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Community Advisory Committee Quarterly/Annual Visitation Report

Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Facility Name McCullough	
Person Exit Interview was held with <u>Jenny McCullough</u> Staff Rep <u>Joe Best Mgr</u> (Name & Title)		Arrival Time <u>11</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)	
Report Completed by: <u>Barbara Hickey</u>		Members Present: <u>Brodsky, Jack, Pompernia, Ron Howard, B. Hickey</u>	
Residents who received personal visits from committee members: <u>6</u>		Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Resident Profile		Comments & Other Observations	
Residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Residents say they receive assistance with personal care activities, washing their teeth, combing their hair, inserting dentures or cleaning reglasses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you see or hear residents being encouraged to participate in their care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Impression on entering is that facility is small, somewhat cluttered and dark although lighting improved. 10 people in residence, 8 men 2 women. Residents moving about freely indoors & outdoors. Designated smoking in a furnished garage open at 1 end. Residents seemed happy to converse and all rated food good.	
Resident Living Accommodations		Comments & Other Observations	
Residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. Are residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Rooms personalized, but sparsely furnished. No # on doors. 4 rms have their own bath. Other use communal BR's & showers. Residents were neatly dressed & well groomed. Help available with showering.	
Resident Services		Comments & Other Observations	
Were residents asked their preferences or opinions about the activities offered for them at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were residents given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there any evidence of community involvement from other civic, volunteer or support groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		There was ^{common} phone for residents to make & receive calls in (Kitchen) DR area. Activity calendar posted, but not many residents participate. The activity on day of our visit was "Mall-walk". There is a sign out book for residents. A coat of paint could brighten up & make facility appear cleaner.	
Areas of Concern		Exit Summary	
Describe resident issues or topics that need follow-up or review at a later time or during the next visit. All residents seemed happy & their living condition except 1 woman who % of violent fits of men. When issue addressed not satisfactorily answered.		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Lighting improved in Kitchen & phone area.	

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 Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.