

Community Advisory Committee Quarterly/Annual Visitation Report

County Facility Type				
Tability Type	Family Care		y Name: /	
Bun comb c Adult Care Horr		me \	ANAS	Assisted Livins
Visit Date 2 16 19 Time Spent in Equilibrium			•	
The copeniar active		Min Arriva	Time 5	: i O am
		Inte	rview was held	In-Person
Phone Admn. SIC (Supervisor in Charge)	Other staff			
Rep Tremcke mill	ď			
Committee Merchan D		(Name & Title)		
Committee Members Present: Mary Ademi	Marsie LzH	ર	Report Compl	eted by:
Number of Residents who received personal visits from commit	4		A	jen i
		NE		
Resident Rights Information is clearly visible. Yes	No Ombudsman posted.	contact information	is correct and	clearly Yes N
The most recent survey was readily accessible. Yes	No posted.			
(Required for Nursing Homes Only)	Staffing inform	mation is posted.		Yes
Resident Profile				
Do the residents appear neat, clean and odor free?		Commen	ts & Other Ob	servations
2. Did residents say they receive assistance with personal care	✓ Yes No	1.4.4.	fry	CCURNA
activities, Ex. brushing their teeth, combing their hair, inserting		Very	, , ,	· ~110
dentures or cleaning their eyeglasses?	Yes No	Up 50	id esoct	, 11310
3. Did you see or hear residents being encouraged to participate	Yes No	, ,	ب بلویر	1.th only
in their care by staff members?		to if	(e V _i -	residants the only Itome
4. Were residents interacting w/ staff, other residents & visitors?	Yes No	unc 1	coldent,	Itomo
5. Did staff respond to or interact with residents who had difficult	✓ Yes No		hzi	7 residuti
communicating or making their needs known verbally?		Coulent	7	1 (0.5(0.4))
Did you observe restraints in use?	Yes No			
7. If so, did you ask staff about the facility's restraint policies?	Yes V No			
Resident Living Accommodations	Yes No			_
8. Did residents describe their living environment as homelike?		Comments	& Other Obse	rvations
Did you notice unpleasant odors in commonly used areas?	Yes No	I Hara	-11	
10. Did you see items that could cause harm or be hazardous?	Yes No	Home is	010	sonc
11. Did residents feel their living areas were too noisy?	Yes No	painting	hzs }	the place.
12. Does the facility accommodate smokers?	Yes / No			
12a. Where? [] Outside only [] Inside only [] Both Inside	Yes No	Conch	Sanitaz,	on score
13. Were residents able to reach their call bells with ease?			st 87,0	1
14. Did staff answer call bells in a timely & courteous manner?	Yes No	414		,
14a. If no, did you share this with the administrative staff?	Yes No	717		
Resident Services	Yes No			
15. Were residents asked their preferences or opinions about the		Commen	ts & Other Obs	servations
activities planned for them at the facility?	L	A dunk	Czla	der he,
6. Do residents have the opportunity to purchase personal items	Yes No	1 17	Λ.	der her gs Listed
of their choice using their monthly needs funds?		Mole	oftering	Se ristro
6a. Can residents access their monthly needs funds at their	Yes No	on r	his Vi	C. L
onvenience?		,	12 01	- 1 -
7 Arg rapidants asked the s	Yes No		`	<i>i</i> 170
7. Are residents asked their preferences about meal & snack	Yes No	Home 1	nzd no	ou steff
ΠOICES?		Home 1	ned no	cu steff,
noices? 7a. Are they given a choice about where they prefer to dine?	Yes No No Yes No No	Home 1	uso us	cy steff,
noices? 7a. Are they given a choice about where they prefer to dine? 8. Do residents have privacy in making and receiving phone	Yes No	Home I	ned note the	cu steff, . If on
noices? 7a. Are they given a choice about where they prefer to dine? 8. Do residents have privacy in making and receiving phone alls?	Yes No No No	Home I and m	ned note the	cu steff, .A on . He wit.
noices? 7a. Are they given a choice about where they prefer to dine? 8. Do residents have privacy in making and receiving phone alls? 9. Is there evidence of community involvement from other civic	Yes No No No	Home I and m premises	ned note the	cy steff, .H on , the wort.
noices? 7a. Are they given a choice about where they prefer to dine? 8. Do residents have privacy in making and receiving phone	Yes No No No	Home I and m premise	ned note the	cy steff, .H on , the visit.

Areas of Concern re there resident issues or topics that need follow-up or review at a later time or during ne next visit?	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
	Prior visit calle TV Was not working. Thu Visit the T.V. room was "aff cimits":
	due to recent painting -
	next viril,