## Resident Profile

1. Do the residents appear neat, clean and odor free? **Yes** □ No

2. Did residents say they receive assistance with personal care activities, *Ex: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* **Yes** □ No

3. Did you see or hear residents being encouraged to participate in their care by staff members? □ Yes □ No

4. Were residents interacting w/ staff, other residents & visitors? □ Yes □ No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? □ Yes □ No

6. Did you observe restraints in use? □ Yes □ No

7. If so, did you ask staff about the facility's restraint policies? □ Yes □ No

## Resident Living Accommodations

8. Did residents describe their living environment as homelike? □ Yes □ No

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 & 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

## Resident Services

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

21. Family Council? □ Yes □ No

## Areas of Concern

- Residents voiced concern that their home was getting bad reviews. They verbalized anger, our people saying bad things about their home.

## Exit Summary

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

  - Night lights have been installed.