**General Rounds**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | Room | Call light within reach | Staff knock on doors and wait for permission to enter | Indicators of possible abuse | Adaptive equipment available and in use | Rooms personalized and clean; odor free | Staff responsive to behaviors or indications of distress | Accident hazards present | Water pitcher clean and accessible | ADL/grooming/positioning concerns | Infection control concerns | Possible medication side effects observed | Pressure ulcer prevention devices appropriately in use | Medical equipment concerns | Comments |
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***Place a (+) for a positive observation. Place a (-) for any noted issues. Record in comments.***

Additional comments: