



# Ombudsman Associate Reporting Form for Nursing Homes & Assisted Living Facilities

•Investigating concerns •Connecting for choices •Advocating for better care

Volunteer Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

My Staff Ombudsman: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Time Spent in Facility: \_\_\_\_\_

Type of Facility (please circle): NH \_\_\_ RCF \_\_\_

Travel Time: \_\_\_\_\_

Documentation Time: \_\_\_\_\_

## Time Conversion Table

1-6 min = 0.1    13-18 min = 0.3    25-30 min = 0.5    37-42 min = 0.7    49-54 min = 0.9

7-12 min = 0.2    19-24 min = 0.4    31-36 min = 0.6    40-48 min = 0.6    56-60 min = 1.0

## Number of Residents at Meeting:

## Observations During Visit    Yes/No    Comments

Call lights within reach of resident and requests for assistance responded to appropriately? \_\_\_\_\_

Do the residents appear to be clean, well-groomed and dressed appropriately for the weather? \_\_\_\_\_

Is the interaction between staff and residents pleasant and respectful? \_\_\_\_\_

Is the facility clean, free from lingering unpleasant odors and comfortable temperature? Noise level comfortable? \_\_\_\_\_

Do residents have water readily available? How often are they replenished?

\_\_\_\_\_

Is the dining room atmosphere relaxed and pleasant?

\_\_\_\_\_

Do meals look appetizing? Are substitutes offered? Residents have assistance with meals as needed?

\_\_\_\_\_

Ombudsman sign, Resident Rights, staff posting and most recent ODH survey available?

\_\_\_\_\_

Changes in facility key staff, facility name, or other changes/additions?

\_\_\_\_\_

# Notes about your visit



BEFORE CONTINUING, PLEASE TAKE MOMENT TO DETERMINE IF THE COMPLAINTS YOU ARE ABOUT TO REPORT ARE **SIMPLE** OR **COMPLEX**.

- A **SIMPLE COMPLAINT** is an issue that you were able to resolve on the day of your visit.
- A **COMPLEX COMPLAINT** is an issue that requires follow up, is possibly systemic, or requires intervention from an Ombudsman Specialist. These will become cases.

ALL COMPLEX COMPLAINTS REQUIRE THE IMMEDIATE COMPLETION OF AN INTAKE FORM.

# Simple Complaint 1

Resident Name & Rm #:

Resident had concern about:

Resident's goal was:

Steps OA took to resolve  
problem:

Resolution was:

Was the resident satisfied  
with outcome?

Is follow up needed? If yes,  
when will you do so?

## Simple Complaint 2

Resident Name & Rm #:

Resident had concern about:

Resident's goal was:

Steps OA took to resolve  
problem:

Resolution was:

Was the resident satisfied  
with outcome?

Is follow up needed? If yes,  
when will you do so?

# Simple Complaint Blank

Resident Name & Rm #:

Resident had concern about:

Resident's goal was:

Steps OA took to resolve  
problem:

Resolution was:

Was the resident satisfied  
with outcome?

Is follow up needed? If yes,  
when will you do so?