

RESIDENTIAL FACILITY
PATIENTS' RIGHTS-AUDIT FORM
PART III- RESIDENT INTERVIEW

FACILITY: _____ DATE: _____

ADDRESS: _____ ADVOCATE: _____

RESIDENT: _____ ADMINISTRATOR: _____

LENGTH OF STAY: _____ PSYCHIATRIST: _____ AGE: _____ SEX: _____

QUESTIONS	YES/ NO	COMMENTS
1. RESIDENTS' RIGHTS:		
WHAT THEY ARE:		
2. PRIVACY PROVIDED/KNOCK:		
3. NOTICED ANY INSECTS:		
4. TREATED BY STAFF:		
5. RESIDENT COUNCIL MEETINGS:		
STAFF PRESENT:		
PRIVACY PROVIDED:		
6. MENU POSTED:		
SNACKS AVAILABLE:		
MENU FOLLOWED:		
7. STAFF ACCESSIBLE/ALL HOURS:		
8. MEDICATION:		
ON TIME:		
SKIPPED/REFUSED DOSES:		
NAMES/DOSAGES/ FREQUENCY:		

QUESTIONS	YES/ NO	COMMENTS
9. ANY ITEMS IN DISREPAIR:		
10. ROOM TEMPERATURE:		
11. TREATMENT PLANS/GOALS:		
SAME AS FACILITY:		
12. TELEPHONE ACCESSIBILITY/ CONFIDENTIALITY:		
13. PSYCHIATRIST VISITS/WHOM:		
SATISFIED WITH CARE:		
14. MAIL CORRESPONDENCE/ CONFIDENTIALITY :		
15. VISITORS:		
16. PRE-EXISTING MEDICAL CONDITIONS:		
MEDICATIONS FOR THIS:		
LAST VISITED DOCTOR:		
17. PERSONAL & INCIDENTAL FUNDS:		
18. ENOUGH SCHEDULED ACTIVITIES:		
19. CHORES:		
20. PEER CONFLICTS/HOW HANDLED:		
21. LOST/STOLEN PERSONAL ITEMS:		
22. IMPROVEMENTS/CHANGES:		

COMMENTS:
