## 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, such as 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 residents 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 home-like? □ 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 □ Inside only □ Both Inside & Outside
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
17. Were residents asked their preferences or opinions about the activities planned for them at the facility? □ Yes □ No
18. Did residents have the opportunity to purchase personal items of their choice using their monthly needs funds? □ Yes □ No
19. Can residents access their monthly needs funds at their convenience? □ Yes □ No
20. Are residents asked their preferences about meal & snack choices? □ Yes □ No
21. Are they given a choice about where they prefer to dine? □ Yes □ No
22. Do residents have privacy in making and receiving phone calls? □ Yes □ No
23. Is there evidence of community involvement from other civic, volunteer or religious groups? □ Yes □ No
24. Does the facility have a Resident’s Council? □ Yes □ No
25. Family Council? □ Yes □ No

## Areas of Concern
- Loose screen - unit F
- Unpleasant odor - unit F
- Update contact info - units F & N

## Exit Summary
Mentioned loose screen and unpleasant odor.

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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.