





County		☐ Family Care Home	Facility Name	
Madison	☐ Adult Care Ho☐ Combination	me Nursing Home Home	Elderberry Health Care and Rehab.	
Visit date Time Spent in Fac			Arrival Time	
11/6/18	1 Hr.	, Min	Am 12:45 PM	
Name of person Exit Interview	w was held with K	aren Catshall	(Name & Title)	
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep				
Committee Members Present John Fenwick, Skip Dicke			Report completed by: John Fenwick	
Number of Residents who received personal visits from committee members: 4				
Resident Rights Information is clearly visible.		Ombudsman contact	information is correct and clearly	
☑ Yes ☐ No		posted.		
The most recent survey was read ☑ Yes □ No		Staffing information is po		
(Required for Nursing Homes		▼ Yes	□ No	
Resident Prof	- Address	Comments :	and Other Observations	
 Do the residents appear neat, clean and odor free? ☑ Yes ☐ No Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? ☑ Yes ☐ No Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ☐ No Were residents interacting w/ staff, other residents & visitors? ☑ Yes ☐ No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑ Yes ☐ No Did you observe restraints in use? ☐ Yes ☒ No If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No 		Residents were co	mplimentary about the facility ons said that their concerns	

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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 	We toured the new PT/OT facilities and the six new rooms. One wing was undergoing renovation and eventually the entire facility will be renovated. This after 28 years. New rooms and renovations look very welcomng.
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 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	No Family Council, (unable to un-check)

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Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
Need to update the Ombudsman and CAC information.	