

CHAPTER 500: INVESTIGATIVE SERVICES

- 501: Receipt of Complaints**
- 502: Complaint Investigations**
- 503: Verification of Complaints**
- 504: Resolution of Complaints**
- 505: Abuse and Neglect**
- 506: Complaint Referral**
- 507: Documentation of Investigative Services**
- 508: Multidisciplinary Teams**

501: Receipt of Complaints

- A. Complaints may be initiated by:
 - 1. residents, participants, families and friends of residents or participants, long-term care facility staff, or any other person;
 - 2. complainants who wish to remain anonymous.
 - a) Ombudsmen may proceed without knowing the complainant's or resident's identity and should continue to investigate the issue with proper permission.
 - b) If the Ombudsman receiving the complaint is able to communicate directly with the anonymous complainant, the Ombudsman shall explain to the complainant that, in some circumstances, anonymity could limit the ability of the Program to investigate and resolve the complaint.
 - 3. Ombudsmen, when they have personal knowledge of an action, inaction, or decision that may adversely affect the health, safety, welfare, or rights of residents or participants including actions, inactions, or decisions of:
 - a) facilities in response to natural disasters, evacuations, relocations, involuntary change of management, closures, or other unusual events; or
 - b) governmental agencies in response to the concerns and conditions of residents and participants.
- B. When information regarding a complaint or problem is received, the Program shall:
 - 1. collect all relevant information from the complainant;
 - 2. discuss attempts that have been made to resolve the complaint;
 - 3. determine the resident's or participant's desired outcome(s);
 - 4. discuss alternatives for handling the complaint;
 - 5. encourage the complainant to personally take appropriate action, with Program assistance, if needed;
 - 6. explain the Program's role is to act in accordance with resident wishes and maintain confidentiality; and

7. determine whether the complaint is appropriate for Ombudsman services. The following complaints are not appropriate for Ombudsman activity:
 - a) complaints that do not directly impact residents or participants;
 - b) complaints that are outside the scope of the mission or authority of the Program;
 - c) complaints which would create an irresolvable conflict of interest.

NOTE: The Program may seek resolution of complaints in which the rights of one resident and the rights of another resident or residents appear to be in conflict or in dispute.

- C. Special consideration shall be given when the Program receives a complaint on a deceased resident.

The Long-Term Care Ombudsman shall:

1. determine if the case should be opened as a systemic case. If the Ombudsman determines the case should not open as a systemic case, the Ombudsman will inform the complainant that the Ombudsman will not open a case as there is no resident for which an issue can be resolved;
2. refer the complainant to Illinois Department of Public Health (IDPH) or Healthcare and Family Services (HFS) as appropriate; and/or
3. suggest to the complainant other referral options including police, private attorneys, coroner, etc.

The Home Care Ombudsmen shall:

1. not open a case on behalf of a deceased participant. Home Care Ombudsmen will inform the complainant that the Ombudsman will not open a case as there is no client for which an issue can be resolved.
2. suggest to the complainant other referral options including, police, private attorneys, coroner, etc.

NOTE: If the resident dies during the time that a case is open, refer to Section 502 of this Manual.

- D. Long-Term Care Ombudsman timeliness of response to complaints
 - 1. Every Ombudsman shall use his or her best efforts to initiate investigations (defined as “Date of First Action” in Section 104 of this Manual) of complaints in a timely manner in order to resolve the complaint to the satisfaction of the resident. A response is considered timely as follows:

**TABLE 5-A
COMPLAINT RESPONSE TIME**

IF a complaint involves . . .	THEN the standard of promptness for a LTCO response is . . .
<ul style="list-style-type: none"> ➤ abuse or gross neglect, and the Ombudsman has reason to believe that a resident may be at risk ➤ actual or threatened transfer or discharge from a facility within two (2) calendar days ➤ use of restraints 	<ul style="list-style-type: none"> ➤ within the next business day from the receipt of the message or information by the Regional Program
<ul style="list-style-type: none"> ➤ abuse or gross neglect, and the Ombudsman has no reason to believe that a resident is at risk (e.g., the resident has left the facility for home or a hospital) ➤ actual or threatened transfer or discharge from a facility where a “Notice of Involuntary Transfer or Discharge” is issued 	<ul style="list-style-type: none"> ➤ within three (3) business days from the receipt of the message or information by the Regional Program
<ul style="list-style-type: none"> ➤ other types of complaints 	<p>within 7 - 21 business days or less depending upon severity of complaint</p>

- 2. When the Program will be unable to initiate investigations in a timely manner (e.g., due to a planned vacation, training, or extended illness), the Regional Ombudsman shall develop a plan for temporary coverage in order to meet the standard of promptness.
- 3. The Ombudsman may inform the complainant of a time frame for when the complainant may expect investigative efforts to begin. The time frame should be documented in case records, if given.

4. The Program is not designed to serve as an emergency response system. Emergency or life-threatening situations should be referred to "911" and other emergency response systems for immediate response.
- E. Home Care Ombudsman shall follow the timeliness of response to complaints as directed in the Standard Operating Policies and Procedures Manual for the Home Care Ombudsman Program Section 601 (I).

502: Complaint Investigations

- A. Ombudsmen investigate complaints in order to verify the general accuracy of the complaint and to gather information to resolve it. The investigation shall be conducted in a timely and thorough manner in order to:
1. identify the relevant issue areas raised by the complainant;
 2. determine the sequence of investigatory steps;
 3. assemble all necessary facts;
 4. determine the validity of the complaint; and
 5. seek resolution of the complaint.
- B. Regardless of the source of the information or complaint, the resident of, or applicant to, a long-term care facility is the Program's client and all complainants shall be so informed.
- C. Regardless of the source of the complaint (i.e., the complainant), including when the source is the Ombudsman, the Ombudsman must support and maximize resident or participant participation in the process of resolving the complaint as follows:
1. The Ombudsman shall offer privacy to the resident or participant for the purpose of confidentially providing information and investigating and resolving complaints.
 2. The Ombudsman shall personally discuss the complaint with the resident, participant or representative (if the resident or participant is unable to communicate informed consent) in order to:
 - a) determine the perspective of the resident, participant or representative of the complaint;
 - b) request the resident, participant or representative to communicate informed consent in order to investigate the complaint;
 - c) determine the wishes of the resident, participant or representative with respect to resolution of the complaint, including whether the allegations are to be reported and, if so, whether the Ombudsman may disclose resident-identifying information or other relevant information to the facility and/or appropriate agencies;
 - d) advise the resident or participant (and representative, where applicable) of resident or participant rights;

- e) work with the resident, participant or representative to develop a plan of action for resolution of the complaint;
 - f) investigate the complaint to determine whether the complaint can be verified; and
 - g) determine whether the complaint is resolved to the satisfaction of the resident, participant or representative.
- C. Investigation by the Ombudsman shall proceed only with the express consent of the resident, participant or representative except in systemic cases.
- D. Communication of informed consent may be made in writing, orally or visually, including through the use of auxiliary aids and services, and such consent must be documented contemporaneously by the Ombudsman.
- E. When the resident is unable to communicate informed consent, the Ombudsman shall:
- 1. advocate for a resident's wishes to the extent that the resident can express them, even if the resident has limited decision-making capacity;
 - 2. determine if the resident has a representative and seek informed consent from that representative;
 - 3. seek information from family, friends, and other sources that indicates what the resident would have desired and, where such evidence is available, work to effectuate that desire; and
 - 4. assume that the resident wishes to have his or her health, safety, welfare and rights protected.
- F. In determining whether to rely upon a representative to communicate or make determinations on behalf of the resident or participant related to complaint processing, the Ombudsman shall ascertain the extent of the authority that has been granted to the representative under court order (in the case of a guardian or conservator), by a power of attorney or other document by which the resident or participant has granted authority to the representative, or under other applicable state or federal law.
- G. Where the resident or participant is unable to communicate informed consent and has no representative, or when the resident or participant is unable to communicate informed consent and the Ombudsman has reason to believe that an action, inaction, or decision of the representative may adversely affect the health, safety, welfare, or rights of the resident, the Ombudsman shall:

1. ascertain there is no evidence that the resident would not wish Ombudsman assistance;
 2. seek permission from the Office to proceed with complaint investigation and resolution;
 3. with approval from the Office, take appropriate steps to investigate and work to resolve the complaint in order to protect the health, safety, welfare and rights of the resident or participant; and
 4. determine whether the complaint was resolved to the satisfaction of the complainant.
- H. The Office shall respond to the request for guidance within 3 business days when the situations covered in Section 502(G)(3) apply.
- I. The State Ombudsman or another Ombudsman may refer the matter and disclose resident-identifying or participant-identifying information to the appropriate agency or agencies for regulatory oversight; protective services; access to administrative, legal, or other remedies; and/or law enforcement action in the following circumstances:
1. the resident or participant is unable to communicate informed consent to the Ombudsman and has no representative and the Ombudsman has reasonable cause to believe that an action, inaction or decision may adversely affect the health, safety, welfare or rights of the resident or participant, or the Ombudsman has reasonable cause to believe that the representative has taken an action, inaction or decision that may adversely affect the health, safety, welfare, or rights of the resident or participant;
 2. the Ombudsman has no evidence indicating that the resident or participant would not wish a referral to be made;
 3. the Ombudsman has reasonable cause to believe that it is in the best interest of the resident or participant to make a referral; and
 4. the Ombudsman obtains the approval of the State Ombudsman.
- J. For all complaints in which the resident refuses or withdraws consent, the Ombudsman shall:
1. determine whether the type of complaint is recurring. The Ombudsman shall determine whether the circumstances merit other strategies toward resolution which would not disclose the identity of the resident who has withdrawn consent (e.g., filing an Ombudsman-generated complaint, presenting the issue to the resident or family council);
 2. attempt to determine why the resident refused or withdrew consent and consider the following factors:

- a) past responses of facility, such as failure to respond to complaints and/or retaliation against complainants;
 - b) the resident's experience with facility staff; and
 - c) the experience of residents related to this type of complaint.
3. inform the resident that he or she may contact the Program in the future regarding the withdrawn complaint or other complaints;
 4. provide contact information such as a business card or brochure informing the resident how to contact the Program; and
 5. discontinue work on the individual complaint.
- K. For all abuse and neglect complaints in which the resident, knowing full well the potential consequences of his or her refusal to give or withdraw consent, the Ombudsman shall:
1. complete the steps outlined in Section 502(G) of this Manual;
 2. discontinue work on the complaint; and
 3. report the withdrawal or refusal immediately to the Office and Regional Ombudsman in keeping with Section 505(F) of this Manual.
- L. When the Program has an open case and the resident dies, the Ombudsman shall:
1. close the case;
 2. determine whether or not the complaint can be opened as a systemic case; and
 3. suggest to the complainant other referral options including IDPH, police, private attorneys, coroner, etc., as appropriate.

NOTE: If the resident dies prior to receipt of a complaint, refer to Section 501 of this Manual.

- M. When the resident is the alleged victim of abuse, neglect and/or exploitation and is unable to provide consent, the Ombudsman shall:
1. check to see if the resident has a legal guardian or legal representative;
 2. contact the Office of the State Ombudsman to discuss the case, seek guidance and get approval to take further action if:
 - a. there is no legal guardian or legal representative, and
 - b. the Ombudsman has reason to believe that the resident is a victim

of abuse, neglect and exploitation .

- N. In order to investigate, verify, and ultimately resolve a complaint, the Ombudsman shall take one or more of the following steps as appropriate to the nature of the complaint and with the express consent of the resident:
 - 1. research relevant laws, rules, regulations, and policies;
 - 2. observe the situation and evidence;
 - 3. interview the resident and/or complainant;
 - 4. interview any staff, administration, physician, residents and family members;
 - 5. identify relevant agencies and interview and/or obtain information from their staff;
 - 6. examine any relevant records including clinical, medical, social, financial, and other records in keeping with access and confidentiality policies and procedures;
 - 7. review any other information available to the Ombudsman and pertinent to the investigation;
 - 8. consider the most appropriate time to conduct an on-site visit;
 - 9. consider combining these issues with other problems in the same facility, corporation, agency, or Program; and
 - 10. determine the sequence of investigatory steps.

- O. An investigation shall minimally include the following investigative activities:
 - 1. face-to-face visit and interview with the resident(s) and/or his or her representative; and
 - 2. direct contact and interview with the complainant, which may be by a face-to-face visit, a telephone call, an e-mail, video conference, or a letter. However, direct contact with the complainant is not required if the complaint was made anonymously or if the complainant requests not to be contacted.

- P. Exceptions to face-to-face (FTF) contact with the resident are as follows:
 - 1. if the resident requested that he or she not be visited or contacted;
 - 2. if the resident is the complainant and confirms that an FTF visit is not needed;

3. if the case involves a notice of involuntary transfer or discharge for non-payment and the Ombudsman is able to speak to the resident directly over the telephone and resolve the case without an FTF visit; and
 4. if the case involves a Medicaid application and the Ombudsman is able to speak to the resident directly over the telephone and resolve the case without an FTF visit.
- Q. The Ombudsman shall seek the following information during the investigation of a complaint or problem:
1. what has occurred or is occurring;
 2. when it occurred and whether the occurrence is on-going;
 3. where it occurred;
 4. who was involved;
 5. effect of the occurrence on resident(s) or a participant;
 6. reason for occurrence;
 7. what, if anything, the facility or other interested parties have done in response to the occurrence; and
 8. resident's or participant's goals and wishes as a complaint resolution.
- R. The Ombudsman is not required to independently verify a complaint in order to seek resolution on behalf of a resident or participant. Resident or participant perception is a sufficient basis upon which an Ombudsman can seek resolution of a problem or complaint.
- S. Generally, facility visits for purposes of complaint investigation shall be unannounced.
- T. For all complaints in which the participant refuses or withdraws consent, the Home Care Ombudsman shall refer to the Standard Operating Policies and Procedures Manual for the Home Care Ombudsman Program Section 602 (i).

503: Verifying Complaints

- A. A complaint is “verified” when an Ombudsman determines after interviews, record inspections, observations, etc., that most or all facts alleged by the complainant are likely to be true.
- B. Because the Program works on behalf of residents and participants, the Ombudsman gives the benefit of any doubt to the resident’s or the participant’s perspective.
- C. Ombudsmen always attempt to verify complaints, but they work to resolve a complaint to the satisfaction of the resident or participant, whether it is verified or not.

504: Resolution of Complaints

- A. Upon verifying a complaint, the Ombudsman shall discuss with the resident, participant or representative legal, administrative, and other remedies available to resolve the complaint. The Ombudsman shall, to the fullest extent possible, involve and empower the resident or participant to participate in the resolution of the complaint.
- B. The Ombudsman shall work with the resident or participant to develop a plan of action to resolve the complaint.
 1. The plan of action shall be mutually agreed upon by the resident or participant and the Ombudsman.
 2. The following factors shall be considered in developing the plan of action:
 - a) the scope and nature of the complaint;
 - b) the history of the facility or agency with respect to resolution of other complaints;
 - c) available remedies and resources for referral;
 - d) the individual or agency best able to resolve the complaint; and
 - e) the likelihood of retaliation against the resident, participant or complainant.
 3. The Ombudsman shall propose a plan to attempt to resolve the dispute directly with the appropriate staff or other party that is the source or cause of the complaint unless the Ombudsman and the resident or participant determine that another strategy would be more advantageous to the resident or participant.
 4. One or more of the following may be used to develop an appropriate plan of action in resolving complaints:
 - a) negotiation on behalf of, or with the resident or participant with the appropriate facility staff or other relevant party to develop an agreement or course of action that resolves the complaint;
 - b) mediation between parties of equal status (e.g., between residents or between family members) to assist the parties in developing an agreement that resolves the complaint;
 - c) assistance or representation for residents before the Illinois Department of Public Health (IDPH) or the Department of

- Health Care and Family Services (HFS) in administrative hearings to challenge involuntary transfer or discharge notices or to appeal unsatisfactory complaint investigations completed by the Department of Public Health or the Department of Health Care and Family Services;
- d) assistance or representation for participants before the Department on Aging, the Department of Human Services (DHS), or the Department of Health Care and Family Services (HFS) in administrative hearings;
 - e) assistance to residents in guardianship hearings or revocations of Power of Attorney documents;
 - f) coordination with and/or referrals to appropriate agencies; or
 - g) issue advocacy, which is discussed in Section 405 of this Manual.
- C. If a complaint received or an investigation by an Ombudsman discloses information or facts indicating the commission of a criminal offense or a violation of standards of professional conduct, the matter may be referred to the Illinois State Police, State's Attorney, or any other law enforcement official having jurisdiction to prosecute the crime, and/or to the appropriate professional licensing board in keeping with the resolution plan developed with the resident or participant.
- D. If a complaint cannot be resolved through negotiations with the facility or the appropriate governmental or non-governmental agency, or if an act, practice, policy or procedure of a facility or governmental or non-governmental agency does or may adversely affect the health, safety, welfare or civil rights of a resident or class of residents or a participant or class of participants, the Ombudsman:
- 1. may recommend and assist the resident or participant in securing legal representation to commence legal actions, including complaints for injunctive relief, declaratory relief, or actions for civil damages, provided that exhaustion of any available administrative remedies shall not be required prior to commencement of suit pursuant to Section 3-604 of the Nursing Home Care Act; and
 - 2. shall consult with the Office regarding the possibility of legal action and in appropriate circumstances, the Office shall involve the Legal Services Developer and the Department's Office of General Counsel in assisting the Ombudsman.
- E. The resolution status, or disposition of each complaint shall be documented based on the satisfaction of the resident or participant.
- F. If the resident or participant is unable to communicate his or her perspective on the extent to which the complaint has been resolved, or dies before the investigation is complete, the Ombudsman may rely on the perspective of the representative, unless the Ombudsman has reason to believe that the

- representative is not acting in the best interest of the resident or participant.
- G. If the resident or participant is unable to communicate his or her perspective, or dies before the investigation is complete and does not have a representative, the Ombudsman shall rely on the perspective of the complainant to determine the level of resolution.
- H. Ombudsmen shall select one of the dispositions listed below based on the outcome of 504 (E-G) when closing each compliant code:
1. **Partially or fully resolved** – The concern has been corrected and the complaint is resolved or the concern has been partially resolved and some concerns still remain.
 2. **Not Resolved** – The problem identified in the complaint has not been corrected or the change made was in no way to the satisfaction of the resident or participant.
 3. **Withdrawn or No Action Needed** – The complaint was withdrawn at the request of the resident, participant or complainant, or discontinued by the Ombudsman. If a significant portion of the complaint/problem was resolved prior to the withdrawal, record as “Partially or fully resolved.” Or, use when the investigation proved no action by the Ombudsman was needed or appropriate. Examples include: a family member has a complaint which the resident or participant does not consider to be a problem and wants no action; or the findings of the investigation did not indicate a need for change or require further Ombudsman investigation and complaint resolution. This code may also be used when the resident or participant dies or moves away and the complaint is no longer relevant.
- I. Cases may be closed in the following circumstances:
1. when the complaint or complaints have been resolved to the resident’s or participant’s satisfaction or the satisfaction of the representative or complainant as specified in 504 (F) and (G);
 2. when the Ombudsman has exhausted all possible means of working to resolve the complaint and the resident or participant is not satisfied with the outcome;
 3. when the resident or participant requests that Program action end on the complaint;
 4. when the resident or participant moves out of Illinois; or
 5. when the resident or participant dies and the case is not systemic.

505: Abuse/Neglect Issues

- A. In accordance with federal law, Ombudsmen are not mandated reporters with regard to work on behalf of residents.
- B. An Ombudsman shall not report suspected abuse, neglect or exploitation of a resident when a resident or representative has not communicated informed consent to such report except in situations where the resident is unable to communicate informed consent to the Ombudsman and all of the following circumstances exist:
 - 1. the resident has no representative or the Ombudsman has reasonable cause to believe that the representative has taken an action, has failed to act, or has made a decision that may adversely affect the health, safety, welfare or rights of the resident;
 - 2. the Ombudsman has reasonable cause to believe that an action, inaction or decision may adversely affect the health, safety, welfare or rights of the resident;
 - 3. the Ombudsman has no evidence indicating that the resident would not wish a referral to be made;
 - 4. the Ombudsman has reasonable cause to believe that it is in the best interest of the resident to make a referral; and
 - 5. the Ombudsman receives the approval of the State Ombudsman.
- C. If a complaint or an investigation indicates suspected abuse or neglect of a resident, the Ombudsman shall:
 - 1. advise the resident, complainant or witnesses to report the matter to the Illinois Department of Public Health (IDPH), Healthcare and Family Services (HFS), Adult Protective Services Program (APS) and/or law enforcement as appropriate. The Ombudsman should offer assistance to any individual who wants to report abuse or neglect;
 - 2. request the permission of the resident or representative to report suspected abuse or neglect to IDPH, HFS, APS and/or law enforcement if the resident or representative is unwilling or unable to report themselves;
 - 3. inform the complainant, if the complainant is a mandated reporter, to file a complaint with the appropriate authority under Illinois law (Abused and Neglected Long-Term Care Facility Residents Reporting Act, [210 ILCS 30/4]); and/or
 - 4. advocate for and follow the resident's wishes to the extent that the resident can express them, even if the resident has limited decision-

- making capacity.
- D. When a resident is unable to communicate informed consent for an Ombudsman to work on a complaint directly involving the resident, the Ombudsman shall seek evidence to indicate what the resident would have desired and, where such evidence is available, work to bring about that desire.
- E. When the resident is the alleged victim of abuse, neglect and/or exploitation and is unable to communicate informed consent, the Ombudsman shall:
1. check to see if the resident has a guardian or representative;
 2. if there is no guardian or representative and the Ombudsman has reason to believe that the resident is a victim of abuse, neglect and/or exploitation, contact the Office to discuss the case, seek guidance and get approval to take further action.
- F. When a resident or participant refuses to give consent to report suspected abuse or neglect, the Ombudsman shall:
1. attempt to determine why the resident or participant refused or withdrew consent, considering factors such as:
 - a) past response of facility or agency to complaints;
 - b) the resident's or participant's relationship with the staff;
 - c) the experience of this resident or other residents in the facility or in other facilities related to this type of complaint; and
 2. notify the Regional Ombudsman and Office of the resident's or participant's knowing refusal to report.
- G. The Office shall consider the impact on the resident, other residents, and the integrity of the Program in deciding whether to file a report of suspected abuse or neglect with IDPH, HFS, APS or other regulatory agencies. The Office's decision shall be recorded in the Regional Program records.
- H. In the case of suspected abuse or neglect of person residing in a suspected unlicensed facility, the Program should file a report of an "unlicensed facility" with IDPH.
- I. If a complaint indicates suspected financial exploitation of a resident who is able to communicate informed consent, the Ombudsman shall:
1. encourage caller to make a police report, make a report to APS, contact legal services, or hire a private attorney; and
 2. open a case if there is a threat of a facility-initiated discharge or if a resident requests Ombudsman assistance.
- J. If a complaint indicates suspected financial exploitation of resident who is not able to communicate informed consent, the Ombudsman shall:

1. encourage the complainant to make a police report and/or make a report to APS;
 2. open a case if there is a threat of a facility-initiated discharge; and
 3. consider if the Ombudsman should work to find a representative to petition for guardianship.
- K. Policies relating to financial exploitation are the minimum requirements. The Regional Ombudsman may use his or her discretion to do additional investigation as time allows.
- L. Any Home Care Ombudsman who, while carrying out their professional duties, gains personal knowledge of any case of alleged or suspected abuse or neglect of a person who fits the definition of an “eligible adult” pursuant to the Adult Protective Services Act [310 ILCS 20/2] and who, because of a disability or other condition of impairment is unable to seek assistance for himself or herself shall, to the extent permitted by the applicable Program confidentiality provisions of state and federal law, report and provide information on such a case to APS.
- M. If a resident tells an Ombudsman that he or she intends to harm himself or herself, the Ombudsman shall conduct a Preliminary Suicide Risk Assessment approved by the Office. Based on the assessment, determine if the resident is a low, medium, or high risk.
1. If the resident scores in the low risk category, the Ombudsman shall:
 - a) document the assessment and determination of risk;
 - b) seek permission to talk to facility staff and/or a family member;
 - c) advise the resident to tell someone (doctor, nurse, family or friend) if suicidal thoughts become more prevalent;
 - d) ask the resident what additional supports he or she has or could use in his or her life; and
 - e) discuss with the Regional Ombudsman within a week.
 2. If the resident scores in the medium risk category, the Ombudsman shall:
 - a) document the assessment and determination of risk;
 - b) seek permission to talk to facility staff and/or a family member;
 - c) ask the resident to have the facility staff schedule a doctor’s appointment;
 - d) facilitate a referral. Before leaving the facility, the

- Ombudsman should try to have the resident talk with staff and offer to accompany the resident to this meeting. If the resident is unwilling, ask them for an alternate plan; and
- e) discuss with the Regional Ombudsman or the Office as soon as possible (within 24 hours but no longer than 48 hours).
3. If resident scores in the high risk category, the Ombudsman shall:
 - a) document the assessment and determination of risk;
 - b) tell the resident the concern for being at risk of harm and state additional assistance is needed. Ask if the resident is currently working with a doctor or counselor;
 - c) seek permission to talk to facility staff and/or a family member;
 - d) advise the resident of the need to talk with nursing staff and if the resident refuses, call the local crisis service to discuss the situation and determine next steps; and
 - e) discuss with the Regional Ombudsman or the State Ombudsman before leaving the facility.
 4. If the resident's plan involves harming others, immediately report to the Office and dial 911 if the Ombudsman believes death or serious physical harm could occur within a short period of time (i.e., imminent threat).
- N. If a participant tells an Ombudsman that he or she intends to harm himself or herself, the Ombudsman shall conduct a Preliminary Suicide Risk Assessment approved by the Office. Based on the assessment, determine if the participant is a low, medium, or high risk.
1. If the participant scores in the low risk category:
 - a) document the assessment and determination of risk;
 - b) seek permission to talk to agency staff, a family member, and/or a caregiver;
 - c) advise the participant to tell someone (doctor, nurse, family or friend) if suicidal thoughts become more prevalent;
 - d) ask the participant what additional supports he or she has or could use in his or her life; and
 - e) discuss with the Deputy State Home Care Ombudsman within a week.

2. If the participant scores in the medium risk category, the Ombudsman shall:
 - a) document the assessment and determination of risk;
 - b) seek permission to talk to agency staff, family members and/or a caregiver;
 - c) ask the participant if he or she is willing to schedule a doctor's appointment or willing to ask a caregiver or family member to schedule a doctor's appointment;
 - d) facilitate a referral. Offer to assist the participant with making an appointment. If the participant is unwilling, ask for an alternate plan; and
 - e) discuss with the Deputy State Home Care Ombudsman or the State Ombudsman as soon as possible (within 24 hours but no longer than 48 hours).

3. If the participant scores in the high risk category, the Ombudsman shall:
 - a) document the assessment and determination of risk;
 - b) assess the environment for personal safety;
 - c) tell the participant the concern for being at risk of harm and state additional assistance is needed. Ask if the participant is currently working with a doctor or counselor;
 - d) seek permission to talk to agency staff, family members and/or a caregiver;
 - e) advise the participant to call the local crisis service to discuss the situation and determine next steps; if the participant refuses, call the local crisis hotline; and
 - f) discuss with the Deputy State Home Care Ombudsman or the State Ombudsman as soon as practicable.

4. If the participant's plan involves harming others, immediately report to the Office and dial 911 if the Ombudsman believes death or serious physical harm could occur within a short period of time (i.e., imminent threat).

506: Complaint Referral

- A. The Program shall refer a complaint or problem to another agency when:
1. the resident or participant gives consent to the Program to act; and
 2. one or more of the following applies:
 - a) another agency has resources that may benefit the resident or participant (e.g., the Care Coordination Unit can physically relocate the resident to a desired location);
 - b) the action to be taken and the complaint is outside of the Program's authority and/or expertise (e.g., Department of Public Health or Department of Healthcare and Family Services takes enforcement actions);
 - c) the Ombudsman needs additional assistance in order to achieve resolution of the complaint; or
 - d) the resident or participant requests the referral be made.
- B. Referrals to regulatory agencies, law enforcement, or protective services
1. An Ombudsman shall assist a resident, participant, or representative in contacting the appropriate agency when the resident, participant, or representative has communicated informed consent for such referral.
 2. An Ombudsman may encourage residents, participants or complainants to directly contact the appropriate regulatory agency to file a complaint and will offer information and assistance to residents, participants or complainants in making such contact and follow-up.
 3. When an Ombudsman refers a complaint to the Department of Public Health or another regulatory agency, the Ombudsman shall:
 - a) submit the complaint in writing via secured e-mail; or
 - b) if for some reason e-mail is not available as a means to make the referral, the Ombudsman may contact the agency by telephone.
- C. Joint investigatory activities
- When the Ombudsman is invited by a regulatory or law enforcement agency to assist in or provide information regarding an investigation of a facility, Ombudsman participation is appropriate only under the following circumstances:
1. the Ombudsman is able to fulfill his or her role as a resident advocate;
 2. the Ombudsman does not attempt to regulate a facility or take

- actions which would lead one to assume that the Program is the regulator; and
3. the Ombudsman explains to facility administration and residents that his or her role is to advocate for the health, safety, welfare and rights of residents, not to enforce regulations.
- D. Referrals to legal services
1. For a resident or participant who is requesting, or in need of, legal advice and representation, the Program shall assist the resident or participant in finding appropriate legal services. With consent from the resident, participant or representative, Ombudsmen may make a referral to Older Americans Act-funded legal services agencies, Legal Services Corporation-funded legal services agencies, and/or Equip for Equality.
 2. When the legal services provider is unable to provide the requested legal service, an Ombudsman may refer the resident or participant to private attorneys by providing a list of attorneys.
 - a) This list must contain a minimum of three (3) attorneys.
 - b) Ombudsmen shall not recommend a specific attorney.
 3. When a Provider Agency houses both a Regional Ombudsman Program as well as a Legal Services Program, the Ombudsman shall follow the provisions in this Section by obtaining consent from a resident before referring the resident to a part of the Legal Services Program outside of the Ombudsman Program.
- E. Referral to a different Regional Program may occur when a resident moves to a different Regional Program service area.
1. When a resident with an open case moves to a different area, the Ombudsman shall notify the Office of the transfer.
 2. The Office will determine if the case should be transferred to the Regional Program which covers the facility where the resident now resides.
- F. The Program shall follow up with the resident or participant to determine whether services have been received and if the identified need has been met following the formal referral.
- G. Referrals regarding abuse, neglect and exploitation requiring approval from the State Ombudsman on behalf of a resident who is unable to communicate informed consent to such referral:
1. Ombudsmen shall receive permission from the State Ombudsman prior to making a referral to a regulatory agency, Adult Protective

Services, or law enforcement.

2. The State Ombudsman shall reply within two (2) business days as practicable to any request for approval of disclosure under this provision.
3. In the event that the State Ombudsman is not available, approval may be provided by the designated staff member of the Office.

507: Documentation of Ombudsman Services

- A. Every activity completed, complaint received, and all activities undertaken to investigate, verify, and resolve complaints by the Program shall be documented by Ombudsman staff as prescribed by the Office.
 - 1. Activities shall be entered within fifteen (15) calendar days of completion of the activity.
 - 2. Case journal entries shall be entered within thirty (30) calendar days of completion of the casework.
 - 3. Cases shall be reviewed and closed by the Regional Ombudsman or the Deputy State Home Care Ombudsman within thirty (30) calendar days of completion when no further action is needed on the complaints within the case.
- B. All Ombudsmen shall use the data collection system designated by the Office.
- C. No Ombudsman activities, case journals, resident records, or resident identifying information shall be entered into a Provider Agency's case management system, unless it is the system designated by the Office.
- D. Consent forms, notices of involuntary transfer or discharge, and any other written documents obtained by the Ombudsman through the course of an investigation should be scanned and attached electronically to the case file.
- E. Permission or refusal by the resident, participant or representative to consent to the Ombudsman providing investigative services shall be documented in every case.
- F. If a resident, participant, or complainant provides consent to release his or her identity, that consent shall be documented within a case journal entry and any consent forms shall be attached to the case file.

508: Multidisciplinary Teams

- A. The Regional Ombudsman may establish and facilitate a multidisciplinary team (M-Team).
- B. The M-Team shall act in an advisory role for the purpose of providing professional knowledge and expertise in handling complex cases.
- C. M-Team members shall sign a confidentiality form provided by the Office.
- D. Ombudsman shall not disclose resident or participant-identifying information during an M-Team discussion. Ombudsmen shall provide case summaries for discussion purposes rather than actual case files.
- E. The M-Team shall consist of one or more volunteer representatives from any combination of at least seven (7) members of the following professions:
 - 1. banking or finance;
 - 2. disability care;
 - 3. health care;
 - 4. pharmacology;
 - 5. law;
 - 6. law enforcement;
 - 7. emergency responder;
 - 8. mental health care;
 - 9. clergy;
 - 10. coroner or medical examiner;
 - 11. substance abuse;
 - 12. domestic violence;
 - 13. sexual assault; or
 - 14. another related field.
- F. The M-Team may receive records as requested on particular cases from law enforcement agencies and coroners or medical examiners.