

Handwritten initials in a circle.

### Community Advisory Committee Quarterly/Annual Visitation Report

Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Combination Home	Facility Name <i>Caroline Village Med Ctr. NH</i>
Date <i>Mon Aug 27, 18</i> Time Spent in Facility <i>1 hr 30 min</i>	Arrival Time <i>11:00</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Person Exit Interview was held with <i>Kelli Russel (ADM)</i> <i>ALEX</i>	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Staff Rep <i>(Name &amp; Title) Tucker (ADM)</i>	Report Completed by <i>JACKY Pomponio</i>
Committee Members Present: <i>JACKY Pomponio, Bernice Bedosky, Nancy Piles</i>	Number of Residents who received personal visits from committee members: <i>586</i>
Resident 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
Most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>new info due.</i>

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents say they receive assistance with personal care activities, brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do residents interact with 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 checked="" type="checkbox"/> Yes <input 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	<i>We arrived before lunch. No morning care observed. Sanitation rating 9/5. care ctr. some pts informed verbally by adm. staff of daily activities. Digital screens w/ob. displayed frequently in intersecting areas.</i>

Resident Living Accommodations	Comments & Other Observations
Do residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>current med ctr answer 48 58 cap. 13 acute rehab + 4 hospice call call response study ongoing by adm. staff. will not accept outside pts if capacity needed for permanent local med vill. residents.</i>

Resident Services	Comments & Other Observations
Are residents asked their preferences or opinions about the activities offered for them at the facility? <input checked="" type="checkbox"/> Yes <input 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 Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Have they been 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 evidence of community involvement from other civic, volunteer, or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>on advisory board.</i> Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>inclusion</i>	<i>Shopping trips in place. Resident in dining rooms + individual menus on display. sm. dining groups noted. New building construction on going at this time.</i>

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. <i>none on adm / on office noted. re resident complaint of resident entering prep. into rooms.</i>	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <i>Observed on resident, confused, unsteady, unattended, adm. aware &amp; trying to make arrangements</i>