

Community Advisory Committee Quarterly/Annual Visitation Report

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County <i>Madison</i>	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 <i>Hot Springs Mintz Care Home #1</i>
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Visit Date <i>3/19/14</i>	Time Spent in Facility <i>0 hr 30 min</i>	Arrival Time <i>8:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Name of Person Exit Interview was held with <i>Teresa</i>	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone
<input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep	

Committee Members Present: <i>Van Franklin, Tamara Huffman, Jim & Karen Baker, Sue Vilcinskis, Katie Webb, Nan Wise</i>	Report Completed by: <i>K. Baker</i>
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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
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The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
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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

*Residents were clean, dressed
- stated that staff (Teresa)
was taking good care of
them.*

Resident Living Accommodations	Comments & Other Observations
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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

*Teresa has made residence
much neater, cleaner,
home-like. Kitchen very
clean - lace tablecloth
on table in livingroom.
Shelves in hall near bathroom
for various B-R. supplies.*

Resident Services	Comments & Other Observations
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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

*Dine in #1 home with
#2 residents - 2 tables -
plenty of room.*

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time Yes No

Discuss items from "Areas of Concern" Section as well as

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.

Baseboard electric heat in last bedroom on (Q) will not turn off - still puts out heat even when turned off - resident states it gets too hot in her room.

Committee very pleased with changes that Teresa has made. Home is so much better! Good job!

Door in 2nd bedroom on (L) has sagged and rubs in floor so that it is very difficult to open/close. Resident in this room very frail. Hard for her to open/close.

Please work on these 3 concerns mentioned to the left.

Left bedroom fan motor grinding sound - could be electrical hazard.
DHHS DAAS-002 (022/2004)

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.

Hot Spang # 1
3/19/14