

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Madison</i>	Facility Type:			Facility Name: <i>Elderberry</i>			
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home					
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home					
Visit Date <i>1/20/15</i>	Time Spent in Facility 1 hr 30 min			Arrival Time 10 : 30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm			
Person Exit Interview was held with: <i>Karen Cutshall</i>				Interview was held		<input checked="" type="checkbox"/> In-Person or Phone (Circle)	

Adm <input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: <i>Katie Webb, Van Franklin, Daralee Pipes, Sue Vilcebras, Barbara Rice and Ruth Price</i>	Report Completed by: <i>Barbara Rice</i>
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Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	

Resident Living Accommodations Observations	Comments & Other
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? Yes No

11. Did residents feel their living areas were too noisy? Yes No

12. Does the facility accommodate smokers? Yes No

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease? Yes No

14. Did staff answer call bells in a timely & courteous manner? Yes No

14a. If no, did you share this with the administrative staff? Yes No

10. Clutter in one room
Discussed with Administrator and they are working on that problem. Also, families and residents I. Ke To see their measures.

Resident Services **Comments & 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

15. Schedule was accessible to residents - they are free to make requests for activities.

17. Elderberry has started a new program for dining. On Monday, Wednesday, and Friday they go to dining room and order a la carte. Taken and they are served choices. Administrator states increased socialization and portions later. Residents voiced how they enjoyed.

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?

Maintenance issues were discussed

- 1) Painting and how often done
- 2) chipped Tile replacement to prevent falls
- 3) Hand sanitizer protocol

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Issues were all discussed and administrator will address and make changes, if appropriate.

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.