

MONTHLY FACILITY VISIT CHECKLIST

BASIC FACILITY OBLIGATIONS (A comment is required for all items answered NO) Y N

1. LTCOP posting visible		
2. Required postings: survey, menu, shift/staffing, activity calendar, bank hours		

LIVING SPACES/DINING EXPERIENCE Y N

3. Facility clean, odor free, comfortable temperature, good lighting, furnishings and equipment in good repair		
4. Quiet visiting areas available, noise levels reasonable, P.A. system used minimally		
5. Hallways hazard free, exits clear		
6. Resident rooms are tidy, to residents' satisfaction		
7. Meals presented in appetizing manner		
8. Staff assisting residents as needed with feeding & meals		
9. Alternate food choices available on menu		
10. Fluids visible and available to residents		

STAFF Y N

11. Staff are wearing name tags		
12. Staff knock before entering residents' rooms		
13. Staff overall pleasant and courteous to residents		
14. Staff are respectful of individual needs and preferences		
15. Staff speaking in language understood by residents when in resident rooms, common areas		
16. Staff attentive/responsive (not distracted with private conversations with other staff, using cell phones, etc)		

RESIDENTS Y N

17. Residents appear clean, well-groomed and are appropriately dressed for the season		
18. Residents can reach call bells and there is timely response		
19. Resident council meeting notices posted, meeting minutes accurately reflect content, concerns addressed		
20. Residents/families satisfied with medical/dental care – Residents satisfied with daily schedule		
21. Residents have access to private telephone (if they do not have their own phone)		
22. Residents know how to contact administrative staff, social services and regional ombudsman		
23. Residents are invited to participate in meaningful care conferences/care plan meetings		
24. Activity calendar meets the residents' needs and preferences/ Residents satisfied with activity programs		
25. Residents satisfied with visitation policy		

Use "Other Observation" section for periodic notes such as:

- Significant changes in key personnel, administrative staff, census
- Observations during an emergency or unusual incident, for example a fire drill or a resident emergency such as a fall.
- Family council exists and meets regularly.
- Procedure to protect residents' belongings, e.g. labeling, updated inventories, locked storage, grievance procedure.
- VRA introduces self, Program, and brochure to newly admitted residents

Routine Access Visit Dates								
Number of residents visited								
Facility Census								
Hours Spent								

VRA _____ Facility _____ Mo/Yr _____

Other Observations, Notes, and Comments.

Use "ACTIVITIES" section for capturing non-case related resident education and assistance:

- Information and Assistance to Individuals for example explaining to a resident their rights as they pertain to an issue or concern, they are discussing with you but do not want your intervention at this time.
- Participation in Resident Council or discussions/education provided regarding resident council with resident council leadership.

ACTIVITY

Activity Type _____
Resident Name (if Unknown, please put "Anonymous") _____
Date _____
Resident Rights Related Topic / Concern Discussed: _____ _____
Information or Assistance Provided/Notes: _____ _____

Activity Type _____
Resident Name (if Unknown, please put "Anonymous") _____
Date _____
Resident Rights Related Topic / Concern Discussed: _____ _____
Information or Assistance Provided/Notes: _____ _____

Activity Type _____
Resident Name (if Unknown, please put "Anonymous") _____
Date _____
Resident Rights Related Topic / Concern Discussed: _____ _____
Information or Assistance Provided/Notes: _____ _____

VRA

Facility

Mo/Yr

Activity Type _____

Resident Name (if Unknown, please put "Anonymous") _____

Date _____

Resident Rights Related Topic / Concern Discussed:

Information or Assistance Provided/Notes:

Use "Cases" section for capturing any intervention you take on behalf of a resident:

- Example May be meeting with Administrator to report concern on resident behalf.
- Continue to Track Open Cases Until Final Resolution

CASES

Resident Name _____

Date _____

Room Number _____ Ethnicity _____ Age (approx) _____

Complaint: _____

Intervention/ Case Notes:

Resolution: _____

Case Status: DATE CASE OPENED _____ DATE CASE CLOSED _____

Resident Name _____

Date _____

Room Number _____ Ethnicity _____ Age (approx) _____

Complaint: _____

Intervention/ Case Notes:

Resolution: _____

Case Status: DATE CASE OPENED _____ DATE CASE CLOSED _____

VRA

Facility

Mo/Yr

Resident Name _____		
Date _____		
Room Number _____	Ethnicity _____	Age (approx) _____
Complaint: _____		

Intervention/ Case Notes:		

Resolution: _____		

Case Status: DATE CASE OPENED _____ <input type="checkbox"/> DATE CASE CLOSED _____ <input type="checkbox"/>		

Resident Name _____		
Date _____		
Room Number _____	Ethnicity _____	Age (approx) _____
Complaint: _____		

Intervention/ Case Notes:		

Resolution: _____		

Case Status: DATE CASE OPENED _____ <input type="checkbox"/> DATE CASE CLOSED _____ <input type="checkbox"/>		