**Form to be included in daily angel rounds and reviewed in daily standup for concerns and corrective measures**

Name of staff **\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit/hall that was observed \_**\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name | Room | Call light within reach | Privacy/dignity observed | Staff have on name badge/appropriate uniform | Oxygen/HHN/TF tubing dated & stored correctly | Rooms personalized and clean; odor free, beds made | Resident hygiene, dressed and groomed | Meal cards used for each resident | Fresh ice water, meal trays removed from previous meal | Med/treatment carts locked/no meds at bedside | Common areas free of clutter and tidy | Hazardous concerns/chemicals secure | Masks being worn appropriately | 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: