REMARKED: Throughout these training materials “Ombudsman” is used as a generic term that may mean the state Ombudsman, a representative of the Office, or the Ombudsman program. Use the NORS tables developed by the Administration for Community Living/Administration on Aging with these training materials when indicated (Table 1: NORS Case and complaint codes, values and definitions; Table 2: NORS Complaint codes and definitions; and Table 3 State Program Information, OMB Control Number 0985-0005, updated 10/1/21, expiration date 10/31/24). The NORS codes and definitions used in these materials are taken from the ACL tables 1-3 and are not to be modified.

TIPS
When reviewing each scenario below, remember:

- A case must have one or more complaints brought to or initiated by the Ombudsman program.
  - The complaints must be made by or on behalf of one or more residents and the complaint(s) must be related to the health, safety, welfare, or rights of the residents.
  - Each complaint requires Ombudsman program investigation and resolution on behalf of one or more residents of a long-term care facility. States that have expanded their Ombudsman program services to other settings may choose to report complaints as “other setting.”

- Providing information and/or assistance to access services does not equal opening a case and working to resolve a complaint. Count Information and Assistance as an activity. See the “Basic Principles” for more information.

- Use NORS Table 1: NORS Parts A, B, and C – Case and complaint codes, values and definitions, as you answer the quiz questions.

DIRECTIONS: For each scenario, indicate the following:

- Is it a case or an information and assistance?
  - If it is a case,
    - how many complaints are there?
    - who is the complainant?

For purposes of this training, assume that the resident gives consent to investigate if not otherwise indicated.
SCENARIOS FOR RESPONSE

Answers are in bold following the quiz scenarios.

1. A woman calls asking for information on care planning and how to select a nursing facility for her mother. She discusses specific concerns regarding care. The Ombudsman spends an hour talking with the woman and sends additional follow-up information.

   It is one information and assistance to an individual.

2. You visit Mrs. Jones, who tells you they are still bringing her pureed food, even though her doctor said she could start eating regular food. You notice her call bell is broken. She indicates she would appreciate your assistance in resolving these problems. You speak to the Director of Nursing (DON) about the call bell, and she promptly fixes the bell. You attempt to talk to the dietician about the pureed food, but she is not available until the next morning. You leave Mrs. Jones but tell her that you will check back with the dietician and will follow-up with her on the results and to ensure that the call bell is still functional.

   It is a case with two complaints. The complainant is Mrs. Jones, the resident. Although you noticed the call bell, Mrs. Jones gave consent for you to work to get the call bell fixed. Therefore, Mrs. Jones is the complainant because there can be only one complainant for each case.

   Is the call bell a complaint or a request? There is a difference between an Ombudsman responding to a concern and an Ombudsman facilitating communication between the resident and the staff. If the Ombudsman is simply the messenger, as in “Would you ask someone to get me some water?” or "Could you tell the aide I'd like to go the dining room now?" then it is not a complaint. Relaying the message does not require investigation, a plan for resolution, and follow-up. However, in this instance, there is a problem which requires action, resolution, and follow-up so it is a complaint. The Ombudsman is doing more than just relaying a message.

   TRAINING TIP: Discuss that the case cannot be closed until both complaints are resolved.

3. A certified nurse assistant (CNA) approaches you about the new Director of Nursing (DON). She says that the DON does not listen to staff and is very patronizing when she gives instructions. The staff do not like working with her, several of them are looking for jobs somewhere else. She asks you to intervene with management on behalf of the staff.

   This is not a case, and you should not intervene, because the concern is not made by or on behalf of a resident or residents. If you provide information or suggestions, you may count it as an information and assistance to a facility staff person.

   TRAINING TIPS: You could discuss how such a situation could affect residents and that if residents’ care or quality of life are affected, it could be a case.

   Discuss appropriate responses an Ombudsman could make to the CNA.
4. You receive five notices of discharge from four different nursing facilities. The nursing facilities are complying with the federal requirement to send copies of these notices to the Ombudsman program.

Receipt of these notices is neither a case(s) nor an information and assistance. The nursing facilities are not acting as a complainant and reporting a complaint on behalf of a resident seeking Ombudsman program assistance, rather they are passing along a copy of a notice to your program per federal requirements. The Ombudsman program is not actively involved in investigating and working to resolve the discharges and no one has asked for assistance.

TRAINING TIPS:
- If you follow-up with the resident identified in the notice (and/or their representative, when appropriate) and provide information about residents’ rights, facility responsibilities, and their right to appeal the discharge, but the resident (or their representative) **does not** want your assistance to address it as a complaint, you would document that interaction as an instance of information and assistance.

- If you follow-up with the resident identified in the notice (and/or their representative, when appropriate) and the resident (or their representative) **wants your assistance** to address the discharge and proceed with complaint investigation, you would **open a case with a complaint** and document your work related to that case accordingly.

5. Mrs. Oliver asks you to help her obtain the medical records for her mother, who lives in a nursing facility. Mrs. Oliver asked the facility for the records seven days ago and the facility has not responded. She is her mother’s health care durable power of attorney and responsible party.

This may be a case, with one complaint, or it may not be a case. The difference depends upon how Mrs. Oliver wants you to help.

If you conduct an investigation and work to help Mrs. Oliver obtain her mother’s medical records, it is a case. The complainant is Mrs. Oliver, the daughter and resident representative.

If you provide information on the process to access resident records to help Mrs. Oliver, it is an information and assistance.

6. A facility staff person tells you that Mrs. Smith’s son, who has power of attorney for his mother, is verbally abusing Mrs. Smith, using her income for his own purposes, and has not paid her bill for three months. The staff person requests your involvement in resolving the non-payment issue.

It is a case. There are two complaints with facility staff as the complainant. If the resident is at risk of discharge for nonpayment, then you can add a third complaint.

7. Mr. Jones calls the Ombudsman program, complaining that his mother has a black eye and the facility can give no explanation for it. He asks you to check on her and cautions you that his mother has Alzheimer’s and does not remember things accurately. You visit his mother and
notice light bruises on her face and arms but cannot verify that she had a black eye.

It is a case, and there is one complaint. The Ombudsman initiates a complaint investigation, determines if the complaint can be verified, and works to resolve the complaint whether the complaint can be verified or not. The complainant is Mr. Jones, the son, because he is concerned about her black eye and asked you to check on his mother.

8. During a facility visit, two residents tell you that they would like to have water available but no one brings it when they ask. They are afraid to ask again and say that it must be an oversight because staff are always rushed. They do not want to complain any more. As you continue your visit, you notice that several other residents who cannot get out of bed do not have water at their bedside tables. Some of the residents cannot communicate with you. You do not see any staff filling containers or distributing water while you are visiting.

This is a case with one complaint. The Ombudsman program is the complainant. You observed numerous residents who are affected by the problem that two residents discussed with you but did not give you permission to resolve.

9. Mr. Brown’s daughter and guardian, Alice, calls the Ombudsman program, concerned that her father is eating all his meals in his room, instead of in the dining room. You visit Mr. Brown, who seems despondent and is unable to express his wishes. You speak with the Director of Nursing (DON) about Alice’s concern; the DON says staff should be taking Mr. Brown to the dining room and that she will discuss the problem with two new nursing assistants and will put a note in Mr. Brown’s chart. The following week you call Alice, who tells you the nursing assistants are taking her father to the dining room now and he appears much happier.

It is a case. There is one complaint made by Alice, the daughter and resident representative.

10. Ms. Miller, a resident of Sunny Valley Assisted Living Facility, stops you in the hall and tells you she has a problem: her son, who lives at home, has just lost his Medicaid benefits and she is concerned he won’t be able to pay for his medication. As she rolls away in her wheelchair, you notice that the wheelchair keeps veering to the left and hitting the wall. You ask if she would like your assistance in getting it fixed, or in getting a new chair. She replies, “Yes.”

It is a case, with one complaint, the wheelchair wheel. Ms. Miller, the resident, is the complainant. Once the Ombudsman brings a problem to the resident’s attention and the resident acknowledges the problem and gives permission to resolve it, the resident becomes the complainant.

If you tell her how her son can appeal the Medicaid determination, you could document that as an information and assistance to an individual.

11. A facility administrator calls you to complain that the volunteer Ombudsman assigned to his home is not doing her job. He explains that he informed her about a problem the facility was having with a resident’s behavior, but she refused to address the facility’s concern. Instead, she visited privately with the resident and refused to tell the administrator or the corporation’s lawyer about her visit.
It is not a case because the concern was not made by or on behalf of the resident. If you provide information to the administrator on the role of the Ombudsman, count this as an information and assistance.

12. Mrs. Lee’s daughter called you to complain that her mother would like to take a bath more often than once a week. On December 15th you go to Hilltop Haven to visit Mrs. Lee. On your way to Mrs. Lee's room you notice that there is dirty laundry on the floor in the hall and that the hall is dark because several lights are not working. When you visit Mrs. Lee, she says that she wants to be bathed more often than once a week.

After you visit Mrs. Lee, you drop by to see Mrs. James. She tells you that they stopped her physical therapy (PT) and she does not know why. She complains that the sliding track for the privacy curtain is broken, so it does not close all the way. You investigate both complaints. You resolve and close the PT complaint within the week. You learn that the facility has tried to order a new track, but it’s on back order. You keep the complaint open until the new track is installed. You go back to visit Mrs. James in January. She tells you that they are installing the track the next day. She also tells you that she just received a notice from the facility saying that she will have to switch to the facility pharmacy even though it may cost more than the pharmacy she has been using for the past three years. You tell her you'll check into it for her.

How many cases do you open? (Identify each case by the complainant and the number of complaints.)

Answer: Open three cases.

Mrs. Lee’s daughter – 1 complaint
Though you visited the resident and followed her direction, Mrs. Lee’s daughter initiated the complaint. Therefore, the daughter is the complainant.

Ombudsman program– 2 complaints
The Ombudsman program can be the complainant when the Ombudsman identifies a problem that affects numerous residents and can address the complaint without disclosing the identity of residents, such as a general environmental concern.

Mrs. James, resident – 3 complaints
It is possible that Mrs. James’s pharmacy complaint could be a separate case/complaint. Whether you open one or two cases for Mrs. James would depend on your state’s policy and the amount of time between her complaints. For example, if she had one or more complaints in December and January and all the complaints were resolved in February, you would close the case in February. If she then brought one or more complaints forward in March, you would open a new case. However, in the case cited, it is both a judgement call and a state policy decision.

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