### 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

### Comments & Other Observations

The resident seemed to be well taken care of. The home was neat & clean.

### 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

### Comments & Other Observations

Residents said the food was good!

### Resident Services

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
21. Are family council meetings held? ☐ Yes ☐ No
22. Are there any resident issues or topics that need follow-up or review at a later time or during the next visit? ☐ Yes ☐ No

### Areas of Concern

- 5 Residents
- 1 vacancy
- 2 males, 3 females
- Ages 59 - 91

### Exit Summary

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

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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.