

**CALIFORNIA DEPARTMENT OF AGING
OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN**

Plan for State Fiscal Year: _____

Program Name: _____

Program Coordinator: _____

FACILITY COVERAGE PLAN WORKSHEET

A. Facility Coverage Plan Analysis

1. Facility Profile

<u>Type of Facility</u>	<u>Number of Facilities</u>	<u>Number of Beds</u>
Skilled Nursing Facility (SNF)	_____	_____
Distinct Part (DP)	_____	_____
Intermediate Care Facility (ICF)	_____	_____
Residential Care Facility for the Elderly (RCFE)	_____	_____

Resources

- a) Number of certified Ombudsman volunteers _____
 - b) Number of Ombudsman paid staff (including part-time employees) _____
 - c) Number of Ombudsman volunteer hours spent on facility visits per month (includes travel, work related preparation, follow-up, and report writing) _____
 - d) Number of paid Ombudsman hours spent on facility visits per month (includes travel, work related preparation, follow-up, and report writing). _____
- Total Available Coverage Hours per Month (add "c" and "d") _____

2. Establishing Facility Coverage Plan

There are three levels used to establish the facility coverage plan. Plans are based first on the needs of residents in the facilities and depend on the number of facilities, certified ombudsman representatives, and resources. The following coverage guidelines are used to assess all long-term care facilities.

The recommended coverage is four visits per month (at least once a week) for:

Urgent Level:

Facilities with demonstrated poor practices
Facilities with history of poor annual survey results or licensing findings due to non-compliance between surveys
Facilities with frequent or extreme residents' rights violations
High staff turnover ratio

The recommended coverage is two visits per month for:

High Level:

Facilities licensed for more than 150 residents
Facilities that are observed to provide inconsistent quality care
Facilities with inconsistent annual survey results

The recommended coverage is one visit per month for:

Standard Level:

Facilities with demonstrated best practices
Facilities with positive annual survey results

3. Instructions to Complete Facility Coverage Plan Worksheet

- a. List the number of facilities in this Planning and Service Area (PSA) based on urgent, high and standard Levels as previously described.
- b. List total number of visits per month to each facility in all levels.
- c. List the total number of visits based on total available coverage hours.

<u>EXAMPLES:</u>	<u>SNFs</u> (Including DPs)	<u>RCFEs</u>	<u>ICFs</u>
a. Number of Urgent Level Facilities	100	50	25
b. Total Recommended Visits per month (4 x the number of facilities)	400	200	100
c. Total Planned Visits per month based on total available coverage hours	200	35	28

As each PSA varies in terms of population and staffing levels, it is probable that the anticipated number of visits per month will not reflect the recommended guidelines.

4. Facility Coverage Plan: Recommended and Planned Number of Visits

	<u>SNFs</u> (Including DPs)	<u>RCFEs</u>	<u>ICFs</u>
<u>Urgent Level</u>			
1. Total Number of Urgent Level Facilities	_____	_____	_____
2. Total Recommended Visits to Urgent Level Facilities per month	_____	_____	_____
<u>High Level</u>			
1. Total Number of High Level Facilities	_____	_____	_____
2. Total Recommended Visits to High Level Facilities per month	_____	_____	_____
<u>Standard Level</u>			
1. Total Number of Standard Level Facilities	_____	_____	_____
2. Total Recommended Visits to Standard Level Facilities per month	_____	_____	_____
OMBUDSMAN REPRESENTATIVE HOURS NEEDED:			
1. Total Recommended Visits (All Levels)			_____
2. Estimated Ombudsman Representatives hours to Achieve Recommended Visits			_____
3. Total Available Ombudsman Representative coverage			_____
4. Additional Number of Ombudsman Representatives Needed (Subtract Item 3 from Item 2 above)			_____