<table>
<thead>
<tr>
<th>Resident Profile</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do the residents appear neat, clean and odor free?</td>
<td>X</td>
</tr>
<tr>
<td>4. Were residents interacting w/ staff, other residents &amp; visitors?</td>
<td>X</td>
</tr>
<tr>
<td>6. Did you observe restraints in use?</td>
<td>Yes</td>
</tr>
<tr>
<td>7. If so, did you ask staff about the facility's restraint policies?</td>
<td>Yes</td>
</tr>
<tr>
<td>Resident Living Accommodations Observations</td>
<td>Comments &amp; Other</td>
</tr>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>X</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
10. Did you see items that could cause harm or be hazardous?  
   Yes | No  
   X   |   

11. Did residents feel their living areas were too noisy?  
   Yes | No  
   X   |   

12. Does the facility accommodate smokers?  
   Yes | No  
   X   |   

12a. Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.  
   Yes | No  
   X   |   

13. Were residents able to reach their call bells with ease?  
   Yes | No  
   X   |   

14. Did staff answer call bells in a timely & courteous manner?  
   Yes | No  
   X   |   

14a. If no, did you share this with the administrative staff?  
   Yes | No  
   X   |   

17a. Are they given a choice about where they prefer to dine?  
   Yes | No  
   X   |   

20. Does the Facility have a Resident's Council?  
   Yes | No  
   X   |   

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**Top Copy** is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.