

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
<p>F171-176 (cont'd)</p>	<p>Colostomy/Ileostomy Care Respiratory Care (oxygen inhalation) Speech Mobility Upper extremity dressing Lower extremity dressing</p> <p>Observe at mealtime whether staff encourages/guides residents in self-feeding or feeds the residents.</p>	<p>Does anyone move your arms or legs or help you with exercises? - Have your sleeping habits changed since you came to the nursing home? If yes, in what way? - Are you able to get help during the night if needed? + What kind of help is needed? + Is staff response timely? - Do you feel there are adequate care supplies at this facility? - If not, can you give me an example of why you feel this way? - Is your family involved in assisting you or if learning to help you? - Do you feel there is adequate staff at this facility? - If not, can you give me an example of why you feel this way? - Does staff assist and/or encourage activities (e.g., R.O.M., ambulation ADL, communication programs, feeding)? - How often does staff assist in activities? - Is there anything resident would like to do</p>			