Guardian Angel Rounds / Care Plan Questions Person Centered Approach

Employee: _____ Facility: _____ Date: _____

Y = Yes N = No If any No recorded – trigger another discussion and approach Care Plan Process

Resident Name or Med Rec ID												Comments / Concern Form Initiated
Resident Rights												
Do you know how to file a complaint?												
Do you know what to do if you are ever abused / feel unsafe?												
Can you get up / lay down when you want?												
Can you eat meals when you want?												
Can you make choices in your care?												
Can you choose between a bath and a shower?												
Can you manage/access your own money?												
Can you have visitors when you would like?												
Are you invited to your care conference?												
Are you happy with your furnishings?												
Are you aware the facility has phones for your privacy?												
Are you aware the facility can provide safekeeping for valuables?												
Quality of Care/Life												
Do you have pain and is it managed?												
Do you know what medications you take?												
Are you turned frequently while in bed?												
Are you repositioned in your wheelchair?												
Do you feel you see your physician enough?												
Do you receive assistance with toileting if needed?												
Do you feel the facility has enough staff to meet your needs? Do you consider agency staff, staff?												
Does the staff give you/offer you water?												
Do you receive assistance walking?												
Do you receive assistance with hygiene when needed?												
Is your call light answered timely?												
Are the sound levels comfortable for you?												
Do you have all the personal care items you need?												
Do the staff treat you with respect?												
Are you familiar with your plan of care?												
Do you have access to a dentist?												
Do you have access to an audiologist?												
Do you have access to a podiatrist?												
Do you have access to an optometrist?												
Are your hearing aids working?												
Are your glasses clean and in good repair?												
Are your dentures cared for?												
Are you offered the flu vaccine?												
Are you offered the pneumonia vaccine?												
Are you happy with the meals served?												
Are you happy with the alternative choices?												
Is the food the appropriate temperature when served?												
Are you invited to activities?												
Are you satisfied with the activity programs offered?												
Do you feel your concerns are addressed?												
Do you feel safe in your environment?												
Miscellaneous												
Do you know your Administrator?												
Do you know when resident council meetings are held?												
Does the facility staff respect you and provide person centered care?												