

COMMUNITY ADVISORY COMMITTEE

VOLUNTEER JOB DESCRIPTION

The Nursing Home Advisory Committees (NHCAC) and the Adult Care Home Community Advisory Committees (ACHCAC) serve the residents of long term care facilities within each county. The committees hold legislative authority to monitor the Patients'/Residents' Bill of Rights, promote community involvement and cooperation within the homes, provide public education pertaining to long term care issues, and assist residents/patients in grievance resolution. Community advisory committee members work to ensure quality care for persons residing in long term care facilities.

NHCAC members are required to visit all nursing homes once a quarter as a committee (quorum of members) and are to visit individually as often as possible. ACHCAC members are to visit (Homes for the Aged/Rest Homes) Adult Care Homes quarterly and Family Care Homes annually, as a committee (quorum of members) with individual visits being carried out as often as possible. Facility visitation should occur on a regular but unannounced schedule. Business meetings will be held on a quarterly (every three months) basis. All training (initial and ongoing) will be provided by the North Carolina Division of Aging through the Regional Ombudsman Program.

A community advisory committee member generally agrees to volunteer approximately five hours per week on behalf of residents in long-term care facilities.

Members of community advisory committees must reside within the county in which the committee serves. Members should be willing and able to attend committee meetings, facility visitations, and all levels of training. A community advisory committee must possess skills in communications, problem solving, empathy, and good judgment. Members should be able to effectively interact with residents and home administrators. All committee members are appointed by the County Commissioners in the county where they reside. One third are to be nominated by facility administrators. All appointees shall serve an initial one year term and may then be reappointed to a subsequent term of two or three years to ensure staggered terms of office.

The Legislation requires that "no person or immediate family member of a person with a financial interest in a home served by the committee or employee or governing board member of a home served by the committee, or immediate family member of a resident in a home served by the committee may be a member of that committee." Immediate family has been interpreted to include a mother, father, sister, brother, child, grandmother, and grandfather as well as in-laws.

A Community Advisory Committee represents the pivotal point within the Ombudsman Program. Without the presence of the community advisory committees, the Program would cease to exist in its present form. Volunteers serving as community advisory committee members are the link between the facilities and the community. The work of the committees will ultimately result in the improved quality of life for residents of long term care facilities. Community advisory committee members will have the opportunity to encounter a wide variety of people as they carry out committee responsibilities.

Specific duties include:

- ◆ Completion of a 15-hour training course established by the State Long Term Care Ombudsman within the North Carolina Division of Aging
 - ◆ Attending at least 10 hours of in-service training per year
 - ◆ Responding to referrals from the office of the Regional Ombudsman
 - ◆ Receiving and investigating complaints from residents and family members and documenting complaint information
 - ◆ Negotiating resolution of complaints with facility administrators
 - ◆ Reporting any serious problems immediately to the office of the Regional Ombudsman and/or appropriate governmental agency
 - ◆ Asking the technical assistance when unsure of how to proceed
 - ◆ Asking the office of the Regional Ombudsman staff to make collateral contacts with other government agencies including licensing divisions
 - ◆ Preparing quarterly visit reports
 - ◆ Completing all required paperwork accurately and on time
 - ◆ Maintaining cooperative relationships with appropriate agencies, such as Adult Protective Services, Adult Home Specialists, Social Services Departments, Division of Facility Services Representatives and all law enforcement agencies
 - ◆ Establishing rapport with residents, families, staff, and home administrators
 - ◆ Assisting residents and families with information and support in finding appropriate placements
 - ◆ Mobilizing volunteers for facilities (i.e. Promoting community involvement in facilities)
 - ◆ Promoting communication, education, and awareness of issues affecting institutionalized older adults
- ◆ *For additional information, please contact the Community Advisory Committee Chairperson or the Regional Ombudsman:*

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reasonable time, not to exceed 60 days, upon receipt of a complaint.

- (b) The Department is authorized to inspect patients' medical records maintained at the facility when necessary to investigate any alleged violation of this Part.
- (c) The Department shall maintain the confidentiality of all persons who register complaints with the Department and of all medical records inspected by the Department. (1977, c. 897, s. 1; 1983, c. 775, s. 1.)

G.S. 131E-125. Revocation of a license.

- (a) The Department shall have the authority to revoke a license issued pursuant to G.S. 131E-102 in any case where it finds there has been a substantial failure to comply with the provisions of this Part or any failure that endangers the health, safety or welfare of patients.

A revocation shall be effected by mailing to the licensee by registered mail, or by personal service of, a notice setting forth the particular reasons for such action. Such revocation shall become effective 20 days after the mailing or service of the notice, unless the applicant or licensee, within such 20 day period, files a petition for a contested case, in which case the notice shall be deemed to be suspended. At any time at or prior to the hearing, the Department may rescind the notice of revocation upon being satisfied that the reasons for the revocation have been or will be removed.

- (b) In the case of a nursing home operated by a hospital which is licensed under Article 5 of G.S. Chapter 131E, when the Department of Human Resources finds that there has been a substantial failure to comply with the provisions of this Part, it may issue an order preventing the continued operation of the home.

Such order shall be effected by mailing to the hospital by registered or certified mail, or by personal service of, a notice setting forth the particular reasons for such action. Such order shall become effective 20 days after the mailing of the notice, unless the hospital, within such 20-day period, files a petition for a contested case, in which case the order shall be deemed to be suspended. At any time at or prior to the hearing, the Department of Human Resources may rescind the order upon being satisfied that the reasons for the order have been or will be removed. (1977, c.897, s. 1; 1983, c. 143, s. 3; c. 775, s. 1; 1987, c. 827, s. 251.)

G.S. 131E-126. Repealed by Session Laws 1987 c. 600, s. 1.

G.S. 131E-127. No interference with practice of medicine or physician-patient relationship.

Nothing in this Part shall be construed to interfere with the practice of medicine or the physician-patient relationship. (1977, c. 897, s. 1; 1983, c. 775, s. 1.)

G.S. 131E-128. Nursing home advisory committees.

- (a) It is the purpose of the General Assembly that community advisory committees work to maintain the intent of this Part within the nursing homes in this State, including nursing homes operated by hospitals licensed under Article 5 of G.S. Chapter 131E. It is the further purpose of the General Assembly that the committees promote community involvement and cooperation with nursing homes and an integration of these homes into a system of care for the elderly.

- (b) (1) A community advisory committee shall be established in each county which has a nursing home, including a nursing home operated by a hospital licensed under Article 5 of G.S. Chapter 131E, shall serve all the homes in the county, and shall work with each home in the best interest of the persons residing in each home. In a county which has one, two, or three nursing homes, the

committee shall have five members. In a county with four or more nursing homes, the committee shall have one additional member for each nursing home in excess of three. The committee may have up to five additional members appointed at the discretion of the county commissioners.

- (2) In each county with four or more nursing homes, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each nursing home in the county. Each member must serve on at least one subcommittee.
 - (3) Each committee shall be appointed by the board of county commissioners. Of the members, a minority (not less than one-third, but as close to one-third as possible) must be chosen from among persons nominated by a majority of the chief administrators of nursing homes in the county and of the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes. If the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to make a nomination within 45 days after written notification has been sent to them by the board of county commissioners requesting a nomination, these appointments may be made by the board of county commissioners without nominations.
- (c) Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a three-year term. Persons who were originally nominees of nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, or who were appointed by the board of county commissioners when the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, failed to make nominations, may not be reappointed without the consent of a majority of the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes within the county. If the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. 131E, which operate nursing homes fail to approve or reject the reappointment within 45 days of being requested by the board of county commissioners, the commissioners may reappoint the member if they so choose.
- (d) Any vacancy shall be filled by appointment of a person for a one-year term. Any person replacing a member nominated by the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes or a person appointed when the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. 131E, which operate nursing homes, failed to make a nomination shall be selected from among persons nominated by the administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, as provided in subsection (b). If the county commissioners fail to appoint members to a committee, or fail to fill a vacancy, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have been notified of the appointment or vacancy if nomination or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is not required. If nominations or approval of the

licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is required, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have received the nomination or approval, or no sooner than 45 days after the 45-day period for action by the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes.

- (e) The committee shall elect from its members a chair, to serve a one-year term.
- (f) Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by a committee, or employee or governing board member or immediate family member of a patient in a home served by a committee may be a member of a committee. Membership on a committee shall not be considered an office as defined in G.S. 128-1 or G.S. 128-1.1. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for the amount of actual expenses incurred by them in the performance of their duties.

The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, which shall supply a copy to the Division of Facility Services.

- (g) The Division of Aging, Department of Human Resources, shall develop training materials which shall be distributed to each committee member and nursing home. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under subsection (h) of this section. The Division of Aging, Department of Human Resources, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.
- (h)
 - (1) Each committee shall apprise itself of the general conditions under which the persons are residing in the homes, and shall work for the best interests of the persons in the homes. This may include assisting persons who have grievances with the home and facilitating the resolution of grievances at the local level.
 - (2) Each committee shall quarterly visit the nursing home it serves. For each official quarterly visit, a majority of the committee members shall be present. In addition, each committee may visit the nursing home it serves whenever it deems it necessary to carry out its duties. In counties with four or more nursing homes, the subcommittee assigned to a home shall perform the duties of the committee under this subdivision, and a majority of the subcommittee members must be present for any visit.
 - (3) Each member of a committee shall have the right between 10:00 A.M. and 8:00 P.M. to enter into the facility the committee serves in order to carry out the members' responsibilities. In a county where subcommittees have been established, this right of access shall be limited to homes served by the subcommittees to which the member has been appointed.
 - (4) The committee or subcommittee may communicate through its chair with the Department or any other agency in relation to the interest of any patient. The identity of any complainant or resident involved in a

complaint shall not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S. C. 3001 et seq.

- (5) Each home shall cooperate with the committee as it carries out its duties.
- (6) Before entering into any nursing home, the committee, subcommittee, or member shall identify itself to the person present at the facility who is in charge of the facility at that time.
- (i) Any written communication made by a member of a nursing home advisory committee within the course and scope of the member's duties, as specified in G.S. 131E-128, shall be privileged to the extent provided in this subsection. The privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements or communications do not amount to intentional wrongdoing. To the extent that any nursing home advisory committee or any member thereof is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1977, c. 897, s. 2; 1977, 2nd sess., c. 1192, s. 1; 1983, c. 143, ss. 4-9; c. 775, s. 1; 1987, c. 682, s.1; 1995, c. 254, s. 7; 1997-176, s. 1; 1997-443, s. 11A.118(a).)

G.S. 131E-129. Penalties.

- (a) Violations classified. The Department shall impose an administrative penalty in accordance with provisions of this Part on any facility which is found to be in violation of the requirements of G.S. 131E-117 or applicable State and federal laws and regulations. Citations issued for violations shall be classified according to the nature of the violations as follows:
 - (1) "Type A Violation" means a violation by a facility's licensee of the regulations, standards, and requirements set forth in G.S. 131E-117, or applicable State or federal laws and regulations governing the licensure or certification of a facility which results in death or serious physical harm, or results in substantial risk that death or serious physical harm will occur. Type A Violations shall be abated or eliminated immediately. The Department shall require an immediate plan of correction for each Type A Violation. The person making the findings shall do the following:
 - a. Orally and immediately inform the administrator of the facility of the specific findings and what must be done to correct them and set a date by which the violation must be corrected;
 - b. Within 10 working days of the investigation, confirm in writing to the administrator the information provided orally under sub-subdivision a. of this subdivision; and
 - c. Provide a copy of the written confirmation required under sub-subdivision b. of this subdivision to the Department.The Department shall impose a civil penalty in an amount not less than five hundred dollars (\$500.00) nor more than ten thousand dollars (\$10,000) for each Type A Violation.
 - (2) "Type B Violation" means a violation by a facility's licensee of the regulations, standards and requirements set forth in G.S. 131E-117 or applicable State or federal laws and regulations governing the licensure or certification of a facility which presents a direct relationship to the health, safety, or welfare of any resident, but which does result in substantial risk that death or serious physical