

Mission Mountain Enterprises, Inc.  
On-site visit

Facility/Location: \_\_\_\_\_

Date & Time of visit: \_\_\_\_\_

What activities are occurring?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any concern noted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any good things happening:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If medications were being administered were safe practices followed? (2<sup>nd</sup> check person next to med person, meds secured, clients given medications in good area)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporter: \_\_\_\_\_

Please forward to Director of Consumer Services