

Community Advisory Committee Quarterly/Annual Visitation Report

27 P
3-10

County <i>Madison</i>	Facility Type -		<input checked="" type="checkbox"/>	Family Care Home	Facility Name: <i>Miller Road Mintz Home #1</i>
			<input type="checkbox"/>	Nursing Home	
			<input type="checkbox"/>	Combination Home	
Date <i>2/4/14</i>	Time Spent in Facility		hr <i>30</i>	min	Arrival Time <i>11:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with		<i>Teresa Ball & Jessica, SICs</i>		Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff		

Supervisor (Name & Title)

Committee Members Present: *Ruth Price, Katie Webb, Tamara Huffman, Jim Baker, Karen Baker* Report Completed by: *Karen Baker*

Number of Residents who received personal visits from committee members: *5*

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. *Given to SICs* Yes No

The most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>In process of moving smoking to outside of facility</i>
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? [] Outside only [] Inside only <input checked="" type="checkbox"/> Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, labor or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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.

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

CACS

~~_____~~ expressed concerns related to past conditions of home, SICs who were involved with trafficking narcotics, and possible financial exploitations.

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

~~_____~~
~~_____~~