



Ombudsman Associate Reporting Form for Residential Facilities Class 2 (Formerly Adult Care 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 Visited: _____

Observations During Visit	Y/N	Comments:
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Are the residents free to wake and sleep, and come and go as they wish? Can they gain entrance after hours?

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?

Are the grounds well maintained? Lawns mowed and walks free of snow/leaves/standing water?

Are varied foods available at meal and other times, including snacks and drinks? Do the residents like the food?

Are varied activities available/offered/provided for residents?

Are the medications kept in a secure area?

Do the residents have access to a telephone?



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

