

Observational Audit Tool: Resident Bill of Rights

Facility Name:	Area Audited:
Audit completed by:	Date of Audit:

This audit can be completed by any staff member. Please forward to manager/supervisor when completed.

Section #1 Observe the unit during AM or bedtime:	Yes	No	Comments
1. Do you observe staff knocking on resident doors before entering?			
2. In walking down the hallway, do you observe that residents' privacy is being respected by closed doors, bathroom doors, and closed curtains?			
3. Are residents transported to the tub room with appropriate covering?			
4. Observe staff caring for residents- do they offer resident's choices in their interactions?			
5. Observe staff interactions with residents- are staff courteous and respecting resident choices?			
Section #2 Observe the dining area during mealtime:			
1. Is the dining atmosphere friendly and unhurried?			
2. Are the residents being offered active choice in their beverage options?			
3. Are residents being offered active choice in what they want to eat?			
4. Are staff sitting to assist residents who need assistance with eating.			
5. Are all staff conversing with residents creating a positive dining experience?			
6. Does the nurse talk to the resident before giving any medications?			

Section #3- Resident Interview: This section is to be completed by residents only. As appropriate, choose a random resident on this unit who would be able to answer the following questions:

Question:	Yes	No	Comments
1. Do you know the name of the staff member caring for you today?			
2. Were the staff assisting you today friendly, caring and helpful to you?			
3. Did staff today respect your choices for:			
Clothing			
Going outside			
Meals/snacks			
Activities			

4. Did your staff today respect your privacy? (i.e. using bathroom, during personal care or bathing, when visiting with family/friends?)			
5. Are you happy with the care you receive here?			
Question:	Yes	No	Comments
6. Do the staff check in to see if you need anything?			
7. Do you feel safe living here?			
8. Do you decide how you spend your day?			
9. Do you feel you have a say in decisions about your care?			
10. Are you treated the way you want to be treated?			
11. Can you access spiritual or religious services of your choice?			
12. Do staff help you participate in activities you enjoy?			
13. If you have a concern about your care, do you feel free to speak up?			
14. Are you happy with how staff respond to your concerns?			
15. Do staff treat your personal belongings in a respectful, careful manner?			
16. Are your cultural beliefs and traditions respected?			

Auditors

Comments: _____

Manager/Supervisor Follow Up:

Please check all that are applicable:

Check Box	Action	Date
<input type="checkbox"/>	Discuss results at shift change report	
<input type="checkbox"/>	Follow -up discussion at staff meeting	
<input type="checkbox"/>	Follow- up discussion at leadership team meeting	
<input type="checkbox"/>	Follow- up with individual staff member(s)	
<input type="checkbox"/>	Results shared at Resident Council meeting	
<input type="checkbox"/>	Other (specify):	

Action plan to address any concerns:

