### Resident Profile

1. **Do the residents appear neat, clean and odor free?**
   - Yes [x] 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 [x] No [ ]

3. **Did you see or hear residents being encouraged to participate in their care by staff members?**
   - Yes [x] No [ ]

4. **Were residents interacting w/ staff, other residents & visitors?**
   - Yes [x] No [ ]

5. **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?**
   - Yes [x] No [ ]

6. **Did you observe restraints in use?**
   - Yes [x] No [ ]

7. **If so, did you ask staff about the facility’s restraint policies?**
   - Yes [ ] No [x]

### Comments and Other Observations

- #5 Not observed this visit
### 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?
   ☒ 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 and Other Observations

This community has added a new Rehab wing to the building. Additionally the older portion of the building has been refreshed.

#13 - residents were aware that if it took time to answer call bells it was because community was "short staffed"

### Residential 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
   Family Council?  ☐ Yes  ☒ No

### Comments and Other Observations

#19 - Observed a young volunteer delivering the daily fliers to each resident.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
</tr>
<tr>
<td>1.) On Laurels of GreenTree website is posted &quot;5 star Medicare Quality Rating&quot; which is correct however the community has a 3 star Overall Medicare Rating. See Medicare.gov/Nursing Home Compare</td>
<td></td>
</tr>
<tr>
<td>2.) One of the rotating photos on Laurels of GreenTree website declares &quot;Congratulations on Deficiency Free Annual Survey&quot; however from Medicare.gov/Nursing Home Compare their 2/2/2018 Health Inspection had 6 deficiencies.</td>
<td></td>
</tr>
</tbody>
</table>