

Community Advisory Committee Quarterly Annual Visitation Report

County <i>Duncombe</i>	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name: <i>Evergreen Living Home #3</i>
Visit Date <i>3/1/14</i>	Time Spent in Facility <i>7</i> hr <i>7</i> min	Arrival Time <i>11:07</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Sun Erstfeld</i>		Interview was held <input type="checkbox"/> In-Person <input checked="" type="checkbox"/>
Phone	Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff
Rep	(Name & Title)	

Committee Members Present: *Sally Foster Jeri Haliner Judy Cleunik* Report Completed by: *Jeri Haliner*

Number of Residents who received personal visits from committee members:

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

Staffing information is posted. Yes No

(Required for Nursing Homes Only)

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>3 Female Residents</i> <i>* License NOT current *</i> <i>Did not observe</i> <i>Did not observe</i> <i>Meds were locked,</i> <i>Laundry was locked.</i> <i>Emergency lights worked.</i> <i>* Fire extinguishers out of date, *</i>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Facility was very clean, The residents are well cared for.</i> <i>No smokers</i> <i>Did not observe</i>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Non-perishable food - inadequate supply for 5 days.</i> <i>Planned menu</i> <i>Dine in dining room unless incapacitated</i> <i>Did not observe</i>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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.

✓ Non perishable Food Supply