**NORS FAQs: COVID-19**

**IMPORTANT NOTE ABOUT VISITS:** In-person visits with residents are a core part of Ombudsman program outreach and advocacy and NORS reinforces this importance by requesting that Ombudsman programs report all visits. However, during the COVID-19 pandemic, visits have been dramatically curtailed. It is important that Ombudsman programs accurately reflect this decrease to show the impact of the pandemic on the program and residents. There is no substitute for an in-person visit, while outreach by other means is necessary, we do not want to give the impression that the program operated as usual. ACL anticipates that there will be a sharp decrease in visits, and that is appropriate, given the circumstances.

**Complaint Coding**

**Q:** After several attempts to connect with facility staff, they are not returning my calls or emails. What complaint code do I use?

**A:** Use complaint code **B03 – Willful interference** when a facility does not return calls or emails (after multiple attempts) made by an Ombudsman program. The [ACL NORS Table 2](#) Examples and Reporting Tips for B03 says this code, “Includes........interferes with the Ombudsman program having immediate access.......to meet with a resident in person, in private, or by phone”.

**Q:** The facility is not returning calls and/or emails to family members of residents. The family contacted my office for assistance, what complaint code do I use?

**A:** Use complaint code **B01 - Access to information and records** when a facility does not return calls to family members of residents. The [ACL NORS Table 2](#) Examples and Reporting Tips for B01 says this complaint code “includes access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities.”

However, if the family member is attempting to follow-up with the facility staff regarding a concern and the facility is not returning their calls complaint code **D05 – Response to complaints** may be more appropriate. [ACL NORS Table 2](#) defines this code as “facility staff ignores or trivializes a resident complaint or there is no facility grievance process thereby limiting the resident's ability to resolve a problem directly with the administration.”

**Q:** Facility staff are not answering phone calls after multiple attempts. What complaint code do I use?

**A:** Use complaint code **J01 – Administrative oversight** when facility staff are not answering phone calls after multiple attempts. The [ACL NORS Table 2](#) Definition for J01 says, “Mismanagement including but not limited to: administrator is absent, unresponsive, inadequately trained or not supervising staff; incomplete, missing or falsified record keeping; background screening not performed; illegal policies/practices and similar complaints.”
Q: The previous version of NORS had a specific complaint code for infection control; however, there is not a code for infection control in the current complaint codes. How do I code complaints about inadequate handwashing and/or lack of infection control practices?

A: That is correct, there is no longer a complaint code for infection control as that code was rarely used in previous NORS reporting. If a complaint presents as an infection control issue, I05 – Housekeeping, is the best fit for those complaints. See quiz question 5 in Section I. Environment in the Part II: Complaint Coding Quiz Answer Sheet of the NORS Training materials and ACL Table 2: Complaint codes and definitions for examples and reporting tips.

REMINDER: Only document this issue as a case/complaint if you take active steps to investigate and resolve. Hearing comments about a lack of infection control, or learning about it from the media, with no action to investigate and resolve does not count as a case and complaint. A complaint is defined as “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.”

Q: I received a call from a resident regarding a complaint. The resident asked for my assistance in resolving the complaint. I received consent for all steps in the investigation and resolution process. All communication with the resident and facility staff regarding the complaint was handled by phone. Due to visitation restrictions, I did not meet the resident in-person. Do I document this as a complaint since I was not able to visit with the resident?

A: Yes, document this as a case with one or more complaints. A case is comprised of a complainant; one or more complaints; documentation of a perpetrator for cases involving abuse, gross neglect, and exploitation; a setting; verification; resolution; and information regarding any referrals to another agency. Refer to Part I: Case, Complaint, Complainant, and Information and Assistance NORS Training materials for definitions of case, complaint, and information and assistance and ACL Table 1 for definitions, examples, and reporting tips.

Information and Assistance

Q: Due to COVID-19 visitation restrictions, I am contacting residents to check-in with them and provide information by phone, email, and/or video calls. Do I count phone, email, and/or video conversations as “routine access visits/non-complaint visits” or information and assistance?

A: Communication with residents via phone, email, and/or video is not a visit. Document the communication described above as information and assistance. Refer to Part I: Case, Complaint, Complainant, and Information and Assistance NORS Training materials for definitions of case, complaint, and information and assistance; Part IV: Ombudsman Program Activities NORS Training materials for definitions and examples of visits; and ACL Tables 1 and 3 for definitions, examples, and reporting tips.

Q: Due to COVID-19 visitation restrictions, I am contacting staff of the long-term care facilities in my region by phone and/or email to establish lines of communication, get a resident census and contact information for resident representatives, share information, and answer questions. How do I document these conversations?
A: Document as information and assistance to facility staff and associate it to the type of facility (nursing facility or residential care community). Communication with facility staff via phone, email, and/or video is not a visit. Refer to Part I: Case, Complaint, Complainant, and Information and Assistance NORS Training materials for definitions of case, complaint, and information and assistance; Part IV: Ombudsman Program Activities NORS Training materials for definitions and examples of visits; and ACL Tables 1 and 3 for definitions, examples, and reporting tips.

Community Education

NEW Q: I host monthly virtual meetings (e.g., Facebook live, Zoom meeting) for family members of individuals living in long-term care facilities and the public to share information and respond to questions about COVID-19 and long-term care issues. How do I document these meetings?

A: Document these meetings as community education (S-68). Count each meeting as once instance. Community education is defined as “Total number of instances of community education outreach sessions by Ombudsman program.” Review NORS Table 3, Community Education (S-68) for examples and reporting tips.

NEW Q: My program posts weekly COVID-19 updates on our website and social media platforms. We also email a monthly e-newsletter to our listserv which includes residents, family members, and our volunteers. Do these activities count as community education or information and assistance?

A: Neither of these activities count as community education or information and assistance. There is not a way to verify that recipients received and reviewed the information, so newsletters, blogs, and other forms of media do not count as community education. NORS defines information and assistance as providing individual instances of information to individuals or facility staff, so emailing an e-newsletter and posting information would not be documented as information and assistance. Review NORS Training Parts I and IV and NORS Tables 1 and 3 for additional information about information and assistance and community education.

OAAPS Submission (State Ombudsmen only)

NEW Q: Most of our complaints in the last six months have something to do with COVID-19. Does our complaint example or system issue narratives have to be specifically about COVID-19?

A: No, it is acceptable for a complaint or systems issue to be about other matters that might or might not include problems associated with COVID-19. It is not an “either or” requirement. However, to meet CARES Act reporting requirements, states must submit at least one narrative, either a complaint example or systems issue, that addresses the program response to COVID-19 in the FFY20 OAAPS submission.

Resident Councils and Family Councils

NEW Q: If Resident or Family Councils hold their meetings virtually and invite me to attend and listen to their concerns, share information, and respond to questions, how do I document my participation?
A: Document your attendance during virtual council meetings in the appropriate category of resident council (S-64, S-65) or family council (S-66, S-67) participation. Count each meeting as one instance. Similarly, if you meet with council leadership or provide training to a resident or family council virtually, document those activities in the appropriate category of resident or family council participation.

**Survey Participation**

**NEW** Q: If I speak with surveyors about a survey or complaint at a specific facility over the phone or in a virtual meeting, how do I document that communication?

A: Document communication with surveys about a standard survey or complaint investigation in the appropriate category for survey participation (S-62, S-63). Survey participation includes, but is not limited to, sharing pre-survey information with surveyors, sharing complaint summary reports, participation in exit conferences and informal dispute resolution. Count each communication as one instance. **Do not count** routine meetings and communication with the survey agency about general COVID-19 issues.

**Visits**

Q: Due to visitation restrictions related to COVID-19, I am not visiting residents inside long-term care facilities. However, I am visiting with residents outside on the grounds of the facility or providing “window visits” (having a conversation through a window or other designated space). Do outdoor visits and window visits count as visits?

A: Yes. Since you are on-site at the facility and speaking with one or more residents, you may document outdoor visits and window visits as visits. Document the type of visit, i.e. complaint or non-complaint related in accordance with NORS codes. See Part IV of the NORS Training Materials, the Administration for Community Living (ACL) NORS Table 3, and the NORS FAQ about documenting visits for more information about documenting visits and other activities.

Q: I contacted a resident and facility Administrator by phone to follow-up on a complaint due to recent visitation restrictions. Do I document that communication as a “complaint related visit” since I can’t follow-up in-person?

A: No, communication with residents, families, staff via phone, email, and/or video is not a visit. Document this communication as part of case notes related to the complaint. Refer to Part I: Case, Complaint, Complainant, and Information and Assistance NORS Training materials for definitions of case, complaint, and information and assistance; Part IV: Ombudsman Program Activities NORS Training materials for definitions and examples of visits; and ACL Tables 1 and 3 for definitions, examples, and reporting tips.