

CBRF 1		CBRF 2	
Yes	No	Yes	No

PHYSICAL STRUCTURE

- Does the home appear to be safe and secure?
- Are telephones available?
- Can or do residents have telephones in their rooms?
- Are halls free of obstacles (furniture, equipment)?
- Are exits unobstructed and easy to reach?
- Are fire extinguishers visible?
- Is there an evacuation plan posted?
- Are drills held at least quarterly?
- Are floors clean and non-slippery?
- Are there any obvious odors?
- Are doorways/hallways, rooms big enough to accommodate wheelchairs if so licensed?
- Is the temperature in the facility comfortable?

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STAFF

- Does the home have a current state license?
- Do staff know the residents?
- Do staff show interest in individual residents?
- Do residents talk freely with staff?
- Are residents treated with respect and dignity?
- Is privacy respected (knocking before entering rooms)?

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- Does there appear to be enough staff to meet residents' needs?
- Are calls for assistance responded to quickly?
- Is the appearance of staff neat and clean?

RESIDENTS

- Do residents appear generally happy?
- Do residents appear to receive good care?
- Do residents appear to respect each other?

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HEALTH RELATED SERVICES

- Does the facility control residents' medications?
- Can residents retain their personal physician?
- Does the facility assume responsibility for making medical appointments if residents are unable to?
- Does the facility provide transportation for medical appointments? Is there a charge?
- Does the facility have a plan to respond to medical emergencies and dental needs?
- Are staff trained in the provision of emergency First Aid?
- Will the facility arrange for home health care services if needed by the resident?
- Will the facility provide or arrange for specialized therapies if needed?

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RESIDENT BEDROOMS

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Yes	No	Yes	No

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- Does the assigned room appear to meet his/her needs?
- Are rooms attractive, clean, well-lit, well-ventilated?
- Is there a bedside stand, reading light and chest of drawers for each resident?
- Is closet space/storage space sufficient?
- Can residents use their own furnishings in their room?
- Are provisions made for privacy?
- Is there space for private visits in the home?
- Are there more than two residents per room?

BATH AND SHOWER ROOMS

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- Are bathrooms conveniently located?
- Are bathrooms clean, well-maintained and odor-free?
- Are handgrips or rails near toilet and bathing areas if needed by the residents?
- Do bathrooms have showers or tubs?
- Are bathrooms equipped with locks for privacy?

How many people share a bathroom?
 How and how often do residents take baths/showers?

OTHER LIVING AREAS

CBRF 1		CBRF 2	
Yes	No	Yes	No

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- Are other living areas sufficient in size for the number of people in the facility?
- Is there sufficient space for visitors, conversation, TV watching and quiet reading?
- Are living areas clean, comfortable and furnished and generally pleasant?
- Are separate smoking and non-smoking areas available?

LEISURE TIME ACTIVITY

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- Are activity calendars posted?
- Do activities include a variety of interests?
- Are planned activities appropriate to the age and abilities of the residents?
- How often are there planned outings?
- Do residents participate in planning the activities?
- Are residents encouraged to participate in community activities?
- Does the facility provide transportation to community activities?
- Are arrangements made for residents to attend religious services and to practice their beliefs?

PERSONAL CARE

CBRF 1		CBRF 2	
Yes	No	Yes	No

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Does the facility provide help with bathing, getting in and out of bed, care for hair and teeth, dressing, exercise, and other personal care needs if residents require it?

Does the facility teach personal care activities to improve independent functioning such as feeding, grooming and dressing if needed?

KITCHEN AREA

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Is the kitchen clean, well lighted and well organized?

Are foods stored in a clean, dry area?

Do staff handle food in a safe, sanitary manner?

Can residents use the kitchen?

DINING AREA

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Is the dining area pleasant, comfortable, clean and easily accessible?

Is it large enough to hold the majority of residents?

Is the atmosphere relaxing (so that mealtimes do not appear chaotic and rushed)?

Can residents choose where and with whom they will eat?

Are tables convenient for wheelchairs when needed?

Is the dining room used for other activities?

MENUS AND FOODS

CBRF 1		CBRF 2	
Yes	No	Yes	No

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Is a menu available? Did the home serve what was on the menu?

Does the facility monitor nutritional needs and provide modified diets when needed?

Are hot foods served hot/cold foods served cold?

Are dishes and silverware used (instead of disposable plates and utensils)?

Does the food appear appetizing?

Do meals appear to be nutritionally balanced?

Are fresh fruits and vegetables served in season?

Do residents appear to enjoy their meals?

Do residents appear to get enough to eat?

Is food served family style or do staff determine portion sizes?

Are residents able to have snack foods and/or soft drinks in their bedrooms?

Are provisions made for residents who are ill and unable to eat in the dining room?

Who plans the meals? Do residents have input into meal planning?

CBRF INFORMATION SOURCES

You may find out additional information about CBRFs by contacting any of the following organizations:

- Your county social/human services agencies
- Offices of the Division of Support Living:

SOUTHERN REGIONAL OFFICE

3514 Memorial Drive
Madison, WI 53704
(608) 243-2370

SOUTHEASTERN REGIONAL OFFICE

819 North 6th St., Room 675
Milwaukee, WI 53203
(414) 227-4501

NORTHEASTERN REGIONAL OFFICE

200 N. Jefferson, Suite 211
Green Bay, WI 54301
(920) 448-5240

WESTERN REGIONAL OFFICE

610 Gibson St., Suite 1
Eau Claire, WI 54701-3667
(715) 836-2174

NORTHERN REGIONAL OFFICE

1853 North Stevens St., Suite B
Rhinelander, WI 54501
(715) 365-2800

MADISON OFFICE

Bureau of Quality Assurance
1 West Wilson
Madison, WI 53702
(608) 266-3749

**BOARD ON AGING & LONG TERM CARE
OMBUDSMAN PROGRAM**
800-815-0015

WRITTEN DOCUMENTS AVAILABLE TO RESIDENTS

Is there a program statement? Do the program and services appear to be appropriate to meet the needs of the prospective resident?

Is there an admission agreement? Does it clearly specify:

Provided services in the monthly rate?

Daily or monthly rate?

Additional charges for services not covered in the rate?

Thirty-day notice for a change in the rate or service?

When payment is to be made?

What the refund policy is?

Does the facility have a resident's bill of rights and complaint procedure?

Did the facility have any complaints in the past year?

If so, were they resolved?

Does the facility have Wisconsin Administrative Code Chapter 83 governing CBRFs available for review?

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NOTES

CBRF 1: RE: MENUS AND FOOD

FAMILY STYLE, PORTION SIZES

ANS. - ON ADMISSION THE RESIDENT'S DOCTOR INDICATES A DIET THE RESIDENT IS TO FOLLOW. DEPENDING ON THE CALORIC INTAKE & SPECIAL NEEDS INDICATED BY THE PHYSICIAN, PORTION SIZES ARE DETERMINED.

RE: SNACK FOODS - YES

RE: PROVISIONS FOR ILL RESIDENTS?

ANS. YES, WITH NURSING'S NOTIFICATION & APPROVAL

RE: WHO PLANS THE MEALS

YES, RESIDENTS HAVE INPUT.

NOTES

CBRF 2:

NOTES

CBRF 1: Re: Health Related Services

- Currently transportation is provided by Transit Plus. There

is a nominal fee to and from appointments

Re: Other Living Areas

- Separate Smoking Areas? No,

this a smoke-free environment.

Re: Leisure Time Activity

Planned Outings? Occur

occasionally

Re: Dining Areas

Can residents choose where

and with whom to eat? Ans.

Combined staff decision based

on cognition, etc.

CBRF 2:

NOTES

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CBRF 1: Re: Is Dining Room Used

For Other Activities,

Ans. - Sometimes

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CBRF 2: