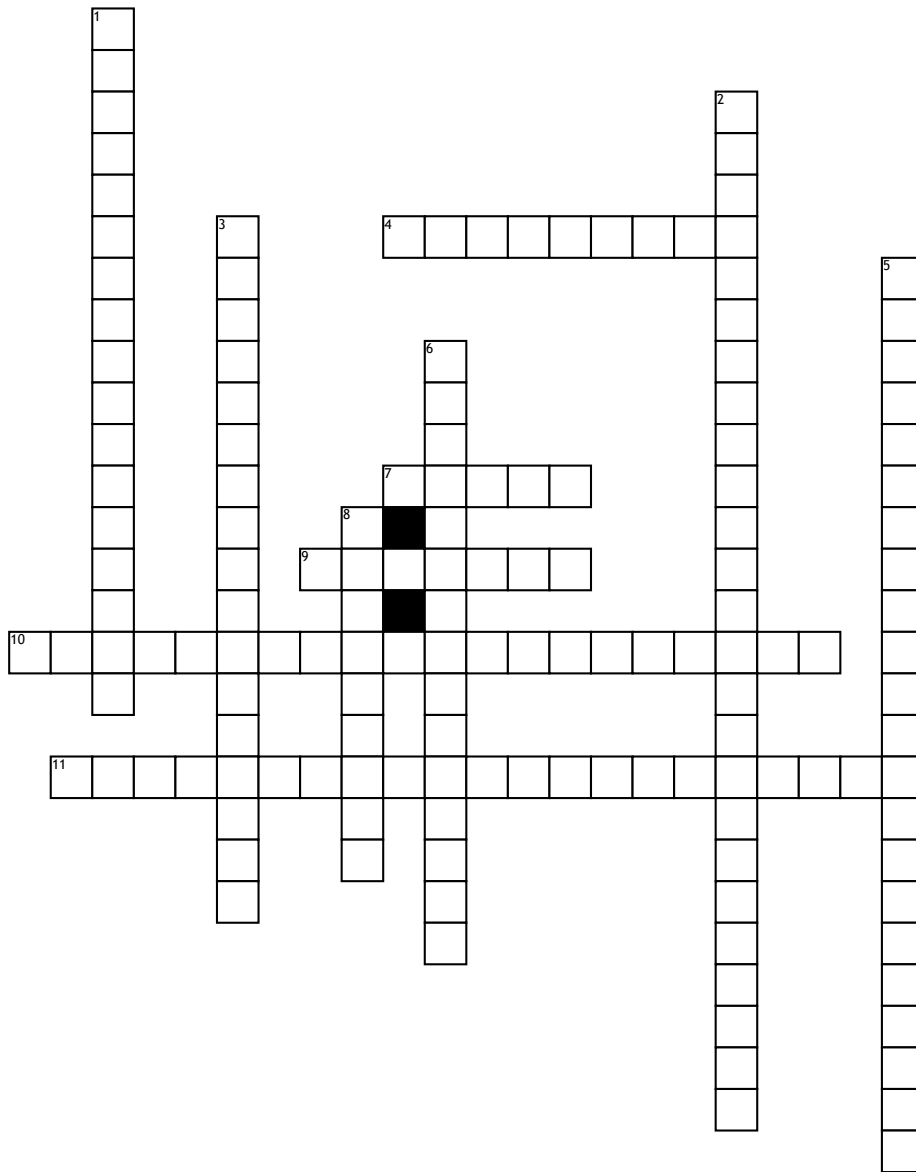


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Nursing Home Week



## Across

- 4. Residents favorite meal?
- 7. Residents favorite activity?
- 9. Kitchen Staff
- 10. What is considered a nursing home?
- 11. OT

## Down

- 1. DON
- 2. CNA
- 3. PT
- 5. LPN
- 6. RN
- 8. Name of our nursing home