

Community Advisory Committee Quarterly/Annual Visitation Report

County <u>Douglas</u>		Facility Type -		Family Care Home		Facility Name:	
<u>McCune Center</u>		<input checked="" type="checkbox"/> Adult Care Home		<input type="checkbox"/> Nursing Home		<u>McCune Center</u>	
		<input type="checkbox"/> Combination Home					
Visit Date	<u>3</u> / <u>16</u> / <u>17</u>	Time Spent in Facility		hr	<u>40</u>	min	
Name of Person Exit Interview was held with				<u>TINA PACK</u>		Arrival Time <u>4</u> : <u>45</u> am <input checked="" type="checkbox"/> pm	
Phone		Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff		Interview was held <input checked="" type="checkbox"/> In-Person	
Rep	<u>TINA PACK</u>			<u>Head Supervisor in charge</u> (Name & Title)			
Committee Members Present:						Report Completed by:	
<u>Adami / Lutz</u>						<u>Adami</u>	

Number of Residents who received personal visits from committee members: seven

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No

(Required for Nursing Homes Only)

Staffing information is posted. Yes No

Resident Profile

Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes No
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Residents very complimentary of the home, many said they loved it.

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike? Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes No
10. Did you see items that could cause harm or be hazardous? Yes No
11. Did residents feel their living areas were too noisy? Yes No
12. Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside
13. Were residents able to reach their call bells with ease? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Full Activity schedule posted. Activities taking place as posted. Staff were interacting with residents.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and receiving phone calls? Yes No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
20. Does the Facility have a Resident's Council? Yes No

Many services available for residents. Trips to stores, restaurants, community activities.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.