



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
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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?

Email