PSA 28 (Solano County)

SOS Activity Log /Facility Coverage /Consultation and Information Report

Ombudsman Name:	**OID:**	**Mo/Yr:**
Facility Name:	**FID:**	
Facility Address:		

Date	**Act. Code**	**Topic Code**	**Resident Contacts**	**Facility Staff**	**Other**	**Time** (Minutes)	**Travel** (Minuties)	**Short Remarks**

6-Facility Coverage

Resident Comments: Food/Activities/ Staffs Responsiveness to Requests for Care/Treatment by Staff/Etc.

Elder Abuse Prevention Activities

Program Flyers/Tent Cards Distributed : # of Residents Served for EAP:

Business Cards Distributed : # of Mandated Abuse Flow Charts Distributed:

Date	**Community MTG**	**# of Attendees**	**Time Spent (Minutes)**	**Travel Time (Minutes)**