

Case # \_\_\_\_\_

### COMPLAINT LOG

**Ombud Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Facility Name** \_\_\_\_\_

**Time Spent (Hours)** \_\_\_\_\_

**Travel Time** \_\_\_\_\_

**Pay Status:** MediCal    MediCare  
Private

**Complainant** \_\_\_\_\_

**Race:** African-American    Asian  
Caucasian    Hispanic    Other

**Complainant Relationship to Resident:**

**Age:** \_\_\_\_ / Over 75 \_\_\_\_ Under 60 \_\_\_\_

(Circle One) Resident    Facility Staff    Relative/Friend  
Ombudsman    Other: \_\_\_\_\_

#### Daily Care

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Call lights or request for assistance not answered, or not answered in a timely manner **(F 41)**

\_\_\_\_\_ Medications not given on time, not at all or given the wrong medication **(F 44)**

\_\_\_\_\_ Resident not bathed in a timely manner, not bathed at all, allowed to remain in soiled clothing, bed or wheelchair **(F 45)**

\_\_\_\_\_ Resident is not reminded to drink; bedside water is not provided, or not in reach **(J 70)**

\_\_\_\_\_ Insufficient measures to prevent infection, infection unreported or not treated appropriately **(K 81)**

\_\_\_\_\_ Accidental or injury of unknown origin; falls from bed or wheelchairs; improper handling; bruises, skin tears **(F 40)**

\_\_\_\_\_ Symptoms unattended, no notice to others of changes in condition **(F 48)**

\_\_\_\_\_ Resident is not toileted in a timely manner, as needed or requested **(F 49)**

\_\_\_\_\_ Wandering or failure to accommodate/monitor **(F 51)**

Additional complaints: \_\_\_\_\_

**Food Issues**

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Menu – quantity, quality, variation, choice, condiments, utensils **(J 71)**

\_\_\_\_\_ Snacks, time span between meals **(J 72)**

\_\_\_\_\_ Temperature **(J 73)**

\_\_\_\_\_ Therapeutic diet; resident’s dietary needs not accommodated **(J 74)**

\_\_\_\_\_ Assistance in eating or assistive devices; facility has not provided tools to assist resident in self-feeding**(J69)**

Additional complaints: \_\_\_\_\_

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**Environment/Safety**

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Air/environment: temperature and quality (heating, cooling, ventilation, water temperature, and smoking) **(K77)**

\_\_\_\_\_ Uncleaness, or pests in resident’s room or other facility area. **(K78)**

\_\_\_\_\_ Equipment/Buildings; disrepair, hazard, poor lighting, fire safety access, premises not secured **(K79)**

\_\_\_\_\_ Laundry, clothing lost, damaged **(K82)**

\_\_\_\_\_ Odors, offending or any odor which is a detriment to the health of the resident **(K83)**

\_\_\_\_\_ Supplies and linens not available or in poor condition; shortage of supplies, soap, gloves, toilet paper **(K82)**

Additional complaints: \_\_\_\_\_

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**Quality of Life**

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Lack of activities, posted activities not conducted(**I 64**)

\_\_\_\_\_ Transportation, for what ever reason and/or when facility does not assist resident in participating in community services or activities or curtails community interaction(**I 65**)

\_\_\_\_\_ Roommate conflict; too many visitors, no privacy, roommate stays up late, TV too loud(**I 66**)

\_\_\_\_\_ Social Services fails to encourage social interaction, resident feels isolated(**I 67**)

\_\_\_\_\_ Resident is treated with rudeness, indifference or insensitivity; failure to knock before entering room(**D26**)

\_\_\_\_\_ Resident is denied choice; access to smoking area, preference in sleeping and rising times, TV programs(**D27**)

\_\_\_\_\_ Resident is denied right to refuse care/treatment; refuse eating, bathing or taking medication(**D28**)

\_\_\_\_\_ Resident complaints are ignored or trivialized(**D33**)

\_\_\_\_\_ Resident has experienced reprisal/retaliation as a result of a complaint(**D34**)

\_\_\_\_\_ Resident is denied access to a telephone, visitors or mail; phone calls are monitored; couples are denied privacy(**D31**)

\_\_\_\_\_ Family conflict(**P120**)

\_\_\_\_\_ Abuse/abandonment by family/friend/other (Not Facility)(**P117**)

Additional complaints: \_\_\_\_\_

**Rehabilitation**

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Facility lacks, fails to maintain or has problems with assistive devices(**G53**)

\_\_\_\_\_ Dental services not provided or arranged for resident(**G55**)

\_\_\_\_\_ Resident is not assisted or encouraged in ambulation as appropriate; no appropriate exercise available(**G57**)

\_\_\_\_\_ Facility failed to provide or arrange for therapies with outside agency or provider(**G58**)

\_\_\_\_\_ Facility failed to provide or arrange for vision and hearing services or for problems with services(**G59**)

Additional complaints \_\_\_\_\_

**Financial, Property**

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Billing charges; notice, approval, supplies not provided as part of daily rate(**E36**)

\_\_\_\_\_ Personal funds mismanaged, access denied, deposits and other money not returned(**E37**)

\_\_\_\_\_ Personal property lost, stolen, used by others, destroyed(**E38**)

\_\_\_\_\_ Financial Exploitation by family or other (Not Facility)(**P121**)

\_\_\_\_\_ Legal issues; guardianship, conservatorship, power of attorney, wills(**P122**)

Additional complaints: \_\_\_\_\_

**Staffing**

**Resident Name:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Pay Status:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ Communication, language barrier(**M96**)

\_\_\_\_\_ Insufficient staff, staffing is below minimum standard(**M97**)

\_\_\_\_\_ Staff not receiving training sufficient to meet the needs of the resident(s) (**M98**)

\_\_\_\_\_ Staff/Administration unresponsive or unavailable(**M100**)

\_\_\_\_\_ Supervision; staff duties are not overseen or not reviewed(**M101**)

**Notes/Comments:**

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