

# Community Advisory Committee Quarterly/Annual Visitation Report

**Facility Type:**  
 Adult Care Home     Family Care Home  
 Combination Home     Nursing Home

**Facility Name:** *Westside Assisted Living B*

**Visit Date:** *2/17/13*    **Time Spent in Facility:** *30* hr *30* min    **Arrival Time:** *2* : *50* : *00* am  pm

**Name of Person Exit Interview was held with:** \_\_\_\_\_    **Interview was held:**  In-Person

**Name:** *Teresa Coriffin*    **Phone:** *281-2295*

**Title:**  Check Box     Admn.     SIC (Supervisor in Charge) *Rene*     Other staff *Teresa Coriffin*

**Committee Members Present:** *Marsha Saffron, Spike Gram*    **Report Completed by:** *Peggy Brewer*

**Number of Residents who received personal visits from committee members:** *3*

**Resident Rights Information is clearly visible.**  Yes  No    **Ombudsman contact information is correct and clearly posted.** *new one given*  Yes  No

**The most recent survey was readily accessible. (Required for Nursing Homes Only)**  Yes  No    **Staffing information is posted.** *only staff*  Yes  No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" 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 checked="" 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. Did 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	<i>3 male 3 female ages 20-73 2 diabetics</i>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only [ ] Inside only [ ] Both Inside and Outside 13. Were residents able to reach their call bells with ease? <input 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	<i>laundry room unlocked  not noted not noted</i>

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" 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 checked="" type="checkbox"/> No	<i>all at table</i>

**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.

advised SIC to  
keep laundry room  
locked

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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lesioner out of date,  
advised to get one for 2013  
no resident complaints except  
† male who appears to cry often  
but states "happy tears"

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