

Community Advisory Committee Quarterly/Annual Visitation Report

County		☐ Family Care Home	Facility Name	
Madison	Adult Care Ho	me 🗷 Nursing Home Home	Mars Hill Retirement Con- Madison-Retirement-Commun Health's Rehab	
Visit date	Time Spent in Fa	cility	Arrival Time	
5/1/2018	Hr. 3	0 Min	11:10 Am 11:4 PM	
Name of person Exit Interview was held with Rick Pridgen (Name & Title)				
Interview was held ■ In-Person □Phone ■Admin □SIC (Supervisor in Charge) □ Other Staff Rep				
Committee Members Present:			Report completed by:	
Linda Freeman, Skip Dio			John Fenwick	
Number of Residents who re				
Resident Rights Information is clearly visible.			information is correct and clearly	
		posted.		
The most recent survey was readily accessible. ☑ Yes ☐ No		Staffing information is po	osted.	
(Required for Nursing Homes Only)		E les	L 140	
Resident Pro	CALL AND ADDRESS A	Comments	and Other Observations	
1. Do the residents appear neat, clean and			interacted with during the	
odor free? 🛭 Yes 🔲 N	0	visit.		
 Did residents say they receive assistance with personal care activities, ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? 		private apartments	were observed, mostly with doors closed. Currently ents for 56 apartments, 15	
3. 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?				
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?				
6. Did you observe restraints in use?				
7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No				

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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 ☐ 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	The facility was in excellent condition and very clean.
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	Full activities calender with several creative options such as art classes.

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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	as any changes observed during the visit.
the next visit?	Very clean facility with home touches added by residents.