

## Community Advisory Committee Quarterly/Annual Visitation Report

Facility Type:
3/28/2018
Name of person Exit Interview was held with Interview was held with Interview was held In-Person Phone Admin SIC (Supervisor in Charge) Other Staff Rep  Committee Members Present: Lauri Hollingsworth, Susan Schiemer  Number of Residents who received personal visits from committee members: Resident Rights Information is clearly visible. Were No Ombudsman contact information is correct and clearly posted. Were No Staffing information is posted. Were No (Required for Nursing Homes Only)  Resident Profile  Comments and Other Observations  1. Do the residents appear neat, clean and odor free? Yes No  2. Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  Ombudsman contact information is correct and clearly posted. Were No Staffing information is posted. Were No Staffing information is posted. Were No Staffing information is posted. Were No Observed staff patiently providing assistance to residents with meals
Interview was held In-Person
Committee Members Present: Lauri Hollingsworth, Susan Schiemer  Number of Residents who received personal visits from committee members: 8  Resident Rights Information is clearly visible.  Yes
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3. Did you see or hear residents being encouraged to participate in their care by #3 - Not observed this visit
encouraged to participate in their care by # 3 - Not observed this visit staff members?
4. Were residents interacting w/ staff, other
residents & visitors? 🗷 Yes 🗆 No
5. Did staff respond to or interact with
residents who had difficulty
communicating or making their needs
known verbally? 🗷 Yes 🗆 No
6. Did you observe restraints in use?
☐ Yes ☑ No
7. If so, did you ask staff about the facility's
restraint policies?

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Resident Living Accommodations	Comments and Other Observations
8. Did residents describe their living environment as homelike? ☑ Yes ☐ No 9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No 10. Did you see items that could cause harm or be hazardous? ☐ Yes ☒ No 11. Did residents feel their living areas were too noisy? ☐ Yes ☒ No 12. Does the facility accommodate smokers? ☐ Yes ☒ No 12a. Where? ☐ Outside only ☐ Both Inside & Outside. 13. Were residents able to reach their call bells with ease? ☒ Yes ☐ No 14. Did staff answer call bells in a timely & courteous manner? ☒ Yes ☐ No 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	One resident room had sign outside "Welcome to our Home"  Givens is a smoke free campus. Smoking is not allowed on the property.
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No 16. Do residents have the opportunity to purchase personal items of their	Community has a full activity calendar.
choice using their monthly needs funds?  ☑ Yes ☐ No  16a. Can residents access their monthly needs funds at their convenience?  ☑ Yes ☐ No  17. Are residents asked their preferences about meal & snack choices?  ☑ Yes ☐ No  17a. Are they given a choice about where they prefer to dine? ☑ Yes ☐ No  18. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No  19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No  20. Does the facility have a Resident's Council? ☑ Yes ☐ No Family Council? ☐ Yes ☑ No	Once resident stated that "the food is always good so I do not have to ask for an alternative"

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Areas of Songarn	Bxit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.