

LONG TERM CARE SURVEY

| SURVEY AREA              | OBSERVATION | INTERVIEWING   | RECORD REVIEW | EVALUATION FACTORS | CROSS REFERENCE |
|--------------------------|-------------|--|---------------|--------------------|-----------------|
| <p>F171-176 (cont'd)</p> |             | <p>for himself/herself that staff is doing?</p> <ul style="list-style-type: none"> <li>- Is resident comfortable (e.g. free from pain)?</li> <li>- Is your cane/walker/crutches comfortable for you to use?</li> <li>- Did anyone measure you so you have the right size cane/walker/crutches?</li> <li>- Did anyone show you the correct way to use your cane/walker/crutches?</li> <li>- If the facility arranged so that you can get around easily?</li> </ul> <p><u>Ask Activities Staff</u><br/>           Do you provide information to nursing staff about time and place of activities, plus names of residents who are to attend or those who might be interested in attending?</p> <p><u>Chair-bound Resident</u><br/> <u>Ask Resident:</u></p> <ul style="list-style-type: none"> <li>- Does he/she know why he/she is in a chair?</li> <li>- Is resident assisted to use bathroom?</li> <li>- Is resident comfortable?</li> <li>- Does he/she see therapist? (O.T., Speech, P.T.) and how often?</li> <li>- Does resident go to a</li> </ul> |               |                    |                 |