

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

1. LTCOP posting visible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Required postings: survey, menu, shift/staffing, activity calendar, bank hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIVING SPACES/DINING EXPERIENCE**Y N**

3. Facility clean, odor free, comfortable temperature, good lighting, furnishings and equipment in good repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Quiet visiting areas available, noise levels reasonable, P.A. system used minimally	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Hallways hazard free, exits clear	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Resident rooms are tidy, to residents' satisfaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Meals presented in appetizing manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Staff assisting residents as needed with feeding & meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Alternate food choices available on menu	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Fluids visible and available to residents	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STAFF**Y N**

11. Staff are wearing name tags	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Staff knock before entering residents' rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Staff overall pleasant and courteous to residents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Staff are respectful of individual needs and preferences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Staff speaking in language understood by residents when in resident rooms, common areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Staff attentive/responsive (not distracted with private conversations with other staff, using cell phones, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RESIDENTS**Y N**

17. Residents appear clean, well-groomed and are appropriately dressed for the season	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Residents can reach call bells and there is timely response	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Resident council meeting notices posted, meeting minutes accurately reflect content, concerns addressed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Residents/families satisfied with medical/dental care – Residents satisfied with daily schedule	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Residents have access to private telephone (if they do not have their own)	<input type="checkbox"/>	<input type="checkbox"/>

VRA	Facility	Mo/Yr	
phone)		Yes	No
22. Residents know how to contact administrative staff, social services and regional ombudsman		<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Residents are invited to participate in meaningful care conferences/care plan meetings		<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Activity calendar meets the residents' needs and preferences/ Residents satisfied with activity programs		<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Residents satisfied with visitation policy		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Facility Visit Metrics

Routine Access Visit Dates	# Residents Visited	Facility Census	Hours Spent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, write "Anonymous"):

Date:

VRA _____ Facility _____ Mo/Yr _____

Resident Rights 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:

Consent to Intervene:

☐ Yes ☐ No

Intervention / Case Notes:

Resolution Status (select one):

- ☐ Pending
☐ Fully or Partially Resolved
☐ Not Resolved
☐ Withdrawn

Verified:

☐ Yes ☐ No

Date Case Opened: _____ ☐

Date Case Closed: _____ ☐

Case Notes Checklist

Use this checklist or your state-specific form when determining if all pertinent information is documented in the case notes. Documenting intake information, did I include...

The description of the problem as presented by the complainant?

Steps the complainant has already taken to resolve the problem?

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A statement about the complainant's opinion of the resident's ability to communicate informed consent (if the complainant is not the resident)? NOTE: The complainant's opinion may or may not be accurate, but it is important to document their opinion. In later entries, you may need to include your own observations on this matter.

A statement about permission to reveal the complainant's identity?

Documenting the remainder of the investigation, did I include...

The resident's perception of the problem(s)?

The resident's desired outcome?

The initial plan of action, including all involved parties?

Each step taken in the investigation process, including interviews, observations, and record reviews?

All actions taken to resolve the complaint(s)?

A statement about the resident's satisfaction with the resolution?

Follow-up communication with the resident or other relevant parties?

In general, did I...

Record all events in chronological order by date and approximate time?

Use quotes, when possible, especially to capture the speaker's attitude, opinions, or observations?

Limit the use of abbreviations to those that all representatives would understand, or initially define an abbreviation when questionable?

Use names and titles of individuals and not "he," "she," "they"?

Use objective language?

Attach all required documents?