

NC DIVISION OF AGING
COMPLAINT TRACKING SYSTEM / CASE RECORD

1. Case Number: _____ Total # of Complainants per Case: _____ Quarter: _____ Federal FY: _____ 2. Region: _____

3. County: _____ 4. Facility Name: _____

5. Facility Code: _____ 6. Date Complaint Received: ____/____/____ 7. Action Taken within: _____ a. 1-4 days

8. Date Case Closed: ____/____/____ 8a. Previous Case Ref. #: _____ 8b. Estimated Time (hours) _____ b. 5-10 days

9. Complaint Received via: _____ a. Phone _____ b. Visit _____ c. Mail _____ c. 10-15 days

_____ d. Email _____ e. 1-800 # _____ f. Referral _____ g. Other _____ d. Over 15 days

10. Complainant would like to remain anonymous: _____ Yes _____ No

11. Complainant's Name: _____
Last Name First Name MI

12. Complainant's Address: _____

City ST Zip

13. Complainant's Phone: (Home) _____ (Business) _____

14. Complainant is: _____ a. Resident _____ h. Rep. of other health or social service agency or pgm
_____ b. Friend _____ i. Other: Bankers, Clergy, Law Enforc., Public Officials, etc.
_____ c. Relative _____ j. Unknown
_____ d. Ombudsman _____ k. Non-relative guardian, legal representative
_____ e. Facility Administrator _____ l. Facility former staff
_____ f. Facility Staff _____ m. Other medical: physician/staff
_____ g. CAC Member _____ n. Anonymous

15. Complainant is: (if other than resident) Power of Attorney Yes No Unknown
Health Care Power of Attorney Yes No Unknown
Legal Guardian Yes No Unknown
Responsible Party Yes No Unknown
Resident is own Rep. Yes No Unknown

16. Resident's Name: _____ Last Name First Name MI 17. Room No.: _____ 18. Resident's Age: _____

19. Resident's Source of Payment: _____ a. Medicaid _____ e. SCSA 20. Resident's Race: _____ f. Other
_____ b. Medicare _____ f. VA _____ b. Black/African American _____ g. Unknown
_____ c. Private _____ g. Unknown _____ c. Native American/Indian
_____ d. SSI _____ h. LTC Ins. _____ d. Hispanic/Latinos
_____ i. Works Comp _____ e. Asian
_____ j. Other

21. Resident's Communication Skills: _____ a. Coherent
_____ b. Marked difficulty in oral, written or sign communication
_____ c. Unable to communicate
_____ d. Unknown 22. Resident is Visited: _____ a. Several times a week
_____ b. Several times a month
_____ c. Infrequently
_____ d. Never
_____ e. Unknown

23. Resident's Length of Stay: _____ a. Less than 2 months _____ d. 1-3 years
_____ b. 2-6 months _____ e. Over 3 years
_____ c. 6-12 months _____ f. Unknown

24. Complaint Received by: _____
Title: _____

25. Appropriate Authorization Form Signed:
Resident Authorization Form (DHHS-DAAS 9112) Yes No
Complainant Authorization Form (DHHS-DAAS 9115) Yes No
Resident Oral Consent Form (DHHS-DAAS 9114) Yes No
Legal Authorization Form (Name change) (DHHS-DAAS 9116) Yes No
Consent to Review Medical/Social Records (DHHS-DAAS 9113) Yes No

**North Carolina Long -term Care Ombudsman Program
Complaint Summary Table**

Column A:

A. Resident Care

- A-1 Inadequate hygiene care
- A-2 Bedsores, decubitus ulcers
- A-3 Not dressed
- A-4 Not turned
- A-5 Not ambulated/no exercise
- A-6 Improper restraint use
- A-7 Unanswered call bells
- A-8 Inadequate supervision of resident
- A-9 Kept up too long
- A-10 Improper accident procedures
- A-11 Resident falls
- A-12 Physical abuse
- A-12 b Sexual abuse
- A-13 Mental abuse
- A-14 Verbal abuse
- A-15 Neglect (specify in narrative)
- A-16 Dehydration
- A-17 Physician not contacted
- A-18 Staff attitudes
- A-19 Contracture
- A-20 Symptoms unattended
- A-21 Toileting issues
- A-22 Neglect of catheter/ NG tube
- A-23 Wandering/accommodation

Lack/poor quality of:

- A-24 Restorative nursing
- A-25 Rehabilitation (OT, PT, ST)
- A-26 Social Services
- A-27 Dental
- A-28 Diagnostic
- A-29 Activities
- A-30 Care Plan
- A-31 Medical equipment
- A-32 Clothing in poor condition
- A-33 Mental Health, psychosocial services

B. Physician Services

- B-1 Schedule of visits
- B-2 Billing
- B-3 Inaccessible/unresponsive
- B-4 Diagnosis/treatment
- B-5 Not responsive in emergency
- B-6 Medicaid/Medicare acceptance

C. Medications

- C-1 Not given according to orders
- C-2 Administered by inappropriate staff
- C-3 Over-sedation
- C-4 Shortage
- C-5 Given against resident's will

D. Financial

- D-1 Billing/accounting wrong/denied
- D-2 Access to own money denied
- D-3 Not informed of charges
- D-4 Misuse of personal funds by facility
- D-5 Deposits/other money not returned
- D-6 Personal Property lost, stolen, etc.

E. Food/ Nutrition

- E-1 Cold
- E-2 Unappetizing, little variety
- E-3 Choices
- E-4 Snacks
- E-5 Not assisted in eating
- E-6 Special diet not followed
- E-7 Preferences not considered
- E-8 No water available
- E-9 Nutritionally poor

Food/Nutrition cont.

- E-10 Religious preference not followed
- E-11 Insufficient amount
- E-12 Unsanitary
- E-13 Not received in a timely manner

11/16/2006

E-14 Lack of utensils

F. Administrative

Policies/Procedures/Attitudes/Resources

- F-1 Abuse investigation/reporting
- F-2 Administrator unresponsive
- F-3 Grievance procedure
- F-4 Inappropriate record keeping
- F-5 Insufficient funds to operate
- F-6 Operator inadequately trained
- F-7 Offering inappropriate level of care
- F-8 Admission procedures
- F-9 Admission refused due to Medicaid
- F-10 Discharge plans/procedures
- F-11 Improper placement
- F-12 Discrimination in admission due to condition
- F-13 Other improper transfer
- F-14 Bed not held
- F-15 Room changes/assignment
- F-16 Roommate conflict
- F-17 Medical transportation
- F-18 Laundry procedures

Staffing

- F-19 Understaffing
- F-20 Improper use of staff
- F-21 Language barrier with staff
- F-22 Inadequate staff training
- F-23 Staff turnover
- F-24 Over-use of nursing pools
- F-25 Staff unresponsive
- F-26 Supervision of staff
- F-27 Resident or Family Council interfered with, not supported by staff

G. Other Resident Rights Issues

- G-1 Restrictions on right to complain
- G-2 Religious rights restricted
- G-3 Civil liberties restricted
- G-4 Social activities restricted
- G-5 Response to complaints

- G-6 Religious discrimination
- G-7 Race discrimination
- G-8 Gender discrimination
- G-9 Sexual orientation discrimination
- G-10 Not informed of condition
- G-11 Not informed of rights/policies
- G-12 Confidentiality of records
- G-13 Access to own records
- G-14 Denied rights
- G-15 Visiting hours
- G-16 Mail opened
- G-17 Mail not received
- G-18 No phone privacy
- G-19 Not treated with respect/dignity
- G-20 Physical abuse by other resident
- G-21 Verbal abuse by other resident
- G-22 Use of possessions restricted
- G-23 Kept in facility against will
- G-24 Access to ombudsman
- G-25 Access to facility survey
- G-26 Choice of personal physician
- G-27 Denied right to refuse treatment
- G-28 Retaliation due to complaints
- G-29 Information not communicated in understandable language
- G-30 Information regarding advance directives

H. Building/Sanitation/Laundry

- H-1 Cleanliness
- H-2 Safety factors (rails, exits, etc.)
- H-3 Offensive odors
- H-4 Appearance
- H-5 Pests
- H-6 Bathrooms
- H-7 Linens
- H-8 Handicap accessibility
- H-9 Bed, bedside equipment
- H-10 Storage space

Building/Sanitation/Laundry cont'd

- H-11 Supplies
- H-12 Heating
- H-13 Cooling, ventilation
- H-14 Lighting
- H-15 Water temperature

11/16/2006

H-16 Space for activities/dining
H-17 Infection control

I-27 Facilities operating without a license

I. Not Against Facility

Column B: Complaint Against:

Certification/Licensure/Monitoring

Code:

- I-1 Access to information
- I-2 Response to complaint(s)
- I-3 Decertification/facility closure
- I-4 Sanctions/penalties
- I-5 Survey process
- I-6 Survey process-ombudsman participation
- I-7 Staff attitudes

- 1 Nursing Facility
- 2 Adult Care Home
- 3 Regulatory Agency
- 4 Reimbursement Agency
- 5 Family/Guardian/Friend
- 6 Other

Column C: Complaint Investigated by:

Medicaid Agencies (DMA/DSS)

Code:

- I-8 Access to Medicaid/application
- I-9 Denial of eligibility
- I-9b Services
- I-10 Non-covered services
- I-11 Personal needs allowance
- I-12 Discharge hearing/appeal rights

- 1 Ombudsman
- 2 Community Advisory Committee
- 3 Ombudsman and other agencies
- 4 Division of Facility Services
- 5 Adult Home Specialist
- 6 Adult Protective Services
- 7 Other

Other Systems

Column D: Action taken on complaint

- I-13 Abuse by family member/friend/guardian or any other person
- I-14 Bed shortage-placement/ lack of options
- I-15 Family conflict
- I-16 Financial exploitation by other than facility
- I-17 Guardianship
- I-18 Power of Attorney
- I-19 Wills
- I-20 Medicare
- I-21 Mental Health, DD, including PASARR, access to services
- I-22 Adult protective services/response, access
- I-23 SSI, Social Security
- I-24 VA Benefits
- I-25 Private Insurance
- I-26 Request for less restrictive placement

Code:

- 1 Resolved
- 2 Partially resolved
- 3 Not resolved
- 4 Withdrawn
- 5 Not verified/substantiated
- 6 Active/Open
- 7 Not resolved/Legislative Action needed
- 8 Referred to other agency/ disposition not obtained
- 9 Referred to other agency/ failed to act on complaint
- 10 Referred to other agency/ did not substantiate

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26. Complaint Summary Table:

Complaint Number	A Complaint Category	B Complaint Against	C Complaint Investigated by	D Action Taken On Complaint	Case Number: _____
1	_____	_____	_____	_____	
2	_____	_____	_____	_____	
3	_____	_____	_____	_____	
4	_____	_____	_____	_____	
5	_____	_____	_____	_____	
6	_____	_____	_____	_____	
7	_____	_____	_____	_____	
8	_____	_____	_____	_____	
9	_____	_____	_____	_____	
10	_____	_____	_____	_____	
11	_____	_____	_____	_____	
12	_____	_____	_____	_____	
13	_____	_____	_____	_____	
14	_____	_____	_____	_____	
15	_____	_____	_____	_____	
16	_____	_____	_____	_____	
17	_____	_____	_____	_____	
18	_____	_____	_____	_____	
19	_____	_____	_____	_____	
20	_____	_____	_____	_____	
21	_____	_____	_____	_____	
22	_____	_____	_____	_____	
23	_____	_____	_____	_____	
24	_____	_____	_____	_____	
25	_____	_____	_____	_____	
26	_____	_____	_____	_____	
27	_____	_____	_____	_____	
28	_____	_____	_____	_____	
29	_____	_____	_____	_____	
30	_____	_____	_____	_____	

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27. Complaint Narrative Table:

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28. Summary of action taken on complaint: