

Data Edit Checks
of the
National Ombudsman Reporting System (NORS)

Of the Older Americans Act
For FY '07 and Subsequent Years

Administration on Aging
U.S. Department of Health and Human Services
May 4, 2007

Part I – Cases, Complainants and Complaints

Administration on Aging - NORDIA

File Validation Help

Part I - Cases, Complainants and Complaints

Nursing ME - Maine Other 2006

A. Cases

Agency/Organization:

Total Cases Opened:

B. Complainants

	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident:	<input type="text" value="37"/>	<input type="text" value="53"/>	<input type="text" value="51"/>
2. Relative/Friend of Resident:	<input type="text" value="165"/>	<input type="text" value="53"/>	<input type="text" value="72"/>
3. None-relative Guardian, Legal Representative:	<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
4. Ombudsman/Ombudsman Volunteer:	<input type="text" value="191"/>	<input type="text" value="46"/>	<input type="text" value="0"/>
5. Facility Administrator/Staff:	<input type="text" value="24"/>	<input type="text" value="20"/>	<input type="text" value="4"/>
6. Other Medical (Physician/Staff):	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Representative of Other SSA or Program:	<input type="text" value="23"/>	<input type="text" value="8"/>	<input type="text" value="11"/>
8. Unknown/Anonymous:	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
9. Other (Specify Types):	<input type="text" value="4"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Total Cases Closed:	<input type="text" value="776"/>	<input type="text" value="776"/>	<input type="text" value="776"/>

Specify Type: Nursing Facility Specify Type: Board & Care Specify Type: Other Setting

C. For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:

Exit Save Validate Print Continue

1. I.B. Total cases closed must be = to the Sum of I.B. Complainants for Nursing Facilities, Board & Care, and Other Settings

Part I.D – Types of Complaints, by Type of Facility

Administration on Aging - NORDIA

File Validation Help

Part I - D. Not Against Facility

State ID: ME - Maine Fiscal Year: 2006

N. Certification/Licensing Agency Q. State Medicaid Agency

P. System/Others Q. Complaints in Other

	Nursing Facility	B&C, ALF, RCF, similar
117. Abuse/Neglect/Abandonment by Family Member/Friend/Guardian:	0	2
118. Bed Shortage - Placement:	0	0
119. Board and Care/Similar Facility Licensing, Regulation:	0	0
120. Family Conflict:	4	3
121. Financial Exploitation/Neglect by Family or Other Not Affiliated With Facility:	1	0
122. Legal - Guardianship, Conservatorship, Power of Attorney, Wills:	5	5
123. Medicare:	1	0
124. PASARR:	0	0
125. Resident's Physician Not Available:	3	0
126. Protective Service Agency:	0	1
127. SSA, SSI, VA, Other Benefits:	1	0
128. Other, including request for less restrictive placement - Specify:	229	45
	Specify Type: Nursing Facility	Specify Type: Board & Care
Total Number Nursing Facility Complaints (Category 1 - 128):	996	336

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Part I.D – Types of Complaints, by Type of Facility

1. Part I.D Total, categories A through P for Nursing Facilities must be = the sum of complaint categories 1 through 128 for Nursing Facilities.
2. Part I.D Total, categories A through P for Board & Care must be = the sum of complaint categories 1 through 128 for Board and Care Facilities.

Part I.D – Types of Complaints, by Type of Facility

Administration on Aging - NORDIA

File Validation Help

Part I - D. Not Against Facility

State ID: ME - Maine Fiscal Year: 2006

N. Certification/Licensing Agency

Q. State Medicaid Agency

P. System/Others

Q. Complaints in Other

Complaints About Services In Settings Other Than Long-Term Care Facilities or By Outside Providers

129. Home Care:	135
130. Hospital or Hospice:	0
131. Public or Other Congregate Housing Not Providing Personal Care:	0
132. Services From Outside Provider:	0
133. Other - Specify:	35

Specify Type:
Board & Care

Total, Heading Q: 170

Grand Total Complaints: 1,502

Exit Save Validate Print Continue Back

Part I.D – Types of Complaints, by Type of Facility

3. Part I.D Total, Heading Q must be = the sum of complaint categories 129 through 133 for Other Settings.

4. Part I.D Total Complaints must be = the sum of Part I.D Total, categories A through P for both Nursing Facilities and Board & Care and Total, Heading Q

Part I.E – Action on Complaints

Administration on Aging - NORDIA

File Validation Help

Part I - E. Actions on Complaints

State ID: ME - Maine Fiscal Year: 2006

	Nursing Facility	B&C, ALF, RCF, similar	Other Settings
1. Total Complaints Were Verified:	667	229	126
2a. Government Policy or Regulatory Change:	0	0	0
2b. Not Resolved to Satisfaction of Complainant:	16	10	13
2c. Withdrawn by the Complainant:	76	22	12
2d.1. Report of Final was not Obtained:	7	2	0
2d.2. Other Agency Failed to act on Complaint:	0	0	0
2e. No Action was Needed or Appropriate:	169	61	8
2f. Partially Resolved but some Problems Remain:	42	11	7
2g. Resolved to the Satisfaction of Complainant:	686	230	130
Total:	996	336	170
Grand Total:	1,502		

Exit Save Validate Print Continue Back

Part I.E – Action on Complaints

1. The sum of Part I.E.2 Disposition a. through g, for Nursing Facilities must = I.E.2 Total, Disposition for Nursing Facilities.
2. The sum of Part I.E.2 Disposition a. through g, for Board and Care must = I.E.2 Total, Disposition for Board and Care.
3. The sum of Part I.E.2 Disposition a. through g, for Other Settings must = I.E.2 Total, Disposition for Other Settings.
4. I.E.2 Grand Total, Disposition = the sum of the column total Part I.E.2 Total, Disposition for Nursing Facilities, Board and Care, and Other Settings must =

Part III.A – Program Information / Facilities and Beds

Administration on Aging - NORDIA

File Validation Help

Part III.A - Program Information / Facilities and Beds

State ID: NM - New Mexico Fiscal Year: 2006

1. Number of licensed nursing facilities: 79

2. Number of beds in these facilities: 7,275

3. Provide the type-name(s) and definition(s) of the types of board and care facilities and any other adult care home licensed and operating in your state.
If no changes since previous reporting periods, type "no change."

Part III.A (#)3
-New Mexico's ombudsman provide advocacy services to all long-term care facilities, licensed and unlicensed. These include, in addition to NF/SNFs, Board & Care Homes, Shelter homes, and assisted Living Facilities.

a. Number of regulated board and care and similar facilities: 241

b. Number of beds in these facilities: 4,639

Exit Save Validate Print Continue Back

Part III.A – Program Information / Facilities and Beds

1. III.A.2 number of beds for Nursing Facilities must be $>$ III.A.1 number of facilities for Nursing Facilities
2. III.A.2 number of beds for Board and Care Facilities must be $>$ III.A.1 number of facilities for Board and Care Facilities

Part III.C – Local Programs entitled B1 in paper version

The screenshot displays the 'Administration on Aging - NORDIA' application window. The main menu includes 'File', 'Validation', and 'Help'. A yellow bar at the top contains icons for a floppy disk, a document, and a person. A central dialog box titled 'Part III.C - Local Programs' is open, showing the following data entry fields:

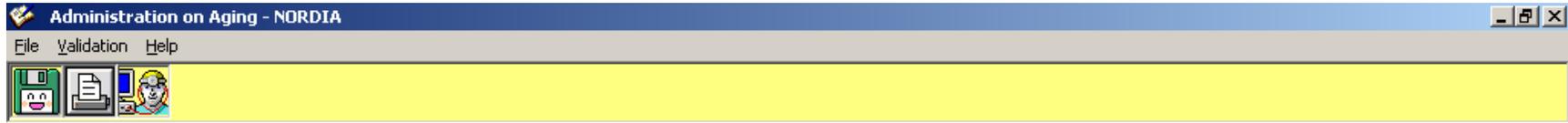
Field	Value
State ID:	NM - New Mexico
Fiscal Year:	2006
Area Agency on Aging:	0
Other Local Government Entity:	0
Legal Services Provider:	0
Social Services Non-Profit Agency:	0
Free-Standing Ombudsman Program:	0
Regional Office of State Ombudsman Program:	1
Other - Specify:	0
Total Designated Local Ombudsman Entities:	1

Buttons at the bottom of the dialog include 'Exit', 'Save', 'Validate', 'Print', 'Continue', and 'Back'. A 'Specify Type of Entity' button is located to the right of the 'Other - Specify' field. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time 5:06 PM.

Part III.C – Local Programs

1. III. C. Total Designated Ombudsman Entities must be = the sum of the 7 categories of Local Ombudsman entities.

Part III.D – Staff and Volunteers Entitled B2 in paper version



Part III.D - Staff and Volunteers

State ID: Fiscal Year:

Type of Staff	Measure	State Office	Local Programs
Paid Program Staff	FTE's:	<input type="text" value="1.00"/>	<input type="text" value="7.00"/>
	Number People Working Full-Time on Ombudsman Program:	<input type="text" value="1"/>	<input type="text" value="7"/>
Paid Clerical Staff	FTE's:	<input type="text" value="0.00"/>	<input type="text" value="0.50"/>
Volunteer Ombudsman Certified to Address Complaints:	Number Volunteers:	<input type="text" value="0"/>	<input type="text" value="174"/>
Other Volunteers:	Number Volunteers:	<input type="text" value="0"/>	<input type="text" value="2"/>

Part III.D – Staff and Volunteers

1. III. D. Number of full-time staff must be \leq the number of FTE's. State
2. III. D. Number of full-time staff must be \leq the number of FTE's. Local

Part III.E – Program Funding

Administration on Aging - NORDIA

File Validation Help

Part III.E - Program Funding

State ID: NM - New Mexico Fiscal Year: 2006

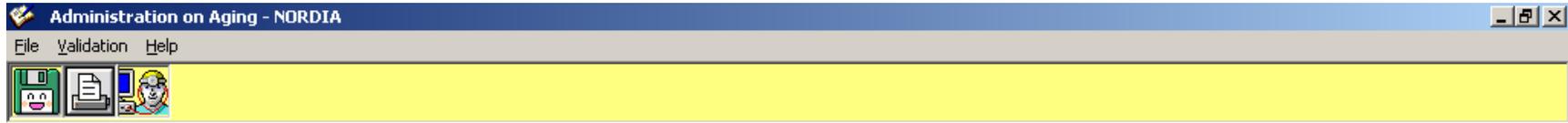
Federal - Older Americans Act (OAA) Title VII, Chapter 2:	90,038	
Federal - Older Americans Act (OAA) Title VII, Chapter 3:	30,868	
Federal - OAA Title III Provided at State Level:	377,394	
Federal - OAA Title III Provided at AAA Level:	0	
Other Federal - Specify:	0	Specify Type: Federal Funding
State Funds:	351,347	
Local - Specify:	0	Specify Type: Local Funding
Total Program Funding:	849,647	

Exit Save Validate Print Continue Back

Part III.E – Program Funding

1. III. E. Title VII Chapter 2 cannot be zero
2. III. E. The Sum each funding source must = Total Program Funding

Part III.F – Other Ombudsman Activities Entitled D in paper version



Part III.F - Other Ombudsman Activities

State ID: Fiscal Year:

Questions 1 - 4 Questions 5 - 12

Activity	Measure	State	Local	
1. Training for Ombudsman Staff and Volunteers	Number Sessions:	<input type="text" value="6"/>	<input type="text" value="71"/>	
	Number Hours:	<input type="text" value="122"/>	<input type="text" value="260"/>	
	Total Number of Trainees:	<input type="text" value="154"/>	<input type="text" value="300"/>	
2. Technical Assistance to Local Ombudsman and/or Volunteers	Estimated Percentage of Total Staff Time:	<input type="text" value="20"/>	<input type="text" value="50"/>	
3. Training for Facility Staff	Number Sessions:	<input type="text" value="18"/>	<input type="text" value="92"/>	
<i>3 Most Frequent Topics of Training:</i>		<input type="text" value="State: Topic 1"/>	<input type="text" value="State: Topic 2"/>	<input type="text" value="State: Topic 3"/>
		<input type="text" value="Local: Topic 1"/>	<input type="text" value="Local: Topic 2"/>	<input type="text" value="Local: Topic 3"/>
4. Consultation to Facilities		<input type="text" value="State: Area 1"/>	<input type="text" value="State: Area 2"/>	<input type="text" value="State: Area 3"/>
<i>3 Most Frequent Areas of Training:</i>		<input type="text" value="Local: Area 1"/>	<input type="text" value="Local: Area 2"/>	<input type="text" value="Local: Area 3"/>
Number of Consultations:		<input type="text" value="312"/>	<input type="text" value="2,230"/>	

Part III.F – Other Ombudsman Activities

Administration on Aging - NORDIA

File Validation Help

Part III.F - Other Ombudsman Activities

State ID: NM - New Mexico Fiscal Year: 2006

Questions 1 - 4 Questions 5- 12

Activity	Measure	State	Local
5. Information and Consultation to Individuals <i>3 Most Frequent Needs/Requests:</i>	State: Request 1	State: Request 2	State: Request 3
	Local: Request 1	Local: Request 2	Local: Request 3
	Number of Consultations:	108	7,347
6. Resident Visitation	Number Nursing Facilities Visited:	79	79
	Number Board and Care/Similar:	187	241
7. Participation In Facility Surveys	Number of Surveys:	2	73
8. Work With Resident Councils	Number of Meetings Attended:	3	248
9. Work With Family Councils	Number of Meetings Attended:	0	62
10. Community Education	Number of Sessions:	31	78
11. Work With Media	Number of Interview/Discussions:	2	3
	Number of Press Releases:	1	0
12. Monitoring/Work on Laws, Regulations, Government Policies and Actions	Estimated Percentage of Total Paid Paid Staff Time:	35	5

Exit Save Validate Print Back

Part III.F – Other Ombudsman Activities

1. III. F. (State) The number of Sessions must be \leq number of Trainees.
2. III. F. (Local) The number of Sessions must be \leq number of Trainees.
3. III. F. (State) The sum of questions 2 and 12 must be $< 100\%$.
4. III. F. (Local) The sum of questions 2 and 12 must be $< 100\%$.

Cross Sectional Edit Checks - Part I.B & Part I.D

Administration on Aging - NORDIA

File Validation Help

Part I - Cases, Complainants and Complaints

Nursing | NM - New Mexico | Other | 2006

A. Cases

Agency/Organization:

Total Cases Opened:

B. Complainants

	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident:	<input type="text" value="237"/>	<input type="text" value="42"/>	<input type="text" value="2"/>
2. Relative/Friend of Resident:	<input type="text" value="185"/>	<input type="text" value="33"/>	<input type="text" value="31"/>
3. None-relative Guardian, Legal Representative:	<input type="text" value="11"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
4. Ombudsman/Ombudsman Volunteer:	<input type="text" value="718"/>	<input type="text" value="124"/>	<input type="text" value="8"/>
5. Facility Administrator/Staff:	<input type="text" value="139"/>	<input type="text" value="23"/>	<input type="text" value="1"/>
6. Other Medical (Physician/Staff):	<input type="text" value="60"/>	<input type="text" value="10"/>	<input type="text" value="0"/>
7. Representative of Other SSA or Program:	<input type="text" value="98"/>	<input type="text" value="20"/>	<input type="text" value="1"/>
8. Unknown/Anonymous:	<input type="text" value="34"/>	<input type="text" value="20"/>	<input type="text" value="0"/>
9. Other (Specify Types):	<input type="text" value="15"/>	<input type="text" value="4"/>	<input type="text" value="0"/>
Total Cases Closed:	<input type="text" value="1,818"/> Specify Type: Nursing Facility	<input type="text" value="1,818"/> Specify Type: Board & Care	<input type="text" value="1,818"/> Specify Type: Other Setting

C. For cases which were closed during the reporting period (those counted in B above), provide the total number of complaints received:

Exit Save Validate Print Continue

Cross Sectional Edit Checks - Part I.B & Part I.D

Administration on Aging - NORDIA

File Validation Help

Part I - D. Not Against Facility

State ID: NM - New Mexico Fiscal Year: 2006

N. Certification/Licensing Agency O. State Medicaid Agency

P. System/Others Q. Complaints in Other

	Nursing Facility	B&C, ALF, RCF, similar
117. Abuse/Neglect/Abandonment by Family Member/Friend/Guardian:	11	1
118. Bed Shortage - Placement:	7	0
119. Board and Care/Similar Facility Licensing, Regulation:	0	0
120. Family Conflict:	20	5
121. Financial Exploitation/Neglect by Family or Other Not Affiliated With Facility:	24	4
122. Legal - Guardianship, Conservatorship, Power of Attorney, Wills:	13	1
123. Medicare:	1	0
124. PASARR:	4	0
125. Resident's Physician Not Available:	0	0
126. Protective Service Agency:	1	0
127. SSA, SSI, VA, Other Benefits:	8	0
128. Other, including request for less restrictive placement - Specify:	5	2
	Specify Type: Nursing Facility	Specify Type: Board & Care
Total Number Nursing Facility Complaints (Category 1 - 128):	3,040	548

Exit Save Validate Print Continue Back

Cross Sectional Edit Checks - Part I.B & Part I.D

1. Sum of I.B. Complainants for Nursing Facilities cannot be 0 if the sum of Part I.D Total, categories A through P for Nursing Facilities > 0
2. Sum of I.B. Complainants for Nursing Facilities must be \leq the sum of Part I.D Total, categories A through P for Nursing Facilities
3. Sum of I.B. Complainants for Board & Care Facilities cannot be 0 if the sum of Part I.D Total, categories A through P for Board & Care Facilities > 0
4. Sum of I.B. Complainants for Board & Care Facilities must be \leq the sum of Part I.D Total, categories A through P for Board & Care Facilities
5. Sum of Part I.B Other Settings must be \leq than the Part I.D Total, Heading Q

Cross Sectional Edit Checks - Part I.D & Part I.E

Administration on Aging - NORDIA

File Validation Help

Part I - D. Not Against Facility

State ID: NM - New Mexico Fiscal Year: 2006

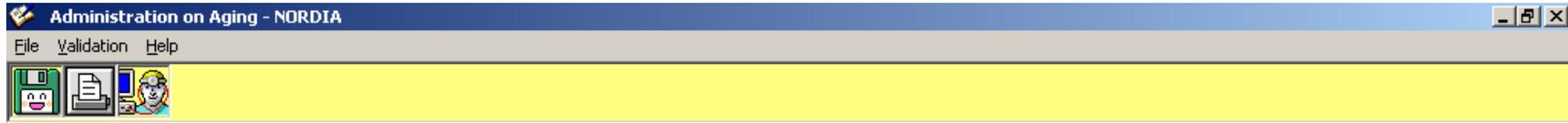
N. Certification/Licensing Agency O. State Medicaid Agency

P. System/Others Q. Complaints in Other

	Nursing Facility	B&C, ALF, RCF, similar
117. Abuse/Neglect/Abandonment by Family Member/Friend/Guardian:	11	1
118. Bed Shortage - Placement:	7	0
119. Board and Care/Similar Facility Licensing, Regulation:	0	0
120. Family Conflict:	20	5
121. Financial Exploitation/Neglect by Family or Other Not Affiliated With Facility:	24	4
122. Legal - Guardianship, Conservatorship, Power of Attorney, Wills:	13	1
123. Medicare:	1	0
124. PASARR:	4	0
125. Resident's Physician Not Available:	0	0
126. Protective Service Agency:	1	0
127. SSA, SSI, VA, Other Benefits:	8	0
128. Other, including request for less restrictive placement - Specify:	5	2
	Specify Type: Nursing Facility	Specify Type: Board & Care
Total Number Nursing Facility Complaints (Category 1 - 128):	3,040	548

Exit Save Validate Print Continue Back

Cross Sectional Edit Checks - Part I.D & Part I.E



Part I - E. Actions on Complaints

State ID: Fiscal Year:

	Nursing Facility	B&C, ALF, RCF, similar	Other Settings
1. Total Complaints Were Verified:	<input type="text" value="2,024"/>	<input type="text" value="334"/>	<input type="text" value="38"/>
2a. Government Policy or Regulatory Change:	<input type="text" value="63"/>	<input type="text" value="8"/>	<input type="text" value="2"/>
2b. Not Resolved to Satisfaction of Complaint:	<input type="text" value="571"/>	<input type="text" value="129"/>	<input type="text" value="27"/>
2c. Withdrawn by the Complainant:	<input type="text" value="12"/>	<input type="text" value="9"/>	<input type="text" value="0"/>
2d.1. Report of Final was not Obtained:	<input type="text" value="65"/>	<input type="text" value="21"/>	<input type="text" value="2"/>
2d.2. Other Agency Failed to act on Complaint:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2e. No Action was Needed or Appropriate:	<input type="text" value="23"/>	<input type="text" value="6"/>	<input type="text" value="0"/>
2f. Partially Resolved but some Problems Remain:	<input type="text" value="988"/>	<input type="text" value="158"/>	<input type="text" value="7"/>
2g. Resolved to the Satisfaction of Complaint:	<input type="text" value="1,318"/>	<input type="text" value="217"/>	<input type="text" value="12"/>
Total:	<input type="text" value="3,040"/>	<input type="text" value="548"/>	<input type="text" value="50"/>
Grand Total:	<input type="text" value="3,638"/>		

Cross Sectional Edit Checks - Part I.D & Part I.E

1. I.E.1 Verified Complaints for Nursing Facilities must be \leq I.D. Total, categories A through P for Nursing Facilities
2. I.E.2 Verified Complaints for Board and Care must be \leq I.D. Total, categories A through P for Board and Care.
3. I.E.1 Verified Complaints for Other Settings must be \leq I.D. Total, Heading Q
4. I.E.2 Total, Disposition for Nursing Facilities must = I.D. Total, categories A through P for Nursing Facilities.
5. I.E.2 Total, Disposition for Board and Care must = I.D. Total, categories A through P for Board and Care
6. I.E.2 Total, Disposition for Other Settings must = I.D. Total, Heading Q.
7. I.E.2 Grand Total, Disposition must = Part I.D Total, categories A through P for both Nursing Facilities and Board & Care and Total, Heading Q.

Cross Sectional Edit Checks - Part I.D & Part I.E

Administration on Aging - NORDIA

File Validation Help

Part III.A - Program Information / Facilities and Beds

State ID: NM - New Mexico Fiscal Year: 2006

1. Number of licensed nursing facilities: 79

2. Number of beds in these facilities: 7,275

3. Provide the type-name(s) and definition(s) of the types of board and care facilities and any other adult care home licensed and operating in your state.
If no changes since previous reporting periods, type "no change."

Part III.A [#]3
-New Mexico's ombudsman provide advocacy services to all long-term care facilities, licensed and unlicensed. These include, in addition to NF/SNFs, Board & Care Homes, Shelter homes, and assisted Living Facilities.

a. Number of regulated board and care and similar facilities: 241

b. Number of beds in these facilities: 4,639

Exit Save Validate Print Continue Back

Cross Sectional Edit Checks - Part I.D & Part I.E

Administration on Aging - NORDIA

File Validation Help

Part III.F - Other Ombudsman Activities

State ID: NM - New Mexico Fiscal Year: 2006

Questions 1 - 4 Questions 5- 12

Activity	Measure	State	Local		
1. Training for Ombudsman Staff and Volunteers	Number Sessions:	6	71		
	Number Hours:	122	260		
	Total Number of Trainees:	154	300		
2. Technical Assistance to Local Ombudsman and/or Volunteers	Estimated Percentage of Total Staff Time:	20	50		
3. Training for Facility Staff	Number Sessions:	18	92		
<i>3 Most Frequent Topics of Training:</i>		State: Topic 1	State: Topic 2	State: Topic 3	
		Local: Topic 1	Local: Topic 2	Local: Topic 3	
4. Consultation to Facilities	<i>3 Most Frequent Areas of Training:</i>		State: Area 1	State: Area 2	State: Area 3
			Local: Area 1	Local: Area 2	Local: Area 3
Number of Consultations:		312	2,230		

Exit Save Validate Print Back

Cross Sectional Edit Checks - Part I.D & Part I.E

Administration on Aging - NORDIA

File Validation Help

Part III.F - Other Ombudsman Activities

State ID: NM - New Mexico Fiscal Year: 2006

Questions 1 - 4 Questions 5- 12

Activity	Measure	State	Local
5. Information and Consultation to Individuals <i>3 Most Frequent Needs/Requests:</i>	State: Request 1	State: Request 2	State: Request 3
	Local: Request 1	Local: Request 2	Local: Request 3
	Number of Consultations:	108	7,347
6. Resident Visitation	Number Nursing Facilities Visited:	79	79
	Number Board and Care/Similar:	187	241
7. Participation In Facility Surveys	Number of Surveys:	2	73
8. Work With Resident Councils	Number of Meetings Attended:	3	248
9. Work With Family Councils	Number of Meetings Attended:	0	62
10. Community Education	Number of Sessions:	31	78
11. Work With Media	Number of Interview/Discussions:	2	3
	Number of Press Releases:	1	0
12. Monitoring/Work on Laws, Regulations, Government Policies and Actions	Estimated Percentage of Total Paid Paid Staff Time:	35	5

Exit Save Validate Print Back

Cross Sectional Edit Checks - Part I.D & Part I.E

1. III-F 6 State -- nursing facilities visited must be \leq III.A.2 'number of facilities for Nursing Facilities.
2. III-F 6 State -- Board and Care visited must be \leq III.A.3a number of facilities for Board and Care.
3. III-F 6 Local -- nursing facilities visited must be \leq III.A.2 number of facilities for Nursing Facilities (for the State)
4. III-F 6 Local -- Board and Care visited must be \leq III.A.3a number of facilities for Board and Care (for the State)