## **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 Interviev	w was held with $\_$		(Na	ıme & Title)
Interview was held  In-Pers	son □Phone □A	Admin □SIC (Superviso	or in Charge) 🗆 Ot	her Staff Rep
Committee Members Present:			Report completed	by:
Number of Residents who received personal visits from committee members:12				
Resident Rights Information is clearly visible.		Ombudsman contact information is correct and clearly		
☐ Yes ☐ No		posted.		
The most recent survey was readily accessible.		Staffing information is posted.		
☐ Yes ☐ No		☐ Yes	□ No	
(Required for Nursing Homes Only)  Resident Profile		Comments and Other Observations		
Resident For		Comments	and Other Observ	acions
Do the residents appear neat, clean and				
odor free? ☐ Yes ☐ No				
2. Did residents say they red				
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 resid	ents being			
encouraged to participate	_			
	s 🗆 No			
4. Were residents interacting w/ staff, other				
residents & visitors?				
5. Did staff respond to or interact with				
residents who had difficulty				
communicating or making their needs				
known verbally?				
6. Did you observe restraints in use?				
☐ Yes ☐ No				
7. If so, did you ask staff about the facility's				
restraint policies? 🗆 Ye	•			

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