**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**

- Did residents describe their living environment as homelike? **[Yes][No]**
- Did you notice unpleasant odors in commonly used areas? **[Yes][No]**
- Did you see items that could cause harm or be hazardous? **[Yes][No]**
- Did residents feel their living areas were too noisy? **[Yes][No]**
- Does the facility accommodate smokers? **[Yes][No]**
- Where? **[Outside only][Inside only][Both inside & outside]**
- Were residents able to reach their call bells with ease? **[Yes][No]**
- Did staff answer call bells in a timely & courteous manner? **[Yes][No]**
- If no, did you share this with the administrative staff? **[Yes][No]**

**Resident Services**

- Were residents asked their preferences or opinions about the activities planned for them at the facility? **[Yes][No]**
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? **[Yes][No]**
- Can residents access their monthly needs funds at their convenience? **[Yes][No]**
- Are residents asked their preferences about meal & snack choices? **[Yes][No]**
- Are they given a choice about where they prefer to dine? **[Yes][No]**
- Do residents have privacy in making and receiving phone calls? **[Yes][No]**
- Is there evidence of community involvement from other civic, volunteer or religious groups? **[Yes][No]**
- Does the facility have a Resident’s Council? **[Yes][No]**
- Family Council? **[Yes][No]**

**Areas of Concern**

There resident issues or topics that need follow-up or review at a later time or during the next visit.

One resident said "they never get me out of bed."

**Exit Summary**

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

- **Shared concern with Admin.**

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Kudos: Residents love the cook, John! Overall, folks seemed happy & content.