

PATIENTS' RIGHTS – AUDIT FORM  
PART II – ON-SITE FACILITY REVIEW

DATE: \_\_\_\_\_ P.R.A. NAME: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_ ESCORTED BY: \_\_\_\_\_

FLOOR/UNIT: \_\_\_\_\_

AREA/ITEM INSPECTED	COMMENTS
1. PATIENTS' RIGHTS INFORMATION: A. ARE THE POSTERS VISIBLE: Y / N B. PREDOMINANT LANGUAGE: _____ C. CURRENT/OUTDATED: Y / N	
2. RATIO OF CLIENTS TO STAFF MEMBERS: A. # OF CLIENTS: _____ # OF STAFF: _____ B. STAFF INTERACTION WITH CLIENTS: Y / N C. # OF CLIENTS ON 1:1 SUPERVISION: _____	
3. IS UNIT CLEAN/ORDERLY: Y / N A. FREE OF HAZARDS: Y / N	
4. VISITING HOURS CLEARLY POSTED & OBSERVED: Y / N	
5. EXERCISE/OUTDOOR BREAK TIMES POSTED: Y / N	
6. TELEPHONES ACCESSIBLE TO PATIENT: Y / N A. IN WORKING ORDER: Y / N B. QUANTITY: _____ C. PAY PHONES: Y / N D. ACCESS TO CHANGE: Y / N	
7. ACCESS TO LETTER WRITING MATERIAL: Y / N A. STAMPS AVAILABLE: Y / N	
8. ARE PATIENT ROOMS CLEAN: Y / N A. # OF ROOMS _____	

AREA/ITEM INSPECTED	COMMENTS
B. # OF DOUBLE OCCUPANTS: _____ C. # OF TRIPLE OCCUPANTS: _____ D. ALLOW FOR PRIVACY: Y / N	
9. GROUP THERAPY SESSIONS POSTED: Y / N A. SCHEDULES/TOPICS POSTED: Y / N B. ABLE TO OBSERVE SESSION: Y / N C. # IN ATTENDANCE: _____ D. TOPIC: _____ LENTH: _____	
10. SECLUSION & RESTRAINT ROOMS: A. CLEAN/ORDERLY: Y / N B. CURRENTLY IN USE: Y / N	
11. RESTROOMS/SHOWERS CLEAN: Y / N A. QUANTITY: _____ UNISEX _____ B. HANDICAP ACCESSIBLE: Y / N	
12. INDIVIDUAL STORAGE SPACE AVAILABLE: Y / N A. ACCESSIBLE BY PATIENT: Y / N	
13. T.V.'S/RADIO'S AVAILABLE: Y / N A. VOLUME: TOO LOW/TOO HIGH	
14. TREATMENT ROOM/EXAMINATION ROOM: A. ON UNIT: Y / N B. CLEAN: Y / N C. ALLOW FOR PRIVACY: Y / N	

MISCELLANEOUS OBSERVATIONS:

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