

As described below, there are a variety of activities that would constitute a routine access visit. You will often hear and follow up on complaints during routine access visits. When you address complaints during a visit you can document the visit as a “routine access visit” if activities other than complaint handling are conducted during the visit.

In addition to following your state program policies and procedures for visit requirements, you can utilize this checklist to ensure routine access visit activities are conducted.



Before Your Visit

Familiarize yourself with the facility by reviewing:

- Previous LTCOP activities (e.g., in-service training, attending a Resident Council meeting)
- Notes from the last visit
- Current and/or recent LTCOP cases
- The Ombudsman program’s experience with the facility during conversations with your supervisor
- The most recent annual survey report and regulatory agency complaint report

During Your Visit

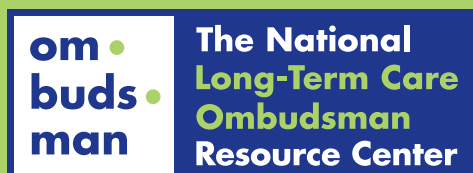
- Upon arrival announce your visit by signing the visit log [if visiting a specific resident(s), do not include their name(s)] and/or speaking with your facility contact. If it is your first visit, introduce yourself to facility leadership.
- Ask for a list of resident names and room numbers (may be called a resident census or room roster). Obtaining this list helps you find residents quicker than reading names on residents’ doors and can assist you in keeping track of which residents you have visited.
- Determine which residents are new since your last visit so you can introduce yourself and share information about the Ombudsman program.
- Visit with residents on different halls and floors.
- Introduce yourself to family, friends, and other visitors and explain the role of the Ombudsman program.
- Check for placement of Ombudsman program posters.
- Speak with the Resident Council President and/or Leadership.
- Share your business card and/or program outreach materials with residents, family members, and others.

Routine access visits are critical to ensuring regular and timely resident access to Long-Term Care Ombudsman program (LTCOP) services.

Visiting on a regular basis helps residents and Ombudsman program representatives get to know each other and build resident trust so they feel comfortable sharing their concerns.

The National Ombudsman Reporting System (NORS) defines *routine access* as a facility visited, not in response to a complaint, in all four quarters of the reporting period (federal fiscal year) by representatives of the Office.*

*NORS Table 3: State Program Information.
https://ltcombudsman.org/uploads/files/support/NORS_Table_3_Program_Information_10-31-2024.pdf



Visit the NORC website, ltcombudsman.org, for additional resources and information for Ombudsman program management and advocacy.

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What is a Routine Access Visit?

Making the Most of Your Facility Visits



Observation

Observation involves using all senses to understand, evaluate, and obtain information during facility visits and complaint intake, investigation, and resolution. During your visit, use your senses to observe the following.



Sight

Environment

- Does the facility look like an institution or a home?
- Are call lights blinking or on for extended periods of time?
- Are staff talking or texting on their phones while on duty?
- Is equipment broken? Are there hazardous areas accessible to residents?
- Are Ombudsman program posters displayed in areas and positions easily accessible to residents?
- Do residents have access to outside space?
- Do staff smile at residents?
- Do staff wear name badges?
- Can residents easily navigate through hallways and common areas?
- Does the food look appetizing?

Resident Rooms

- Are residents' rooms furnished with their own belongings?
- Do residents have access to their water pitcher and cup?
- Are food trays left out with uneaten or spoiled products?
- Is trash overflowing?

Resident Appearance

- Are residents groomed?
- Do residents have clean hair, faces, hands, and fingernails?
- Are residents dressed as they want to be for the time of day, temperature, and season?
- Are they in clothes that fit?
- Are their clothes stained or do they have food particles on them?
- Are residents wearing hospital gowns?
- Are residents covered for privacy?

Resident Activities

- Is the activities calendar posted and followed?
- Is the menu posted and followed?
- Are residents participating in group activities?
- Are any residents doing independent activities?
- Are all or many residents in bed?
- Are several residents sleeping in their wheelchairs?
- Are many residents "parked" near the nurses' station?



Sound

- Is music throughout the building too loud or too soft?
- Is the music selection based on residents' or staff preference?
- Does the intercom system disturb residents?
- Is personal information being shared broadly (e.g., you hear "Mrs. Smith needs help in the bathroom" over the intercom)?
- Are residents yelling out without staff response?
- Do staff knock on residents' doors and get permission to enter their room?
- Do staff call residents by their name?
- Do staff talk pleasantly and respectfully with residents?
- Are staff speaking to residents in a loud, demanding voice or in a dismissive manner?
- Are staff talking to each other, but ignoring residents?
- Are staff discussing or complaining about residents in front of others?



Smell

- Is there a strong urine, feces, disinfectant, or chemical odor?
- Do residents smell unclean?
- Does the food smell appetizing?
- Are air fresheners or other scents used to mask unpleasant odors?



Feel

- Is the building or are the rooms too hot or too cold for residents?
- Are the floors slippery or sticky?
- Are the chairs or tables sticky or gritty?

Warning Signs and Red Flags of Potential Abuse, Neglect, and/or Exploitation

It is important to be aware of warning signs and red flags of potential abuse, neglect, and/or exploitation. If you observe any warning signs or red flags, follow your program's policies and procedures and the Ombudsman program complaint-handling process, including whether and how to report. Always remember that consent is needed.

Warning Signs

- Facility appears understaffed (e.g., call lights not answered promptly or turned off without care being provided).
- Residents' rights are not respected (e.g., no choices in daily routine).
- Quality of food declines (e.g., fewer meal options, less food served).
- High staff turnover, staff not familiar with residents.
- Residents appear bored, less active, not engaged with others or activities.
- Residents and/or family members say concerns have not been resolved.
- Facility is uncomfortable (e.g., not clean, has an odor, too cold/hot, too noisy).
- Medication errors.
- Frequent lack of supplies and broken equipment.

Red Flags

- Significant, sudden change in resident behavior (e.g., withdrawn, fearful, lack of appetite).
- Dramatic physical changes (e.g., weight loss, decline in mobility).
- Unexplained injuries (e.g., bruising).
- Residents are physically restrained and/or appear to be overmedicated (e.g., slumped in wheelchairs).
- Severe lack of staff (e.g., long delays or no response to call lights, frequent falls, lack of assistance to use the restroom).
- Residents appear unclean, have odors.
- Staff disregard residents and their rights.
- Complaints are ignored.
- Missing personal items or funds.