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| **Quarterly Ombudsman Program Review** |
| **Activities** |

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| **Activities Completed During This Quarter** | | | | |
| **Activity Category** | **#** | **# Related To SNF** | **# Related To ALF** | **Total Activities** |
| Community Education provided by ombudsmen | N/A | N/A | N/A |  |
| Complaint Visits | N/A |  |  |  |
| Facility staff I&A | N/A |  |  |  |
| Facility Staff Training Session | \_\_\_ # Sessions  \_\_\_\_# People attending the session |  |  |  |
| Facility Survey Participation | N/A |  |  |  |
| Family Council Participation | \_\_\_\_# facilities the ombudsmen are assisting in development of a family council | ­\_\_\_# Participation in council meetings | \_\_\_# Participation in council meetings |  |
| I&A to individual | \_\_\_\_# Other than facility related |  |  |  |
| Resident Council Participation | \_\_\_\_# facilities the ombudsmen are assisting in the development of resident council | \_\_\_\_#  Participation  in council meetings | \_\_\_\_ # Participation in council meetings |  |
| Routine Access | \_\_\_# Routine facility visits completed  \_\_\_# Facilities in the AAA  \_\_\_# facilities not receiving a facility visit this quarter |  |  |  |
| **Trainings** presented to ombudsmen staff and volunteers | \_\_\_\_# Trainings  \_\_\_\_\_# Hours training to volunteer trainees |  |  |  |

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| Total number activities opened during this quarter | | | | |  |
| Number committees’ ombudsmen participated in during quarter | | | | |  |
| Number ombudsman staff | | | | |  |
| Number ombudsman volunteers (assistant ombudsman) | | | | |  |
| Number volunteers in training | | | | |  |
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| **Community Education** | | | | | |
| ***Training Topic*** | **Ombudsman Presenting** | **Entity Receiving Presentation** | **Date** | **# Trainees** | |
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| **Ombudsman Staff Management** | | |
| **Name Of Staff** | **Date Reviewed Documentation In RTZ** | **Date And Amount Of Time Provided Training To Staff** |
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| **Facilities Receiving No Routine Visit This Quarter** | |
| **Facility Name** | **Reason No Routine Visit** |
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Ombudsman Program Quarter \_\_\_\_\_\_

Date Provided To Director For Program Monitoring \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager