### 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

### 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
12a. Where? [ ] Inside only [ ] Inside & Outside. [ ] 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

### 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

### Exit Summary

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

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**Committee Members Present:**

- Kate Elliott
- Susan Schmoe

**Resident Rights Information is clearly visible?** [ ] Yes [ ] No

**The most recent survey was readily accessible for Nursing Homes Only?**

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**Comments & Other Observations**

- Common areas and resident rooms clean and neat.
- No complaints verbalized by any residents.

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**Priority Action Areas**

- None noted

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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.