

## **ANNUAL ASSESSMENT PREPARATION CHECKLIST**

### **Have the Following Files Ready for Review:**

- 1) All volunteer monthly reports for current Fiscal Year
- 2) Ombudsman Volunteer Quarterly Activity Form (long sheet)
- 3) Monthly meeting agendas & sign-in sheets
- 4) Documentation of individual supervisory consultation of volunteers, including Supervisory visits to facilities
- 5) Dates of facility visits
- 6) Inservice Sign In Sheets
- 7) Letters offering public presentations and in-services
- 8) Documentation of public presentations
- 9) Documentation of media releases
- 10) Facility Complaint Files available for random selection for review.

### **Copies Needed:**

- 11) Training Agenda
- 12) Screening Tool
- 13) Facility visit form

### **Place List on the Assessment Form at the appropriate question.**

- 14) List of inservices (including date, location, topic)
- 15) List of public presentations (including date, location, topic)
- 16) List of media releases (including date, publication, and topic)

### **Original Signed Conflict of Interest Forms**

- 1.7) Conflict of interest assurance for Ombudsman Supervisor
- 18) Conflict of interest assurances for AAA Director and sponsoring agency.

ASSESSMENT OF:

Date:

STANDARD #1: The Area Agency on Aging is carrying out activities in support of the State administered Long-Term Care Ombudsman Program. (CFR 1321.91)

INDICATORS:

1) The AAA has on staff one or more Ombudsman Supervisor, according to staffing requirements provided by Office of the State LTC Ombudsman. Provide name(s) of staff.

<i>Ombudsman Name</i>	<i>Start Dates</i>

2) The Ombudsman Supervisor has recruited and screened volunteers for the Ombudsman Program. (**RECRUITED means anyone attending training**)

<i>List the number of Recruited Volunteers</i>	
<i>Provide number for NFs</i>	
<i>Provide number for RCFs</i>	
<i>Provide number for ALFs</i>	
<i>Provide total attending training</i>	

Describe methods used for screening and recruitment.

<b>Do you use screening tool?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please attach a copy.</b>
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3) The Ombudsman Supervisor has held at least one training session per quarter for new Ombudsman Volunteers, using training guidelines established by State Ombudsman staff. (Attach training agenda used.)

<i>List location and dates of each training, and number attending.</i>				
<b>First Day Date</b>	<b>Second Day Date</b>	<b>Location</b>	<b>Total # Attending</b>	<b>Number Certified</b>

ASSESSMENT OF:

Date:

- 4) The Ombudsman Supervisor has kept current records of the Ombudsman Volunteers' monthly activities, incorporated this data into quarterly reports to keep OSLTCO informed of program progress, and submitted the reports in a timely manner. (Requires review of all volunteer monthly reports.)
  
- 5) The Ombudsman Supervisor has promptly notified State Ombudsman staff of new volunteers and their placement for volunteer certification, and of volunteers who have withdrawn from the program for volunteer de-certification purposes. (Requires review for adherence to policy on de-certification and leave of absence.)
  
- 6) The Ombudsman Supervisor has actively supervised volunteers through monthly meetings and through individual consultation as needed. (Requires review of monthly meeting agendas, sign-in sheets, and documentation of individual consultation.)

Date Volunteer Meeting	Location of meetings	Number of Certified	Number Attending

- 7) The Ombudsman Supervisor has called on State staff for technical assistance, when needed, and for assistance with resolution or referral of complaints, and has investigated, attempted to resolve, and documented problems referred from State Ombudsman staff and other sources. (Requires review of Complaint and/or facility files.)
  
- 8) The Ombudsman Supervisor has participated in meetings of agencies, boards, or other organizations concerned with issues affecting long-term care facility residents in an advocacy role. (Senior Advocates, Alliance on Aging, Mental Health, Health Department, Councils on Aging, Department of Human Services County Adult Protective Services, etc.)

List Advocacy Meetings Attended	

ASSESSMENT OF:

Date:

- 9) The Ombudsman Supervisor has participated in job-related professional development/training by attending training sessions, workshops, and conferences related to long-term care issues. (Quarterly Ombudsman training, new Ombudsman training, State Conference on Aging, State Adult Protective Services Conference, National Citizens' Coalition for Nursing Home Reform Conference, etc.)

<u>List Job Related development/training</u>	

- 10) The Ombudsman Supervisor has disseminated information to the public, including information regarding the Ombudsman Program, issues affecting institutionalized older persons, i.e., advocacy issues, legislation, and information regarding the availability and selection of facilities and resources. Information has been disseminated through monthly media releases, public presentations, and assistance to individuals. (Requires review of documentation.)

Describe Assistance to individuals ( ex: telephone contacts, mailings, etc.)

<u>Media Releases</u>			
<u>Date</u>	<u>Type of Media</u>	<u>Number</u>	<u>Topic</u>
Ex: March 2002	All Area Newspapers	15	Residents Rights
Ex: April 2002	Radio Station-Ardmore	1	Local NH Issues
<u>Public Presentations</u>			
<u>Date</u>	<u>Location</u>	<u># Attending</u>	<u>Topic</u>

ASSESSMENT OF:

Date:

- 11) The Ombudsman Supervisor has visited long-term care facilities in the PSA and informed residents and residents' families about the Ombudsman Program's services and residents' rights. Ombudsman staff person has visited each NF, SNF, RCF, and ALF at least four times during the fiscal year. (Provide number of licensed beds in each category.)

<i>Facility Type</i>	<i>Number of Facilities</i>	<i>Number of Licensed LTC Beds</i>	<i>Number of Skilled Beds</i>
<i>NF's</i>			
<i>Hospital Based SNF's</i>			
<i>ALF</i>			
<i>RCF's</i>			
<i>*CCF's</i>		<i>NH</i> <i>ALF</i>	

\*If the Continuum of Care facility has both a NF and an ALF, count it as one facility, and note the # of beds in each part, under "# of Licensed LTC Beds." Example: One CCF may have "100 NF and 30 ALF Beds". (Do not also list these above under "Regular NFs" and "ALFs".)

Provide documentation that each facility has been visited at least four times:

- 12) The Ombudsman Supervisor has met with nursing home, residential care, and assisted living administrators and supervisory staff and offered information and referral, technical assistance, and training in areas of need which affect the residents. (Must offer staff inservices on Abuse Prevention, including Residents' Rights.) (Requires review of correspondence, sign-in sheets, or appropriate documentation.)

<i>Date of Inservice</i>	<i>Location of Inservice</i>	<i>Topic</i>

- 13) The Ombudsman Supervisor has encouraged linkages between community service resources and long-term care facility residents, and has made contact with legal services projects to coordinate services and/or make appropriate referrals. This includes providing AAA I & R Directories to facilities.

- 14) The Ombudsman is provided privacy for receipt and storage of confidential information, including privacy for telephone use and office consultation, locked files, and protection of itineraries.

ASSESSMENT OF:

- 15) The Ombudsman, Area Agency on Aging Director, and sponsoring agency are free from conflict of interest as required by statute and defined by this Part; and do not stand to gain financially through an action or potential action brought on behalf of residents the Ombudsman serves; and have signed current Conflict of Interest Assurances on file at the Office of the State Long-Term Care Ombudsman Office.