

This page contains answers to frequently asked questions (FAQs) regarding the National Ombudsman Reporting System (NORS). The answers were developed with input from Ombudsmen and program representatives and in coordination with the Administration on Aging/Administration for Community Living (ACL).

If you have questions to suggest for additional FAQs, please email ombudcenter@theconsumervoice.org.

Abuse, Neglect, and Exploitation

1. Q – My state requires entities to send copies of alleged abuse or incident reports to my program. Upon receipt, do I automatically document those reports as complaints?

A – No. Receiving a copy of alleged abuse or incident report does not automatically count as a complaint. Examples include, but are not limited to, a state requiring long-term care facilities to send copies of incident reports to the Ombudsman program and/or a state requiring Adult Protective Services (APS) to send copies of their reports or referrals to the Ombudsman program.

In these examples, the facilities and/or APS are complying with a state requirement to send copies of these reports to your program. They are not acting as a complainant and reporting a complaint on behalf of a resident seeking Ombudsman program assistance, rather they are sharing information with your program per state requirements.

As the head of the Office of the State Long-Term Care Ombudsman, the State Long-Term Care Ombudsman (Ombudsman) is responsible for developing policies and procedures for the statewide program.

The State Long-Term Care Ombudsman Programs Final Rule ([Final Rule](#)) contains provisions related to complaint processing responsibilities, including developing policies and procedures that establish “standards to assure prompt response to complaints by the Office and/or local Ombudsman entities which prioritize abuse, neglect, exploitation and time-sensitive complaints.” The Final Rule states when establishing standards to consider the severity of the risk to the resident, the imminence of the threat of harm to the resident, and the opportunity for mitigating harm to the resident by providing services of the Ombudsman program in response to a complaint [§1324.11 (e)(1)(v)].

Therefore, the Ombudsman determines program priorities and how and when to respond to these reports.

If your program responds to facility incident reports or APS reports, to ensure your work is resident-directed, do not determine how to document your work related to the incident report unless and until you speak with the involved resident (or their representative, when appropriate).

For example:

- If you follow-up with the resident identified in the report and provide information about residents’ rights and options, but the resident does not have a complaint or want further assistance, you would document that interaction as an instance of information and assistance.
- If you follow-up with the resident identified in the report and the resident wants your assistance with a complaint, you would open a case with a complaint (or complaints) and document your work related to that case accordingly.

Community Education

2. NEW Q - I recently represented my program during a county health fair. Our table included informational materials about the program, residents' rights, volunteer opportunities, and more. I shared information about the Long-Term Care Ombudsman program with individuals that visited our table. Do I document this activity as community education or information and assistance or both?

A – You would document this activity as one community education outreach session. In NORS Table 3, the examples and reporting tips for community education states, “use for attendance at health fairs, community events, presentations, etc.” You would not count individual instances of information & assistance (I&A). As with participation in resident or family councils when you only count the attendance at the council meeting but not individual exchanges with residents or family members during the meeting, in your example, you would only count the instance of community education. The examples and reporting tips for resident and family council participation provide helpful guidance “use S-55 (I&A) to count technical support, consultations and providing resource information, for information and assistance that was not offered during a council meeting.”

3. 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 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.

4. NEW Q - My program emails a monthly newsletter to our listserv which includes residents, family members, and our volunteers. Does this newsletter count as community education?

A - Community education is defined as “total number of instances of community education outreach sessions by Ombudsman program.” Modifications to [ACL NORS Table 3](#) states that “**newsletters and other forms of media that impart information about long term care or the Ombudsman program may be counted as community education.**”

Complainant

5. Q - When there are multiple people involved with one complaint how do we choose the complainant? For example, a daughter calls the Ombudsman program with a complaint. I visit with the resident and the resident shares her daughter's concerns and gives me permission to investigate the complaint.

A – The daughter (representative, friend, or family) is the complainant.

The definition of a complainant is an individual who requests Ombudsman program complaint investigation services regarding one or more complaints made by, or on behalf of, residents.

NORS allows for only one complainant per case. Establish the complainant in a case record as the first person who makes a concern known and requests assistance to resolve the complaint.³ The initial complainant in the case would not change during the investigation. For example, in quiz question 12 of the

[Part 1 Case, Complaint, Complainant, and Information and Assistance Quiz Answer Sheet](#) the first complainant is the daughter recorded in NORS as complainant code 02 for resident representative, friend, or family.

³See the FAQ regarding the Ombudsman as the complainant as an exception.

6. Q - When should the Ombudsman program be the complainant?

A - The Ombudsman program may be the complainant in a variety of circumstances. The most common examples include general observations about the facility environment that need attention; this may include circumstances where residents agree with the problem and want it addressed but do not want to be the complainant of record. The Ombudsman program may be the complainant when a resident needs assistance but is unable to communicate informed consent and has no resident representative available.

See quiz question #8 in the [Part 1 Case, Complaint, Complainant, and Information and Assistance Quiz Answer Sheet](#) for additional information.

The Ombudsman program rule at 1324.19(b) (1)&(2) encourages resident participation regardless of the complainant and affirms that the Ombudsman program can be the complainant.

- (1) With respect to identifying, investigating and resolving complaints, and regardless of the source of the complaint (i.e. complainant), the Ombudsman and the representatives of the Office serve the resident of a long-term care facility. The Ombudsman or representative of the Office shall investigate a complaint, including but not limited to a complaint related to abuse, neglect, or exploitation, for the purposes of resolving the complaint to the resident's satisfaction and of protecting the health, welfare, and rights of the resident. The Ombudsman or representative of the Office **may identify**, investigate and resolve a complaint impacting multiple residents or all residents of a facility.*
- (2) Regardless of the source of the complaint (i.e. the complainant), including when the source is the Ombudsman or representative of the Office, the Ombudsman or representative of the Office must support and maximize resident participation in the process of resolving the complaint.*

It is common practice for an Ombudsman representative to educate a resident about their rights and share an observation about the individual resident's health, safety or welfare. This discussion may result in the resident requesting Ombudsman program assistance to resolve a complaint. In this example, the process of educating the resident encouraged the resident to request assistance; therefore, the resident is the complainant.

See quiz question #10 in the [Part 1 Case, Complaint, Complainant, and Information and Assistance Quiz Answer Sheet](#) for additional information.

Complaint Coding

7. Q - I receive discharge notices from the nursing facilities in my service area. Upon receipt, do I automatically document these notices as complaints?

A - No. Receiving copies of discharge notices (or notices of transfer) do not automatically count as a complaint.

The nursing facilities are complying with the federal requirement to send copies of these notices to the Ombudsman program. 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.

Per your state program policies and procedures, if your program responds to notices of discharge or transfer, to ensure your work is resident-directed, do not determine how to document your work related to the notice until you speak with the involved resident (or their representative, when appropriate).

- 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.

8. Q - When do you assign complaint codes? For example, if a family member contacts your office with a concern and requests action or do you code it after you have spoken with the resident and received their consent to investigate the issue?

A – Assign complaint code(s) upon receipt of the complaint based on the problem or problems identified by the complainant.

NORS does not provide specific guidance and states may have policies and procedures in place that direct the representatives of the Office as to when to code complaints. However, it is important to take the information from the complainant and identify both the initial complainant, their complaint and any direction to resolve the problem. If the complainant is not the resident, the direction may change based on the perspective of the resident.

For example, if a family member contacts your office with a complaint, the family member is the complainant and you would assign complaint codes immediately based on the concerns shared by the family member. When you visit the resident for consent to take further action, if the resident agrees with those concerns, gives you consent, and shares additional concerns then you can open another case with the resident as the complainant and include complaint codes for the resident's additional concerns. *

Conversely, if the resident does not agree with the family member and asks you not to proceed, you would close the case as withdrawn or no action needed. The program still had a complaint, and it might be legitimate, but to honor the resident's direction, it did not act on it.

**This guidance is intended to give states flexibility. In the absence of state policies, procedures, or training that specify when a complaint should be coded, programs can open another case and code complaints accordingly. This guidance does not require states to open another case in this specific situation.*

9. Q - When a complainant has two complaints/issues that would fall under the same code do I only record the code once?

A – Record one complaint and work to resolve all issues raised. If a complainant has two complaints that are under one code, such as code I05 Housekeeping, Laundry and Pest Abatement, you would open the case with one complaint code (I05 in this example). Refer to [NORS Training Part 2, Beyond the Basics Quiz and Answer Sheet](#) directions that states "use only one complainant per case and only one complaint code for each complaint."

10. Q - When is it appropriate to add another complaint to an existing case or establish a new case?

A – Refer to applicable state-specific Ombudsman program policies and procedures and/or State Ombudsman discretion. Your state may have a policy with criteria for when to open and close cases and when to consider adding more complaints in the “open” case. Use your best judgement if there is no policy. For example, if the case is open, the complainant is the same and casework is on-going, then add the new complaint to the current case. If the case was closed and the complainant has a new complaint, then open a new case.

Disposition

11. NEW Q - How do I determine the disposition code for a complaint when, despite multiple follow-up attempts, the resident, resident representative, or complainant does not respond to confirm whether the resolution met their satisfaction?

A - The Older Americans Act, LTCOP Final Rule, or NORS tables do not address this exact scenario.

If the resident can communicate consent:

- Continue visiting the facility and/or attempting to follow up with the resident via email/phone until you connect with the resident and the resident shares whether they are satisfied or not with the resolution.
- If the resident has moved from the facility and you cannot communicate with the resident by phone/email and you do not know where the resident went, determine the disposition code based on your investigation findings and what the resident initially wanted as an outcome.

If the complainant is a family member or someone other than the resident and the resident cannot communicate consent:

- Try to follow up with the complainant to determine the disposition. If the complainant does not respond after repeated outreach attempts, you can determine the disposition based on your investigation findings and what the complainant initially wanted as an outcome.
- Use this approach only in the rare circumstance when the resident cannot communicate their wishes and the resident representative is not responding to you.

12. Q - If I go to a facility to visit a resident in response to a complaint I received, but after speaking with the resident, the resident does not want my assistance with the complaint, do I document that visit as a complaint-related visit?

A - You would select complaint disposition code “02 – no action needed or withdrawn by the resident, resident representative, or complainant” since the resident did not want your assistance with the complaint. Then you would document the visit according to what you did during the visit.

To determine whether to report your visit as a complaint visit or routine access visit focus on the activities you conducted during the visit rather than the initial reason for the visit and any program requirements.

Although the original reason for visiting the facility was to follow-up on a complaint, if you conduct activities that constitute a routine access visit (e.g., visit with multiple residents, share information about the Ombudsman program, walk around and observe activities in the facility) you may document this as a routine visit.

If you visited the facility in response to the complaint and only conducted activities related to the complaint investigation, then you would document the visit as a complaint visit.

Most importantly, document all your visits.

For additional information refer to the *NORS Training Part 4 – Ombudsman Program Activities* and NORS Table 3 State Program Information for the definition of “routine access” and state reporting requirements for visits, available [here](#).

13. NEW Q - How do I determine the disposition code if the resident dies during the investigation?

A – Modifications to [ACL NORS Table 1](#) examples and reporting tips for Complaint Disposition states to “**use 2 for no action needed when the resident dies before a final outcome has been obtained and there is no resident representative to determine resolution.**”

Information and Assistance

14. Q - How do I count information and assistance (I&A) if I meet with facility staff and a resident at the same time to provide information. For example, I recently provided information about Resident Council leadership to a resident and nursing facility staff member at the same time. If one activity meets the definition of an information and assistance to nursing facility staff and the other is information and assistance to individual, should I document this as two instances of I&A?

A – If you have an Information and Assistance (I&A) conversation with both a resident and a nursing facility staff member at the same time, record the conversation as one I&A activity with whichever person (resident or staff) requested the I&A.

If you have I&A conversations separately even if it's the same topic, one with a resident and one with a nursing facility staff person, record the activities as one instance of I&A with a resident and one instance of I&A with nursing facility staff.

15. Q - A resident asks you for help and provides consent to investigate. After you share information about residents’ rights and the facility’s responsibilities, the resident decides to use the information you provided to address her concerns on her own and doesn’t want your assistance. Is it a case or information and assistance?

A – It is an instance of information and assistance. In this scenario, the resident asks for help and you were able to provide information without beginning an investigation.

Opening and Closing a Case

16. Q - When do you open a case?

A – Open a case as soon as possible after the complainant communicates the complaint and asks for Ombudsman program assistance to resolve the complaint.¹

As defined in the NORS, the definition of a complaint is, “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” (defined in NORS Tables 1 and 2).

NORS data collection requires case open and close dates but does not specify policy and procedures for timelines. Your State LTCOP may provide policy and procedure for documenting receipt of a complaint, resident visitation, and preferred timeline for opening a case.

NORS allows for only one complainant per case. Establish the complainant in a case record as the first person who makes a concern known. The initial complainant in the case would not change during the investigation.

¹ State LTCOP policy may specify timeframes for when a case should be opened and documented in the electronic reporting system.

17. Q - When do you close a case?

A – Close the case when the investigation is complete.² Completion includes documentation of complaint verification status, a referral code, and disposition code for each complaint in the case and closure dates for all complaints within the case. See [NORS Training Part 3 Verification, Disposition, Referral, and Closing the Case Basic Principles](#) and [Quiz](#) for more information.

² State LTCOP policy may specify timeframes for supervisory review of cases prior to closure and timeframes for when to close a case and documentation in the electronic reporting system.

18. Q - You have the resident's permission to investigate a complaint and start to investigate, then the resident changes their mind and doesn't want you to continue the investigation and resolution activities.

Is it still a case?

19. A – It is a case. In this scenario, the resident requested assistance and then changed their mind and asked you to stop the investigation. This is still a case with a complaint disposition code of 02 – “Withdrawn or no action needed by the resident, resident representative or complainant.”

The amount of time spent on a case/complaint does not affect whether it is a case/complaint. A complaint requires Ombudsman program action towards resolution, which is different from just providing information and assistance. Despite closing the case as “withdrawn/no action needed,” you were following resident direction, as the Ombudsman program is required.

20. Q - The program receives a complaint from someone other than the resident, upon an initial investigation the Ombudsman representative speaks with the resident who does not agree with the complaint and does not want assistance from the program. Is this a case?

A – Yes, this is a case. The complainant identified a problem that affects the health, safety, welfare or rights of one or more resident and requested the Ombudsman program to take action to resolve the identified problem. However, the Ombudsman program must determine the perspective of the resident and take direction from the resident.

The resident communicated to the Ombudsman representative that they do not share the same concerns of the complainant and/or do not wish for you to pursue an investigation, so the case is closed. The complaint disposition code would be 02 - “Withdrawn or no action needed by the resident, resident representative or complainant.”

Even though it was withdrawn, it helps to build a picture of possible issues at the facility. Also, it is important to consider the first person that contacted the program with a complaint as the complainant because the Administration for Community Living (ACL) wants to analyze complaints and their dispositions based on the complainant.

If the resident is unable to communicate and provide guidance to the Ombudsman representative, the representative should investigate based on the complaint received from the complainant, following the program's complaint investigation protocols.

21. Q – How do I document the receipt of notifications of facility closure?

A – Similar to receiving copies of discharge notices from nursing facilities, you do not automatically open a case and enter a complaint upon receipt of a notice of closure.

The nursing facilities are complying with the federal requirement to send copies of these notices to the Ombudsman program (or a state requirement if the notice is from a residential care community). The 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.

Per your state program policies and procedures, if your program responds to notices of closure, to ensure your work is resident-directed, do not determine how to document your work related to the notice until you speak with residents impacted by the closure (or their representatives, when appropriate).

Following the receipt of the notice, if you visit the facility and speak with residents (and/or resident representatives, when appropriate) document your activities (e.g., providing instances of information and assistance, opening a case if you receive a complaint).

Referral

22. Q - For referral agency codes, how do I code referrals to the Office of Inspector General, Attorney General, and State Attorney or professional boards such as the Board of Nursing?

A – Use referral code 03, “law enforcement or prosecutor” for Office of Inspector General, Attorney General, and State Attorney. Use referral code 01, “licensing, regulatory, or certification agency” for professional boards of licensing.

NORS Table 1, Referral Agency Codes are:

- 01 Licensing, regulatory, or certification agency
- 02 Adult protective services
- 03 Law enforcement or prosecutor
- 04 Protection and advocacy
- 05 Legal services
- 06 No referral was made
- 99 Other

Resident and Family Councils

23. NEW Q – How do I document when I provide training about Residents’ Rights (or another topic) to a group of residents in a nursing facility that is not during an official Resident Council meeting?

A – Modifications to [ACL NORS Table 3](#) description of Resident Council participation states “total number of instances of attendance at resident councils, including meeting with council leadership and training of resident councils or resident groups at nursing facilities by representatives of the Office,” so you would count that training as “resident council participation: nursing facility” (S-64).

“Resident council participation” in nursing facilities (S-64) and residential care communities (S-65) is defined in [NORS Table 3](#).

24. 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

25. Q – Does speaking with a survey agency representative about a specific complaint I am investigating count as “facility survey participation”?

A – No. The definition of “facility survey participation” (S-62, S-63) in [NORS Table 3](#) is “total number of instances of survey activity by representatives of the Office.” Discussing a specific complaint (after receiving consent) is part of the complaint investigation and/or resolution process and would be documented in the case record, not documented as survey participation.

26. Q - How do I count participation in facility surveys?

A – Report each distinct type of survey activity as one instance by facility type. You may have more than one survey participation activity associated with one survey in one facility. Refer to [NORS Training Part 4 Ombudsman Program Activities Basic Principles](#) and quiz questions #14 and #15 for more information.

Review descriptions, examples, and reporting tips for reporting survey participation in the [NORS Table 3 State Program Information](#), codes S62, and S63. The table states, “include participation in both standard surveys and complaint surveys. Survey participation includes but is not limited to pre-survey information to surveyors, sharing complaint summary reports, participation in exit conferences and informal dispute resolution.”

27. Q - Does reading a survey count as participation in a facility survey?

A – No, reading a survey does not count as participation in facility surveys. NORS does not ask that you report all activities and reading a survey, while important, is not reported in NORS. However, your state data system and policy may require that you collect additional activities not reported in NORS.

Verification

28. Q - If the resident confirms the complaint, does that mean it is verified?

A – Per the [NORS Table 1: Part A, B, and C – Case and complaint codes, values, and definitions](#) the definition of verified is, “a confirmation that most or all facts alleged by the complainant are likely to be true.”

Review the [Part 3 Complaint Verification, Coding Dispositions, Referrals, and Closing a Complaint and a Case](#) for additional information about verification. When determining verification of complaints consider the following:

- a) Your interview with the complainant or resident,
- b) Your observations,
- c) Assuming you have consent to disclose, facts can be gathered from interviews of staff or others in the know,
- d) Review of records or other documents.

The who, what, when, where, why, and how of an investigation will help you determine whether the complaint is verified (i.e., likely to be true).

Visits

29. NEW Q - If I visit a facility, leave, and return to the same facility later the same day, do I document one or two visits?

A - Representatives should enter all visits (regardless of the purpose), and activities conducted during visits in their data management system. NORS defines activities and describes how to count them, but states establish program practices and requirements (e.g., what is expected during a facility visit, frequency of visits).

Refer to your state program policies and procedures, as states could document this as one or two visits depending on the situation. Considerations to assist states in determining how to document include:

- A representative visits a facility, leaves for lunch, then returns to the same facility to continue the visit started in the morning. This could be documented as one visit as the representative took a break during the visit.
- A representative conducts a facility visit then leaves to visit another facility in the county. On the way to the other facility, she receives a call from her office about a complaint from the facility she just left. She returns to the previous facility to follow up on that complaint. This could be documented as two visits as the representative conducted a visit earlier in the day (e.g., spoke with multiple residents, made observations, spoke with staff) then later that same day the representative returned to the facility to address a complaint.
- A representative visits a facility to handle a complaint in the morning, then returns to the same facility that evening to visit with residents prior to attending a Family Council meeting. This could be documented as two visits as the representative handled a complaint during the first visit and spoke with multiple residents and attended a Family Council meeting during the second visit.

30. Q - If I visit a facility in response to a complaint, but I do more than addressing that complaint (e.g., visit with other residents, share information about the Ombudsman program, speak with the Resident Council President), how do I document the visit?

A - As an Ombudsman representative, it is most important to document all visits, no matter the purpose of the visit (complaint or non-complaint related). Document that you were in the facility and enter all activities conducted during that visit (e.g., complaints received, work on cases, instances of information and assistance) into your state data management system and ideally the system will calculate the visit data elements. For the annual NORS report, states are required to provide the three types of data elements related to facility visits for each facility type:

- Number of **facilities visited** regardless of purpose (complaint or non-complaint)
- Total number of **all visits**
- Number of **facilities that had routine access** (number of facilities visited, not in response to a complaint, in all four quarters)

For additional information refer to the *NORS Training Part 4 – Ombudsman Program Activities* and NORS Table 3 State Program Information for the definition of “routine access” and state reporting requirements for visits, available [here](#).

Attention State Ombudsmen

According to the Administration for Community Living (ACL), when a representative is in a facility responding to a complaint and conducts activities consistent with a non-complaint visit it is permissible to document the visit as a non-complaint visit so it will count towards routine access.

Volunteers

31. Q – May I count volunteers participating in initial certification training as “other volunteers” for our program?

A – No. The definition and examples and reporting tips for “other state level volunteers” (S-21) and “other local level volunteers” (S-26) in [NORS Table 3](#) are the same for state and local levels. The definition is “total number of other volunteers who are not representatives of the Office” and the examples and reporting tips state “examples of other volunteers may include: volunteers who serve on a program advisory or governing board; assist with fund raising; provide other in-kind services such as accounting or strategic planning, etc. This must be a whole number.” The volunteers participating in initial certification training are training to be representatives of the Office and tasks during training are related to their role as a trainee, not serving as an “other volunteer” (see [NORS Table 3, Part D](#), for more details).

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$516,407 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.