

# Documenting Resident Concerns in Long-Term Care

People move into skilled nursing facilities for a variety of reasons. We all hope to receive the care and support that we need. Sometimes conditions or concerns arise that may require attention. Whether it's a fall, a bedsore, a disagreement with staff or another resident, it's important to know what to look for and what questions to ask if something happens.

The questions below can help residents, their family members, and even Long-Term Care Ombudsman Program (LTCOP) representatives consider what information to gather after an incident occurs. Learn and document the key information to advocate for yourself and address the concern.



## The Concern

**These prompts can help you gather important information about the event.**

- What happened?
- Where did it happen?
- When did it happen or when did you realize it happened?
- Why do you think it happened?
- What were you doing when it happened or when you noticed?
- Who was involved? Was the incident a result of an action that someone else took?
- Did anyone else witness what happened? Has this happened before? How many times in the past few months?



## Your Response

**These prompts are helpful to explain what happened following the issue.**

- Did you call for help?
- Did anyone assist you?
- If you called for help, how long did it take someone to help you?
- How did staff respond to what happened?
- Did you discuss with staff ways to prevent this from happening again?
- Are you afraid of this happening again?
- Were you injured or harmed? If so, describe your injury.
- Are you receiving any medical treatment or physical therapy as a result of the incident?



## The Environment

**Consider the environment, the setting, and location where this happened.**

- Was there something in the environment that may have contributed to the concern?
- Was the area clean?
- Did the environment expose larger systemic issues that may be occurring within the facility?
- Which staff were on duty when it happened?
- Do you know how many staff were working on your wing/hall when this happened?



## Next Steps

**Once you have more clarity on the situation, you can take steps to address the incident.**

- File a grievance with the facility. All facilities are required to have a grievance process and a person responsible for handling grievances. They should respond to your grievance in writing within a reasonable period of time.
- Talk to the administrator, grievance officer, or other person in a leadership position to discuss the incident and how future incidences will be prevented. Document what they say and the timeline of events.
- Request a care planning meeting to discuss how to ensure your care needs and preferences are being addressed.
- Contact the Long-Term Care Ombudsman. The LTCOP advocates with, and for, residents in long-term care facilities. Contact information for your LTCOP should be posted in your facility or visit [theconsumervoice.org/get-help](https://theconsumervoice.org/get-help).
- If the facility has a family council, discuss the incident and get a sense of whether other families are dealing with similar situations. If the facility does not have a family council, ask the LTCOP for information on starting one.
- You may decide to file a complaint with the state survey agency. Each state has an agency responsible for the licensing, certification, and regulation of long-term care facilities and investigation of complaints. To locate your state licensing and certification agency click this link.
- If the incident involves an allegation of abuse, contact local law enforcement as it could be a crime.

# What Happened?

## A Form for Documenting Concerns



This form is intended to help long-term care residents, their family members, and advocates document important details following an incident, concern, or change in condition. The information collected can support effective advocacy, follow-up with facility staff, and communication with oversight agencies. You can share this with a grievance officer, your ombudsman, your state survey agency, or whomever you file your complaint with. Remember to keep a copy for yourself.

### Resident Information

Resident Name:

Date of Report:

Facility Name:

Room Number:

### SECTION I: The Concern

#### What happened?

Fall      Pressure sore      Conflict with staff      Conflict with resident      Medication issue

Other:

#### Describe the incident

Where did it occur?

When did it occur (or when was it noticed)?

What was happening at the time?

Was this a typical situation?      Yes      No

Why do you think it happened?

Who was involved?

Were there witnesses?      Yes      No      If yes, who:

Has it happened before?      Yes      No      How often?

### SECTION 2: Your Response

Did you call for help?      Yes      No      Wait time:

Who responded or assisted?

How did staff respond?

Was a plan discussed to prevent this from happening again? Yes No

Details:

Are you afraid this might happen again? Yes No

Comments (optional):

Are you receiving any treatment or therapy because of this? Yes No

Type:

**SECTION 3: The Environment**

Was there anything in the area that may have contributed to the incident? Yes No

Explain:

Could this reflect a larger issue in the facility? Yes No

Explain:

Was the area clean? Yes No Not sure

Which staff were on duty and what is their title/role?

How many staff were working in the hall/wing?

**SECTION 4: Next Steps**

Have you reported the concern to anyone else? Yes No

If yes, who:

Was a formal complaint made?

Yes, to the facility administration or grievance officer Yes, to the ombudsman

Yes, to the survey agency Yes, other:

No Not yet, but plan to

Facility's follow-up actions:

Next steps to be taken:

Request investigation Ask for care plan meeting Request safety changes

Monitor condition Other: