

VOLUNTEER OMBUDSMAN VISITATION

Assistant Ombudsman name _____

Facility _____ Date visited _____

Address _____ Miles traveled _____

Manager on duty _____ Time spent _____

A. Ombudsman poster in appropriate location.....Yes..... No

B. Resident's Rights poster in an appropriate location.....Yes..... No

B. Meal schedule postedYes..... No

1. Menu or food issue.....Yes..... No

C. Telephone available for residents' private use.....Yes..... No

D. Activity schedule posted.....Yes..... No

E. Environmental

1. Facility light and cheerful.....Yes..... No

2. Facility smells cleanYes..... No

3. Facility appears cared forYes..... No

4. Safety issues.....Yes..... No

F. Residents interacting with one anotherYes..... No

G. Residents initiate conversationYes..... No

H. Residents' rooms decorated with personal belongings.....Yes..... No

I. Staffing

1. Enough staff to meet resident needsYes..... No

2. Staff interacts with residentsYes..... No

J. Resident Care

1. Call lights answered within 15 minutesYes..... No

2. Residents well groomedYes..... No

3. Any residents restrainedYes..... No

