



Required LTCOP Data Elements

Cases

*NORS Required Fields

General Information

- 1) Intake Date of Case- Date case being entered into the system
- 2) Ombudsman/Staff Member entering Case-Drop down
- 3) Complainant (if not resident)-Drop down
- 4) Complainant Role- Drop down with the following: Facility Administer or Staff, non-relative/guardian/legal representative, ombudsman or ombudsman volunteer, Other, medical staff/physician, relative or friend of resident, resident, unknown/anonymous
- 5) Facility-Drop down
- 6) Resident-Drop down
- 7) Assigned- Ombudsman assigned to case, Drop down
- 8) **Date Opened***-Calendar Feature
- 9) First Action- Calendar Feature
- 10) Consent Obtained- “Check off” needed
 - A. Date of Permission
 - B. Waiver-Yes or No

Complaint Detail

- 11) **Major Complaint Code***- See attachment
- 12) **Minor Complaint Code***-See attachment
- 13) **Disposition***- Drop down with the following:
 - A. Government policy, regulatory change or legislative action required
 - B. Not resolved to the satisfaction of the resident/complainant/ombudsman
 - C. Withdrawn by resident or complainant
 - D. Referred to other agency for resolution
 1. Final disposition was not obtained

- 2. Agency failed to act on complaint
 - 3. Agency did not substantiate complaint
 - E. No action needed or appropriate
 - F. Partially Resolved, but some problem remains
 - G. Resolved to the satisfaction of the resident/complainant/ombudsman
- 14) **Verification***- Drop down with the following: Yes or No
- 15) **Date Opened***- Calendar Feature
- 16) **Date Closed***-Calendar Feature

Facility

- 17) **Name of Facility***-Import capability from NYS DOH
- 18) Facility ID #-Import capability from NYS DOH
- 19) Phone-Import capability from NYS DOH
- 20) Type of Facility- Nursing or Board and Care- Import capability from NYS DOH
- 21) County- Import capability from NYS DOH
- 22) Address of Facility- Import capability from NYS DOH

Resident

- 23) Residents Name-Drop down

Complainant

- 24) **Complainant Name***-Drop down
- 25) Complainant Role-See above

Journaling-Narrative Required with Spell Check

- 26) Complaint Description/Intake Summary- Narrative with Spell Check Capability-Include details (date, time location, etc.) of each allegation/issue to be investigated.
- 27) Investigation Notes-Narrative with Spell Check Capability-Include any details of observations, interviews, and record reviews that were performed as part of the investigation.
- 28) Resolution-Narrative with Spell Check Capability- Provide a description of how each complaint was resolved, including specific details and time frames related to the agreed upon resolution.

Program Activities

***NORS Required Fields**

1) Program Activity- Drop down with the following-See below

- A. Resident Visitation/Complaint Investigation
- B. *Individual Information & Consultation**
- C. *Community Education**
- D. *Facility/Provider Consultation**
- E. Facility Survey Participation
- F. Residents Council Participation
- G. Family Council Participation
- H. *Facility Staff Training by Ombudsman**
- I. Additional Volunteer Hours
- J. Coordinator Assistance to Ombudsman /
Volunteer
- K. **Ombudsman/ Volunteer Training**
- L. *Media – Interview or Discussion**
- M. *Media – Press Release**
- N. Systems Advocacy

***This activity requires a Topic**

****This activity requires Attendees and a Topic**

2) Topics- Drop Down with the following-See below

- 1 Abuse, Neglect, and Exploitation.
- 2 Access to Information by Resident or Resident’s Representative
- 3 Activities
- 4 Admission, Transfer, Discharge
- 5 Adult Protective
- 6 Advance Directives
- 7 Behavioral Issues
- 8 Communications
- 9 Complaint Process / Grievance
- 10 Dietary
- 11 DOH
- 12 Facility Policies/Procedures, Attitudes, Resources
- 13 Family
- 14 Financial, Property
- 15 Home and Community Services
- 16 Legal
- 17 Long Term Care Options/How to choose a facility
- 18 Medicaid / Medicare
- 19 Mental Health
- 20 Ombudsman Services

- 21 Other
- 22 Physicians
- 23 Rehabilitation
- 24 Regulations
- 25 Resident Care
- 26 Resident's Rights
- 27 Restraints
- 28 Safety
- 29 Social Services
- 30 Staffing
- 31 Survey

- 3) Completed By- Drop down
- 4) **State or Local Program***
- 5) **Instances of Activity***
- 6) Facility-Drop down
- 7) County
- 8) **Completed Date***-Calendar Feature
- 9) **Time Spent***- Hours/Minutes
- 10) **Travel Time***-Hours/Minutes
- 11) Activity Comments- Narrative with Spell Check Capability

Facilities

***NORS Required Fields**

- 1) License/ID- Import capability from DOH
- 2) **Facility Type***- Board and Care, Family Type Home, Adult Home
- 3) **Active Facility***- Yes or No, possible "check off" box
- 4) Date Opened- Calendar Feature
- 5) Date Closed- Calendar Feature
- 6) Name of Facility
- 7) Address of Facility
- 8) City, State, Zip
- 9) For Profit- Drop down with the following: Yes or No
- 10) **Licensed ***-possible "check off", Calendar Feature
- 11) Program Staff Assigned- Drop down
- 12) Bed Count
- 13) Owner Information (Name)
- 14) Notes- Narrative

Residents

- 1) Last Name
- 2) First Name

- 3) Middle Initial
- 4) Address
- 5) City, State, Zip
- 6) Phone Number
- 7) Pay Status- Medicare, Medicaid, Medicaid and Medicare, SSI, VA, Private Pay

Facility Ownership

- 1) Owner ID
- 2) Owner Name
- 3) Address
- 4) City, State, Zip
- 5) Phone
- 6) Fax
- 7) Owner Type- State Affiliated, Private Organization, Chain, Other
- 8) Facility Summary- Connection to Ownership