

## AFTER-HOURS CRISISLINE ERROR REPORTING FORM

This form is to be used to report errors from after-hours referrals made by the CRISISline answering service. Information gathered from this form will be used to monitor the quality of assistance provided by the answering service. The Office of the State Long-Term Care Ombudsman's (OSLTCO) goal is to assure, improve, and maintain accurate compliance with CRISISline procedures and processes, including but not limited to: 1) accuracy of referrals to the appropriate on-call local Ombudsman Program staff person, 2) appropriate referrals based on the caller's needs, facility type, and service population; and 3) consistent protection of confidentiality.

**Please fax your completed form to the  
OSLTCO at (916) 928-2503**

<b>PSA Number</b>	<b>Program Name</b>
-	
Date of Call    /    /	Time of Complaint Call to the CRISISline        :        a.m./p.m.

Type of Error (check all that apply)

Subject of call **does not** reside in a SNF, DP SNF, ICF, RCFE, or other facility within the LTC Ombudsman jurisdiction.

Subject of call **does not** reside within this PSA (or if in Los Angeles, within Region).

Subject of call **is not** a Stage 1 Emergency or Stage 2 Urgent :

- Stage 1 Emergency (an occurrence that imperils the life, health, and/or safety of a LTC resident). The subject of the call is a Stage 3 Non-emergency which can wait until the next business day.
- Stage 2 Urgent (an event that has not yet occurred but is imminent in which a LTC resident may be potentially harmed if the situation is not addressed prior to the next business day). The subject of the call is a Stage 3 Non-emergency which can wait until the next business day.

OTHER (please explain)

  
  

Comments:

\_\_\_\_\_  
Signature

/ /  
\_\_\_\_\_  
Date