

# TOUR NOTES WORKSHEET

PROVIDER NUMBER

SURVEY DATE

## INSTRUCTIONS

1. Note care and problems in care on all units.
2. Report deficiencies directly to survey report form or evaluate further during in-depth sample review.
3. Select residents for in-depth review.
4. Select a proportionate number from each section.

## INDEPTH SAMPLE

Facility Census	0-60	61-120	121-200	200+
Sample Size (Min:10)	25%	20%	15%	10%
	(Min:10)	(Min:15)	(Min:24)	(Max:50)

## OBSERVE RESIDENTS FOR THE FOLLOWING CARE PROBLEMS

GROOMING/PERSONAL HYGIENE

POSITIONING

ASSISTIVE DEVICES

AMBULATION

RESTRAINTS

HYDRATION

INFECTION CONTROL

PATIENT RIGHTS

OTHER