Long-Term Care Ombudsman Program
Complaint Codes

A complaint is about a problem of commission or omission.

Each case may have more than one complaint. However each problem will have only one code. Use only one category for each type of problem (i.e., do not check both A.3 and D.26 for the same staff behavior - determine which category is most appropriate to the particular problem).

Residents' Rights

A. Abuse, Gross Neglect, Exploitation

Use categories in this section only for serious complaints of *willful* mistreatment of residents by facility staff, management, other residents (use category 6) or unknown or outside individuals who have gained access to the resident through negligence or lax security on the part of the facility or for neglect which is so severe that it constitutes abuse. Use P.117 and P.121 for complaints of abuse, neglect, exploitation by family members, friends and others whose actions the facility could not reasonably be expected to oversee or regulate.

For **all** categories in this part, use the broad definitions of abuse, neglect and exploitation in the Older Americans Act, which is almost identical to that in regulations for nursing homes participating in the Medicare and Medicaid programs (42 CFR 488.301):

> The term *abuse* means the willful (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain or mental anguish; or
> (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (Older Americans Act, Section 102 [13])
>
> The term *(financial) exploitation* means the illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain. (Older Americans Act, Section 102[24])

In addition to the above broad definitions, use the definitions for specific categories below from the Centers for Medicare and Medicaid Services (CMS) *Interpretive Guidelines, section 483.13(b) and (c).* The guidelines are available at https://www.cms.hhs.gov/manuals/Downloads/som107ap_pp_guidelines_ltcf.pdf See page 61 and surveyor guidance at deficiency tags F223 to F226.

Use resident-to-resident physical or sexual abuse (A.6) only for *willful* abuse of one resident by another resident, not for unintentional harm or altercations between residents who require staff supervision, which should be coded in category I-66, "Resident conflict, including roommates." (For example, a confused resident who strikes out is categorized at I.66 and an alert resident who strikes out is A.6.)

1. Abuse, physical (including corporal punishment)

Includes hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.

2. Abuse, sexual

Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

3. Abuse, verbal/psychological (including punishment, seclusion)

Use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or to their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability. (Use D.26 for less severe forms of staff rudeness or insensitivity; use M.100 if staff is unavailable, unresponsive to residents.) Psychological or mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Involuntary seclusion means the separation of a resident from other residents or from his/her room against the resident's will or the will of the resident's legal representative. Emergency or short term monitored separation is not considered involuntary seclusion if used for a limited period of time as a therapeutic intervention to reduce agitation.

4. Financial exploitation (use categories in Section E for less severe financial complaints)

The illegal or improper act or process of an individual, including a caregiver, using the resources of an older individual for monetary or personal benefit, profit or gain.

5. Gross neglect (use categories under Care, Sections F & G for non-willful forms of neglect)

The willful deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (Use only for the most extreme forms of willful neglect. Use the appropriate categories under Resident Care, Quality of Life or, in some cases, Administration for less severe forms or manifestations of resident neglect.)

6. Resident-to-resident physical or sexual abuse

Use only for complaints of abuse by a resident against one or more other residents which meet the definitions of abuse provided above. (For unintentional harm or altercations between residents who require staff supervision, use category I-66, "Resident conflict, including roommates.")

7. Not Used

B. Access to Information by Resident or Resident's Representative

Use categories in this section for complaints involving access to information or assistance made by or on behalf of the resident or the resident's representative. Use B.9 if the ombudsman is denied access in response to a complaint. If there is a general problem with ombudsman access to one or more particular facilities or types of facilities, but no complaint has been filed, do not use complaint categories. Describe the access problem under Part III, B - Statewide Coverage. Categories B.14, D.29, and M.96 all involve communication/language barriers and yet are different. Use B.14 if information regarding rights, medical condition, benefits, services, etc. is not communicated in an understandable language.

8. Access to own records

Use if complainant is denied or delayed access to resident's record.

9. Access by or to ombudsman/visitors

Use if access to the facility or certain parts of the facility is denied to the ombudsman. Use also if ombudsman or visitors are denied access to a resident.

10. Access to facility survey/staffing reports/license

Use if the licensing and certification agency's survey is not posted in a prominent place or not provided when requested. Use also when the facility's license is not posted or available. Use if the facility daily staffing report is not posted.

11. Information regarding advance directive

Use related to advance health care directive, living will, do not resuscitate (DNR) order, and similar problems.

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12. Information regarding medical condition, treatment and any changes

Use if information is denied, delayed.

13. Information regarding rights, benefits, services, the resident's right to complain

Use related to resident rights (including the right to complain), Medicaid information/process, social services, staff not wearing name badges, and similar problems.

14. Information communicated in understandable language

Use if information is not provided in a language which the resident or her representative can understand or the staff speaks in a confusing manner.

15. Not Used

C. Admission, Transfer, Discharge, Eviction

Use the appropriate category for complaints involving placement, whether into, within or outside of the facility. If resident requests assistance in transferring to another facility and there is no stated problem (complaint), record as information and assistance to individuals in Part III, Other Ombudsman Activities. If a resident requests assistance in moving out of the facility but there are no feasible alternative options, record as P.128 "Request for less restrictive placement," since the problem is a lack of care alternatives within the long-term care system.

16. Admission contract and/or procedure

Use if no contract; contract contains illegal wording requiring waiver of rights or guarantee of payment; admission procedure not followed; admission procedure does not contain required elements, and similar problems.

17. Appeal process - absent, not followed

Use if resident/representative not given required number of days to appeal a discharge; facility failed to follow appeal ruling; no appeal process in place; and similar problems.

18. Bed hold - written notice, refusal to readmit

Use if bed not held required number of days; resident/representative not advised of bed hold policy; incorrect bed hold procedure; bed held but resident not readmitted, and similar problems.

19. Discharge/eviction- planning, notice, procedure, implementation, including abandonment

Use if no discharge notice; required notice not given to resident/representative; required notice not given to the ombudsman program in required time frame; required notice lacks documentation, is incomplete, incorrect; discharge is for inappropriate reasons; discharge planned or implemented to inappropriate environment; level of care is changed against

resident's will, and similar problems.

20. Discrimination in admission due to condition, disability

Use for refusal to admit resident due to medical condition, disability.

21. Discrimination in admission due to Medicaid status

Use if resident not admitted due to Medicaid status or pending Medicaid status.

22. Room assignment/room change/intrafacility transfer

Use if resident wants room change or resident objects to planned room change; no notice or inadequate notice of change; excessive room changes; or similar problems.

23. Not Used

D. Autonomy, Choice, Preference, Exercise of Rights, Privacy

Use for any complaint involving the resident's right, as stated in the category. If it is a related problem, but not one specific to this heading, use a category under another heading. For example, if the resident is permitted to choose her personal physician but that physician is unavailable, use P.125.

Note that D.29, B.14 and M.96 all involve communication/language barriers and yet are different. Use D.29 if the resident has a communication or language barrier. Use M.96 if staff have the communication or language barrier.

Use D.27 for right to smoke. Use K.77 for smoke-polluted air.

24. Choose personal physician/pharmacy/hospice/other health care provider

Use when the resident is denied the right to choose his own physician/pharmacy/hospice or other outside health care provider.

25. Confinement of facility against will (illegally)

Use when the resident is denied the right to leave the facility or go outside of the facility. (Use P.128 "other" for resident requests for assistance in moving out of the facility when feasible alternative options are not available.)

26. Dignity, respect - staff attitudes

Use when resident is treated with rudeness, indifference or insensitivity, including failure to knock before entering room, facility posts signs relating to individual's care and similar problems.

27. Exercise preference/choice and/or civil/religious rights, individual's right to smoke

Use when the resident is denied choice and exercise of rights; for example: voting; speaking freely; access to a smoking area, preference in sleeping and rising times, community activities, the outdoors, television program of choice and similar problems. (Use D. 31 for rights involving privacy.)

28. Exercise right to refuse care/treatment

Use if the resident is denied the right to refuse care/treatment; including resident's right to refuse eating, bathing, or taking medication.

29. Language barrier in daily routine

Use if caregiver does not speak the resident's language, resident cannot communicate.

30. Participate in care planning by resident and/or designated surrogate

Use if the resident or the resident's legal representative is denied access to or not informed of a care plan/care plan meeting.

31. Privacy - telephone, visitors, couples, mail

Use if the resident is denied access to a telephone, visitors or mail; phone calls are monitored; mail is opened by someone other than the resident or the resident's legal representative; couples denied privacy.

32. Privacy in treatment, confidentiality

Use if the resident is denied privacy in treatment; confidential information has been disclosed.

33. Response to complaints

Use if complaints are ignored or trivialized by facility staff: administrator, social worker, nurses, and other staff.

34. Reprisal, retaliation

Use if the resident has experienced reprisal/retaliation (threat of discharge, lack of care, requests ignored, call lights unanswered, rough handling, etc.) as a result of a complaint.

35. Not Used

E. Financial, Property (Except for Financial Exploitation)

Use the appropriate category for complaints involving non-criminal mismanagement or careless with residents' funds and property or billing problems. Use A.4 for complaints involving willful financial exploitation, including, but not limited to, criminal activity.

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)

Use if complainant alleges resident does not owe the amount billed; the resident never received the bill for amount owed; bill in error, supplies not provided as part of the daily rate and similar problems.

37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4)

Use for problem with personal funds, for example, staff deny a resident use of her personal needs allowance; staff use a nursing home resident's trust fund without consent, and similar problems.

38. Personal property lost, stolen, used by others, destroyed, with-held from resident

Use for property (including prostheses, dentures, hearing aid, glasses, radio, watch) missing/stolen at the facility or if the facility withholds or mismanages personal property (non-monetary). Use K.82 for loss of laundry.

39. Not Used

Resident Care

F. Care

Use the appropriate category for complaints involving negligence, lack of attention and poor quality in the care of residents. If the care situation is so poor that the resident is in a condition of overall neglect which is threatening to health and/or life, use A.5, "gross neglect."

40. Accidental or injury of unknown origin, falls, improper handling

Use for unexplained bruises, scratches, cuts, skin tears; falls from bed, wheelchair, or when standing; when resident is handled improperly or dropped during transfer or other assistance; and similar problems.

41. Failure to respond to requests for assistance

Use for call lights or requests for assistance not answered, or not answered in a timely manner. Includes requests for going/returning to resident's room, transfers to chairs/bed, etc.

42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D. 30)

Use for problem related to care plan: plan is incomplete or not reflective of resident's condition; staff has disregarded or is not informed of the plan; staff fails to respond, or responds slowly, to physician orders and similar problems.

43. Contracture

Use for problem related to resident's hands, arms, feet, or legs being drawn up and contorted.

44. Medications - administration, organization

Use for medications not given on time or not at all, medication administration not documented or incorrectly documented, medications not secured, incorrect medication or dosage; negligence, lack of attention or poor quality in care related to medication that is: run out; expired; not filled in a timely manner; incorrectly labeled, and similar problems.

45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming

Use for resident: not bathed in a timely manner, not clean, not bathed at all, allowed to remain in soiled clothing, diaper, bed, chair; hands and face not washed after meals; teeth/dentures not cleaned; and similar problems.

46. Physician services, including podiatrist

Use for failure of facility to obtain physician services upon a change in resident's condition, or if medical attention, including podiatrist service, is not obtained in a timely manner or not obtained at all.

47. Pressure sores, not turned

Use for pressure sore(s) that may have occurred at the facility or elsewhere. Use when facility fails to treat, document, monitor pressure sores. Use if resident is not turned per medical order or treatment standard, or when turning is undocumented.

48. Symptoms unattended, including pain, pain not managed, no notice to others of changes in condition

Use if facility fails to accommodate, notice or provide services related to a change in resident's condition.

49. Toileting, incontinent care

Use when resident is not toileted in a timely manner, as needed or requested, or as directed by the care plan; facility is using diapers or catheters rather than toileting. Use G.54 for inadequate or non-existent bowel and bladder plan/training.

50. Tubes - neglect of catheter, gastric, NG tube (use D.28 for inappropriate, forced use)

Use if tube is not cleaned, changed, or monitored appropriately.

51. Wandering, failure to accommodate/monitor exit seeking behavior

Use for resident wandering, failure to redirect wanderers.

52. Not Used

G. Rehabilitation or Maintenance of Function

Use the appropriate category for complaints involving failure to provide needed rehabilitation or services necessary to maintain the expected level of function.

53. Assistive devices or equipment

Use if facility lacks, fails to maintain or has problems with: Hoyer lift, handrails/grab bars, toilet seat, elevators, ambulation aids, wheelchair (no brakes or foot rests, etc.), hearing or visual aids, and other assistive devices or equipment.

54 Bowel and bladder training

Use if facility fails to provide training, has no schedule, or schedule not maintained. See F.49.

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55. Dental services

Use if dental services not provided or arranged for resident.

56. Mental health, psychosocial services

Use if these services not provided, arranged for resident.

57. Range of motion/ambulation

Use if services not provided; resident not assisted or encouraged in ambulation as appropriate; no appropriate exercise available; exercise resident wants is unavailable.

58. Therapies, physical, occupational, speech

Use for failure to provide or arrange for therapies with outside agency or provider.

59. Vision and hearing

Use for failure to provide or arrange for vision and hearing services or for problems with services.

60. Not Used

H. Restraints - Chemical and Physical

Use the appropriate category for any complaint involving the use of physical or chemical restraint.

61. Physical restraint - assessment, use, monitoring

Use for any physical restraint: lap buddy, bed rail(s), bindings, placement of furniture, resident not released from restraints for a specified time; no order in file; and similar problems including locked units.

62. Psychoactive drugs - assessment, use, evaluation

Use for any chemical restraint including excessive or unnecessary medication.

63. Not Used

Quality of Life

I. Activities and Social Services

Use categories under this heading for complaints involving social services for residents and social interaction of residents. Note that transportation is included in category I.65 because community interaction is sometimes (not always) dependent upon transportation.

64. Activities - choice and appropriateness

Use for lack of activities appropriate for each resident; facility fails to consider residents ability to perform certain activities/and preferences; variety limited; no activities; posted activities not conducted.

65. Community interaction, transportation

Use for any complaint involving the resident's need for transportation, for whatever reason and/or when facility does not assist residents in participating in community services or activities or curtails community interaction.

66. Resident conflict, including roommates

Use for any complaint involving conflict between residents, including roommate conflict and inappropriate behaviors that impact another resident's quality of life.

67. Social services – availability/appropriateness (use G.56 for mental health, psychosocial counseling/service)

Use if social services department fails to provide social services or encourage social interaction; fails to provide services if resident isolates himself or refuses to participate in activities, and similar problems.

68. Not Used

J. Dietary

Use the appropriate category for complaints involving food and fluid intake. Use the appropriate category under A (A.1 or A.5) for willful cases of food deprivation.

69. Assistance in eating or assistive devices

Use for failure to provide assistance in eating; facility has not provided tools to assist resident in self-feeding, meal set-up, i.e., opening milk cartons, tray not within reach.

70. Fluid availability/hydration

Use for complaint that resident is not reminded to drink; bedside water is not provided, not fresh or not in reach; fluids are not readily available; resident is dehydrated.

71. Food service - quantity, quality, variation, choice, condiments, utensils, menu

Use for posted menu not served; alternate selections not offered; servings too small; no variety; quality is poor; food has little nutritional value, nutrients out of date, condiments or utensils not provided, presentation, timely delivery and/or removal of trays.

72. Snacks, time span between meals, late/missed meals

Use for snacks not readily available or offered between meals; excessive time span between dinner and breakfast.

73. Temperature

Use for food or beverage not served at appropriate temperature.

74. Therapeutic diet

Use for complaint resident's therapeutic diet is not served as ordered; resident's dietary needs not accommodated.

75. Weight loss due to inadequate nutrition

Use A.1 or A.5 for willful food deprivation.

76. Not Used

K. Environment/Safety

Use the appropriate category for complaints involving the physical environment of the facility and resident's space.

77. Air/environment: temperature and quality (heating, cooling, ventilation, water), noise

Use for complaints about building, room or water temperature too hot or cold; ventilation inadequate; indoor cigarette smoke; noise in the facility; and similar problems.

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78. Cleanliness, pests, general housekeeping

Use for uncleanliness or pests (insects, vermin - live or dead) in resident's room or other facility area. Also use for ant, snake, rat or mosquito bite.

79. Equipment/Buildings - disrepair, hazard, poor lighting, fire safety, not secure

Use for elevator malfunctioning/not maintained; paint/wallpaper peeling; lights burned out or insufficient lights; exterior not maintained, littered; inaccessible entrances/exits or hallways; inadequate/non-functioning/expired fire extinguishers; malfunctioning automatic doors; fire alarms, smoke detectors, and other emergency equipment not present, malfunctioning or inadequate; and any other building maintenance problem. Also use for premises not secured; lacking or broken window bars; unauthorized person gained entrance to facility; unauthorized weapon in facility, and similar problems.

80. Furnishings, storage for residents

Use for furnishing in disrepair; lack of furnishings; inadequate storage space for belongings, including valuables.

81. Infection control

Use for insufficient measures to prevent infection; spread of infection; resident at risk; infection unreported or not treated appropriately, and similar problems**.**

82. Laundry - lost, condition

Use for no clean clothes available; clothing lost, damaged**.**

83. Odors

Use for urine, feces, any other offending odor or any odor which is a detriment to the health of the resident.

84. Space for activities, dining

Use for: inadequate space for scheduled activity or residents' attendance/participation in activity; dining area does not promote resident interaction; inadequate space for wheelchair or other assistive devices while dining; activity, dining areas converted to other uses.

85. Supplies and linens

Use for no clean linens available or in poor condition; shortage of supplies, for example, soap, gloves, toilet paper, incontinence pads, and nursing supplies.

86. Americans with Disabilities Act (ADA) accessibility

Use for complaints regarding the facility's compliance with the ADA; for example, no handicapped access.

Administration

L. Policies, Procedures, Attitudes, Resources

Categories under this heading are for acts of commission or omission by facility managers, operators or owners in areas other than staffing or specific problems included in previous sections.

87. Abuse investigation/reporting, including failure to report

Use for failure of facility to report or investigate suspected resident abuse/neglect or exploitation to the specified authority, no matter where alleged abuse occurred.

88. Administrator(s) unresponsive, unavailable

Use for failure of administrator or administrative staff to respond to or communicate with others.

89. Grievance procedure (use C for transfer, discharge appeals)

Use if there is no grievance procedure for handling complaints or if the procedure is not made known to residents or not complied with by the facility.

90. Inappropriate or illegal policies, practices, record-keeping

Use if records are incomplete, missing or falsified, including staff references not checked, or when required background screening has not been performed. Use also for complaints about health care fraud, waste, and abuse.

91. Insufficient funds to operate

Use if there is a substantiated complaint of shortage of staff, lack of food, utilities cut off, etc., that could indicate bankruptcy or insufficient funds. Also use if a complainant alleges the facility has insufficient funds to operate.

92. Operator inadequately trained

Use for complaint that owner/administrator has no documentation of administrator's license, training or updates, and other certifications required by the state.

93. Offering inappropriate level of care (for B&C/similar)

Use if facility admits or retains resident whose medical and/or care needs are greater than the facility can meet or arrange to have met and similar problems.

94. Resident or family council/committee interfered with, not supported

Use if facility interferes with or fails to support resident or family councils, attempts to organize councils and related problems.

95. Not Used

M. Staffing

Use appropriate categories under this heading for complaints involving staff unavailability, training, turnover, and supervision.

96. Communication, language barrier

Use for staff language or other communication barrier. Use D.29 if problem involves resident inability to communicate.

97. Shortage of staff

Use for insufficient staff to meet the needs of the resident(s); staffing is below the minimum standard.

98. Staff training

Use when staff has not received training sufficient to meet the needs of the resident(s); including basic care and technical training, including the use of a Hoyer lift, CPR, first aid, mental health, and dementia training.

99. Staff turn-over, over-use of nursing pools

Use when there is no continuity of care for the residents; new staff on board and pool/agency staff are regularly used.

100. Staff unresponsive, unavailable

Use if staff is unresponsive or unavailable. Use D.26 if staff is available but rude or otherwise disrespectful to resident. Use A.3 or other category under A if rudeness or disrespect is so severe that it qualifies as abuse.

101. Supervision

Use when the staff duties are not overseen or not reviewed by a supervisor. Use when there is no ALF staff monitoring residents.

102. Eating Assistants

Use for complaints about inappropriate use of and training of eating assistants. Use J. 69 for failure to provide assistance in eating or facility has not provided tools to assist resident in self-feeding, meal set-up, i.e., opening milk cartons, tray not within reach.

Problems with Outside Agency, System, or People (Not Against the Facility

Use these categories for all complaints involving decisions, policies, actions or inactions by the state agencies which license facilities and certify them for participation in Medicaid and Medicare.

N. Certification/Licensing Agency

103. Access to information (including survey)

Use if licensing agency does not provide facility information to ombudsmen, public.

104. Complaint, response to

Use when agency fails to respond adequately to any complaint or referral, from the resident, ombudsman or public.

105. Decertification/closure

Use for individual complaints about decertification/closure and if agency fails to decertify/close a facility when within residents' best interests or with disregard to residents' rights.

106. Sanction, including Intermediate

Use if licensing agency fails to sanction facility appropriately.

107. Survey process

Use if agency fails to survey facility as required by law.

108. Survey process - Ombudsman participation

Use if ombudsmen not notified and/or included in survey process.

109. Transfer or eviction hearing

Use for complaints of decisions, policies, actions or inactions by the licensing agency regarding resident discharge hearings.

110. Not Used

Use for any other complaint against the state licensing agency.

O. State Medicaid Agency

Categories in this section are for complaints about Medicaid coverage, benefits and services.

111. Access to information, application

Use if information is denied or delayed to resident or legal representative; case worker is unavailable, or unresponsive to requests for information or application status.

112. Denial of eligibility

Use for complaint that resident is denied Medicaid.

113. Non-covered services

Use for complaints about services not covered by Medicaid.

114. Personal Needs Allowance

Use for complaints about the insufficiency of the personal needs allowance.

115. Services

Use for complaints about the quality or quantity of services covered by Medicaid or difficulty in obtaining services. (Use 113 for non-covered services.)

116. Not Used

P. System/Others

Use appropriate categories in this section to document the range of complaints against or involving individuals who are not managers/staff of facilities * or of the State=s licensing and certification or Medicaid agency. (*except for 119, as specified)

117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person

Use for abuse/abandonment by individuals other than facility staff, when the facility could not reasonably have been expected to observe the acts. Use A.1 or other A categories when the facility should have overseen and acted.

118. Bed shortage - placement

Use when resident is unable to find a facility placement, or for a bed shortage.

119. Facilities operating without a license

Use for complaints about facilities providing services to residents which should only be offered in a regulated environment.

120. Family conflict; interference

Use when a family conflict interferes with resident's care. Use only if the conflict or problem affects the resident's care or well being.

121. Financial exploitation or neglect by family or other not affiliated with facility

Use for cases of financial exploitation or financial neglect of a resident by individuals whose actions the facility could not reasonably be expected to oversee or be responsible.

122. Legal - guardianship, conservatorship, power of attorney, wills

Use if the complaint involves any of the above legal issues.

123. Medicare

Use if resident has complaint related to Medicare coverage.

124. Mental health, developmental disabilities, including PASRR

Use for problems with access to services for persons with mental illness or developmental disabilities or for problems involving implementation of the Pre-Admission Screening and Resident Review (PASRR) requirements of the Nursing Home Reform Act related to individuals with mental illness, mental retardation, or a developmental disability living/making application to live in a Medicaid-certified nursing home.

125. Problems with resident's physician/assistant

Use if the resident's physician or assistant fails to provide information, services, is not available**,** or makes inappropriate or fraudulent charges**.** (Use F.46 if facility fails to arrange for physician service and P.48 if facility fails to attend to medical symptoms or notify family of change in resident's condition.)

126. Protective Service agency

Use for complaints involving the agency in the State charged with investigating reports of adult abuse or exploitation and providing protective services for victims of abuse and exploitation.

127. SSA, SSI, VA, other benefits/agencies

Use for complaints for these non-Medicaid and non-Medicare benefits and the agencies which administer them.

128. Request for less restrictive placement

Use for a complaint against any other agency or individual, but not facility staff or licensing agency staff. Use for resident requests for assistance in moving out of the facility and/or ombudsman initiative to help resident find less restrictive placement. Includes work to implement the Supreme Court's Olmstead decision.

Q. Complaints About Services in Settings Other Than Long-Term Care Facilities or By Outside Provider

Use categories in this section to document any complaints accepted and acted upon by the ombudsman involving individuals living in private residences, hospitals or in hospice care, and congregate and/or shared housing not providing personal care. Also use for services in a facility provided by an outside provider.

129. Home care

Use if complaint is made by or on behalf of an individual living in a private residence.

130. Hospital or hospice

Use for complaint involving hospital or hospice care, service, or administration.

131. Public or other congregate housing not providing personal care

Use for complaint made by or on behalf of individual living in public or private congregate housing unit where personal care is not included in the rental contract.

132. Services from outside provider

Use for services from an outside provider which are not included in other categories for which the facility makes arrangements; for example, personal and homemaking services in an assisted living facility, therapies, non-Medicaid transportation, psychosocial service. (Use P.125 for outside physician services.)

133. Not Used