

### Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Madison</i>	<b>Facility Type:</b>			<b>Facility Name:</b>		
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>Madison Manor</i>			
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home				
<b>Visit Date:</b> <i>3/24/15</i>	<b>Time Spent in Facility:</b> <i>1</i> hr <i>30</i> min	<b>Arrival Time:</b> <i>10</i> : <i>00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm				
<b>Person Exit Interview was held with:</b> <i>Kim Lloyd DON, Day CNA in Charge</i>			<b>Interview was held:</b>	<b>In-Person or Phone (Circle)</b>		
<i>and Marketing Director</i>						
<b>Adm</b>	<b>SIC (Supervisor in Charge)</b> <input checked="" type="checkbox"/>	<b>Other Staff: (Name &amp; Title)</b>				
<b>Committee Members Present:</b> <i>Van Brankh, Nan Wise, Katie Wolk, Sue Vincenteo, Barbara Rice</i>			<b>Report Completed by:</b> <i>Barbara Rice</i>			
<b>Number of Residents who received personal visits from committee members:</b> <i>7</i>						
<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b>		<input checked="" 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 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 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

*6. Fall precautions were in use such as low beds, wheelchairs and no clutter.*

Resident Living Accommodations Observations	Comments & Other
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*8- If they have to be somewhere, this is a good place. one resident stated.*

10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12a. Where?  Outside only  Inside only  Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Comments & Other Observations

Resident Services

Comments & Other Observations

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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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15 Activities Director was available in new lodge Room, that is an area where families can visit or residents play games, read, or visit. There is a coffee shop each morning 7-8:30 for residents. Activities were ok board -

17 Served in dining room with their choices, when they are able

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?

Housekeeping - We expressed how we observed halls (rails) being cleaned and all rooms neat, clean, and orderly - (Keep the high standards) Staffing - observed multiple CNA's small halls. All busy with residents. (keeping staff at required levels is important)

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

Marketing Director gave a summary changes being made with APAC's County photos and brighter colors. Wants to connect and get information out about the changes and great rehabilitation center -

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.