

# Long Term Care Ombudsman Program Report- Region 1

<b>Volunteer Name:</b>		<b>Name of Facility:</b>			
		<b>Type</b> (NH, RFC, RF2):			
<b>Round Trip Travel Time</b>		<b>I visit this Facility</b> (weekly, biweekly, monthly:			
<b>Visit Date</b>	<b>Visit Duration:</b>	<b>Reviewed any Information prior to visit?</b> (Y or N)			
<b>What information did you review?</b>					
<b>Time Spent Reviewing Information:</b>					
<b>Residents Visited</b> <i>Note: If resident is "over 75" then he/she is also "over 60" ( i.e. "over 60" will be a bigger number than "over 75")</i>					
<b>Total of Residents:</b>	<b>Male:</b>	<b>Female:</b>	<b>Under 60: If Applicable</b>	<b>Over 60: If Applicable</b>	
<b>Observations During Visit:</b>			<b>Observations:</b>		
Call lights within reach of resident & answered?					
Facility is clean & free from unpleasant odors?					
Staff cheerful & interact with residents?					
Residents have water readily available?					
Residents clean & well groomed?					
Dining room atmosphere is relaxed & pleasant?					
Meals look appetizing & smell good?					
Residents have assistance with meals as needed?					
Noise level comfortable/home like environment?					
Activities are posted, appropriate, & occurring?					

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Ombudsman sign, Rights, weekly menu & staffing posted? Where?	
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## Residents Visited:

Resident Name and Room Number:
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During our visit we talked about (what the resident said include capacity):
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Did the resident raise a concern and did they give you consent to take next steps (Y/N): <i>If yes, complete intake section.</i>
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I educated the resident on the role and scope of the Long-term Care Ombudsman Program; and left information pertaining to resident rights (Y/N):
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**Additional Comments:**