

Please make 5 copies

Community Advisory Committee Quarterly/Annual Visitation Report

City: Burlington Facility Type: Adult Care Home Family Care Home Nursing Home Combination Home Facility Name: Golden Living

Date: 5/23/14 Time Spent in Facility: 1 hr 0 min Arrival Time: 3 : 55 am pm

Name of Person Exit Interview was held with: _____ Interview was held In-Person In-Person

By: Brewster Welch Phone: _____

Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: Loraine Webster & Judy McDonough Report Completed by: JMCD

Number of Residents who received personal visits from committee members: 5+

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No

Most recent survey was readily accessible. Yes No Staffing information is posted. Yes No

(Required for Nursing Homes Only)

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting wafers or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	- Did not observe - DWA
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
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	
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	
Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

W-10617 CAC/0 Exit Summary

Areas of Concern

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.

Staffing Issues
Attitude
Sit & stand
Breaky - cold

New Administrator
listened & will
look into these
issues.

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.

DHHS DOA-022/2004