

Unannounced Visit Form

Facility Name: _____ Vendor/ Resource# _____

Assigned Facility Liaison _____ Date of Visit: _____

Time of Visit: _____ Facility Type: CCF ICF FHA Foster Home SNF Other

CVRC Visitor: _____ CPC#: _____ Lead Staff Present: _____

1) **Staffing:**

How many clients present? _____ How many staff present? _____
If CCF; check the facility staff schedule for this time (e.g. Wed, 4pm). Are all scheduled staff working? Yes No

2) **Health & Safety:**

- Facility is free of offensive odors
- Sanitary conditions satisfactory (look for mold in showers, dirty carpets, etc.)
- Furniture in good condition (not broken, tattered, badly stained, etc)
- Outside grounds are in good condition and do not pose a safety hazard
- Facility temperature is comfortable
- Smoke Detectors are working properly
- Fire Extinguisher date is current
- Household cleaners, pest control items, etc. are stored separately and locked
- Medications are locked and properly stored (**Always Verify This**)

3) **Food & Nutrition:**

- Refrigerator and cupboard appear to have enough food for 3 full meals for each client.
- Food is fresh not moldy (fresh foods include: fresh vegetables & fresh fruit)
- Perishable foods are refrigerated
- Menu appears to be followed (or appropriate substitute)
- Special diet followed if applicable

4) **Medication Review, Meal Time Prep, etc:** (if visiting during medication pass or meal time, take note of: N/A (not present during these times)

- Staff washes hands when cooking and dispensing medications
- Staff appear to follow appropriate medication pass procedures
- Clients assisted, if needed, to wash hands before meals (after toileting)

5) **Activities & Service Value:**

- N/A Clients not present during time of visit
- Clients appear to have access to all common living area of the home
- Clients appear well groomed and in good personal hygiene
- Clothing appropriate for weather, properly sized and in good condition
- Clients engaged in meaningful and varied activities (or by choice if not participating)
- Staff interact appropriately with clients

Specify any follow up required on items above: _____

CVRC Visitor Signature
Signature

Facility Liaison Program Manager