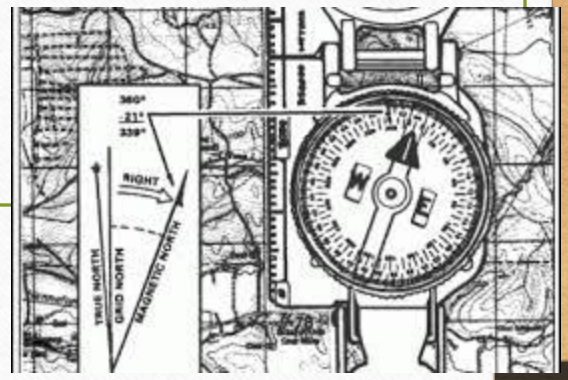
2 Questions

1. What drew you to come to this discussion today?

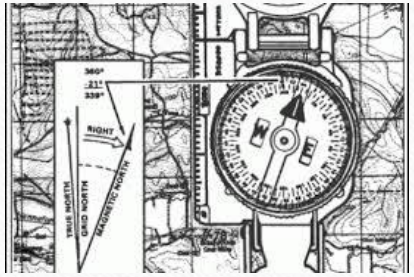
2. Why do most of us consistently avoid thinking about this topic?

Today's **ROADMAP**

– LTC Workshop

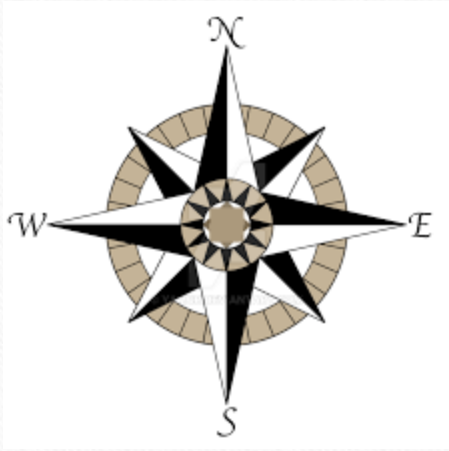


- Starting with the elephant – small bites
- *Really?* Why plan?
- LTC – Who needs it and why?
- What are the options, who pays and who's 'in charge'?
- Where might the Ombudsman Program come in?



Part 2: Taking steps

- Beginning a conversation – with self & others.
- Identify potential options; narrow down.
- Do the homework – Find and use research tools.
- Select and tour – checklist in hand.
- Debrief with trusted family/ friends – Share your decision.



Why be proactive?

- Peace of mind
- Having your ‘say’– preferences, self-determination
- Enabling realistic financial planning/ preparation
- Easing burden on family caregivers

LTC – Who Needs it?

- **70% of persons age 65 and older will need some form of LTC during their lifetimes –** a large percentage of those will receive this care outside of nursing homes.
- **It may be that we have family** & friends around to help…

BUT in many cases, we're talking about a LOT of help:

On average, **24 hrs. per week** spent by family caregiver providing care

On average, **45 hrs. per week** spent by spouse/ partner providing care **75%** of caregivers are uncompensated female family caregivers.

LTC Types & Settings

A continuum of care?

not so much…

LTC "Options"

- Nursing Homes
- Assisted Living Facilities
- CCRC's – Continuing Care Retirement Communities
- Home Health Care
- Adult Day Health
- Hospice

Can you relate to this?:

"A Nursing Home? …

Nah, that's not for me …"

Nursing Homes vs. Assisted Living

'Comparing Apples and Oranges'

Not so much a choice between alternatives with a different feel as a matter of level and type of need.

Nursing homes are licensed as "health care facilities." Assisted living facilities are specifically not licensed as health care facilities even though they may provide services to support health – related needs

Nursing Homes

Defining NH:

A facility with the primary function of providing long-term nursing care, nursing services, and health related services on a continuing basis for treatment and inpatient care of individuals who generally do not need care for the acute, complex needs that hospitals provide.

Law, regulation:

- Va. Department. of Health (VDH)
- Limited state law/regulation in Code of Virginia and
- Virginia Administrative Code

https://law.lis.virginia.gov/vacodefull/title32.1/chapter5/ar

Nursing Home **Oversight/ Enforcement**

Primary body of regulation; Federal – Most nursing homes certified to accept Medicare and/or Medicaid

https://www.cms.gov/about-cms/what-we-do/nursing-homes/providers-cms-partners/regulations-guidance

Oversight: VDH Office of Licensure & Certification(OLC)

- Annual (unannounced) inspection surveys
- Complaint investigations
- Citations for deficiencies; corrective action plans or correction; sanctions

Who may need nursing home care?

Someone who needs regular daily assistance with health-related needs, such as –

- getting in & out of bed
- taking medications
- using the restroom
- eating and drinking
- supervision (due to cognitive impairments, dementia, etc.)

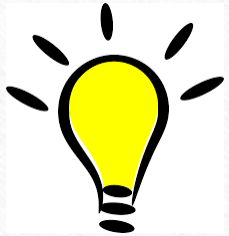
Someone needing short-term rehab care (skilled nursing facility or 'SNF':

- Skilled therapies, often following injury, illness, hospitalization

Who pays
for nursing home care?

True or False:

For persons 65 and older, Medicare pays for the majority of nursing home care.



Primary Sources of Payment for NH Care:

- Medicare
- LTC insurance
- Private pay
- Medicaid

$$ Average Costs of Care by Type $$

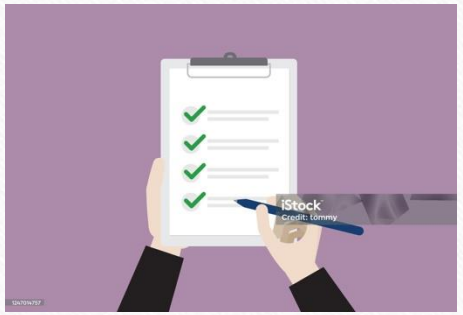
Setting/ Care	Average Cost
• Nursing Home Care	$ 104,025 a year (semi-private room)
	$ 117,895 a year (private room)
• Assisted Living Facility	$ 78,150 a year
• Home Health Aide (in home)	$ 75,504 a year

Assisted Living Facilities (ALF) Defined

- Adult care residences licensed by the Va. Dept. of Social Services (Division of Licensing Servicers)to provide a level of services for adults who have mental and/or physical impairments and require assistance (e.g., with basic activities of daily living – such as dressing, bathing, meal preparation, medications, supervision).
- **Note: Under Va. law**, an ALF is **NOT** a **health** care facility
- **Key function:** They coordinate personal & health care services and provide 24 hour supervision. Typical ALF may provide meals/dining services, limited transportation support/coordination.
- **Not required to provide health care** services, though some may make health care staff available to assist.

ALF Regulation & Oversight

- <u>Oversight:</u>
- Va. Dept. of Social Services Division of Licensing Programs
- **No federal regulations/oversight**
- State oversight; regulations fairly minimal
- State licensing specialist inspects
- Reporting regulatory violations/ corrective action plans, licensure restriction or revocation for serious, persistent violations



ALFs: Who can benefit & who pays $$

Care for those who do NOT need nursing home care (24-hr nursing care) but may need some assistance with activities of daily living (ADL's) or IADLs (independent activities of daily living):

- Meals
- Laundry/Housekeeping
- Medication administration
- Supervision
- Transportation support

Who pays?

- Primarily private pay
- Sometimes private LTC insurance
- Auxiliary Grant (very low income)
- Medicaid Managed Care (Cardinal Care) can help support an individual's ALF placement in limited circumstances but generally won't cover room and board.

Continuing Care Retirement Communities

(CCRC's) also known as "Life Plan Communities"

- **Registered with/regulated by the State Corporation Commission's** (SCC) Bureau of Insurance (Chapter 49 (Section 38.2-4900 et seq.) of Title 38.2 of the Code of Virginia provides for regulatory oversight by the SCC
- **Oversight includes** ensuring that proper disclosures are made by the CCRC as well as monitoring the CCRC's financial condition. Specific disclosure statements must be submitted annually interchangeably.

CCRC Disclosure statement includes:

- Description of services provided under continuing care contracts
- Fees required of residents
  - Entrance fees and monthly fees
  - Uses of fees
  - Escrowing and refunding provisions
  - Description of how the provider may adjust periodic fees
  - Tables detailing rate changes

CCRC's – Centrality of the Contract

- The contract governs – Full review important
- Unique model usually with a hefty entrance fee and other fees ongoing
- A great plus – continuity of care on one campus
- Often robust array of activities and services available
- Importance of reading all terms of agreement, including refund policies;

  conditions under which contract would terminate; process for change in level of care services and additional fees and conditions.

Home Health Care

Def.: Public or private entities providing an organized program of home health, pharmaceutical, or rehabilitative services licensed by the Va. Dept. of Health, but that does not mean that all agency staff are deemed health care providers.

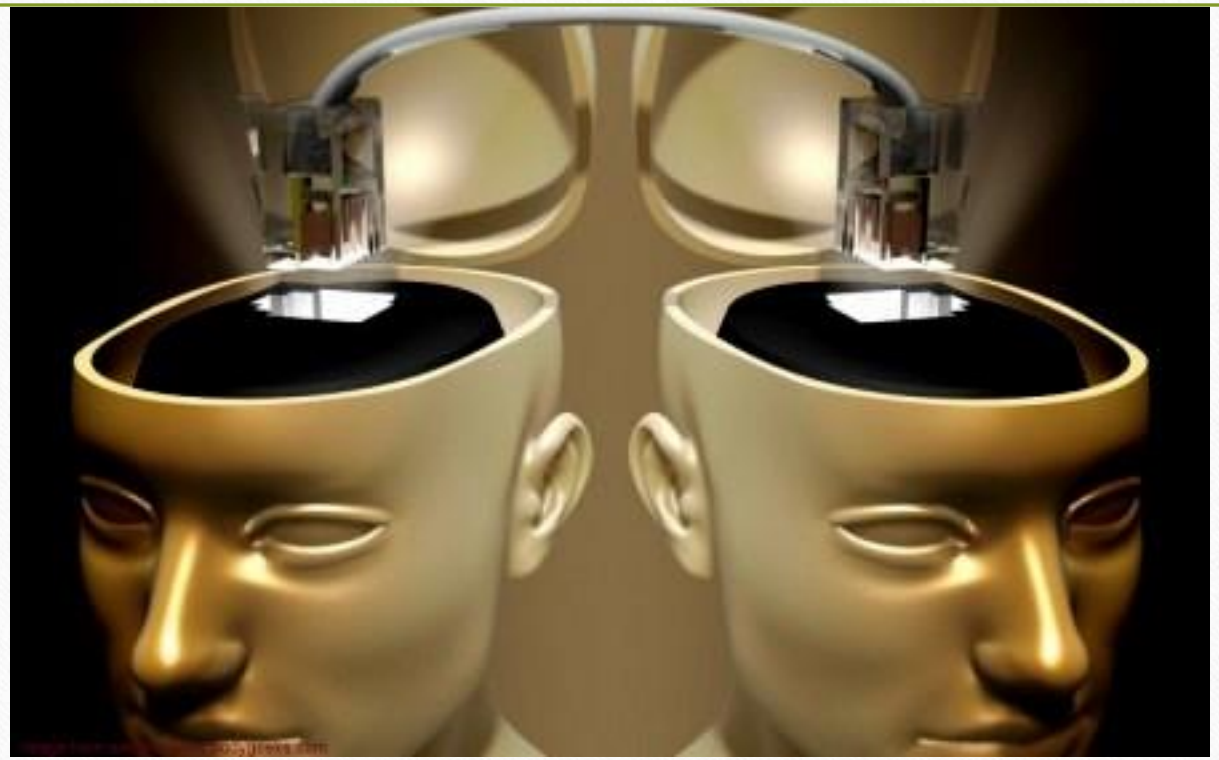
Who pays?

- Some Medicare (primarily short-term rehab), Medicaid, private pay.

Considerations:

- No practical day-to-day oversight over services; no 'inspection process' equivalent to NH's or ALF's.

Coffee Break



The Long-Term Care Ombudsman Program –

Even in good care settings, issues can arise and sometimes help is needed -

An ombudsman can be a lifeline…

Purpose: Serve as an ADVOCATE

- For **basic rights** and dignity
- For **quality of care and quality of life**
- To **give voice** to recipient's concerns

But isn't there a **law?**?

Well, yes- -

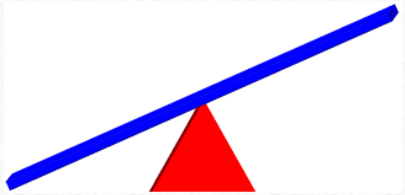
- **State law and regulation – licensure, oversight**
- **Federal law & regulations** – Medicare & Medicaid
- **BUT** the rules and regulations are only as effective as the **implementation/ accountability.**

Unless you have been living ‘under a rock’

Many Va. Nursing Homes Dangerously Understaffed.

Five Nursing Home Staff Charged with Resident Neglect

COVID Exposes Serious Failures in Nursing Home Care As Death Toll Rises



An **uneven** playing field

- Power imbalance
- Residents often lack understanding of the ‘system’, and of basic rights and protections
- Often urgent need for services, limited options
- Fear of retaliation – Fear of speaking up

A Truly Person-Centered Advocate

- **Resident-Directed / Empowering**
- **Confidential**
- **Resolution – Focused**

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NOT Regulatory

NOT APS

NOT Case Managers

Va. has expanded LTCOP's jurisdiction:

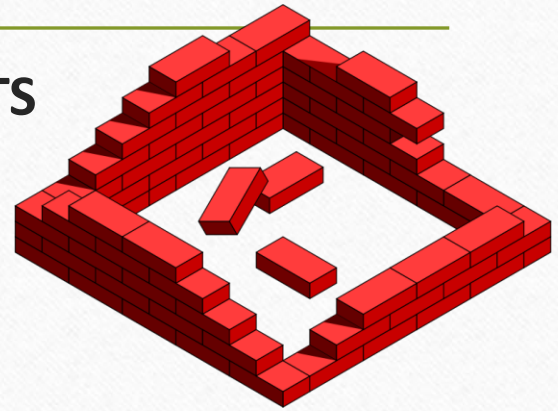
Advocates for LTC recipients in:

- nursing homes
- assisted living facilities
- the client's own home - receiving community-based services

- Medicaid Managed Care (**LTSS)**

Residents' Rights - FOUNDATIONAL

QUALITY OF LIFE rests upon RESIDENTS' RIGHTS



- **Dignity** & Respect
- **Privacy** & confidentiality
- **Information** & Participation – e.g., in care planning
- **Access** Visitors of Choice – including ombudsmen, clergy, attorneys, etc.
- **Freedom from abuse & neglect**
- **Discharge protection – freedom from** inappropriate, illegal, unsafe **EVICTION**

Prevention 'worth a pound of cure'

- ✓ Info/ consultation to help consumers **make informed LTC decisions**, support 'aging in place,' autonomy, dignity & quality of life;

- ✓ Ensure LTC recipients can **access benefits**, understand and exercise their rights;
- ✓ Early intervention – **prevent suffering & harm** from poor care & costly, potentially life-threatening complications;
- ✓ **Prevent or reduce unnecessary costs** resulting from poor care.

Virginia's LTCOP:

ONE Integrated Statewide Program

Office of the State LTC Ombudsman

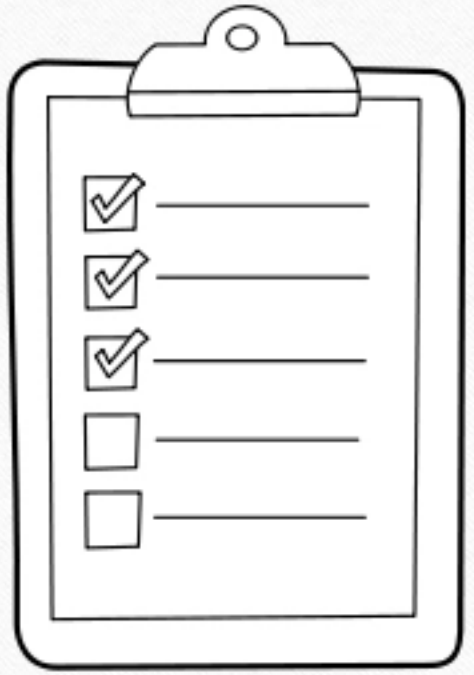
at the Dept. for Aging and Rehabilitative Services

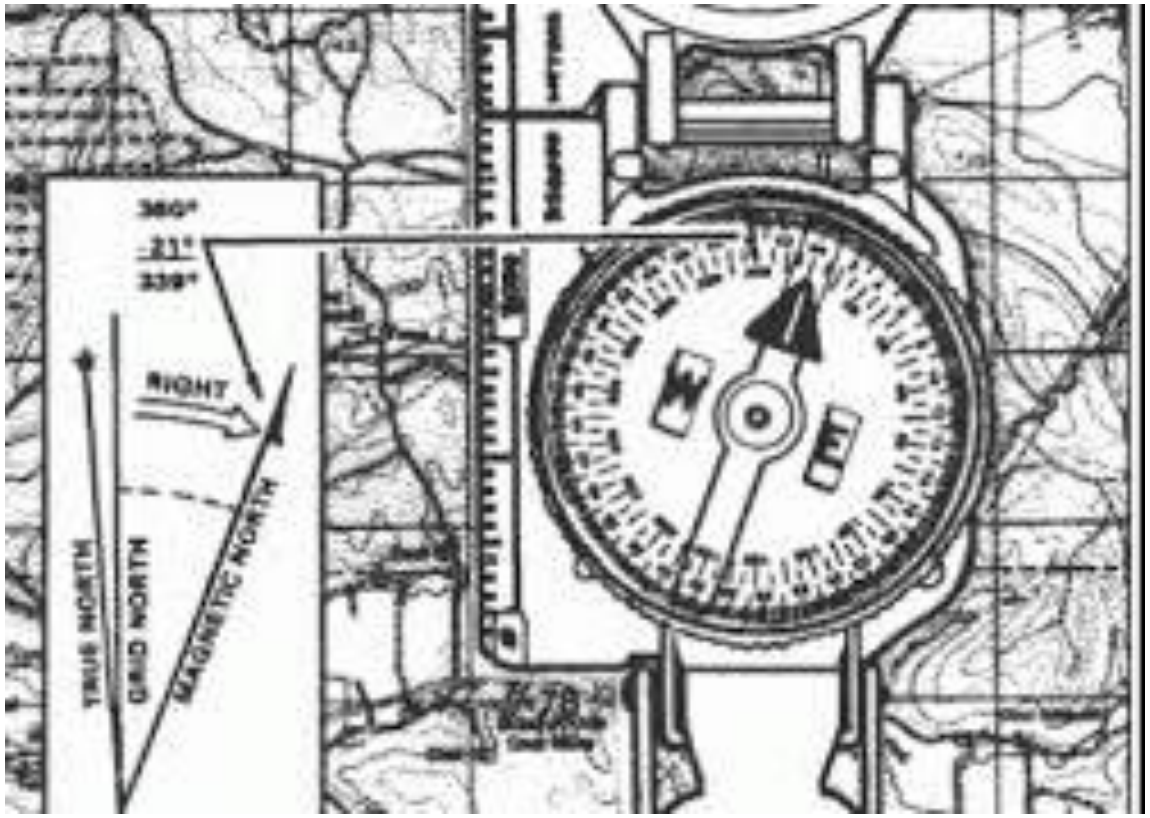
Trains, certifies & designates, oversees

27 (FTE) local representatives

in 20 Local Offices (AAA's)

Getting started – small bites





Taking Steps:

- Talk & LISTEN to others
- Do the homework on care, services, quality
- Narrow down, **tour* & talk** with residents, families, staff (*with checklist)
- Tap into your tools: -
  -CMS Care Compare
  -LTC Ombudsman
  -No Wrong Door

Let's Do the **Homework: Finding LTC Options:**

- Starting points/ Online Resources
- For nursing homes- CMS (Center for Medicare & Medicaid Services): Care Compare" website – most extensive compendium of nursing home quality information – survey reports, quality measures, staffing, etc.:

_____

- For assisted living facilities, Va. Department of Social Services Division of Licensing Program (DOLP) website: Assisted Living Facility Look-up

_____

Find & compare providers near you.

Not sure what type of provider you need?
Learn more about the types of providers.

- Welcome
- Doctors & clinicians
- Hospitals
- **Nursing homes including rehab services**
- Home health services
- Hospice care
- Inpatient rehabilitation facilities

Find nursing homes including rehab services near me

Find and compare Medicare-certified nursing homes based on a location, and compare the quality of care they provide and their staffing. A nursing home is a place for people who can't be cared for at home and need 24-hour nursing care.

MY LOCATION
Enter street, ZIP code, city, or state.

Henrico, VA 23229

NAME OF FACILITY (optional)

Search

Filter by: Distance: 25 mi | Overall rating | Other ratings | # of certified beds | More filters | Clear all filters

Showing 1 - 15 of 33 nursing homes

Sort by: Closest

1. August Healthcare at Richmond

0.3 mi

1503 Michael Road
Richmond, VA 23229
(804) 288-6245

Overall rating
★★★☆☆
Average

Compare

2. Westport Rehabilitation and Nursing Center

0.8 mi

7300 Forest Ave
Richmond, VA 23226
(804) 288-3152

Overall rating
★☆☆☆☆
Much below average

Compare

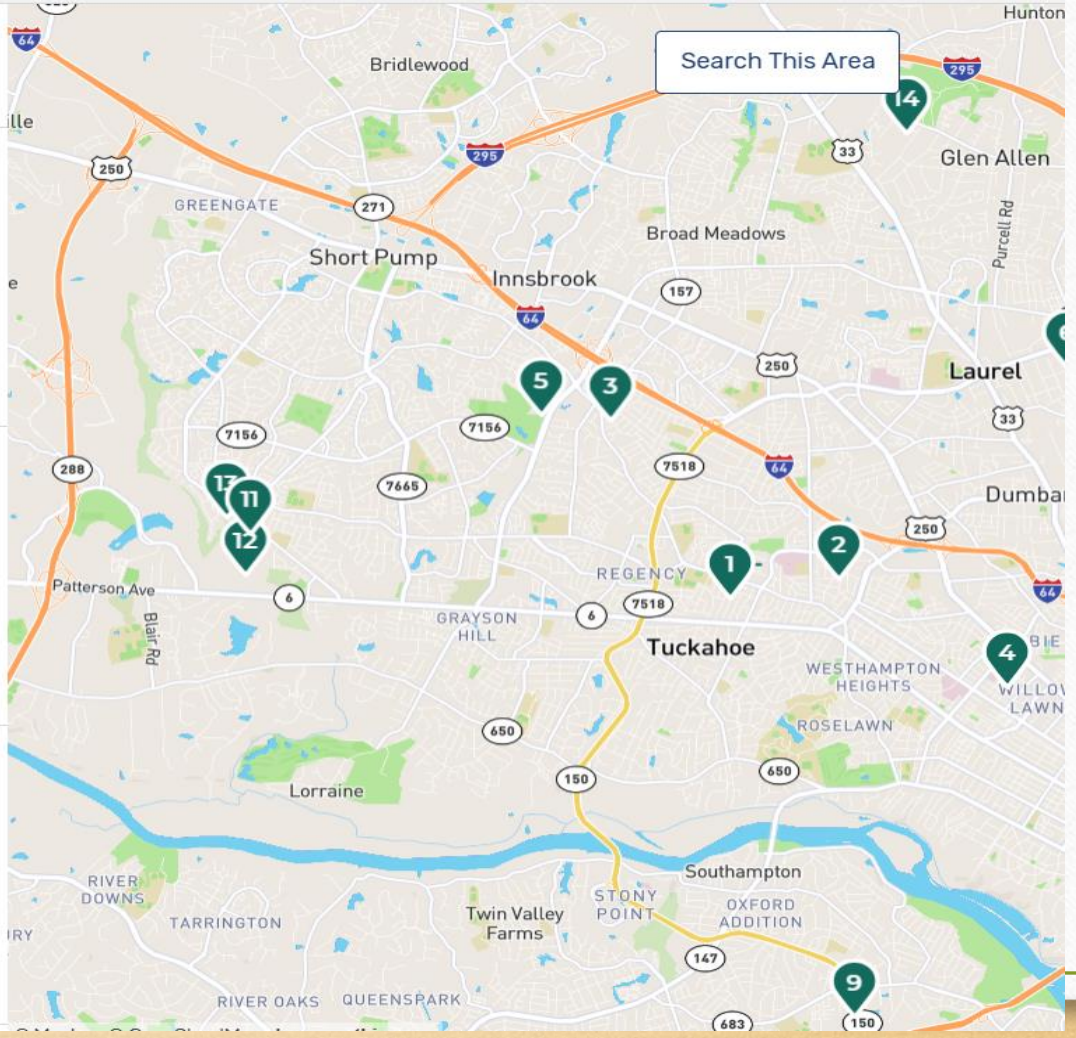
3. The Laurels of University Park

2.4 mi

2420 Pemberton Rd
Richmond, VA 23233
(804) 747-9200

Overall rating
★★☆☆☆
Below average

Compare



Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495428	A. Building B. Wing	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
August Healthcare at Richmond	1503 Michael Road Richmond, VA 23229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 41450 Based on observation, staff interview, and facility document review, and in the course of a complaint investigation, the facility staff failed to provide Registered Nurse coverage 8 consecutive hours per day for 3 days out of 30 days in June 2021 and for 6 days out of 31 days in July 2021. The findings include: Facility staff failed to provide Registered Nurse (RN) coverage in June 2021 on 6/11, 6/21, 6/30, and in July 2021 on 7/14, 7/15, 7/16, 7/17, 7/28, and 7/31. On 4/5/22, an interview was conducted with Employee F who confirmed he was responsible for payroll records at the facility. A copy of the payroll records for all Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs), to include time clocked in and out, for the months of June 2021 and July 2021 was requested and provided by Employee F who verified the records were accurate and complete.

	Isolated	Pattern	Widespread
Level 4 - Immediate Jeopardy	J	K	L
Level 3 - Actual Harm	G	H	I
Level 2 - Potential for More Than Minimal Harm	D	E	F (with substandard Quality of Care) F (no substandard Quality of Care
Level 1 - Potential for Minimal Harm	A	B	C

Deficiency Matrix

(CMS for nursing homes)

- This matrix, used by the CMS, illustrates how the two factors are combined to rate the overall seriousness of deficiencies in a nursing home..
- A-B-C = Substantial Compliance
- D through L = Not in Substantial Compliance

Scope and Severity Levels of Deficiencies

Severity reflects the impact of the deficiency and is categorized by four levels of harm:

- **Level 1: No actual harm with potential for minimal harm**
  - This is the lowest level of severity, indicating no harm has occurred, but there is a possibility of minimal harm in the future.

- **Level 2: No actual harm with potential for more than minimal harm**
  - No actual harm has occurred, but there is a risk of more than minimal harm that is not considered immediate jeopardy.

- **Level 3: Actual harm that is not immediate jeopardy**
  - The deficiency has already caused actual harm to a resident, but the situation is not an immediate threat to life or safety.

- **Level 4: Immediate jeopardy to resident health or safety**
  - This is the most severe classification. It means a facility's noncompliance has caused, or is likely to cause, serious injury, impairment, or death to a resident. Immediate corrective action is necessary.

* **Practice Drill** Surveying the Survey Report

For consideration - -

- As you scam the survey report, are there particular things that jump out at you?
- Remember that this facility on CMS *Care Compare* was rated as a 3-star overall. Does that suggest anything?
- There are 7 citations (deficiencies) in this survey. What questions does that raise for you?
- Are there particular citations that stand out for you as being particularly important in assessing the care here?
- What questions might this report lead you to ask about the facility's care/operations?

Coming to the Finish Line

- You understand options and started your personal inventory.
- You're motivated to have some 'crucial conversations.'
- You've learned what resources and 'tools' are available to help lay the foundation for your planning.
- You've got your checklist ready and your 'antenna' up - -

Ready - - Set - - **GO**


THANK
YOU

Contact information:

Joani Latimer
State Long-Term Care Ombudsman,
Virginia Department for Aging and Rehabilitative Services
804-726-6624
joani.latimer@dars.virginia.gov
www.vadars.org