

House Visit

House Name:

Date:

Quality & Clinical Services Evaluation

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				
5 - Select the title of the person who completed the prior weekend MOD documentation				
Select Title	Residence Director	Sales Manager	Wellness 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				
9 - Meet with all new residents since last house visit				
Resident First Name				
Resident Last Name				
11 - List number of documented volunteer hours on volunteer sign in sheet from the prior month				
Volunteer Hours				
15 - Visit all residents who are out of community (up to 3 separate locations within an hour's drive)				
Resident Visited First Name				
Resident Visited Last Name				
Location Name				
Name of Medical Professional Met With				
Title of Medical Professional Met With				
16 - When have the task sheets last been updated?				
Select	Within Last 7 Days	8 - 14 Days	15 - 30 Days	More Than 30 Days
Does Not Exist				

24 - MAR Audit Date

Date the Audit was Completed

17 - MAR Audit

Enter Total Number of routine MAR orders today

Enter Total Number of routine MAR errors from first day of month through yesterday

Enter Total Number of PRN's lacking reason/effectiveness

23 - MAR Error Rate

MAR percentage error rate (Calculated)

22 - Enter Total Number of Physician ordered medications that are not available today

These MUST be Resolved Before You Leave Today!

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

26 - Medication Pass Training:

List the medication pass training that you completed based on your evening medication pass observations.

27 - Tenant Weight Loss:

Based on the current weight, list the number of residents that have experienced significant weight loss (5% in 1 month, 7.5% in 3months, 10% in 6 months) Send a nutritional consult to Patricia Tessmer and observe these residents during the evening meal.

28 - List the family members and their corresponding residents that you met with during your evening visit.

First Name	Last Name
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29 - Time you left the community tonight.

List the time that you left the community tonight