

Ombudsman Facility Visit Form

Facility Name: _____ **PCH** **NH** **DC** **ADC**

Date of Visit: _____

Purpose of Visit: **QA** **MV** **Other (specify)** _____

Time Spent: Onsite _____ Paperwork _____ travel _____

Ombudsman conducting visit: _____

Number of resident contacts made: _____

Number of staff contacts made: _____

During each facility visit, make personal contact with diverse residents located through-out the facility. Listen to residents: what are their experiences/perspective with Quality of Life and Quality of Care? Encourage self resolution of questions and concerns. Promote communication between residents and staff. Observe resident and staff interaction, menus, activities, environment and position of Ombudsman posters. **Items discussed may include the following:**

- | | |
|---|---|
| _____ Quality of Life/Care | _____ Purpose of Omb Program |
| _____ Residents' Right | _____ Role of Local Ombudsman |
| _____ Response to Requests for Assistance | _____ Res/Staff interactions |
| _____ Resident Council | _____ Activities |
| _____ Menus | _____ Access and Confidentiality Issues |
| Other (Explain) _____ | |

Items provided to residents:

- _____ Omb. Program brochure
- _____ Res Rights Brochures
- _____ Other - specify

Items provided to Staff:

- _____ Omb poster
- _____ Res rights brochure
- _____ Omb prog Brochure
- _____ Other specify

Things observed:

- | | |
|--|----------------------------------|
| Ombudsman poster _____ | Activities Calendar _____ |
| Menu _____ | Name tags on staff _____ NF only |
| Odor _____ | Cleanliness of building _____ |
| Appearance of residents (well groomed, hygiene, appropriately dressed - specify) | |

