New York State Ombudsman Monthly Activity Reporting Form
STAFF

Staff: _____ **Month/Year**: _____

Date	Activity	Topic	Activity Time	Travel Time	Attendees	Notes: contact, facility

Program Activities:

***This activity requires Topic**

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

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. Volunteer Use Only
J. Coordinator Assistance to Ombudsman / Volunteer
K. **Ombudsman/ Volunteer Training
L. *Media – Interview or Discussion
M. *Media – Press Release
N. Systems Advocacy

Topics:

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