



Ombudsman Associate Reporting Form for Residential Facilities Class 2

•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	43-48 min = 0.6	55-60 min = 1.0

Number of Residents at Meeting:

Observations During Visit	Yes/No	Comments
Are the residents free to wake and sleep, and come and go as they wish? Can they gain entrance after hours?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Do the residents appear to be clean, well-groomed and dressed appropriately for the weather?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Is the interaction between staff and residents pleasant and respectful?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Is the facility clean, free from lingering unpleasant odors and comfortable temperature? Noise level comfortable?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Are the grounds well maintained? Lawns mowed and walks free of snow/leaves/standing water?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Are varied foods available at meal and other times, including snacks and drinks? Do the residents like the food?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Are varied activities available/offered/provided for residents?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Are the medications kept in a secure area?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Do the residents have access to a telephone?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>



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?

EMAIL TO:

Please return completed form to LTCO office within 3 days of visit.

Email to VolunteerReports@ltco.org or mail in.

Form and mailing information at www.ltco.org

If you have any questions, please call immediately
216-696-2719 or 800-365-3112.