| QUESTION | HOME A: | | HOME B: | |
|---|------------|----|------------|----|
| | YES | NO | YES | NO |
| | | | | |
| Daily Life | | | | |
| 1. Do Residents seem to enjoy being with staff? | | | | |
| 2. Are Residents dressed appropriately? | | | | |
| 3. Do staff call the Residents by name? | | | | |
| 4. Do staff respond quickly to Residents that call for assistance? | | | | |
| 1. Are there a variety of activities offered to Residents? | | | | |
| 6. Is the food served in an attractive manner? | | | | |
| 7. Does the home have a Resident Council? | | | | |
| 8. Does the home have contact with community groups, e.g. pet, music, art therapy programs? | | | | |
| | | | | |
| Resident Care | | | | |
| 1. Who is involved in the care of Residents, e.g. physician, specialists? | | | | |
| 2. Does the Resident and/or their family participate in developing the Resident's plan of care? | | | | |
| 3. Does the program offer programs to restore lost physical functioning, e.g. physical therapy, occupational therapy, speech and language therapy | | | | |
| 4. Is a Registered Nurse/LPN available on each shift? | | | | |

| QUESTION | HOME A: | | HOME B: | |
|---|------------|----|------------|----|
| | YES | NO | YES | NO |
| | | | | |
| Environment | | | | |
| 1. Is the outside of the home clean and in good repair? | | | | |
| 2. Are there outdoor areas accessible for Resident use? | | | | |
| 3. Is the inside of the home clean and in good repair? | | | | |
| 4. Is the home free of unpleasant odours? | | | | |
| 5. When the floors are being cleaned are warning signs displayed or blocked off from use? | | | | |
| 6. Are bathrooms convenient to bedrooms? | | | | |
| 7. Is it easy for Residents in wheelchairs to move around? | | | | |
| 8. Is the lighting appropriate for what Residents are doing? | | | | |
| 9. Are there private areas for Residents to visit with family, visitors, and physicians? | | | | |
| 10. Are Resident rooms furnished in a pleasant manner? | | | | |
| | | | | |
| General Information to Look For | | | | |
| 1. Does the home have a good reputation in the community? | | | | |
| 2. Does the home offer education to family? | | | | |
| 3. Does the home promote and respect Resident rights? | | | | |
| 4. Is the home an Accredited facility? | | | | |