

Weekly Review Date:

Site:

Time In/Out:

Menu Posted:

Menu Followed:

Activity Schedule Posted:

Activity Schedule Followed:

Activity Consumers Involved in at time of visit:

Check Appearance of Consumers:

Data Collected on all Programs:

Check Med Book for errors:

Check Water Temp.:

Check Fire Drill:

Check Weights:

Check Refrigerators and Cupboards:

Check Bedrooms for Clothing, Linens, Furniture:

Check all Rooms for Cleanliness:

Check for Programs Being Implemented by Staff:

Check for Consumer Involvement:

Other:

Address any concerns on the spot with the staff.

Return all reports to me with in 2 days.

Reviewers Signature:

