County	nity Advisory Committee Qua	rterly/Annual Visitation Report
BUNGAMBE	Facility Type - □ Family Care Home Adult Care Home □ Nursing Home □ Combination Home	Facility Name
Visit Date 41217	Time Countin Facility	 L
Name of Person Exit Interview was held with		nin Arrival Time 12 : 03 Dam Sipm
Other Staff Rep Committee Members Present:	(Name & Title)	Interview was held In-Person Phone Admn. ISIC(Supervisor in Charge)
SHARON WHITE	MARSHA SAFIAN	Report Completed by.
Number of Residents who received personal vi	risits from committee members:	MARSHA SAFIAN
Resident Rights Information is clearly visible.	¥Yes □ No	
The most recent survey was readily accessible	TYPE TAIN	Ombudsman contact information is correct and clearly posted. Yes
(Required for Nursing Homes Only)	, 4 100 4 110	Staffing information is posted. Yes O No
· Resident Profile		
1. Do the residents appear neat, clean and odo	or free? ☑Yes □ No	Comments & Other Observations
2. Did residents say they receive assistance wit	th personal care activities	The residents all paint
EX. Drushing their feeth, combing their hair, inserting dentures or cleaning		112 per 14-11/1 vex parv 11
meir eyegiasses? MYes □ No		was a confutable home
3. Did you see or hear residents being encourage	ged to participate in their care	
by staff members? Mayes Q No		They appear to be well
4. Were residents interacting w/ staff, other residents & visitors? EYES No		
Did statt respond to or interact with residents who had difficulty		taken care of
communicating or making their needs known	verbally? By Yes T No	U
o. Did you observe restraints in use? \(\sum_{Yes} \sum_{N}\)	No	
7. If so, did you ask staff about the facility's restra	raint noticies?	
Resident Living A	ccommodations	
 Did residents describe their living environment 	as homelike? Rives DNo	Comments & Other Observations
9. Did you notice unpleasant odors in commonly	used areas? Tives IVNo	The some to the Caunty hoor
io. Did you see items that could cause harm or b	be hazardous? Myes Clivio	To do it all the second
in. Did residents feel their living areas were too r	noisv? □Yes ☑ No	+ foreiter closed were not looked
 Does the facility accommodate smokers? My 	Yes Ti No	It contained lineagely product
12a. Where? 🖼 Outside only 🗖 Inside only 🗖 Bo	Joth Inside & Outside	The state of the s
To there residents able to reach their call bells wi	uith ease2 □Vos □ No	
14. Did staff answer call bells in a timely & courted	Ous manner? [] Vos [] No. 4 / 5 / 4 / 5 / 4	only / resident has a gill hell.
The more than you shall this with the administrative	ve staff? ☐ Yes □ No	all others done hand held bells.
Resident Services	10 to 10	•
Were residents asked their preferences or opin	nions about the activities	Comments & Other Observations
planned for them at the facility? Mayes T No		1 av
6. Do residents have the opportunity to purchase	personal items of their	I he has on 3 four They
chaice using their monthly needs funds? 🗹 Ye	es 🖸 No	
6a. Can residents access their monthly needs fun	nds at their convenience?	get Tousantains to Noth
M resigno ONCE A Llor	7 √ 1 d	0
 Fre residents asked their preferences about me 	eal & snack choices?	oppositates + to ptores
ME Yes Li No		December 2
7a Are they given a choice about where they pref	fer to dine? ☐ Yes ☐ No N //}	get troupertain to doct apparentments & to proces when they need personal
. To residents have privacy in making and receiv	ring phone calls?	Hems
☑ Yes □ No		TWO:
). Is there evidence of community involvement from	m other civic, volunteer or	
religious groups? Mayes 🗆 No	,	
I. Does the facility have a Resident's Council? [2] Family Council? [2] Yes [8] No	Yes ⊠ No	1
Areas of Concern	41 (0.00)	Edit Summary
e there resident issues or topics that need follow-tit?		Discuss items from "Areas of Concern" Section as well as any changes
••,		observed during the visit.
This Document is a to	HIDI IC DECODE	