Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type: [☐ Family Care Home	Facility Name		
	☐ Adult Care Ho	me Nursing Home			
	☐ Combination I	Home			
Visit date	Time Spent in Fa	cility	Arrival Time		
	Hr.	Min	Am	PM	
Name of person Exit Intervie				me & Title)	
Interview was held In-Per		Admin SIC (Supervison			
Committee Members Present:			Report completed	by:	
Number of Residents who received personal visits from committee members: 8					
Resident Rights Information is clearly visible.		Ombudsman contact information is correct and clearly			
☐ Yes ☐ No		posted.			
The most recent survey was real ☐ Yes ☐ No		Staffing information is po	osted. No		
(Required for Nursing Homes Only)		□ 1e3			
Resident Profile		Comments a	and Other Observations		
1. Dø the residents appear	neat, clean and				
odor free? ☐ Yes ☐ No	o				
2. Did residents say they re	ceive assistance				
with personal care activit	ties, ex. brushing				
their teeth, combing their hair, inserting					
dentures or cleaning thei	r eyeglasses?				
☐ Yes ☐ No					
3. Did you see or hear residents being					
encouraged to participate in their care by					
	es 🗆 No				
4. Were residents interacting	•				
residents & visitors? ☐ Yes ☐ No					
5. Did staff respond to or interact with					
residents who had difficu	•				
communicating or makin	~				
known verbally?					
6. Did you observe restraints in use?					
☐ Yes ☐ No					
7. If so, did you ask staff ab	-				
restraint policies? 🗆 Ye	es 🗆 No				

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Resident Living Accommodations	Comments and 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 & 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 	
Residential Services	Comments and 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 Family Council? ☐ Yes ☐ No	

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Areas of Concern	Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.