Conowl 39 Room for 48

By end of Month they Well be full
Community Advisory Committee Quarterly/Annual Visitation Report

Adult Care Home Combination Home Nursing Hom	County: Facility Type:		Facility Name:	
Combination Home Nursing Home Time Spent in Facility In min Arrival Interview was held with Interview was held with		Family Care Home		Jan Lond Let
Person Exit Interview was held with: Person Exit Interview was held with:			$1 \sim 1 \sim 1 \sim 1$	Trevol Jones
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Interview withAdministrator Report Charge X Other Staff; (Name & Title) X Other Other Staff; (Name & Title) X Other Other Staff; (Name & Title) X Other Other Other Other Staff; (Name & Title) X Other	Person Exit Interview was held with:			
Committee Members Present: Charge Committee Members Present: Charge Report Completed in Charge Number of Residents who received personal visits from committee members: Resident Rights Information are clearly Visible. No mbudsman contact information is correct and visits from committee members: Resident Rights Information are clearly Visible. No most recent survey was readify Accessible. (Required for Nursing Homes Only) Resident Profile 1. Do the residents expear neat, clean and odor free? 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting activities, Ex. brushing their teeth, combing their hair, inserting activities, Ex. brushing their teeth, combing their hair, inserting participate in their care by staff members? 3. Did you see or hear residents being encouraged to participate in their care by staff members? 4. Were residents Interacting wistaff, other residents & Yes No No wistors? 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Resident Living Accounted difficulty communicating or making their needs known verbally? Resident Living Accounted difficulty in the participate in the care by staff members? Yes No No Watting Accounted the commonly used areas? 10. Did you see items that could cause harm or be hazardous? 11. Did residents describe their living environment as homelike? 12. Where? 13. Where? 14. Did staff answer call bells in a timely & courteeus manner? Yes No				
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Discuss items from "Areas of Concern" Section as v					
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1. County: List the county in which the facility is located

- 2. Date: Self-explanatory
- Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination .ε

Community Advisory Committee Quarterly / Annual Visit Worksheet

- 4. Committee member present: List the names of members who participated in the official quarterly (or
- Committee met with: Explained on form .Ĉ annual) visit.
- 6. Report completed by: Include name(s)
- Overview of residents' status: Explained on form
- Physical environment: Explained on form .8
- Services / Activities / Volunteer involvement: Explained on form
- 10. State needs: Explained on form
- 11. Problems: Explained on form
- 12. Summary of Administrator's or SIC's comments: Self-explanatory
- 13. Copies: Submit the original copy to the Regional Ombudsman