

House Visit

House Name:

Date:

OPERATIONS EVALUATION

1 - Complete Mentoring Sales Calls - minimum 2

House Position

Referral Source Name

Referral Source Title

Referral Organization

Sales Call Evaluation Score Rate on a scale of 0 - 11

2 - List by room number the vacant rooms not ready

Room Number

3 - Talk with a minimum of 2 high-focus family members / responsible party and enter documentation in family call program

Resident First Name

Resident Last Name

RP Name

4 - Make contact with preferred provider for strategic discussion - minimum 1

Preferred Provider

Contact Person's Name

Number of Referrals Received in Past Month

Number of Referrals Given in Past Month

5 - Select the title of the person who completed the prior weekend MOD documentation

Select Title

Residence Director

Sales Manager

Wekkness Director

Other

6 - List 2 areas for improvement regarding the meal observed/eaten today

Area For Improvement

7 - Stand Up Meeting

Did you attend stand up meeting - Y/N

8 - List hot leads and strategies to move the inquiry in this week

Lead First Name

Lead Last Name

Strategy 1

Strategy 2

9 - Meet with all new residents since last house visit

Resident First Name

Resident Last Name

10 - Personally call 5 cold/warm leads and update STAR

Cold/Warm Lead First Name

Cold/Warm Lead Last Name

11 - List number of documented volunteer hours on volunteer sign in sheet from the prior month

Volunteer Hours

18 - Narrative:

Discuss topics not covered by the above questions:

25 - Employee Appearance:

Have you reviewed all on site employees to ensure proper uniform, no visible tattoos, or inappropriate piercings and conducted appropriate follow up prior to leaving for the day?
Y/N