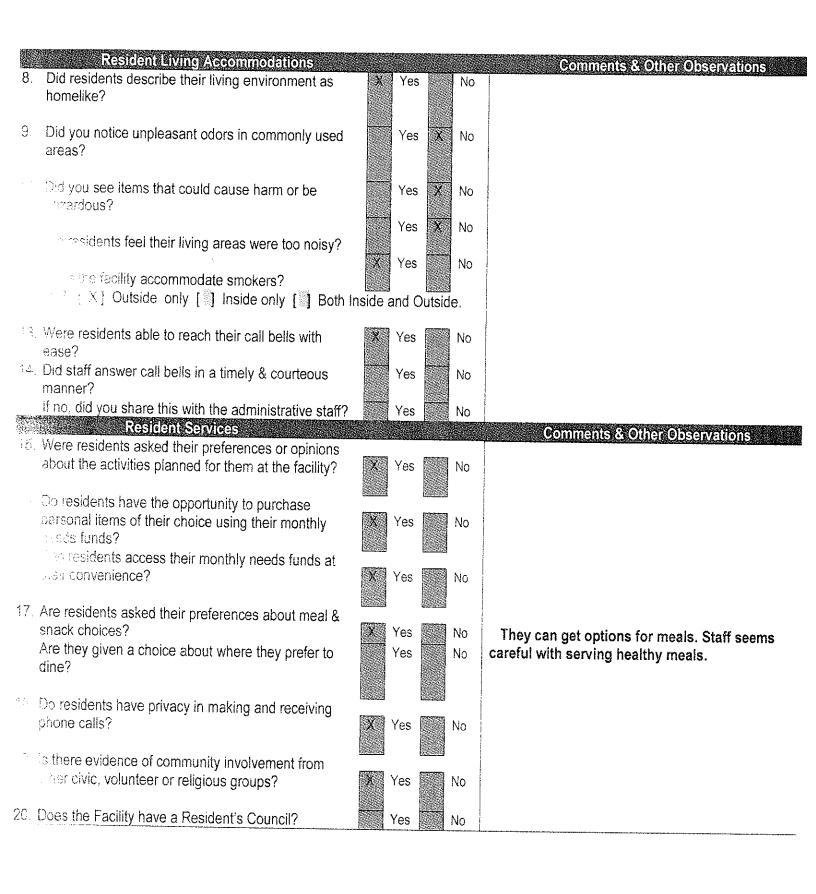
Community Advisory Committee Quarterly/Annual Visitation Report

	County:	Facility Type:					Facility Name:					
***	'uncom be	x Adult Care Home		Family Care Home								
		Combination		Nursir	ıg Hon	ne	Richmor	ıd Hills	Rest H	ome #4		
 V	isit Date	Home Time Spent in								r a	T 23	
	/112/2018	Facility		hr	15	min	Arrival	10	: 50	x am	X	
		a domey					Time					
Person Exit Interview was held with: Stara Fore						i i	Interview wa	nterview was x (In-Person) or Phone				
							11010		[] (Oil C	16)		
	Fa Wolfe SIC	SIC (Supervisor in Charge)				Name & /led Tec	1 122					
	mittee Members Present: Witt, Jeri Hahner Bob To	тавию	Frank Land				Repo	ort Comp y DeWitt	pleted by	* *		
j.	amber of Residents who receive	ed personal visits fr	om cor	nmittee i	nemb	ers: 2	<u> </u>				de casa de la colonia	
Y-2 1	esident Rights Information is cl	early x Y	N		isman	contac	t information	is corr	ect X	Yes	No	
ari e	e most recent survey was read ressible. (Required for Nursin maes Only)	iily Y g	N	Staffin	g infor	mation	is posted.			Yes	No	
	Resident Profile						Commen	13 8 OH	ier Obse	vations		
Ý.			X	Yes	No	11 resi	idents 4 men shopping.					
2.	Did residents say they receive a	ssistance with			a		., 0					
	personal care activities, Ex. brus	shing their teeth,		Yes	No							
	combing their hair, inserting der their eyeglasses?	itures or cleaning					t discuss the		esidents.	.None se	emed	
	A. I.											
3	Old you see or hear residents be participate in their care by staff r	eing encouraged to members?		Yes 🗶	No	Didn't o	observe					
	es residents interacting w/ sta	aff. other residents &	X	Yes I	No							
	∞sitors?				,,,							
5.	Did staff respond to or interact w	uith racidante who				Did not	observe but	no roold	nnés sasan			
	had difficulty communicating or r	making their needs		Yes 🗐	No		y with commi			i to nave		
	known verbally?			İ	, , , , , , , , , , , , , , , , , , ,			Ü				
3	Did you observe restraints in use	e?		Yes 🗶	No							
			Indiana.	Yes	No							
	If so, did you ask staff about the policies?	facility's restraint										



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

This Document is a PUBLIC RECORD. <u>Do not identify any Resident(s)</u> by name or inference on this form.