





County	Facility Type:	🛕 Family Care Home	Facility Name
Madison		me 🗆 Nursing Home	
	☐ Combination		Mintz Family Care Home
Visit date	Time Spent in Fa	_ '	Arrival Time
11/6/18	Hr. 3		11:30 Am PM
Name of person Exit Interview	(Name & Title)		
	or in Charge)		
Committee Members Present:			Report completed by: John Fenwick
John Fenwick, Skip Dickens Number of Residents who received personal vis			
Resident Rights Information is clearly visible.		posted.	information is correct and clearly s
▼Yes		Staffing information is po	
Yes No		☐ Yes	□ No
(Required for Nursing Homes			
Resident Prof	ile	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 		discussing how dif Personal Needs A co-pay and what e	the residents as a group, ficult it is to manage their flowance, the loss of the expenses they encounter. and CAC information was if date.

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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 ☐ Inside only ☐ Inside only ☐ Both Inside & 	Residences complimented Bobby on her cooking. The laundry room is kept locked due to the presence of hazardous chemicals.
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	There are no call bells in ACH's
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	

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Areas of Concern	Exit 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.
Need to update the Ombudsman and CAC information.	