

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 #2</i> |
| Visit Date <i>3/19/14</i> | Time Spent in Facility <i>0 hr 30 min</i> | Arrival Time <i>9:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| Name of Person Exit Interview was held with <i>Justin</i> | | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <i>(Name & Title)</i> |
| <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, Suz Vilcinskis, Katie Webb, Nan Wise</i> | | Report Completed by: <i>K. Baker</i> |
| Number of Residents who received personal visits from committee members: <i>3</i> | | |
| Resident Rights Information is clearly visible. <input 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 |

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

| Resident Living Accommodations | Comments & Other Observations |
|---|--|
| 8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p style="font-size: 1.2em;"><i>Much cleaner - Black mold in (K) bedroom that is next to (B) bathroom was cleaned - Clean smell in home.</i></p> |

| Resident Services | Comments & Other Observations |
|---|--|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p style="font-size: 1.2em;"><i>Resident stated they did not receive snacks. Dine in #1 with other residents - 2 tables; plenty of room.</i></p> |

| Areas of Concern | Exit Summary |
|---|--|
| 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 |

- Bath tub in (R) bathroom still has hole in bottom of tub - CAC has requested it to be fixed for years!
Administrator said previously he would replace.
Please replace - house has 6 residents + one SIC - need 2 tubs!

- Fan in (B) bathroom very dusty + unclean - Justin said he would clean -

Committee very pleased with changes that have occurred since Teresa is in House #1. We feel her presence has brought better sanitation.

Bath tub must be replaced!

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.

DHHS DAAS-002 (022/2004)

3/19/14 - Hot Springs # 2