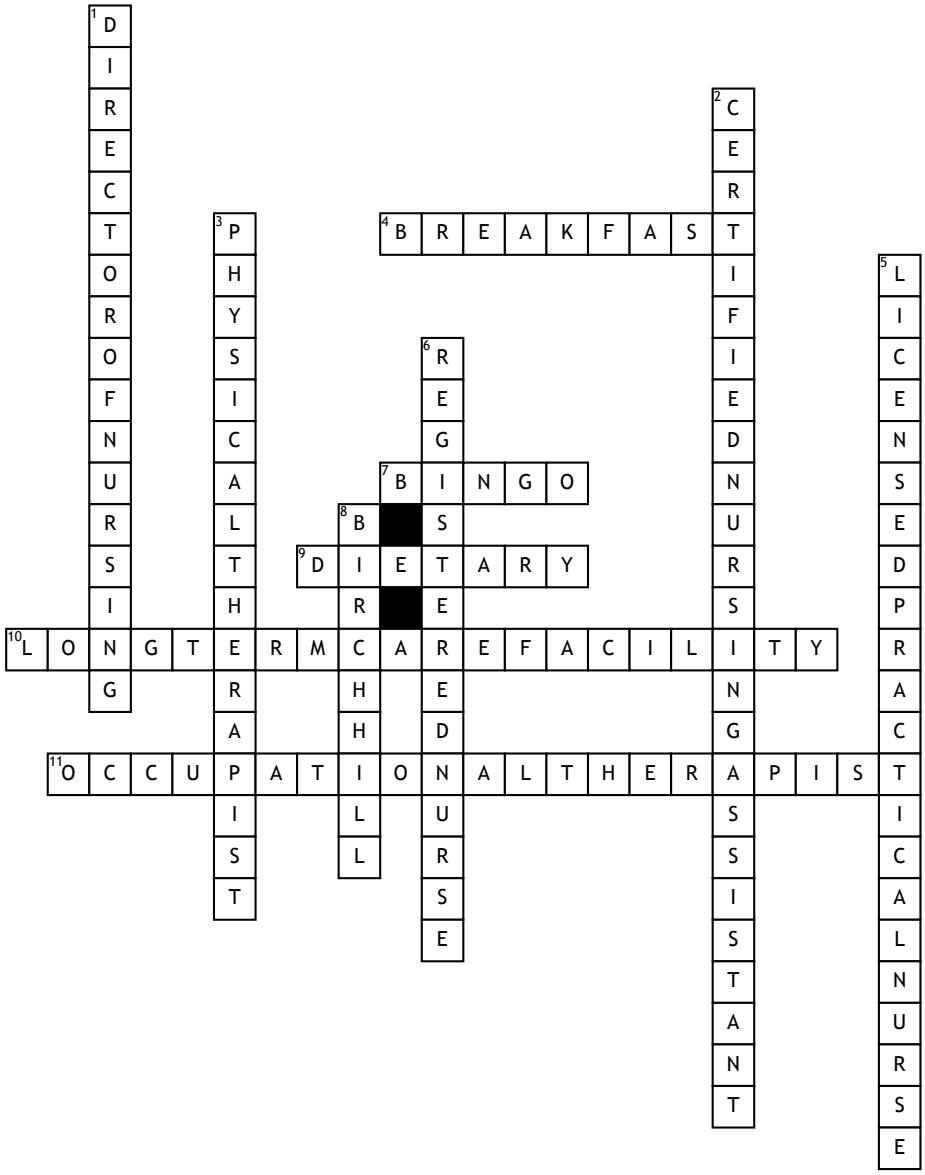
Name: _____ Date: _____

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