

Monitoring Plan
October 5, 2010

<u>Facility</u>	<u>County</u>	<u>Regional Ombudsman</u>
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State Ombudsman will schedule one on site visit with the Regional Ombudsman for this facility by November 12, 2010.

The Regional Ombudsman will visit the facilities in her jurisdiction at least once each 45 days, unless complaints are received that cause earlier and/or more frequent visits with residents residing in the facilities.

The State Ombudsman will issue a letter for the Regional Ombudsman authorizing her to act as the Representative of the State Ombudsman in monitoring resident care and services in the facilities and acting on behalf of the interests of the residents.

The Regional Ombudsman and State Ombudsman will act in the defined capacity of a long term care resident advocate, visiting with individual residents to discuss issues of current concern to the resident(s) as well as discussing whether the resident's current needs are being met through care and services provided by the facility.

The Regional Ombudsman will contact the State Ombudsman to discuss any concerns, questions or to report sudden changes impacting resident care and safety.

Within the required 60 day time period the State Ombudsman will submit a formal report to the Bankruptcy Court in Wilson, N. C. The Regional Ombudsman will provide the information for this report. Each report from the Regional Ombudsman will include the number of residents and staff that were interviewed during the visits. Community Advisory Committee Members may accompany the Regional Ombudsman as deemed appropriate by the Regional Ombudsman.

Monitoring Guidelines

Note: Talk with as many individual residents as possible during each visit.

Keep conversations informal and conversational.

It is not your role to announce to residents either in a group or individually that you are there because of a bankruptcy proceeding. However, respond truthfully to any questions from residents or staff.

Facility Name: _____ County: _____

Number of Residents interviewed: _____ Today's Census: _____ Date: _____

1. **Staffing:**

Do you receive a response from staff in a reasonable time when you ask for assistance?

2. **Food Service:**

Are the servings adequate so that you feel full after each meal?

Do you ever ask for a second serving of a food you really like?

Are snacks available for you?

Is there anything you would like to see changed about the food and meal service?

3. **Medications:**

Are you receiving all your prescribed medications every day?

Is there anything about your medications that is concerning you?

4. **Dr. Visits:**

Have you been able to keep all scheduled medical appointments? If not, tell me about any problems you encountered.

Are you able to talk with your Dr. by telephone when you need to?

5. **Transportation:**

When you need it, is transportation arranged for you by the facility?

What kind of trips do they usually help you with?

6. **Daily ADL Assistance:**

Are you getting the hands-on help you need for dressing, walking, bathing, grooming, or personal hygiene?

Have you had any problems this week with your care?

Do the aides have needed supplies when they assist you with these activities, i.e. incontinent products, soap, towels, bath cloths, etc.

7. **Laundry:**

Are you receiving your clean clothing back from the laundry?

Is your laundry being done before you run out of clean clothes?

Have there been any recent problems with laundry services?

8. **Residents' Rights:**

Do you feel that your right to privacy and making choices is being respected by staff in this facility?

Do you receive your mail on time and unopened?

how do

When you want money from your personal needs account, you get it?

Who do you notify or ask when you want to withdraw some money from your account?

9. **Complaints:**

Do you have any concerns or complaints you would like assistance with today? (List the complaints and any actions taken internally by you to address).

Resident

Concern/Complaint: _____

Resident

Concern/Complaint: _____

Resident

Concern/Complaint: _____

Resident

Concern/Complaint: _____

(Use Back of this page for recording any additional information as needed)

Staff Interviews

Note: The facility manager or S.I.C. will have been informed about the bankruptcy proceedings. Other staff may not have been informed. It is not your role to “publish or broadcast” to all other staff that a bankruptcy proceeding is underway. However, respond truthfully to any questions related to the bankruptcy from staff.

Number of Staff interviewed: _____ **Number of Staff on duty this shift:** _____

Date: _____

Meet with the Supervisor-In-Charge, manager or owner to discuss any of the following issues as you deem to be appropriate:

1. Would you say staffing is stable at this time? No walk-offs, resignations, etc.
2. Are you currently maintaining facility contracts for food purchase/delivery, pharmacy services/delivery, laundry services, etc.?
3. Do you feel you are able to meet each of your residents needs at the present time?
4. Are there any concerns that you wish to share with me at this time?
5. With the resident's permission, discuss concerns that were brought to your attention during your visit today.