CHAPTER 500: PROTOCOLS FOR PROBLEM RESOLUTION AND INVESTIGATIVE SERVICES ON BEHALF OF RESIDENTS OF LONG-TERM CARE FACILITIES

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501: Receipt of Complaints

A. Complaints may be initiated by:

1. residents, families and friends of residents, long-term care facility staff, and any other person.

2. complainants who wish to remain anonymous. In the majority of cases, the Program can proceed without knowing the complainant's or resident's identity and should continue to investigate the issue. 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 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 in long-term care facilities.

B. When information regarding a complaint or problem is received, the Regional Program shall:

1. collect all relevant information from the complainant;

2. discuss attempts that have been made to resolve the complaint;

3. determine the 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

7. determine whether the complaint is appropriate for Ombudsman

services.

a. The following complaints are not appropriate for Ombudsman activity:
   i. Complaints that do not directly impact residents

   ii. Complaints that are outside the scope of the mission or authority of the Program

   iii. 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

b. Complaints involving non-elderly residents are appropriate
   i. If the services benefit older residents of that facility generally, or are the only viable avenue of assistance available to the complainant; and

   ii. If it does not significantly diminish the LTCOP efforts on behalf of older persons.

   iii. Categorize the type of complaint (using the uniform complaint categories provided by the Office);

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

3. suggest to the complainant other referral options including police, private attorneys, coroner, etc. as possible.

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

D. 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 215 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

IF a complaint involves . . .	**THEN the standard of promptness for a LTCO response is . . .**
· abuse or gross neglect, and the LTCO has reason to believe that a resident may be at risk · actual or threatened transfer or discharge from a facility · use of restraints	within the next working day from the receipt of the message or information by the Program Provider Agency
· abuse or gross neglect, and the LTCO has no reason to believe that a resident is at risk (i.e. the resident has left the facility for home or a hospital)	within 3 working days from the receipt of the message or information by the Program Provider Agency
other types of complaints	within 7 - 30 working days or less depending upon severity of complaint

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 in accordance with Provider Agency policies and the requirements of this section.

3. The Ombudsman shall inform the complainant of a time frame for when the complainant may expect investigative efforts to begin. Time frame should be documented in case records.

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. Resident focus

1. 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.

2. Investigation by the Ombudsman shall proceed only with the express consent of the resident.

3. Regardless of the source of the information or complaint, an Ombudsman shall, in the most efficient and effective way possible:

   a. determine the resident’s perception of the complaint or problem;

   b. determine the resident’s wishes with respect to the resolution of the complaint;

   c. advise the resident of his or her rights; and

   d. work with the resident in developing a plan of investigation and action that conforms with the Program’s empowerment mission.

4. Where the complaint relates to a regulatory violation within a long-term care facility, the Ombudsman may inform the resident and/or complainant that the Program has the opportunity to provide information to the Department of Public Health surveyors before the surveyors begin the annual survey and seek the resident or complainant’s permission to share the complaint information with surveyors. The Ombudsman may provide the name of the complainant or resident to surveyors for IDPH’s offsite preparation with complainant or resident consent. Supportive living regulatory violations may be reported to the Healthcare and Family Services.

5. Resident consent refused or withdrawn

   a. If at any point during the problem resolution and complaint investigations process, the resident expresses that he or she does not want the Program to take further action on a complaint involving the resident, the Ombudsman shall

determine whether further efforts should be made on the complaint. In making this determination, the Ombudsman shall consider the following:

i. IF the resident refuses consent to Program work on the complaint; or

ii. withdraws consent before the Ombudsman has verified the complaint; or

iii. withdraws consent after the Ombudsman has verified or partially verified the complaint, the Ombudsman shall:

I. Discontinue work on the complaint; and

II. discontinue investigation and resolution activities on the complaint; and

III. determine whether the type of complaint is recurring. If it is recurring, the Ombudsman shall determine whether the circumstances merit other strategies towards resolution which would not involve or 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); and

IV. follow steps listed below.

b. For all complaints in which the resident refuses or withdraws consent, the Ombudsman shall:

i. attempt to determine why the resident refused or withdrew consent, considering factors such as:

· past responses of facility to complaints;

· the resident's relationship with the staff;

· the experience of this resident or other residents in the facility or other facilities related to this type of complaint; or fear of retaliation by facility staff.

ii. inform the resident that he or she may contact the Program regarding the withdrawn complaint or other complaints in the future; and

iii. provide a business card or brochure informing the resident how to contact the Program.

c. For all abuse and neglect complaints in which the resident, knowing full well the potential consequences of her/his refusal to give, or withdrawal of, consent, the Ombudsman shall:

i. complete the steps outlined in Section 501 (D) (4) (b);

ii. discontinue work on the complaint; and

iii. report the withdrawal or refusal immediately to the Office and Regional Ombudsman in keeping with Section 504 (O) of this Manual.

6. Resident unable to provide consent

a. The Program shall advocate for a resident's wishes to the extent that the resident can express them, even if the resident has limited decision-making capacity.

b. When a resident is unable to provide consent to the Program to work on a complaint directly involving the resident, the Ombudsman shall:

i. seek direction from the resident's legal representative, as long as the legal representative is not implicated in the complaint

ii. seek evidence 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

iii. assume that the resident wishes to have his or her health, safety, welfare and rights protected.

c. When the resident is the alleged victim of abuse, neglect and/or exploitation and is unable to provide consent, the Ombudsman shall:

i. check to see if the resident has a legal guardian or legal representative;

ii. if there is no legal guardian or legal representative

and the Ombudsman has reason to believe that the resident is a victim of abuse, neglect and exploitation;

iii. contact the Office of the State Ombudsman to discuss the case, seek guidance and get approval to take further action.

7. Deceased Residents

a. When the Program receives a new report on a resident who has already died, the Ombudsman shall:

i. determine if the case should be opened as a systemic case;

ii. refer the complainant to the appropriate agency;

iii. 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 client for which an issue can be resolved;

iv. suggest to the complainant other referral options including police, private attorneys, coroner, etc. as appropriate.

b. When the Program has an open case and the resident dies, the Ombudsman shall:

i. close the case

ii. determine if a systemic case should be opened

iii. suggest to the complainant other referral options including police, private attorneys, coroner, etc. as appropriate.

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 complaint;

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. Ombudsmen shall respond to complaints in a timely manner. The standard of promptness shall be based on the "date of first action" which shall be as follows:

1. Emergency or life threatening situations requiring an immediate response should be referred to "911" because the Program is not designed to serve as an emergency response system; and

2. Complaints of abuse or neglect which indicate that a resident's life or safety is in imminent danger shall be investigated within 24 hours after the receipt of the complaint and/or the complainant shall be directed to contact the IDPH Central Complaint Registry for all licensed facilities except for Supportive Living Facilities which shall be directed to the Department of Healthcare and Family Services.

C. The Ombudsman shall investigate other complaints alleging abuse or neglect within 7 days after the receipt of the complaint.

D. All other complaints shall be investigated within 30 days after the receipt of the complaint.

E. Resident involvement, direction, and consent.

F. Regardless of the source of 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.

G. Investigation by the Ombudsman shall proceed only with the express consent of the resident or authorized legal representative as defined in Section 501 of this Manual.

H. Regardless of the source of the information or complaint, the Ombudsman shall:

1. If the complainant is not the resident, determine if the resident perceives the issue as a complaint or problem;

2. determine the resident's wishes with respect to resolution of the complaint;

3. advise the resident of his or her rights; and

4. work with the resident in developing a plan of investigation and action that conforms with the Program's mission.

I. Resident consent refused or withdrawn

1. For all complaints in which the resident refuses or withdraws consent, the Ombudsman shall discontinue work on the complaint and shall:

a. Determine whether the type of complaint is recurring. The Ombudsman shall determine whether the circumstances merit other strategies towards 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);

b. Attempt to determine why the resident refused or withdrew consent, consider the following factors:

i. Past responses of facility, such as failure to respond to complaints and/or retaliation against complainants;

ii. The resident's experience with facility staff; and

iii. The experience of residents related to this type of complaint.

2. Inform the resident that he or she may contact the Program in the future regarding the withdrawn complaint or other complaints; and

3. Provide a business card or brochure informing the resident how to contact the Program.

J. For all abuse and neglect complaints in which the resident, knowing full well the potential consequences of his/her refusal to give, or withdrawal of,

consent, the Ombudsman shall:

1. Complete the steps outlined in Section 501(D) (4) (b);

2. Discontinue work on the complaint; and

3. Report the withdrawal or refusal immediately to the Office and Regional Ombudsman in keeping with Section 504(D) (3) of this Manual.

K. 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.

L. When the resident is unable to provide 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 legal representative and seek informed consent from that representative;

3. When a resident is unable to provide consent to the Ombudsman to work on a complaint directly involving the resident, the Ombudsman shall:

   a. 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

   b Assume that the resident wishes to have his or her health, safety, welfare and rights protected.

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. if there is no legal guardian or legal representative and the Ombudsman has reason to believe that the resident is a victim of abuse, neglect and exploitation;

3. contact the Office of the State Ombudsman to discuss the case, seek guidance and get approval to take further action.

N. 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.

O. 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. personally observe the situation and evidence;

3. interview the resident and/or complainant;

4. interview any staff, administration, physician, other residents and families;

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;

   a. review any other information available to the Ombudsman and pertinent to the investigation;

   b. consider the most appropriate time to conduct an on-site visit;

   c. consider combining these issues with other problems in the same facility, corporation, agency, or Program; and,

d. determine the sequence of investigatory steps.

P. An investigation shall minimally include the following investigative activities:

1. face-to-face contact and interview with the resident(s) and/or his representative; and

2. direct contact and interview with the complainant, which may be by a face-to-face contact, telephone call or by 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.

Q. The exceptions to face-to-face (FTF) contact with the resident are as follows:

1. if the resident has requested that s/he not be visited or contacted;

2. if the resident was the complainant who phoned the complaint to the Ombudsman and confirmed via phone that he agrees a FTF visit is not needed;

3. if the case involves a notice of involuntary discharge for non-payment and the Ombudsman is able to speak to the resident directly over the telephone and resolve the case without a 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 a FTF visit.

R. 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);

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 goals and wishes as a complaint resolution.

S. The Ombudsman is not required to independently verify a complaint in order to seek resolution on behalf of a resident. Resident perception is a sufficient basis upon which an Ombudsman can seek resolution of a problem or complaint.

T. Generally, facility visits for purposes of complaint investigation shall be unannounced.

503: Verifying Complaints

A. Because the Program works on behalf of residents, the Ombudsman gives the benefit of any doubt to the resident's perspective.

B. A complaint is "verified" when an Ombudsman determines, after work (interviews, record inspection, observation, etc.) that the circumstances described in the complaint are generally accurate.

504: Resolution of Complaints

A. Upon verifying a complaint, the Ombudsman shall discuss with the resident or resident's representative legal, administrative, and other remedies available to resolve the complaint. The Ombudsman shall, to the fullest extent possible, involve and empower the resident to participate in the resolution of the complaint.

B. The Ombudsman shall work with the resident to develop a plan of action to resolve the complaint.

1. The plan of action shall be mutually agreed upon by the resident 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 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 or complainant.

3. An attempt to resolve the dispute directly with the appropriate staff of the facility or other party that is the source or cause of the complaint unless the Ombudsman and the resident determine that another strategy would be more advantageous to the resident.

4. One or more of the following may be used to develop an appropriate plan of action in resolving complaints:

   a. An explanation that the findings of the investigation do not indicate a need for a change or require Ombudsman intervention which satisfied/resolved the initial problem;

   b. negotiation on behalf of, or with the resident with the appropriate facility staff or other relevant party to develop an agreement or course of action that resolves the complaint;

c. mediation between parties of equal status (i.e., between residents or between family members) to assist the parties in developing an agreement that resolves the complaint;

d. Assistance or representation for residents before the Department of Public Health or the Department of Health Care and Family Services (HFS) in administrative hearings to challenge involuntary discharge notices or to appeal unsatisfactory complaint investigations completed by the Department of Public Health or the Department of Health Care and Family Services;

e. coordination with and/or referrals to appropriate agencies; or

f. issues 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, or to the appropriate professional licensing board in keeping with the resolution plan developed with the resident.

D. If a complaint cannot be resolved through negotiations with the facility or the appropriate government agency, or if an act, practice, policy or procedure of a facility or government agency does or may adversely affect the health, safety, welfare or civil rights of a resident or class of residents of a facility or facilities, the Regional Program:

1. may recommend and assist the resident 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 General Counsel in assisting the Regional Program.

E. The resolution status of each complaint shall be documented according to the classifications listed below:

1. LEGISLATIVE OR REGULATORY ACTION REQUIRED - Complaints that require policy, regulatory or legislative change to resolve to satisfy the resident or complainant. Complaints of this nature may be addressed in the issues section of the NORS report.

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.

3. WITHDRAWN - The complaint was withdrawn at the request of the resident or complainant, or discontinued by the Ombudsman. If a significant portion of the complaint/problem was resolved prior to the withdrawal record as "Partially Resolved."

4. REFERRED FOR RESOLUTION AND FINAL DISPOSITION NOT OBTAINED - The complaint was referred to another agency for investigation but no report of final outcome was obtained by the Ombudsman.

5. REFERRED FOR RESOLUTION AND OTHER AGENCY FAILED TO ACT - The complaint was referred to another agency for investigation, but no action was taken by the referral agency.

6. REFERRED FOR RESOLUTION AND AGENCY DID NOT SUBSTANTIATE - The complaint was referred to another agency for investigation but their findings did not substantiate (or support) the referred complaint.

7. NO ACTION NEEDED OR APPROPRIATE - The investigation proved no action by the Ombudsman was needed or appropriate. Examples include: a family member has a complaint which the resident 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 dies or moves away and the complaint is no longer relevant.

8 PARTIALLY RESOLVED - The complaint addressed in part to the satisfaction of resident or complainant, but some problem remained. (See g. below for guidance.)

9. RESOLVED - The complaint was addressed to the resident's satisfaction. If the resident cannot communicate his/her satisfaction, the Ombudsman may look to the resident's representative or to the complainant to determine the resolution if consistent with the rights and interests of the resident. In cases where the resident is not the

complainant and the resident is deceased, a complaint may be considered resolved if addressed to the satisfaction of the complainant.

F. Cases may be closed in the following circumstances:

1. when the complaint or complaints have been resolved to the resident's satisfaction; or

2. when the Ombudsman has determined, after investigation, that the complaint or complaints:

   a. cannot be verified;

   b. were not made in good faith;

   c. would require further activity by the Program that is unlikely to produce satisfaction for the resident;

   d. are not appropriate for Program activity; or

   e. will not receive further attention from the agency to which the referral was made.

3. when the resident requests that Program activity end on the complaint.

505: Abuse/Neglect Issues

A. If a complaint or an investigation indicates suspected abuse or neglect of a facility resident or participant of a medical assistance waiver or managed care organization, the Ombudsman shall:

1. advise the resident, participant, complainant or witnesses to report the matter to the Department of Public Health, Adult Protective Services Program 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, participant, or resident or participant representative to report suspected abuse or neglect to the Department of Public Health, Adult Protective Services Program and/or law enforcement if the resident is unwilling to report themselves;

3. inform the complainant, when the complainant is a mandated reporter, of the provisions under Illinois law, 210 ILCS 30/4, which requires certain persons to report suspected abuse or neglect and provides penalties for failing to report; and/or

4. advocate for and follow the resident's or participant's wishes to the extent that the resident or participant can express them, even if the resident or participant has limited decision-making capacity.

B. When a resident or participant is unable to consent to an Ombudsman to work on a complaint directly involving the resident or participant, the Ombudsman shall seek evidence to indicate what the resident or participant would have desired and, where such evidence is available, work to bring about that desire.

C. 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. if there is no legal guardian or legal representative and the Ombudsman has reason to believe that the resident is a victim of abuse, neglect and exploitation contact the Office of the State Ombudsman to discuss the case, seek guidance and get approval to take further action.

E. 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

d. notify the Regional Ombudsman and Office of the resident's knowing refusal to report.

F. The Office shall, in consultation with the Department's General Counsel, consider the impact on the resident, other residents, participants and the integrity of the Program in deciding whether to file a report of suspected abuse or neglect with the Department of Public Health, Adult Protective Services Program or other regulatory agencies. The Office's decision shall be recorded in the Regional Program records.

G. In the case of suspected abuse or neglect of an older person residing in a suspected unlicensed facility, the Program should file a report of an "unlicensed facility" with the Department of Public Health.

H. Any Ombudsman who has personal knowledge of any case of alleged or suspected abuse or neglect of a person defined as an "eligible adult" pursuant to the Elder Abuse and Neglect Act (310 ILCS 20/2) shall, to the extent permitted by the applicable Program confidentiality provisions of state and federal law, report and provide information on such case to the appropriate designated elder abuse Provider Agency.

I. POLICY FOR Financial Exploitation of capable Resident or Participant:

1. encourage caller to make a police report; contact legal services; or hire a private attorney; and

2. Ombudsman will open a case if there is a threat of involuntary discharge.

J. POLICY FOR Financial Exploitation of incapable Resident or Participant:

1. encourage caller to make a police report;

2. Ombudsman will get involved if there is a threat of involuntary discharge; and

3. If an involuntary discharge is issued:

   a. Ombudsman opens case; and

   b. Ombudsman works to find representative to petition for guardianship.

K. Policies relating to financial exploitation are the minimum requirements, the Regional Ombudsmen may use his/her discretion to do additional investigation as time allows.

506: Complaint Referral

A. The Program shall refer a complaint or problem to another agency when:

1. the resident or participant gives permission or 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 Case 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 Public Aid 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

1. 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 or complainants in making such contact and follow-up.

2. When an Ombudsman refers a complaint to the Department of Public Health or other regulatory agency, the Ombudsman shall:

   a. submit the complaint in writing via fax, email or letter; or

   b. contact the agency by telephone and subsequently confirm the referral in writing to the agency.

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 a 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 who is requesting, or in need of, legal advice and representation, the Program shall assist the resident in finding appropriate legal services. Ombudsmen may contact Administration on Aging-funded legal services agencies, Legal Services Corporation-funded legal services agencies, Equip for Equality, the Office, and/or the IDoA Legal Services Developer, for information regarding such legal services.

2. When the legal services provider is unable to provide the requested legal service, a Regional Program may provide the resident with a list of private attorneys who may provide the service or make a referral to a local bar association. No Regional Program shall make referrals to or recommend a single private attorney without the approval from the State Ombudsman.

E. Referral to a different Regional Program may occur when a resident moves to a different Regional Program service area.

F. The Program shall follow up with the resident to determine whether services have been received and if the identified need has been met following the formal referral.

507: Documentation of Investigative Services

A. Every complaint received and all activities undertaken to investigate, verify, and resolve the complaint by the Regional Program shall be documented by Ombudsman staff as prescribed by the Office.

B. The data system approved by the Office is OmbudsManager.

C. 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.

D. Documentation of case activities must be made by Ombudsman staff within 30 calendar days.