### 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 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

### 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
13. Where? Outside only [ ] Yes, Inside only [ ] No, Both Inside & Outside [ ] No
14. Were residents able to reach their call bells with ease? [ ] Yes [ ] No
15. Did staff answer call bells in a timely & courteous manner? [ ] Yes [ ] No
16. 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
17. Are residents asked their preferences about meal & snack choices? [ ] Yes [ ] No
18. Are they given a choice about where they prefer to dine? [ ] Yes [ ] No
19. Do residents have privacy in making and receiving phone calls? [ ] Yes [ ] No
20. Is there evidence of community involvement from other civic, volunteer or religious groups? [ ] 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?

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**Comments & Other Observations**

- Residents & staff noted to be speaking with family member. Family had positive remarks regarding care.
- Overall home was clean & odor free. Some had noted stickiness to floor, but staff aware & handling the situation.
- In this environment there are no call bells but each resident has a designated way to inform staff of needs.
- One resident stated she wished there were more activities. Stated food was great, no complaints.

**Exit Summary**

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