

Community Advisory Committee Quarterly/Annual Visitation Report

County Madison	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 Mintz Family Care Home #1 Hot Springs
Visit Date 4/14/14	Time Spent in Facility 1 hr 0 min	Arrival Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with Boyd Mintz, Adm.		Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone
<input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep Teresa, SIC		(Name & Title)
Committee Members Present: Ruth Price, Nan Wise, Sue Vilcinskis, Tamara Huffman, Jim & Karen Baker		Report Completed by: K. Baker
Number of Residents who received personal visits from committee members: 3		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Required for Nursing Homes Only)</i> N/A	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Profile

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 **N/A**
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No **N/A**

Comments & Other Observations

Resident Living Accommodations

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

Comments & Other Observations

Residents rooms are very personalized. Facility was decorated for Easter. Much cleaner.

Unsure about this.

Resident Services

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 **- No phone**
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No **Residents go downtown daily to Hot Springs.**
20. Does the facility have a Resident's Council? Yes No
Family Council? Yes No

Comments & Other Observations

All residents dine in this facility in diningroom.

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.

- SIC states that she will contact Frontier for phone service today (4/14/14).
- Please continue to use sign out book - residents had not signed out since 4/1/14. (Safety)
- Fire drills need to be held.

- Residents' MARs, care plans need to be checked. Stated that P. Frisby RN to ✓ them this weekend, 4/19/14.
- RHA to begin Activity Program 5/14

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.

- Base board heater in back bedroom on DHHS DAAS-002 (022/2004) (R) still needs repair - blows hot air all the time.