

**DELAWARE RESIDENTS' PROTECTION COMMISSION (DRPC)**  
**2540 Wrangle Hill Road**  
**Bear, DE 19701**

**Facility Visit Report**

Day & Date of Visit: \_\_\_\_\_

Reason for Visit (Circle All That Apply):

- Care Plan Meeting      Resident Council Meeting      Tour of Facility  
Drop off DRPC Information      Meet with a Resident      Post Survey Meeting  
Meet with Facility Administrators/Staff      Meet with Ombudsman      New Facility

Other Meeting (Specify): \_\_\_\_\_

Other Follow-up (Specify): \_\_\_\_\_

Health or Safety Concerns Observed During Visit (Circle One):      YES      NO

If yes, what was observed:

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

What action was taken to address the concern:

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

Outcome of Visit/Other Comments:

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

DRPC Staff Completing this form: \_\_\_\_\_