|  |
| --- |
| Ombudsman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Census: \_\_\_\_\_\_ # Consultation: \_\_\_\_\_\_ Mileage: \_\_\_\_\_ Staff Checked In With:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Memory Care: Yes \_\_\_ No \_\_\_# Families visited : \_\_\_\_ Family Council: Yes \_\_\_ NO \_\_\_ # Residents Visited: \_\_\_\_When is Resident Council (RC): Date \_\_\_\_\_\_ Time\_\_\_\_\_ RC President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time at Facility: \_\_\_\_ Travel Time: \_\_\_\_ Documentation Time: \_\_\_\_ |

**Concerns Observed by the local ombudsman during facility visit (other than formal complaints)**

**Concerns that continue to be unresolved (other than formal complaints)**

**Staff Response when ombudsman report concerns**

**Changes or updates of staff or within the facility environment**

1. Staff aware of the Ombudsman program ---who we are and what we do………………………………..
2. Current Ombudsman Poster visibly posted with correct contact information………………………….
3. Residents appropriately dressed for season……………………………………………………………………………..
4. Clothes clean and neat, Resident’s hygiene needs are met……………………………………………………….
5. Residents are restraint free………………………………………………………………………………………………………
6. Residents have private telephone access…………………………………………………………………………….……
7. Residents have water/beverages available and within residents’ access…..…………….…………….….
8. Resident rooms are comfortable and homelike…………………………………..…………………………………...
9. Residents and facility are safe**……………………………………………………………………………………………….**
10. Med carts are locked when unattended and no resident identifiable information apparent…….
11. Activity Calendar is posted, Residents have appropriate activities available…………………………….
12. Outside activities are available…………………………………………………………………………………………………
13. Staffing is posted and adequate to meet resident needs………………………………………………………….
14. Latest survey is available………………………………………………………………………………………………………….
15. Staff interacts with residents……………………………………………………………………………………………………
16. Call lights are answered within 15 minutes………………………………………………………………………………
17. Staff refers to resident by name and is respectful…………………………………………………………………….
18. Staff protects resident privacy………………………………………………………………………………………………….
19. Staff wears visible name badges (specific to SNF) …..………………………………………………………………
20. Meals correspond with menus, A variety of foods is available,Substitute meals are available..
21. Snacks are available and offered………………………………………………………………………………………………
22. Facility and grounds are clean and odor free……………………………………………………………………………
23. Facility rooms and common areas are a comfortable temperature………………………………………….
24. Acceptable sound and voice levels……………………………………………………………………………………………
25. Adequate lighting throughout facility……………………………………………………………………………………….
26. If smoking allowed, is designated area for residents……………………………………………………………….
27. Residents aware of Ombudsman program……………………………………………………………………………….