

Facility Visit Summary

Facility Name:

Date:

Rehab Gym/Office/Employee Appearance

Yes

No

Rehab room/offices are clutter & odor free?		
Staff observed meeting & greeting patients, families, & customers?		
Dress code & name tags worn?		
Cell phone policy followed?		

Levers

Margin %	
RUGS %	RU
	RV
	RH
	RM
	RL
PPS Overage	
PPS Efficiency	
Productivity	
RD Productivity	

Reports

Doc Due	
G Code Due	
Functional Outcomes	
Hotlist	

Recent ACP Visit

Last Visit	
Next Visit	
ACP Usage	
OMNIVR %	

Culture

New Chapters	
Legends	
Fun Committee	
Community Project	

Recent Clinical Service Visit

Last Visit	
Next Visit	
Follow Up Needed	

Audits

Compliance Audit	
Documentation Audit Date & Results	
Onsite or Prior Reviewed with Staff?	

Meetings Attended

Yes

No

Stand Up		
Medicare Meeting		
Rehab Meeting		
Did RD Present?		
Did AD Present?		

Check In With

Administrator	
Director of Nursing	

Follow Up:

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