Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:	☐ Family Care Home	Facility Name	
	☐ Adult Care Ho	me Nursing Home		
	☐ Combination	Home		
Visit date	Time Spent in Fa	cility	Arrival Time	
	Hr.	Min	Am	PM
Name of person Exit Intervie				ne & Title)
Interview was held In-Per		Admin SIC (Superviso		
Committee Members Present:			Report completed	by:
Number of Residents who re	ceived personal vis	sits from committee me	embers:	
Resident Rights Information is clearly visible.		Ombudsman contact	information is correc	ct and clearly
☐ Yes ☐ No		posted. \square Yes	s 🗆 No	
The most recent survey was readily accessible.		Staffing information is po		
☐ Yes ☐ No		☐ Yes	□ No	
(Required for Nursing Homes Only) Resident Profile		Comments	and Other Observa	ntions
Resident 119		Comments	and Other Objerve	10113
1. Do the residents appear neat, clean and				
odor free? ☐ Yes ☐ N				
2. Did residents say they re	ceive 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? 🗆 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 ☐ 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	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.