

**Idaho State Long-Term Care Ombudsman
Facility Visit Form**

Date of Visit:		Ombudsman:	
Travel Time:		Total Time in Facility:	
Facility Name:			
Type of Facility:			
Facility Administrator or Manager on Duty:	How many consultations Provided:		
Number of licensed beds:		How many residents visited:	
Secured Unit:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Current Ombudsman Poster visibly posted with correct information Yes No
2. Residents appropriately dressed for season Yes No
3. Clothes clean and neat..... Yes No
4. Residents are restraint free Yes No
5. Residents hygiene needs are met..... Yes No
6. Residents have private telephone access..... Yes No
7. Residents have water/beverages available Yes No
8. Resident rooms are comfortable and homelike Yes No
9. Residents and facility are safe Yes No
10. Med carts are locked when unattended..... Yes No
11. Activity Calendar is posted Yes No
12. Residents have appropriate activities available Yes No
13. Outside activities are available Yes No
14. Staffing is posted and adequate Yes No
15. Latest survey is available Yes No
16. Staff interacts with residents..... Yes No
17. Call lights are answered within 15 minutes..... Yes No

