



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
 7-12min = 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
Call lights within reach of resident and requests for assistance responded to appropriately?	<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"/>
Do residents have water readily available? How often are they replenished?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Is the dining room atmosphere relaxed and pleasant?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Do meals look appetizing? Are substitutes offered? Residents have assistance with meals as needed?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Ombudsman sign, Resident Rights, staff posting and most recent ODH survey available?	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Changes in facility key staff, facility name, or other changes/additions?	<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.