

# What to Write Down, What to Ask For, and Who to Call

A documentation checklist for families with questions about care in a New York nursing home or assisted living residence.

**Print this. Bring it with you. Use a pen.**

This is built to be carried into the building and written on. The blank lines are the most useful part — what someone told you on a Tuesday, written down that Tuesday, is worth more later than the clearest memory of it three months from now.

## Start here: which kind of facility is it?

This matters more than almost anything else in this checklist, and most families get it wrong. New York regulates nursing homes and assisted living under completely separate systems — different rules, different agencies, different complaint lines. Filing with the wrong one can cost weeks.

**Nursing home**

Also called a skilled nursing facility or rehab. Has nurses on site around the clock. Usually Medicare or Medicaid certified.

**Assisted living or adult home**

Residents live more independently with help available. Licensed by New York State, but **not** under the federal nursing home rules.

Not sure? The name won't tell you — plenty of assisted living residences have “nursing” or “care center” in the name. Ask the administrator directly: *“What type of license does this facility hold?”* Write the answer down.

**Facility name and license type:**

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## 1 What to write down today

Memory fades and staff turn over. A dated note written the same day carries weight that a recollection never will.

- ☐ **Every explanation you have been given** — who said it, their role, the date, and their exact words as closely as you can recall them.
- ☐ **Anything that does not match.** Two staff members giving two different accounts of the same event is one of the most telling things you can record.
- ☐ **Dates and times of your visits**, and what you observed on each.
- ☐ **What the resident said**, in quotation marks, if they are able to tell you. Ask openly — “Can you tell me about this?” — rather than suggesting an answer.
- ☐ **Changes in condition or behavior:** new fear, new withdrawal, new confusion, flinching at touch, agitation at particular times of day.
- ☐ **Calls you placed that were not returned**, with dates.
- ☐ **Staffing observations:** long call-bell waits, missed meals, unchanged bedding.

### If there is a visible injury

- ☐ **Photograph it with something for scale** beside it — a coin, a ruler, a credit card.
- ☐ **Take two shots:** one close up, one wider so the location on the body is clear.
- ☐ **Do not crop or edit the photos.** The date information stored inside the file is what makes a photograph useful later.
- ☐ **Back them up** the same day.
- ☐ **Photograph again on later visits.** A series across several weeks says far more than a single image.

### **One caution, and it cuts both ways**

You cannot tell how old a bruise is from its color. Neither can anyone else. Do not build your account on “that looks about four days old” — and do not accept being told a bruise is older than you believe it is. Photograph and date instead of estimating.

## **2 Records to request — and how**

These documents exist. Requesting them is a normal request, not an accusation, and families are often surprised how much is written down.

- ☐ **The care plan**, and every update to it. What care was supposed to be provided, how often, and by whom.
- ☐ **Incident and accident reports**, including anything reported to the State.
- ☐ **Nursing and progress notes** for the dates in question.
- ☐ **Medication records** — what was given or assisted with, and when.
- ☐ **Skin and wound assessments**, including any pressure injury staging.
- ☐ **Fall records** and any post-fall evaluations.
- ☐ **Communications with the physician** — whether the doctor was notified, and on what date.
- ☐ **The facility’s own written policy** on identifying and reporting incidents. Their policy sets the standard you can then measure their conduct against.

### **Three things that make a request work**

**Put it in writing.** Email is better than paper because it timestamps itself.

**Name a date range.** “Everything” invites delay.

**Keep your copy.** An unanswered written request with a date on it means something. An unanswered phone call does not.

### **Who is allowed to ask**

These rights generally belong to the resident, not to the family. If you are requesting on someone else's behalf, you will usually need their signed written authorization, a health care proxy, or a power of attorney.

**If the resident can still sign, do this now.** Capacity can decline, and once it does the only route left is a court guardianship proceeding — slow, expensive, and public. A signature on a good day prevents all of that.

## **3 Questions to ask — and room for the answers**

Ask the administrator, not the aide on the floor. Write the answers here, with the date and the name of whoever gave them.

**1. Was this injury observed and documented by staff? On what date, and by whom?**

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**2. Was it reported to the New York State Department of Health? On what date?**

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**3. If no report was made, what was the basis for deciding it was not required?**

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**4. Has the facility conducted its own investigation? What did it find?**

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**5. Was the physician notified, and when?**

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**6. Has the care plan been reassessed since this happened?**

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**7. What specifically is now in place to keep it from happening again?**

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**Other questions I want to ask:**

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## 4 Who to call, and in what order

Order matters. Call the Ombudsman before escalating formally — the service is free, confidential, and cannot share the resident's identity without consent. That lets you get advice and a read on the facility before anyone there knows you are asking questions.

### 1. Long Term Care Ombudsman

**1-855-582-6769**

Free and confidential. Covers nursing homes and assisted living. Every county has a local program. Usually the right first call.

### 2a. NY Dept. of Health — Nursing Homes

**1-888-201-4563**

The agency that investigates certified nursing homes and issues citations. Use this line only if the facility is a certified nursing home.

### 2b. NY Dept. of Health — Adult Care & Assisted Living

**1-866-893-6772**

The separate intake line for assisted living residences and adult homes. Weekdays; after-hours voicemail is returned.

### 3. Adult Protective Services

**1-844-697-3505**

May refer facility matters to the Health Department, but the call creates a record.

### Justice Center hotline

**1-855-373-2122**

24/7. Covers certain facilities. Anyone may report — call and ask about jurisdiction.

### Elder Abuse Helpline for Concerned Persons

**1-844-746-6905**

Confidential, non-emergency. For family members thinking it through.

### Emergency

**911**

If anyone is in immediate danger, or an injury suggests an assault. Do not wait.

### **Do not call 1-800-MEDICARE for an assisted living complaint**

The federal nursing home complaint process, Medicare's Care Compare, and the CMS hotline cover certified nursing homes only. If the facility is an assisted living residence or adult home, that route does not apply and you will lose time. This is the single most common wrong turn families make.

## 5 Conversation log

The most valuable page in this document. Every conversation, on the day it happened. Make copies of this page — you will want more than one.

**Date / time**

**Who I spoke with, and their role**

**What they told me:**

**Date / time**

**Who I spoke with, and their role**

**What they told me:**

STILL NOT SURE WHAT YOU ARE LOOKING AT?

**Tell us what you're seeing.**

You do not need to know whether it is a legal matter. Most families who contact us don't. Describe what you have noticed and we will tell you plainly what we think.

No cost, no obligation.

**[hillercomerford.com/nursing-home-care-concerns](https://hillercomerford.com/nursing-home-care-concerns)**

**716-271-8009**

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This checklist is general information, not legal advice, and does not create an attorney-client relationship. Agency phone numbers and procedures change — verify before relying on them.