Community Advisory Committee
Quarterly/Annual Visitation Report

County	Facility Type - ❑ Family Care Home ❑ Adult Care Home ☑ Nursing Home ❑ Combination Home	Facility Name
Madison		Elderberry
Visit Date 9 / 4 / 2014	Time Spent in Facility hr 45 min	Arrival Time : ❑ am ❑ pm

Name of Person Exit Interview was held with Karen Cutshall Interview was held ☑ In-Person ❑ Phone
☑ Admn. ❑ SIC (Supervisor In Charge) ❑ Other Staff Rep _____ *(Name & Title)*

Committee Members Present: Katie Webb, Sue Vilcinskas, & Barbara Rice (Observer) Report Completed by: Sue Vilcinskas

Number of Residents who received personal visits from committee members: 12

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 *(Required for Nursing Homes Only)*	Staffing information is posted. ❑ Yes ❑ No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? ☑ Yes ❑ 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*? ☑ Yes ❑ No 3. Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ❑ No 4. Were residents interacting w/ staff, other residents & visitors? ☑ Yes ❑ No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑ Yes ❑ No 6. Did you observe restraints in use? ❑ Yes ☑ No 7. If so, did you ask staff about the facility's restraint policies? ❑ Yes ❑ No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? ☑ Yes ❑ No 9. Did you notice unpleasant odors in commonly used areas? ☒ Yes ❑ 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 & 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	#9 - This was due to residences being changed at the time of the visit and waste was in the process of being removed.

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 Family Council? ❑ Yes ❑ No	

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. We observed no strong, lingering odors which we had observed on prior visit.

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.