

ANGEL CARE QUESTION SCHEDULE

DATE	TOPIC	Questions
1/2/16	DIGNITY	Tell me, how do you feel about the staff members at this center. Who do you go to if you have a problem?
1/9/16	CALL SYSTEM	Do staff answer your call bell timely? If not when is there an issue (time of day, meal time ect..)
1/16/16	ABUSE	Has any resident or staff member here ever harmed you? Can you tell me who?
1/23/16	ENVIROMENT	Do you prefer a bath or a shower? Do you receive a bath or shower when you want it? When would you like it?
1/30/16	WATER TEMPS	Tell me about the water temperatures in the center. Do we provide a comfortable water temperature for bathing?
2/6/16	PRIVACY	Can you make a private phone call if you want to? Do you have a phone you can use which affords you privacy from being overheard?
2/13/16	LIKES/DISLIKES	Considering the dietary restrictions you may have-do you receive food here you like? Are you offered an alternative if you do not like what is served?
2/20/16	AMBIENT TEMPS	Is the air temperature in the center comfortable for you?
2/27/16	FOOD	Is the temperature of your hot and cold foods appropriate?
3/5/16	CLEANINESS	Do we keep your bathroom and room clean and neat? Is your room in good repair? Does anything need to be fixed?
3/12/16	WILL YOU RECOMMEND	Would you recommend our center to others? Why or Why Not?
3/19/16	OMBUDSMAN	Do you know who the ombudsman is, what they do and how you can reach them?
3/26/16	OPEN (Your Choice)	
4/2/16	PAIN	Are you in pain? If yes, find out where they are in pain and notify the LN. Address all pain immediately.
4/9/16	DIGNITY	Are they treated with dignity and respect? Observe at various times of the day for cleanliness, well groomed, dining with dignity, talked to by staff with respect?
4/16/16	ABUSE	Are you afraid of anyone in the center? Are you aware of abuse/neglect of an elder? Tell me about it.
4/23/16	RESIDENT RIGHTS	Do you know about rights such as voting, making a living will and having a patient trust account? Please accept this print out of your rights. May I review them with you?
4/30/16	PEST CONTROL	Do you ever see insects (ants, flies, roaches) or rodents inside the center? If yes-tell me about it.
5/7/16	MEALS	About what time do you receive your breakfast, lunch and dinner. Are the meals generally on time or late?
5/14/16	NURSES WEEK	National Nurses week starts this week. We would like to thank our nurses for the great job they do. Do you have a favorite nurse, or a success story or someone to thank?
5/21/16	OPEN (Your choice)	
5/28/16	ENVIROMENT	What would make our facility a better place for you to live/stay (If short term)? How could we make it homier?
6/4/16	ANGEL CARE INTRO	I am your mother's/father's angel and I would like to give you an update on your mother's/father's care (tell them about the resident). Do you have any concerns? I would also like to remind you that you will receive a Family Satisfaction Survey and we would truly appreciate it if you could take the time to fill it out.
6/11/16	INFECTION CONTROL	Does the staff wash their hands before and after caring for you? Please remind them! Do you wash your hands regularly? Please help us prevent the spread of infection. Also, while you are in the room for other infection control potentials/cleanliness.
6/18/16	NURSING ASSISTANT WK	National C.N.A. week starts this week. We would like to thank our C.N.A.s for the great job they do. Do you have a favorite C.N.A., or a success story or someone to thank?
6/25/16	OPEN (Your choice)	

7/2/16	RESIDENT COUNCIL	Do you know we have a resident council that meets monthly? Do you attend? (If not why?) If yes, is the meeting held in a private place and do we follow up on your suggestions and concerns?
7/9/16	CONCERNS	Have any of your belongings ever been missing? If so, who did you tell and what was the outcome?
7/16/16	ODORS	Is our center clean and free of bad odors? (ask about resident rooms, bathrooms, hallways, activity room, ect..)
7/23/16	AMBIENT TEMPS	Is the air temperature in the center comfortable for you?
7/30/16	PRIVACY	Do you get your mail promptly, including on Saturday? If you need help with your mail, who do you ask?
8/6/16	CUSTOMER SERVICE	Please tell me something about yourself that I can share with others. (Likes/dislikes/career/family)
8/13/16	CALL LIGHTS	Do staff answer your call bell timely? If not when is there an issue (time of day, meal time ect..)
8/20/16	CARE PLANS	Do you participate in care plan meetings? At your care plan review meeting the staff reviews your activities and daily nursing care needs.
8/27/16	OPEN (Your choice)	
9/3/16	ACTIVITIES	Do you participate in activities? Do you enjoy them? (Are elders confined to or choose to remain in their room, provided with in room activities?) Is there anything about the activity program you would like to talk about?
9/10/16	RESIDENT TO RESIDENT ABUSE	Do you have any problems/concerns with any other elder? Are you afraid of anyone in the center?
9/17/16	HYDRATION	Do you receive fluids you want with meals? Is there something else you would like?
9/24/16	OMBUDSMAN	Do you know who the ombudsman is, what they do and how you can reach them?
10/1/16	CUSTOMER SERVICE	Part of our customer service program is to touch base with your family (with your permission) just to confirm that if they have any concerns or questions that we get them answered . We like to be proactive! What would you like to tell them about you today?
10/8/16	ENVIROMENT	Please tell me about your room. Is the temperature comfortable? Is there anything you would like to change about your room?
10/15/16	HOLIDAY ACTIVITIES	Please let me share with you our activity schedule for December. Is there anything special we can add for you? Do you receive assistance for the things you like to do? (Such as watch TV, access to supplies, newspapers books ect..)
10/22/16	EMERGENCY PREPAREDNESS	Our center must train all employees in emergency procedures and carry out unannounced drills. During your stay you may hear our fire alarm go off. We train using the acronym RACE, rescue the person in danger, Alarm, confine the danger (by shutting doors) and evacuate if directed. Our center is completely covered by a sprinkler system and we have fire extinguishers in the hallway. Do you have any questions about our fire drills?
10/29/16	HANDWASHING	Does the staff wash their hands before and after caring for you? Please remind them! Do you wash your hands regularly? Please help us prevent the spread of infection. Also, while you are in the room for other infection control potentials/cleanliness.
11/5/16	DIGINITY	Do staff members here treat you with respect and dignity?
11/12/16	Choice	Do you feel that you are given choices regarding your care? (Do you get up when you want, choose your clothes, go to activities).
11/19/16	HOLIDAY VISITORS	Is there some special request you have during your stay with us that I can try to accommodate for you?

11/26/16	BEVERAGE OF CHOICE	Do we keep your cold water near you? Would you like something else to drink? Are you served the beverage of choice at meal times?
12/3/16	PERFORMANCE IMPROVEMENT	Are you offered a snack at night? If so what is offered? Would you care for something else?
12/10/16	ACTIVITIES	Do our activity programs meet your interests and needs? Are there activities you would like to be offered that are not?
12/17/16	NOISE	Is it generally quiet or noisy here? What about at night?
12/24/16	DIGNITY	Do staff and other elders respect your privacy? Do they knock on your door before entering?
12/31/16	Open (Your choice)	