

New York State Long Term Care Ombudsman Program
Complaint Form



Ombudsman Name: Jody Signoracci

Facility Name: Pleasant Grove

Date Received: 3/17/2009

1) Name of complainant (if not resident): Mike Hurley

2) Complainant Role (select **one**):

- | | |
|--|--|
| <input type="checkbox"/> Ombudsman | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Facility administrator/Staff | <input checked="" type="checkbox"/> Relative or friend of resident |
| <input type="checkbox"/> Guardian/legal representative
(non-relative) | <input type="checkbox"/> Social service agency/program |
| <input type="checkbox"/> Medical: physician or staff | <input type="checkbox"/> Other : |
| | <input type="checkbox"/> Unknown/Anonymous |

3) Resident name: John Hurley

4) First Action Date (date investigation began): 3/17/2009

5) Date Case Closed: 3/24/2009

6) Permission to reveal identity of resident and or complainant: YES NO
Date of Permission: 3/17/2009

Waiver YES NO Please attach.

7) Complaint Description: Identify allegations. Include details (date, time, location, witnesses) of each allegation/issue to be investigated.

3/17/2009- 9:45 AM Complainant indicates that recently his fathers dentures are not brushed or cared for on a regular basis and that he often finds his dad without his prescribed glasses. I noticed, in speaking with the resident that he had no glasses on.

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8) Investigation Notes/ Journal of Events: (Include observations, interviews and supporting documentation as appropriate. Be sure to document dates, time, of investigation.)

3/17/2009- Interviewed the Unit Manager Peggy Miller at 10:15 AM about complainants concerns. Upon interview, Peggy suggested that we speak with "E" Wing CNA Darcy about general facility procedure/protocol regarding daily denture care as well as what specifically she does for the resident every day in regards to his oral care. She thought we could also ask Darcy what she knew about the glasses situation.

CNA noted on interview that she now realizes that the most recent revision of the residents bedside CNA card must be in error because neither daily oral care or glasses reminder is noted on the current card. She recalled both items being on in the past, but thought they both had been removed recently because of a "medical" reason and she did not question it. Both the Unit Manager and myself noted the ommisions on the CNA card. I witnessed the Unit Manager change the CNA card accordingly to reflect the need for both things to happen on daily basis

10:45 AM- With the residents signed permission, I walked back with the Unit Manager to review residents chart to confirm that daily oral care was in fact included, as well as acknowledgement that the resident had glasses which needed to be worn daily. I noted both of these items to appropriately be in the residents chart.

9) Resolution (provide a description of how each complaint was resolved; include details and time frames as appropriate):

3/17/09- Complainant and resident both satisfied with resolution. Unit Manager agrees to in-service staff to ensure that care plans are being followed appropriately.

3/24/09- I followed up with complainant and resident on my next visit to the facility who indicated that the issue has been addressed fully and that "everything is happening the way it is supposed to be".

Findings:

10) Complaint Code	11) Verified (Y or N)	12) Disposition	Disposition Codes
F-45	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	G	A. Government policy, regulatory change or legislative action required B. Not resolved to satisfaction of 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 remained G. Resolved to the satisfaction of the resident/complainant/ombudsman
G-59	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	G	
	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N		

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