

Community Advisory Committee Quarterly/Annual Visitation Report

3.10

County <u>Madison</u>	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 <u>Mintz #1 & 2</u> <i>Not Specified</i>
Visit Date <u>2/4/14</u>	Time Spent in Facility <u>1</u> hr <u></u> min	Arrival Time <u>8:30</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <u>SIC</u>		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 <u>Theresa, Justin, SIC</u>		(Name & Title)
Committee Members Present: <u>Tamara Huffman, Grace Haynie, Van Franklin, Sue Vilcainus, Jim Baker, Katie Webb</u>		Report Completed by: <u>Karen Baker</u>
Number of Residents who received personal visits from committee members: <u>8</u>		
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 type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Ruth Price

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

Comments & Other Observations

*Resident folding laundry
Residents talking with SIC,
Justin*

*Cleanliness improved - still
needs to maintain cleanliness*

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

*Bathtub in House 2 has
hole in it - water has
run into one resident's
room - black mold present
in room on base boards
and door frames - Bath
tub not useable - Knobs removed
by residents so water*

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
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

Comments & Other Observations

Can't flow into room.

*Activity calendar not
present - only one on
hand is from 2013.*

*Residents state they eat
what is served - stated
Theresa feeds them better
2 snacks/day*

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time

Exit Summary

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

Bath tub in Mintz #2
Black mold in resident's
room.

any changes observed during the visit.

Discussed with SIC, Teresa,
improvements made, food
served, ↓ cleanliness, and
installation of dishwasher.
Discussed need for repair
of bath tub in Home #2 and
removal of black mold.