

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>Mintz Family Care Homes Hot Springs 182</i>
Visit Date <i>01/10/14</i>	Time Spent in Facility <i>1 hr 30 min</i>	Arrival Time <i>10:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Boyd Mintz & Tabitha, SIC</i>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <small>(Name & Title)</small>
Committee Members Present: <i>Karen Baker Nan Wise, Grace Haynie, Katie Webb, Tamara Huffman</i>		Report Completed by: <i>K. Baker</i>
Number of Residents who received personal visits from committee members: <i>6</i>		
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 <small>(Required for Nursing Homes Only)</small>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>In female facility</i>	

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 *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

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

laundry room in male facility unlocked - leaves on porch in smoking area potential fire hazard.

Dish washer torn up - new one not installed - setting on porch

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 *November activities calendar posted*
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 *Kitchen well stocked*
- 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

Sanitary hazard.

Dirty Bathrooms, esp. in male facility - dried urine on floor, dried feces on toilet, coffee pot in bathroom.

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

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

Alinta
Hot Spring #14#2
21/10/14

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.

Administrator assures that dishwasher will be installed next week.
Administrator agreed with need for increased cleanliness - possibility of Justin cleaning all floors -
Tabitha does all cooking.

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.