

**Community Advisory Committee Quarterly/Annual Visitation Report**

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 # 1</i>
Visit Date <i>10/22/15</i>	Time Spent in Facility hr <i>25</i> min	Arrival Time <i>10:30</i> <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Tyles</i> <input type="checkbox"/> Other Staff Rep	(Name & Title)	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present <i>Barbara Rice, Ruth Price, Katie Webb</i>	Report Completed by: <i>Barbara Rice</i>	
Number of Residents who received personal visits from committee members: <i>1</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 checked="" 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	
<b>Resident Profile</b>		
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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input 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	<b>Comments &amp; Other Observations</b> 2) Personal items visible. Residents appeared clean 3) SIC in room with door closed. appeared to be sleeping - stated didn't feel well. Question if he had notified anyone - (Had no) 4) Resident in 1 room alone. Fan on and she was afraid to turn off. She had on gloves and hat -	
<b>Resident Living Accommodations</b>		
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input checked="" type="checkbox"/> Yes <input 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	<b>Comments &amp; Other Observations</b> 8) Floors were dirty and needed mopping - stains were detected. House needs extensive cleaning - 10) one room had clothes all over floor 11) A smoke detector needed battery charge - stated to be done that day	
<b>Resident Services</b>		
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Comments &amp; Other Observations</b> 15) Schedule was on the wall, games visible 17) Residents were at Home # 2 visiting on porch - SIC stated they are free to move between homes	
<b>Areas of Concern</b>		
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? 1) Cleanliness (needs extensive cleaning) 2) Proper Supervision 3) Smoke detector Safety 4) Sign out sheet (where resident is)	<b>Exit Summary</b> Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. 1) Cleanliness Required needed due to cold and flu season and safety issues with clutter - 2) Supervision - Need to inform someone he was sick - Detect for fire hazard -	

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.