

**NURSING HOME COMMUNITY ADVISORY COMMITTEE
ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE
APPOINTMENTS AND ACTIVITIES**

VOLUNTEER JOB DESCRIPTION

The Nursing Home Community Advisory Committee (NHCAC) and the Adult Care Home Community Advisory Committee (ACHCAC) serve the residents of long term care facilities within the county. The committees have legislative authority to monitor the Residents' Bill of Rights, promote community involvement in the homes, provide public education on long term care issues, assist residents in grievance resolution, and promote elder abuse awareness. (G.S. 131 D-31, G.S. 131 E-128)

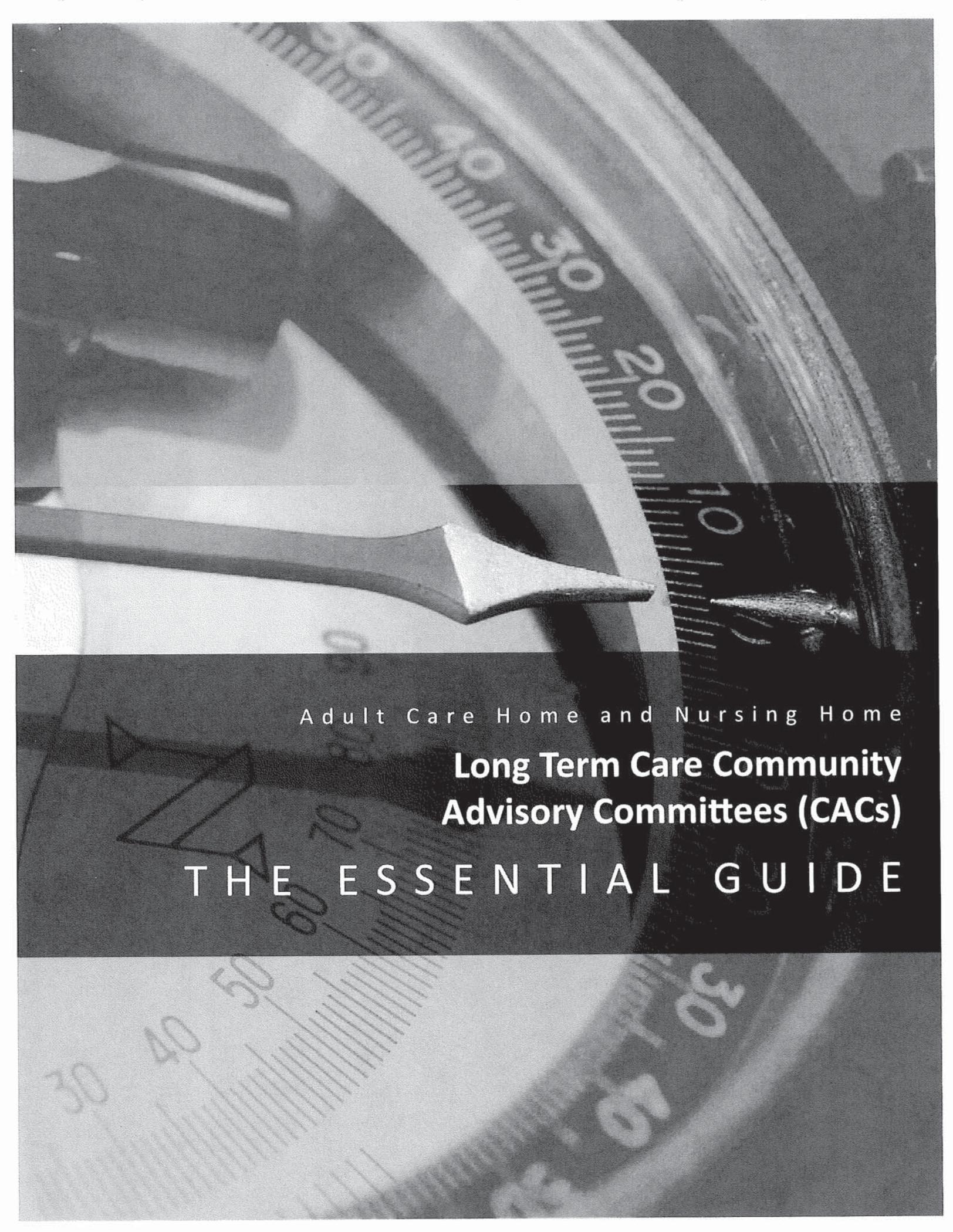
NHCAC members are required to visit all nursing homes once a quarter as a committee and are to visit individually as often as possible. ACHCAC members are to visit Adult Care Homes quarterly and Family Care Homes and Group Homes for Developmentally Disabled Adults annually as a committee, with individual visits being carried out as often as possible. Business meetings are held on a quarterly basis. Training and in-facility orientation will be provided by the North Carolina Division of Aging through the Regional Ombudsman Program. Committee activities will involve at least (8) eight hours a month.

The initial training consist of reading materials, attending a training session conducted by the Regional Ombudsman Program and an in-facility orientation visit to each type of facility the committee member serves. If a member does not complete the training and in-facility orientation within three (3) months from the date of appointment, the County Commissioners will be asked to replace the Committee Member.

Members of these committees must reside within the county that the committee serves. They should attend training sessions and be able to effectively communicate with the residents and facility staff. All committee members are appointed by the County Commissioners. One-third are to be nominated by facility administrators. All appointees shall serve an initial one-year term and then may be reappointed to a subsequent term of two or three years for ACHCAC and three years for NHCAC.

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 is defined as mother, father, sister, brother, child, grandmother and grandfather, as well as in-laws.

Volunteers serving on these committees are the link between the facilities and the community. Their work will ultimately result in improving the quality of life for home residents. They have the opportunity to meet a wide variety of people as they carry out committee responsibilities. Additional information on committee activities can be obtained from: Laurie Johnson Abounader, Regional Ombudsman, Centralina Area Agency on Aging, PO Box 35008, Charlotte, NC 28235, (704) 348-2739 FAX (704) 347-4710, labounader@centralina.org.

A black and white photograph of a hand holding a pencil, with a ruler and a pen nib visible in the background. The ruler is marked in millimeters and centimeters, and the pen nib is positioned near the pencil tip. The background is slightly blurred, showing a grid pattern.

Adult Care Home and Nursing Home

**Long Term Care Community
Advisory Committees (CACs)**

THE ESSENTIAL GUIDE

A C K N O W L E D G E M E N T

The Essential Guide was developed as a resource tool for Boards of County Commissioners, Board Clerks and County Attorneys. Representatives from the N.C. Association of Area Agencies on Aging, the N. C. Division of Aging and Adult Services' Office of State Long Term Care Ombudsman and the N. C. Regional Long Term Care Ombudsman Association collaborated on the development of this tool, including the model documents in the appendices.

P R E F A C E

This document is designed to serve as *The Essential Guide* to the selection, appointment and requirements for **North Carolina's Long Term Care Community Advisory Committees (CACs)** and explains their relationship with the N. C. Long Term Care Ombudsman Program. The primary purposes of the community advisory committees are to maintain the intent of the Nursing Home and Adult Care Home Residents' Bill of Rights within nursing homes and adult care homes across North Carolina. CACs promote community involvement and cooperation with nursing homes and adult care homes to ensure quality of care for older and disabled adults. There are three types of CACs: Adult Care Home, Nursing Home and Joint Nursing and Adult Care Home Committees.

It is the intent of the North Carolina General Assembly that each community in the state should take a more active role in promoting the interests and well being of residents in long term care settings – nursing homes and adult care homes (most commonly referred to as assisted living facilities or rest homes). As such, county commissioners are given the responsibility of appointing citizens in their communities to serve on these vital committees. Boards of County Commissioners and the North Carolina Long Term Care Ombudsman Program work together to ensure that new appointees receive adequate training, technical assistance and support.

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NORTH CAROLINA LONG TERM CARE OMBUDSMAN PROGRAM BASIC PROGRAM OVERVIEW

The Older Americans Act (federal law) requires that each state establish and maintain a statewide Long Term Care Ombudsman Program to advocate on behalf of residents in nursing homes and adult care homes (rest homes). The Long Term Care Ombudsman Program has been in existence in North Carolina since 1976. In 1989, the North Carolina General Assembly enacted legislation for the Long Term Care Ombudsman Program (G.S. 143B-181.15-.25) which incorporated federal mandates in the Older Americans Act for the Program and clearly defined the roles and responsibilities of the state and regional long term care ombudsmen. In North Carolina, the Office of State Long Term Care Ombudsman is located in the Department of Health and Human Services, Division of Aging and Adult Services. The Regional Long Term Care Ombudsman Programs are housed in area agencies on aging located in the 17 regional councils of government.

The major responsibilities of this program include: receiving and resolving complaints made by or on behalf of residents in long term care facilities; providing information to the general public on long term care issues; promoting community involvement with long term care facilities and residents; working with long term care providers to resolve issues impacting the welfare of residents; assisting long term care providers with staff training (particularly

on Residents' Rights); training and assisting community advisory committees; providing information to public agencies, legislators, and others on problems impacting the rights of residents living in long term care facilities; and making recommendations for resolution of issues identified.

Summary of Programmatic Responsibilities

The Long Term Care Ombudsman Program provides the following direct services:

- (a) Guidance on long term care placement which involves:
 - Explaining long term care options and services,
 - Educating individuals on how to select a facility,
 - Assisting with access to information about state certification surveys, complaint investigation reports and community advisory committee reports on specific facilities,
 - Explaining Residents' Rights and other federal and state laws and regulations affecting long term care residents and facilities,
 - Providing general information about Medicare, Medicaid and State County Special Assistance, and
 - Offering guidance and referral for information on legal authority such as powers of attorney, living wills and guardianship;

- (b) Educational presentations for both community groups and long term care providers on various topics pertinent to long term care facilities and residents;
- (c) Investigation of complaints or situations on behalf of residents and providing assistance in resolving the concerns and problems;
- (d) Assistance to individuals in filing complaints or concerns with the appropriate regulatory agency when resolution of an issue is not possible at the local level;
- (e) Communication with the regulatory agencies during the Licensure and Certification surveys and attending survey exit conferences, since the regional ombudsmen and community advisory committee volunteers visit long term care facilities on a regular basis;
- (f) Ongoing training, support and technical assistance to community advisory committee volunteers; and
- (g) Participation in local, state and national government policy-making groups as a representative voice of long term care residents.

There are volunteer advocates in each county who are appointed by the county commissioners to serve on the nursing home and adult care home community advisory committees (G.S. 131E-128 and 131D-31). North Carolina currently has over 1,168 such volunteers. The primary purpose of the community advisory committees is to

maintain the intent of the Nursing Home and Adult Care Home Residents' Bill of Rights in facilities across North Carolina, and to promote community involvement and cooperation with these homes to ensure quality of care. The community advisory committees are responsible for advising the board of county commissioners of the general conditions existing in the long term care facilities within each county. The committees fulfill this obligation through formal and informal visits to the facilities. In addition, they submit quarterly and annual reports to the county commissioners as well as the regional ombudsmen. Community advisory committees may assist individuals in resolving grievances with facilities at the local level; however, most grievances are referred to the appropriate regional ombudsman for investigation.

To contact the State Long Term Care Ombudsman Program, call the N. C. CARE-LINE toll free number at 1-800-662-7030 and request the operator transfer your call to the Division of Aging and Adult Services or call directly to (919) 733-8395. You can access contact information for State and Regional Ombudsmen on the Division's web site at www.ncdhhs.gov/aging/ombud.htm.

You may contact the Regional Ombudsman serving your county directly at:

FREQUENTLY ASKED QUESTIONS

1. What is the role of a community advisory committee (CAC)?

The N. C. General Assembly authorized three types of community advisory committees:

- Nursing Home Community Advisory Committee,
- Adult Care Home Community Advisory Committee, and
- Joint Nursing Home and Adult Care Home Community Advisory Committee.

Each Committee is mandated to:

- Work to maintain the intent of the Residents' Bill of Rights and ensure quality care for the long term care residents,
- Promote community involvement and cooperation within long term care facilities,
- Conduct quarterly visits in adult care homes and nursing homes in the county and annually visit all family care homes in the county,
- Apprise itself of the general conditions under which persons are residing in the homes and 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, and

- Prepare reports as required by the Department of Health and Human Services containing an appraisal of the problems of facilities as well as issues affecting long term care in general.

2. Who can be appointed to serve on a community advisory committee?

- Must be a citizen residing in the county.
G.S. 131E-128(f) Nursing Home Community Advisory Committee
G.S. 131D-31 (g) Adult Care Home and Joint Community Advisory Committees
- Up to 1/3 of the members shall be nominated by a majority of the chief facility administrators of either adult care homes or nursing homes in the county. If no nominations from administrators are received within 45 days after written notification, then appointments may be made without nominations. *G.S. 131E-128(b)(3)*
- Any county commissioner who is appointed shall serve in an **ex officio** capacity. *G.S. 131E-128(f) and G. S. 131D-31 (g)*

QUESTION 2:

Model community advisory committee job description
Example application for appointment

Appendix C
Appendix D

3. Who cannot serve as a community advisory committee member?

- No person or immediate family member* with a financial interest in a facility served or employee or governing board member of a facility served.
- Immediate family member* of a resident in a facility.
- Whenever an immediate family member of a current advisory committee member becomes a resident in a facility visited by the committee, that advisory committee member immediately becomes ineligible to serve on the committee.
- Immediate relative of an employee or owner/operator of a facility served by the community advisory committee.
- See G. S. 131D-31() and G.S. 131E-128(f).

**Immediate family member is defined as mother, father, sister, brother, spouse, child, grandmother, grandfather, and in-laws.*

4. How are community advisory committee members appointed?

- Each County Board of Commissioners is responsible for making appointments to community advisory committees. *G.S. 131D-31(b) (4) and G.S.131E-128(b) (3)*
- Each committee member shall serve an initial term of one year; persons reappointed to a second or subsequent term shall serve a two-or three-year term at the county commissioners' discretion. *G.S. 131E-128 (c) Nursing Home Community Advisory Committee G.S. 131D-31(d) Adult Care Home and Joint Community Advisory Committee*
- The appointee and regional ombudsman should be notified in a timely manner, in writing of appointment or reappointment by county commissioners.

QUESTION 3:

N. C. General Statute 131D-31(g) and 131E-128 (f)	Appendix A
Model pre-screening tool for CAC applicants	Appendix E

QUESTION 4:

Example letter for newly appointed CAC members	Appendix F
Example regional ombudsman welcome letter	Appendix G
Example of committee bylaws	Appendix H

5. What are minimum qualifications or requirements for appointment to a community advisory committee?

- Individual is available and willing to commit 8-24 hours per quarter to fulfill the duties of the Advisory Committee.
- Individual agrees to comply with attendance at committee business meetings and to participate in scheduled facility visits.
- Individual has reliable transportation.
- Individual agrees to participate in the completion and submission of a Quarterly Member Activities Record and Quarterly/Annual Visitation Report.
- Individual will assist with completion of a written Annual Report which is part of a Community Advisory Committee’s responsibilities.
- Individual agrees to complete 15 hours of initial training and 10 hours of ongoing training/education annually (after initial 1 year appointment).

6. What are the initial training requirements of newly appointed community advisory committee members?

All newly appointed community advisory committee members must complete scheduled classroom training to learn about:

- Roles and responsibilities of a community advisory committee member mandated under G.S. 131D-31 & 32 and G.S. 131E-128,
- Residents’ Bill of Rights,
- Roles of Division of Health Service Regulation, county departments of social services and area agencies on aging,
- North Carolina Adult Protective Services Law and reporting requirements,
- Role of the regional long term care ombudsman, complaint resolution procedures, confidentiality requirements, and
- Reporting requirements: Quarterly Member Activities Record, Quarterly/Annual Visitation Report and the Annual Report.

QUESTION 5:

Model Quarterly Member Activities Record
 Model Quarterly/Annual Visitation Report
 Model Annual Report Form
 Example Nursing Home CAC Brochure
 Example Adult Care Home CAC Brochure

Appendix I
 Appendix J
 Appendix K
 Appendix O
 Appendix O

7. What are the responsibilities of a regional long term care ombudsman in regards to community advisory committees?

- Provides the initial 15 hours of required training for each newly appointed community advisory committee member and ongoing training at least quarterly.
- Provides technical assistance and support to each committee and attends their business meetings at least quarterly. *G. S. 143B-181.19 b (8)*

8. How are new community advisory committee appointees trained?

- New CAC members must complete a minimum of 15 hours of initial training prior to exercising their duties.
- Initial training includes 8 hours of classroom time conducted by a regional ombudsman, 4-6 hours for facility orientation visits with a regional ombudsman, and approximately three (3) hours of reading at a minimum.
- Regional ombudsmen provide ongoing training for each community advisory committee at least once per quarter as well as direct technical assistance and support as needed.

9. What happens when there is a complaint against a community advisory committee member?

- The regional ombudsman schedules time to discuss the alleged issues separately with both the advisory committee member(s) and the complainant.
- A review of General Statutes and LTC Ombudsman Program Policy is conducted to internally evaluate whether the advisory committee member's actions were outside the scope of their appointed duties and training.
- Both parties are notified of the conclusions.
- If the regional ombudsman determines that the complaint is valid, but can be remedied, then re-training is provided for the committee member.
- Any determination that the individual's actions resulted in serious consequences, requires the regional ombudsman to notify the chairman of the county board of commissioners and submit a formal request to remove the CAC member for cause. All documentation available would be provided along with the formal request to remove.

QUESTION 9:

Example letters of nonattendance
 Model letter for CAC removal

Appendices L & M
 Appendix N

10. How do I contact my Regional Ombudsman?

Regional Ombudsman Name:

Address:

Telephone number:

Fax number:

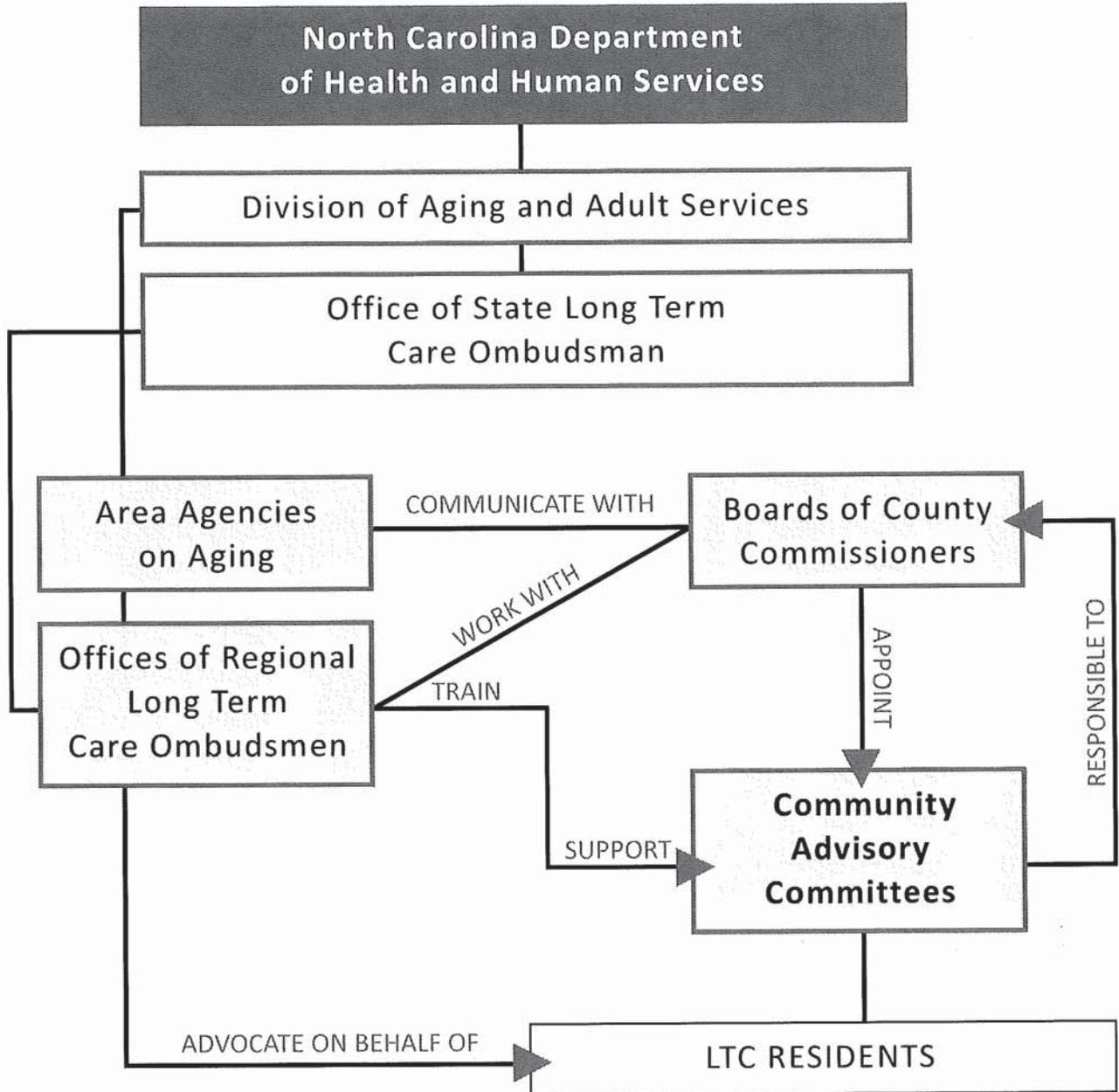
Email:

Or

How to reach your Regional Ombudsman
online:

www.ncdhhs.gov/aging/ombud.htm

COMMUNITY ADVISORY COMMITTEE ORGANIZATIONAL DIAGRAM



APPENDICES

Appendix A

Note: N. C. General Statutes have not been amended to reflect that the Division of Aging is now the Division of Aging and Adult Services.

§ 131D-31. Adult care home community advisory committees.

(a) Statement of Purpose. – It is the intention of the General Assembly that community advisory committees work to maintain the intent of the Adult Care Home Residents’ Bill of Rights within the licensed adult care homes in this State. It is the further intent of the General Assembly that the committees promote community involvement and cooperation with adult care homes to ensure quality care for the elderly and disabled adults.

(b) Establishment and Appointment of Committees. –

(1) A community advisory committee shall be established in each county that has at least one licensed adult care home, shall serve all the homes in the county, and shall work with each of these homes for the best interests of the residents. In a county that has one, two, or three adult care homes with 10 or more beds, the committee shall have five members.

(2) In a county with four or more adult care homes with 10 or more beds, the committee shall have one

additional member for each adult care home with 10 or more beds in excess of three, and may have up to five additional members at the discretion of the county commissioners, not to exceed a maximum of 25 members. In each county with four or more adult care homes with 10 or more beds, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each adult care home in the county. Each member must serve on at least one subcommittee.

(3) In counties with no adult care homes with 10 or more beds, the committee shall have five members. Regardless of how many members a particular community advisory committee is required to have, at least one member of each committee shall be a person involved in the area of mental retardation.

(4) The boards of county commissioners are encouraged to appoint the Adult Care Home Community Advisory Committees. Of the members, a minority (not less than one-third, but as close to one-third as possible) shall be chosen from among persons nominated by a majority of the chief administrators of adult care homes in the county. If the adult care home administrators fail to make a nomination within 45 days after

written notification has been sent to them requesting a nomination, these appointments may be made without nominations. If the county commissioners fail to appoint members to a committee by July 1, 1983, the appointments shall be made by the Assistant Secretary for Aging, Department of Health and Human Services, no sooner than 45 days after nominations have been requested from the adult care home administrators, but no later than October 1, 1983. In making appointments, the Assistant Secretary for Aging shall follow the same appointment process as that specified for the County Commissioners.

(c) Joint Nursing and Adult Care Home Community Advisory Committees. – Appointment to the Nursing Home Community Advisory Committees shall preclude appointment to the Adult Care Home Community Advisory Committees except where written approval to combine these committees is obtained from the Assistant Secretary for Aging, Department of Health and Human Services. Where this approval is obtained, the Joint Nursing and Adult Care Home Community Advisory Committee shall have the membership required of Nursing Home Community Advisory Committees and one additional member for each adult care home with 10 or more beds licensed in the county. In counties with no adult care homes with 10 or more beds, there shall be one

additional member for every four other types of adult care homes in the county. In no case shall the number of members on the Joint Nursing and Adult Care Home Community Advisory Committee exceed 25. Each member shall exercise the statutory rights and responsibilities of both Nursing Home Committees and Adult Care Home Committees. In making appointments to this joint committee, the county commissioners shall solicit nominations from both nursing and adult care home administrators for the appointment of approximately (but no more than) one-third of the members.

(d) Terms of Office. – 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 two- or three-year term at the county commissioners' discretion to ensure staggered terms of office.

(e) Vacancies. – Any vacancy shall be filled by appointment of a person for a one-year term. If this vacancy is in a position filled by an appointee nominated by the chief administrators of adult care homes within the county, then the county commissioners shall fill the vacancy from persons nominated by a majority of the chief administrators. If the adult care home administrators fail to make a nomination by registered mail within 45 days after written notification has been sent to them

requesting a nomination, this appointment may be made without nominations. If the county commissioners fail to fill a vacancy, the vacancy may be filled by the Assistant Secretary for Aging, Department of Health and Human Services no sooner than 45 days after the commissioners have been notified of the appointment or vacancy.

(f) Officers. – The committee shall elect from its members a chair, to serve a one-year term.

(g) Minimum Qualifications for Appointment. – 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 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. 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 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, Department of Health and Human Services.

(h) Training. – The Division of Aging, Department of Health and Human Services, shall develop training materials, which shall be distributed to each committee member. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under G.S. 131D-32. The Division of Aging, Department of Health and Human Services, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.

(i) Any written communication made by a member of adult care home advisory committee within the course and scope of the member’s duties, as specified in G.S. 131D-32, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements and communications do not amount to intentional wrongdoing.

To the extent that any adult care home advisory committee or any member 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. (1981, c.923, s. 1; 1983, c. 88, s. 1; 1987, c. 682, s. 2; 1995, c. 535, s. 14; 1997-176, s. 2; 1997-443, s. 11A.118(a).)

Appendix A-2

§ 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, and may have up to five additional members per committee 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. Chapter 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. Chapter 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 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 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 an employee or governing board member of a home served by a committee, 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 Health and Human Services, 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 Health and Human Services, 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 those

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. This 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).)

Appendix B

Community Advisory Committee: The Vital Link for Residents...

What is a community advisory committee? North Carolina has an advocacy system in place to help promote and protect the rights of long term care residents. Community advisory committees were established by North Carolina State Legislature (G.S. 131D-31 & G.S. 131E-128) to be volunteer, grassroots advocates for residents in long-term care facilities. These volunteers receive training from the Regional Long Term Care Ombudsman Program to interview residents, families, and staff as well as observe the facility environment to determine how and if the residents' rights are being honored. CAC members conduct three types of visits: Friendly visits, Official Quarterly or Annual visits and Complaint investigation visits, which are initiated by or on behalf of residents. All three types of visits are conducted by at least two or more committee members, and complaint investigations are carried out under the direction of the committee chairperson. Community Advisory Committee members are empowered under N.C. General Statute to make unannounced visits, communicate in private with residents and act on their behalf to resolve concerns. Having a facility staff member accompany them on visits or complaints, or refusing residents privacy during a visit would violate the law for the N. C. Long Term Care Ombudsman

Program and Residents' Rights. (G.S. 143B-181.20a and G.S. 131E-117).

These volunteers complete a report on the facility, which is public record. These reports are kept by the Regional Ombudsman program and shared with consumers seeking placement, departments of social services, state regulatory agencies, lawyers and reporters upon request. The report gives a snapshot of the home as observed during the volunteers' visits, and the findings are shared with a representative of the facility before the committee leaves. These volunteers are also involved in rights advocacy for the residents, accessing community resources for needed services, or talking to legislators about needed improvements in the minimum standards. Some committees meet monthly, others quarterly, for business and training sessions. These meetings follow the Open Meetings statute and anyone is welcome to attend to learn more about the committee or long term care issues in their county. Confidential issues will be discussed in a closed portion of the meeting.

What are the responsibilities of a Community Advisory Committee (CAC) member?

- Assists persons with concerns/ complaints regarding Residents' Rights issues in a long term care facility.
- Makes official quarterly visits and attends monthly or quarterly committee meetings.

- Serves as a nucleus for increased community involvement in long term care facilities.
- Promotes community education and awareness of needs of residents in long term care facilities.
- Keeps the public informed about operations of facilities in the county that they serve.
- Once orientation training is complete, CAC members spend an average of 8 hours per month fulfilling their duties.

SPECIFIC DUTIES INCLUDE:

- Completing a 15-hour training course established by the State Long Term Care Ombudsman within 3 months from the date of appointment.
- Attending at least 10 hours of in-service training per year (quarterly business meetings and annual training).
- Responding to referrals from the Ombudsman staff.
- Receiving and investigating complaints from residents, family members and staff, and documenting complaint information.
- Completing authorization forms before disclosing residents' names.
- Negotiating resolution of complaints with facility administrators.
- Reporting any serious problems immediately to the Ombudsman and/or appropriate governmental agency.
- Asking for technical assistance when unsure of how to proceed.
- Asking the Ombudsman staff to make collateral contact with other government agencies, including licensing divisions.
- Monitoring facilities in teams of three or more trained committee members on a quarterly or annual basis.
- Preparing visit reports and forward to the Ombudsman staff after each monitoring visit.
- Completing all required paperwork accurately and on time.
- Maintaining cooperative relationships with appropriate agencies, such as Adult Protective Services, Adult Home Specialist, Social Service 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 placement.
- Mobilizing volunteers for facilities (i.e. Promoting community involvement in facilities).
- Promoting communication, education, and awareness of issues affecting institutionalized older adults.
- Making contact with legislators or other public officials regarding advocacy issues.
- Maintaining confidentiality throughout all committee duties.