# 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, e.g. 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 with 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]

# Comments & Other Observations

- N. None of residents interacting showed any signs of difficulty.

# 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 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]

# Comments & Other Observations

- N. Not observed during visit.

# 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]
20. Does the facility have a Family Council? [Yes □ No]

# Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit? [No □]

# Exit Summary

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

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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