



Ombudsman Associate Reporting Form for Nursing Homes and 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	43-48 min = 0.6	55-60 min = 1.0

Number of Residents Visited _____

Observations During Visit	Y/N	Comments:
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Call lights within reach of resident and requests for assistance responded to appropriately?	_____	_____
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Do the residents appear to be clean, well-groomed and dressed appropriately for the weather?	_____	_____
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Is the interaction between staff and residents pleasant and respectful?	_____	_____
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Is the facility clean, free from lingering unpleasant odors and comfortable temperature? Noise level comfortable?	_____	_____
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Do residents have water readily available? How often are they replenished?	_____	_____
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Is the dining room atmosphere relaxed and pleasant?	_____	_____
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Do meals look appetizing? Are substitutes offered? Residents have assistance with meals as needed?	_____	_____
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Ombudsman sign, Resident Rights, staff posting and most recent ODH survey available?	_____	_____
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Changes in facility key staff, facility name, or other changes/additions?	_____	_____
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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?



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

