## Resident Profile

1. Do the residents appear neat, clean and odor free?  
   - Yes  Yes  No  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. Did you ask staff about the facility’s restraint policies?  
   - Yes  No

## Comments & Other Observations

The residents we saw were neat & clean.

## Resident Living Accommodations

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

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

## Comments & Other Observations

did not come up

## Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   - Yes  No  within reason

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. Where evidence of community involvement from other civic, volunteer or religious groups?  
    - Yes  No

20. Does the Facility have a Resident's Council?  
    - Yes  No  Seemed to have an active schedule - they had an exercise class at the time (daily)
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
</tr>
</tbody>
</table>

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

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

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