

Resident Rights Information is clearly visible.	X	Y		N	Ombudsman contact information is correct and clearly posted.	X	Yes		No
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The most recent survey was readily accessible. (Required for Nursing Homes Only)		Y		N	Staffing information is posted. Did not observe		Yes		No
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1.	Do the residents appear neat, clean and odor free?	X	Yes	No	11 Male Residents approx ages 30s-70s Did not ask One resident engaged the SIC in a request. Dawn Odette was acting as SIC and Med Tech when we were there. Comments by Residents were positive.
1.	Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>				

	Yes		No
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1. Did you see or hear residents being encouraged to participate in their care by staff members?	
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X	Yes		No
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1. Were residents interacting w/ staff, other residents & visitors?	X	Yes		No
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1. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
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X	Yes		No
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1. Did you observe restraints in use?		Yes	X	No
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1. If so, did you ask staff about the facility's restraint policies?		Yes		No
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1. Did residents describe their living environment as home like?	X	Yes		No The home was clean and looked well organized. The fruit bowl was almost empty – 3 oranges left. The SIC was going to bring out a full bowl with more fruit for the Residents.X
1. Did you notice unpleasant odors in commonly used areas?		Yes	X	No

1. Did you see items that could cause harm or be hazardous?		Yes	X	No
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1. Did residents feel their living areas were too noisy?		Yes	X	No
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1. Does the facility accommodate smokers?	X	Yes		No
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Where? [X] Outside only [] Inside only [] Both Inside and Outside.

1. Were residents able to reach their call bells with ease?	X	Yes		No
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1. Did staff answer call bells in a timely & courteous manner?		Yes		No
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If no, did you share this with the administrative staff?		Yes		No
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<p>1. Were residents asked their preferences or opinions about the activities planned for them at the facility?</p>		<p>The Arts and Crafts activities are available. Don't know how many of the men participate.</p> <p>Meals are planned with diet guidelines for Adult Care Homes. There are 2 Diabetic Diets and 2 more residents borderline for restrictions.X Dining location only if necessary.</p> <p>Did not take notice of that.</p> <p>Choice if Resident wants to participate.</p>
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X	Yes		No
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<p>1. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</p>	
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X	Yes		No
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<p>Can residents access their monthly needs funds at their convenience?</p>	
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X	Yes		No
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1. Are residents asked their preferences about meal & snack choices?	
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	Yes		No
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Are they given a choice about where they prefer				No
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1. Do residents have privacy in making and receiving phone calls?	
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X	Yes		No
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1. Is there evidence of community involvement from other civic, volunteer or religious groups?	
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	Yes		No
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1. Does the Facility have a Resident's Council?	X	Yes		No
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.

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