

New York State Long Term Care Ombudsman Program
Complaint Form



Ombudsman Name: Jody Signoracci

Facility Name: Pleasant Grove

Date Received: 3/1/2009

1) Name of complainant (if not resident):

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

- | | |
|--|---|
| <input type="checkbox"/> Ombudsman | <input checked="" type="checkbox"/> Resident |
| <input type="checkbox"/> Facility administrator/Staff | <input 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: Mary Smith

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

5) Date Case Closed: 3/17/2009

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

Waiver YES NO Please attach.

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

3/1/09- Call from coordinator to visit resident about food and AM routine complaints

3/3/09- Went to see resident at 11:30 AM. Complained that she does not care for the diabetic food being served to her by the facility and would prefer soup and sandwich every night and coffee in the afternoon. She also would prefer to be awoken at a later time if possible. She is used to getting up at 10:30 AM and is now being awoken at 7:00 AM and brought to breakfast which she does not eat. Ombudsman asked resident if she could start to investigate these issues and the resident agreed. The resident gave verbal permission and a confidentiality waiver was signed by the ombudsman contemporaneously.

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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.)

3/3/09 I spoke with DON Ratchet at 11:45 AM who indicated that she is aware of the issues and will look into them.

3/10/09- I went to see resident for follow up, she continues to have both food and wake up issues. I spoke with residents diet technician Ann who states that the resident is a brittle diabetic and has to have a variety of well balanced foods in order to provide proper nutrition and keep her blood sugar below 200. She indicates that there is a doctors order for this in the clinical record. Discussed this issue with resident who states that she is fully cognizant of the need for a well balanced diet in her disease management, but is convinced that this is a "quality of life" issue and would prefer to have her choice preference honored by the facility.

Asked DON Ratchet to come into the residents room with us to discuss the wake up issue at 12 pm. Nurse Ratchet indicated that there is a conflict with scheduling staff to assist resident at 10:30 AM, but they could do a 9:30 AM wake up. However, resident could than only have a light "continental breakfast" in her room because breakfast in the café would be over. Resident was agreeable to this proposed solution because she liked the idea of extra sleep and did not care for a "big" breakfast every morning anyway.

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

3/10/09- Through mediation a compromise was achieved on the food issue that is acceptable to the resident while keeping her health conditions in mind. Resident will have soup and sandwich everyday with "healthy" modifications that include whole wheat breads, mustard instead of mayo/butter, low salt soup, and fresh fruit for dessert. Diet tech indicated that she would have DON Ratchet get a new MD order and would update the care plan accordingly. I told resident that I would be back next week to follow up, and with permission, would check her record to make sure the care plan had been changed accordingly.

3/17/09-Followed up with resident who reports that she is now satisfied with the food she is being served and her scheduled "wake up" time. After getting the permission waiver signed, I reviewed the residents chart and found that changes to the care plan had been made to both the dietary and AM Routine areas of the chart. Case closed.

Findings:

10) Complaint Code	11) Verified (Y or N)	12) Disposition	Disposition Codes
J-71	<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
D-27	<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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