

9. Did you notice unpleasant odors in commonly used areas?

Yes No

10. Did you see items that could cause harm or be hazardous?

Yes No

11. Did residents feel their living areas were too noisy?

Yes No

12. Does the facility accommodate smokers?

Yes No

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

Yes No

14. Did staff answer call bells in a timely & courteous manner?

Yes No

14a. If no, did you share this with the administrative staff?

Yes No

Snacks and fresh fruit available.

Residents indicated food was great!

Smoking outside only.

Resident Services **Comments & Other Observations**

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes No

16a. Can residents access their monthly needs funds at their convenience?

Yes No

17. Are residents asked their preferences about meal & snack choices?

Yes No

17a. Are they given a choice about where they prefer to dine?

Yes No

18. Do residents have privacy in making and receiving phone calls?

Yes No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes No

20. Does the Facility have a Resident's Council?

Yes No

Areas of Concern **Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Discuss items from **"Areas of Concern"** Section as well as any changes observed during the visit.