Skilled Nursing Facility (SNF) Initial On-Site Checklist

Ombudsman’s Name: ________________________________________________
Facility Name: ______________________________________________________
Address: _________________________________________________________
Telephone: (____)________________ Facility Capacity: _________________
Administrator: _______________________ Director/Nursing: _______________

1. Is the Ombudsman poster in a conspicuous location, with the current telephone number? Yes ___ No ___

2. Are the current license and DHS documents posted in plain view? Yes ___ No ___

3. What is the actual census versus capacity? Census ______ Capacity ______

4. Staffing:
   a. Are the staff receptive to you as an Ombudsman in the facility? Yes ___ No ___
   b. Does the staff appear to be caring, concerned and friendly toward the residents? Yes ___ No ___
   c. Do the staff refer to the residents by their name? Yes ___ No ___
   d. Can the staff effectively understand and communicate in a common language with the residents? Yes ___ No ___
   e. Is there a physical therapist on the staff? Yes ___ No ___
   f. Does the facility have a dietitian on staff? Yes ___ No ___

5. Residents:
   a. Are residents’ privacy rights respected and adhered to? Yes ___ No ___
   b. Are most residents dressed in street clothes (rather than in robes and gowns)? Yes ___ No ___
   c. Are the majority of residents out of bed and out of their rooms? Yes ___ No ___
   d. Are the residents well groomed? (Hair combed, clean clothes, dentures in, men shaved, and etc.) Yes ___ No ___
   e. Can you identify residents in restraints? (Look for upright bed rails, vests, bed ties, chair trays, chairs tilted or propped so that residents cannot move.) Yes ___ No ___
6. **General Facility Appearance:**

   a. Does the facility have a current meaningful activity, and a menu board posted at the appropriate viewing level for residents?  
      Yes ___ No ___

   b. Are there any unpleasant odors? 
      Yes ___ No ___

   c. Are the floors and walls clean?  
      Yes ___ No ___

   d. Does the furniture, beds, bathing and therapy equipment appear to be in good repair? 
      Yes ___ No ___

   e. Are the rooms personal, bright, and cheery? 
      Yes ___ No ___

   f. Do the bedding linens appear to be clean and neat? 
      Yes ___ No ___

7. Are there any unique aspects of the facility, the residents, or staff?  
   Yes ___ No ___

8. Please summarize your visit and comments below (or use a separate sheet of paper if your input is more extensive than the space allotted for it below):