



Long-Term Care Facility Resident Assessment 2004 Hurricane Relief Effort

Charley Ivan
 Frances Jeanne

Ombudsman name _____

District name _____

Additional ombudsman follow-up is necessary

RESIDENT EVACUEE INFORMATION (see reverse)

Previous facility _____

City _____ County _____

Current Facility _____

City _____ County _____

Yes	No	N/A	Date ____/____/____
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			<ul style="list-style-type: none"> Does the facility have power? If not, do the residents have a source of light, i.e., lamps on a generator or handheld flashlights?
			<ul style="list-style-type: none"> Did the facility suffer any significant structural damage? If so, please indicate _____.
			<ul style="list-style-type: none"> Are high traffic areas, such as hallways, common areas, and doorways, clear of debris so residents may move freely throughout the facility?
			<ul style="list-style-type: none"> Did the facility receive evacuees from other facilities? If so, how long are the displaced residents scheduled stay at the new facility? _____
			<ul style="list-style-type: none"> Have plans been established to return or transfer residents elsewhere according to the displaced residents' and/or their legal representatives' wishes?
			<ul style="list-style-type: none"> According to displaced residents, do they have their personal belongings, i.e., clothing, toiletries, mementos, etc.?
			<ul style="list-style-type: none"> According to displaced residents, is the facility geographically accessible to their family and friends? If not, what arrangements are being made to accommodate them?
			<ul style="list-style-type: none"> According to all residents, are facility staff offering an adequate supply of water and ice? If not, does the facility need water and ice delivered?
			<ul style="list-style-type: none"> Is food available for residents, including all meals and snacks?
			<ul style="list-style-type: none"> Are residents' medications being distributed timely and accurately?
			<ul style="list-style-type: none"> According to the residents' responses, is there sufficient staff on all shifts to care for the residents?
			<ul style="list-style-type: none"> Is there anything additional the Long-Term Care Ombudsman Program can do to assist in any other area besides those outlined here?

Ask the facility for a list of evacuees and their originating or destined facilities. Please forward this information to the district coordinator for additional follow-up.

Staff interviewed _____

Position _____

See reverse for additional information

Resident Evacuee Information

Number of residents evacuated _____

Number of transferred residents to this facility _____

In the space provided, please indicate names of residents transferred/evacuated

Residents' names here

ANY Resident(s)' Concerns

List resident(s)' names

EVACUEE OR TRANSFERRED
Resident(s)' Concerns

Additional Information