# Community Advisory Committee
# Quarterly/Annual Visitation Report

6/0

| County | Facility Type - ☑ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☐ Combination Home | Facility Name |
|---|---|---|
| Madison | | Mintz Care Home #1 Hot Springs |
| Visit Date 5/22/14 | Time Spent in Facility hr 25 min | Arrival Time 10:45 ☑ am ☐ pm |

Name of Person Exit Interview was held with Teresa Interview was held ☑ In-Person ☐ Phone
☐ Admn. ☑ SIC (Supervisor in Charge) ☐ Other Staff Rep _____ (Name & Title)

Committee Members Present: Van Franklin, Nan Wise, Katie Webb, Karen Baker, Ruth Price

Report Completed by: K. 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. ☑ Yes ☐ No

The most recent survey was readily accessible. ☐ Yes ☐ No *(Required for Nursing Homes Only)*

Staffing information is posted. ☐ Yes ☐ No

## Resident Profile / Comments & Other Observations

1. Do the residents appear neat, clean and odor free? ☑ Yes ☐ 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?* ☑ Yes ☐ No
3. Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ☐ No
4. Were residents interacting w/ staff, other residents & visitors? ☑ Yes ☐ No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑ Yes ☐ No
6. Did you observe restraints in use? ☐ Yes ☑ No
7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No

Residents dressed, state they are pleased with care.

## Resident Living Accommodations / Comments & Other Observations

8. Did residents describe their living environment as homelike? ☑ Yes ☐ No
9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☑ No
10. Did you see items that could cause harm or be hazardous? ☐ Yes ☑ No
11. Did residents feel their living areas were too noisy? ☐ Yes ☑ No
12. Does the facility accommodate smokers? ☑ Yes ☐ No
12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? ☑ Yes ☐ No
14. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No

Home-like environment noted - looks so much cleaner than previously since Teresa has been here, we have seen continued improvement

not observed

## Resident Services / Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No
16a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No
17. Are residents asked their preferences about meal & snack choices? ☐ Yes ☑ No
17a. Are they given a choice about where they prefer to dine? ☐ Yes ☑ No
18. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No
. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No error
20. Does the facility have a Resident's Council? ☐ Yes ☑ No
Family Council? ☐ Yes ☑ No

RHA services in place - residents can attend classes

all eat in House 1 dining room

Residents go downtown alot

## Areas of Concern

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

- Residents in House #1 + #2

## Exit Summary

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

- noted that Teresa