



The National **Long-Term Care**
Ombudsman Resource Center

MODULE SIX

Facility Visits

TRAINEE MANUAL

January 2022

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Section 1:

Welcome and Introduction

Welcome

Welcome to Module 6 of certification training, **Facility Visits**. Thank you for being here to learn more about the Long-Term Care Ombudsman program and the certification process.

Module 6 Agenda

- Section 1: Welcome and Introduction
- Section 2: Ombudsman Program Advocacy
- Section 3: Conducting a Facility Visit
- Section 4: Conclusion

Module 6 Learning Objectives

After completion of Module 6 you will understand:

- The dos and don'ts of advocacy
- How to prepare for, and conduct, a facility visit

Module 6 Key Words and Terms

The key words and terms are defined as they are specifically applied to the Ombudsman program and are found throughout this Module. Take a moment to familiarize yourself with this important information.

Complainant – An individual who requests Ombudsman program complaint investigation services regarding one or more complaints made by, or on behalf of, residents.¹

Complaint – An expression of dissatisfaction or concern brought to, or initiated by, the Ombudsman program which requires Ombudsman program investigation and resolution on behalf of one or more residents of a long-term care facility.²

Complaint Visit – An Ombudsman program visit to a facility in response to a complaint during which only complaint-related activities are conducted.

Confidentiality – Federal and state laws mandate that the Long-Term Care Ombudsman program keep all identifying information about a resident and a complainant private, within the Ombudsman program.

¹ https://ltombudsman.org/omb_support/nors

² CA-04 Table 1: Part B - Complaint Data Components
https://ltombudsman.org/uploads/files/support/NORS_Table_2_Complaint_Code_10-31-2024.pdf

Long-Term Care Ombudsman Programs Final Rule (LTCOP Rule) – The Federal Rule that governs the Long-Term Care Ombudsman program (45 CFR Part 1324).³

National Ombudsman Reporting System (NORS) – The uniform data collection and reporting system required for use by all State Long-Term Care Ombudsman programs.

Office of the State Long-Term Care Ombudsman (Office, OSLTCO) – As used in sections 711 and 712 of the Act, means the organizational unit in a State or territory which is headed by a State Long-Term Care Ombudsman.⁴

Ombudsman – A Swedish word meaning agent, representative, or someone who speaks on behalf of another. For the purposes of this manual, the word “Ombudsman” means the State Long-Term Care Ombudsman.

Representatives of the Office of the State Long-Term Care Ombudsman (Representatives) – As used in sections 711 and 712 of the Act, means the employees or volunteers designated by the Ombudsman to fulfill the duties set forth in §1324.19(a), whether personnel supervision is provided by the Ombudsman or his or her designees or by an agency hosting a local Ombudsman entity designated by the Ombudsman pursuant to section 712(a)(5) of the Act.⁵

Routine Access Visit (Routine Visit) – A representative’s visit to a facility to conduct activities that promote regular and timely access to the LTCOP and as determined in the state program’s policies and procedures (e.g., visit with multiple residents, share information about the Ombudsman program, observe activities in the facility).⁶

State Long-Term Care Ombudsman (Ombudsman, State Ombudsman) – As used in sections 711 and 712 of the Act, means the individual who heads the Office and is responsible personally, or through representatives of the Office, to fulfill the functions, responsibilities, and duties set forth in §1324.13 and §1324.19.

State Long-Term Care Ombudsman Program (Long-Term Care Ombudsman program, the program, LTCOP) – As used in sections 711 and 712 of the Act, means the program through which the functions and duties of the Office are carried out, consisting of the Ombudsman, the Office headed by the Ombudsman, and the representatives of the Office.⁷

³ <https://www.govinfo.gov/content/pkg/CFR-2017-title45-vol4/xml/CFR-2017-title45-vol4-part1324.xml>

⁴ 45 CFR Part 1324 Subpart A §1324.1 Definitions

⁵ 45 CFR Part 1324 Subpart A §1324.1 Definitions Long-Term Care Ombudsman Programs Final Rule

⁶ National Ombudsman Reporting System (NORS) Table 3

https://ltcombudsman.org/uploads/files/support/NORS_Table_3_Program_Information_10-31-2024.pdf

⁷ 45 CFR Part 1324 Subpart A § 1324.1 Definitions Long-Term Care Ombudsman Programs Final Rule

State Long-Term Care Ombudsman Programs Rule (LTCOP Rule) – The Federal Rule that governs the Long-Term Care Ombudsman program (45 CFR Part 1324).⁸

Subsection Symbol (§) – The subsection symbol is used to signify an individual numeric statute or regulation (rule).

⁸ <https://www.govinfo.gov/content/pkg/CFR-2017-title45-vol4/xml/CFR-2017-title45-vol4-part1324.xml>

Section 2:

Ombudsman Program Advocacy

Long-Term Care Ombudsman Program Advocacy

As mentioned throughout the training, the role of a representative is to be the resident's advocate. The word **advocate** is defined in Module 1 as, *an individual who works on behalf of another individual or group of individuals through an action taken on behalf of an individual or a group of individuals. An advocate does not represent their own views but amplifies those of the person or persons they are supporting.* As an advocate, you are often working with individuals during difficult times. They may feel scared, distrustful, and unsure of you and/or the process towards resolution. Establishing a professional relationship with everyone involved increases the likelihood of successful advocacy.

The following charts explain some dos and don'ts of Long-Term Care Ombudsman program (LTCOP) advocacy. There is no need to memorize them all; at some point they will become intuitive, or second nature.

Long-Term Care Ombudsman Program Advocacy Dos

1. Speak with the resident in a quiet, private area
2. Communicate in a way the other person can understand
3. Explain your role as a resident-directed advocate
4. Be respectful, considerate, and professional
5. Be clear and succinct
6. Be objective
7. Be accurate and honest
8. Be mindful that the resident may tire easily, have a short attention span, or become confused
9. Empower residents to be involved
10. Explain all possible options and outcomes
11. Be patient, persistent, and thorough when seeking answers
12. Convey the resident's wishes from their point of view
13. Work with the resident, staff, and administration as appropriate to resolve problems
14. Verify information received
15. Utilize as many sources of information as possible
16. Keep accurate records as required by the LTCOP

17. Maintain confidentiality
18. Follow all state and federal requirements for the Ombudsman program

Long-Term Care Ombudsman Program Advocacy Don'ts

1. Provide any care or physical assistance (e.g., don't push resident's wheelchair, help them transfer, assist with eating, etc.)
2. Give the resident anything other than program-related materials or resources (e.g., do not give food, drinks, medication, tobacco products, gifts, etc.)
3. Treat the resident as a child (They have a lifetime of experience)
4. Diagnose or prescribe for a resident
5. Portray yourself as a surveyor or inspector
6. Make promises
7. Use abbreviations, acronyms, or slang
8. Engage in arguments
9. Voice criticism of any resident or the facility
10. Provide business or legal advice

Section 3:

Facility Visits

Preparing for a Facility Visit

Spending at least 10 hours in the field, which may include structured tours and shadowing with an experienced representative of the Office; meeting with resident councils; etc., is a minimum requirement of the certification process. Once designated, you will be able to independently visit long-term care facilities. Now that you understand the role of the Ombudsman program and residents' rights, you can prepare for your first visit to a facility with an experienced representative.

Types of Facility Visits

There are two types of facility visits: *routine access visits* and *complaint visits*. To determine if a visit is a routine access visit or a complaint visit, consider the actions taken during the visit.⁹ Regardless of the type of visit, all facility visits need to be documented (documentation is covered in more detail in Module 10).

Routine Access Visit (Routine Visit)

Representatives are required to conduct routine visits that promote regular and timely access. 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.¹⁰ However, the frequency of visits is determined by your state's policies and procedures. When you conduct activities in a facility, such as visit with multiple residents, share information about the Ombudsman program, and/or observe activities in the facility all may be considered part of a routine access visit. Complaints may also be addressed during routine access visits if other program required activities are conducted as well. In fact, you will often hear and follow up on complaints during routine access visits.

Complaint Visit

When you visit the facility in response to a complaint and only conduct complaint-related activities, it is a complaint visit.

Before Your Visit

Many residents have weak immune systems so common illnesses may be a serious concern. Residents live in close quarters, and it is not uncommon for infections to travel from one resident to another. In addition to information discussed in this module, make sure to follow your program's policies and procedures regarding conducting visits safely, especially during potential exposure to communicable diseases such as COVID-19, influenza (flu), or gastroenteritis (stomach flu).

⁹National Long-Term Care Ombudsman Resource Center NORS Frequently Asked Questions (FAQs) https://ltombudsman.org/omb_support/nors/nors-faqs

¹⁰ NORS Table 3: State Program Information. https://ltombudsman.org/uploads/files/support/NORS_Table_3_Program_Information_10-31-2024.pdf



Learn more about [Coronavirus Prevention in LTC Facilities: Information for Long-Term Care Ombudsman Programs](https://ltcombudsman.org/omb_support/COVID-19).¹¹

Familiarize yourself with the facility by reviewing:

- Previous LTCOP activities
- 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/licensing or certification inspections and any regulatory agency complaint reports

To protect yourself and residents **do not visit** a facility if you think you are coming down with a cold, the flu, or another contagious illness.

Supervisors may be able to provide insight into facility staff and indicate their willingness to work with the LTCOP, as well as identify residents who are willing to share current information about their experiences.

Gather Ombudsman program brochures, business cards, posters, and consumer education information to hand out during your visits. Don't forget to include materials you need for taking notes during or after the visit.

During Your Visit

If it is your first visit in the facility, introduce yourself to the administrator, manager, and/or other administrative staff. If this is not your first visit and you have an established contact person, check in with them.

To maintain a professional relationship with staff, upon arrival it is important to announce your visit by notifying a staff member of your arrival, signing the visitor log, etc. If the facility requires all guests to sign in, you may do so, but do not indicate who you plan to visit.

Wear your identification badge or keep it with you at all times and follow your program's policies and procedures. Ask for a list of resident names and room numbers (may be called a room roster or resident census). Obtaining this list allows you to find residents without spending a lot of time reading names on residents' doors and can help you keep track of which residents you have visited. As discussed in Modules 4 and 5, facilities are required to provide the LTCOP with this information.

Other activities during a visit may include:

- Determining which residents are new since your last visit so you can introduce yourself and share information about the program

¹¹ The National Long-Term Care Ombudsman Resource Center *Coronavirus Prevention in LTC Facilities: Information for Long-Term Care Ombudsman Programs* https://ltcombudsman.org/omb_support/COVID-19

- Asking staff which residents require special resources to facilitate communication
- Visiting with residents on different halls and floors
- Speaking with all residents in small residential care communities
- Visiting with Resident Council members
- Introducing yourself to family, friends, and other visitors and explain the role of the Ombudsman program
- Following-up on open complaints
- Investigating new complaints received during the visit, as necessary and with resident consent
- Checking for placement of Ombudsman program posters
- Documenting your actions per program requirements

Approach and Introductions

During visits you will talk with residents with whom you have an established relationship and residents you do not know. You may meet residents in common areas or in their rooms. Before going into any resident's room, you must knock and receive their permission to enter. Always remember the resident's room is their home and should be respected as such.

You knock on a resident's door; how do you ask for permission to enter?

Once you've approached a resident, or entered their room with permission, begin with an introduction that includes a clear explanation of who you are and why you are visiting.

How you approach a resident you have never met before and introduce yourself and the Ombudsman program is the first impression the resident will have of you and the LTCOP.

When approaching a resident:

- Assume they can understand
- Approach from the front
- Have the person's attention
- Smile and use a friendly voice
- Respect their personal space
- Be eye level when possible

Always knock and receive permission before entering a resident's room.

How do you start a conversation with a resident you have never met?

Think about how you would describe why you are visiting.

Think about how you would describe the program.

To prepare for introducing yourself and the Ombudsman program to others, consider developing an elevator pitch. An elevator pitch is a brief explanation that is simple and to

the point, lasting about 20-30 seconds. Ask other representatives and/or your supervisor for their elevator pitch to help you determine what kinds of statements work for you.

Observation

Observation is an important tool used when investigating complaints. Observation involves using all senses to understand, evaluate, and obtain information during facility visits and complaint intake, investigation, and resolution. Observation begins as you enter the facility. Take in the environment by using your senses to identify resident experiences and treatment.

How do you interpret your observations?



Watch the video [Monkey Business Illusion](#)¹² and consider the questions and comments mentioned in the video.

As you make observations during facility visits consider:

- Approaching with an open mind
- Being impartial and dismissing preconceived notions to avoid misinterpretations
- Using federal and/or state regulations to help you understand the responsibilities of the facility and residents' rights
- Documenting your observations as soon as possible for an accurate description of the facility visit

Figure 2¹³

Sight	Facility Environment
	<ul style="list-style-type: none"> • 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?

¹² Monkey Business Illusion by Daniel J. Simons https://www.youtube.com/watch?v=IGQmdoK_ZfY

¹³ Adapted from Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum. The Problem-Solving Process: Investigation. Table 9 Guide to sensory observations in a long-term care facility. NORC. <https://ltombudsman.org/uploads/files/support/Local-Investigation-Curri-cResource-Material.pdf>

	<p>Resident Rooms</p> <ul style="list-style-type: none"> • 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? <p>Resident Appearance</p> <ul style="list-style-type: none"> • 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? <p>Resident Activities</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 cold for residents?
- Are the floors slippery or sticky?
- Are the chairs or tables sticky or gritty?

There are times when visiting a facility, you may observe issues of concern which don't require a resident to initiate, such as urine odor or a broken handrail in the hallway. In such instances, you can address these issues with staff directly, because there is no breach of resident identity.



Watch the [Anne Walker Video #1](#)¹⁴ and answer the following questions.

1. What did Gloria observe as she entered the building?
2. What did Gloria do and not do when notifying the facility staff of her arrival?
3. Name three things the representative's investigation should be.
4. Representatives collect information during an investigation through what three main actions?
5. To protect the integrity of the program, what must you always do?

Ending Your Visit

When departing the facility let your facility contact person know you are leaving, and/or sign out. If you have observed any concerns that are not resident-specific, you may want to share them at this time. If you have resident-initiated complaints and have permission from the resident to discuss their concerns with staff, make all attempts to do so prior to leaving the facility.

After Your Visit

Per program policies and procedures, immediately document all your activities. Review your notes and follow up on any complaints received during the visit and seek assistance from your supervisor if needed.

¹⁴ This video series was developed by the Texas Department of Aging and Disability Services in coordination with the Texas Long-Term Care Ombudsman Program. Questions are from both the Long-Term Care Ombudsman Casework: Advocacy and Communication Skills Trainer Guide (https://ltcombudsman.org/uploads/files/support/Texas_Video-Trainee_Doc-Answers-FINAL.pdf) and the Illinois State Long-Term Care Ombudsman Program Level 1 Training manual.

Section 4:

Conclusion

Module 6 Questions

1. Which of the following statements are not included in the definition of “advocate?”
 - a. An individual who works on behalf of another individual or group of individuals
 - b. An action taken on behalf of an individual or a group of individuals
 - c. Someone who represents their own views
 - d. Someone who amplifies the view of the person or persons they are supporting

2. Which of the following are “advocacy dos?”
 - a. Convey the resident's wishes from their point of view
 - b. Work with the resident, staff, and administration as appropriate to resolve problems
 - c. Portray yourself as a surveyor or inspector
 - d. Make promises
 - e. Voice criticism of any resident or the facility
 - f. Be respectful, considerate, and professional

3. What are the two types of facility visits conducted by the LTCOP?

4. What are some things you can do to prepare for a facility visit?

Module 6 Additional Resources

COVID-19

- Coronavirus Prevention in LTC Facilities: Information for Long-Term Care Ombudsman Programs https://ltcombudsman.org/omb_support/COVID-19
- COVID-19 Recovery and Reentry Resources for Ombudsman Programs https://ltcombudsman.org/omb_support/COVID-19/recovery-and-reentry