

Long-Term Care Ombudsman Program

Annual Shadow Visit and CO Evaluation Form SFY _____

Volunteer: _____ Facility: _____

Date: _____ Time: _____

		YES	NO
Was the CO screened for any conflicts of interest in the last year?		<input type="checkbox"/>	<input type="checkbox"/>
CO demonstrates knowledge on:		YES	NO
• Confidentiality and consent requirements		<input type="checkbox"/>	<input type="checkbox"/>
• When and how to access medical or other records		<input type="checkbox"/>	<input type="checkbox"/>
• The facility grievance process		<input type="checkbox"/>	<input type="checkbox"/>
• Survey participation		<input type="checkbox"/>	<input type="checkbox"/>
• Abuse, neglect, and exploitation procedures		<input type="checkbox"/>	<input type="checkbox"/>
• Monthly reporting		<input type="checkbox"/>	<input type="checkbox"/>
During annual shadow visit, CO:	N/A	YES	NO
• Seemed to know and interacted with residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stayed resident-centered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Knocked and received permission to enter residents' rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had a cooperative working relationship with facility staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Actively listened to residents and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spoke to hard-to-reach and isolated residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Gave resident or other complainant privacy to discuss a concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Got consent prior to taking any action on behalf of a resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does CO regularly work complaints on behalf of residents? # complaints in current SFY _____		<input type="checkbox"/>	<input type="checkbox"/>
CO has attended:		YES	NO
• Resident Council Meeting(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Care Plan Meeting(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Family Council Meeting(s)		<input type="checkbox"/>	<input type="checkbox"/>
• Fraud and Fair Hearing(s)		<input type="checkbox"/>	<input type="checkbox"/>
CO has made referrals to:		YES	NO
• Texas Legal Services Center or Center of Legal Aid		<input type="checkbox"/>	<input type="checkbox"/>
• MFP		<input type="checkbox"/>	<input type="checkbox"/>
• Regulatory Services (Consumer Rights and Services)		<input type="checkbox"/>	<input type="checkbox"/>
• Law Enforcement		<input type="checkbox"/>	<input type="checkbox"/>

What additional training does CO require? (Discuss with CO)

How can the ombudsman program better support CO? (Discuss with CO)

Staff Ombudsman *or* MLO Signature

Date