

# Community Advisory Committee Quarterly/Annual Visitation Report

| County<br><i>Madison</i>  | Facility Type - <input checked="" type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home<br><input type="checkbox"/> Combination Home  | Facility Name<br><i>Mintz Family Care, Mato Road #4 &amp; #5</i>  |
|---|--|---|
| Visit Date <i>9 / 4 / 2014</i>  | Time Spent in Facility hr <i>50</i> min  | Arrival Time : <input type="checkbox"/> am <input type="checkbox"/> pm  |
| Name of Person Exit Interview was held with <i>Bobbie &amp; Deno</i>  |  | Interview was held <input checked="" type="checkbox"/> in Person <input type="checkbox"/> Phone<br>(Name & Title) |
| Committee Members Present:<br><i>Katie Webb, Sue Vilcinskas &amp; Barbara Rice (Observer)</i>   |  | Report Completed by:<br><i>Sue Vilcinskas</i>   |
| Number of Residents who received personal visits from committee members:  |  |   |
| 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<br><i>(Required for Nursing Homes Only)</i>   | Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Resident Profile  | Comments & Other Observations  |   |
| <ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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 checked="" type="checkbox"/> No</li> <li>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Not Observed.</i></li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>  |  |   |
| Resident Living Accommodations  | Comments & Other Observations  |   |
| <ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>  |  |   |
| Resident Services   | Comments & Other Observations  |   |
| <ol style="list-style-type: none"> <li>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>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</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>A stipend is given to them Monthly</i></li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol> |  |   |
| Areas of Concern  | Exit Summary   |   |
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>• Games and movies were moved to a more secure room because one of the residents was taking pieces / games / movies.</i></p>   | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p><i>All residents &amp; SICs from #4 were @ #5, #4 was locked so we didn't observe.</i></p> |   |

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.