



# COMMONWEALTH of VIRGINIA

*Department of Health*

Center for  
Quality Health Care Services and  
Consumer Protection

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October 17, 2002

## MEMORANDUM

TO: Nursing Facility Administrators

FROM: Carrie Eddy *CE*  
Senior Policy Analyst

SUBJ: Notification of Local Ombudsman

As part of the federal certification survey process, the local Ombudsman is notified of the survey in order to participate. Attached is a new guideline to assist with the notification process.

Beginning November 1, local Ombudsmen are to provide their current fax number to each nursing facility located in their area. Facility Administrators, in turn, will provide the Ombudsman's fax number and access to the facility's fax machine to the survey team leader upon arrival in the facility.

Please take a moment to familiarize yourself with the enclosed guideline and be ready to provide assistance to the survey team leader on November 1.

Thank you.

## Virginia Department of Health

### Center for Quality Health Care Services and Consumer Protection

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Effective 11/1/2002

#### Notifying Local Ombudsmen of Surveys

##### Introduction

Participation by the local Ombudsmen is integral to a facility's federal certification survey process. To expedite notification of the survey, the process has become part of the surveyor entrance conference survey activities. Ombudsmen fax numbers will be provided to each facility administrator and the administrator will assist the survey team leader in faxing notification to the local Ombudsman.

##### General rules

- A. Each Ombudsman shall assure that each administrator in his/her area has the current Ombudsman fax number.
- B. Each administrator shall assist the survey team leader in notifying the Local Ombudsman by providing the Ombudsman's fax number and allowing access to a fax machine during the entrance conference survey activities.
- C. During the entrance conference, the survey team leader shall notify the Local Ombudsman via fax that the survey team has arrived on site.

NOTE: If a facility's fax machine is not operating, the facility administrator shall be responsible for notifying the Ombudsman of the arrival of the survey team.

- D. A standardized form has been developed for use. The form can be duplicated as necessary.

**Virginia Department of Health**

**Center for Quality Health Care Services and Consumer Protection**

**NOTIFICATION OF ON-SITE SURVEY**

**Facility Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Surveyors have arrived on-site.**

Survey Team Leader: \_\_\_\_\_