

Community Advisory Committee Quarterly/Annual Visitation Report

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County: <u>Madison</u>	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 <u>Miller Road, Marshall Mintz Care Home #3</u>
Visit Date: <u>3/19/14</u>	Time Spent in Facility: <u>0 hr 30 min</u>	Arrival Time: <u>11</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with: <u>Teresa & Jessica</u>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <small>(Name & Title)</small>
<input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		

Committee Members Present: <u>Van Franklin, Tamara Huffman, Jim & Karen Baker, Nan Wise, Katie Webb, Sue Vilcinskis</u>	Report Completed by: <u>K. Baker</u>
Number of Residents who received personal visits from committee members: <u>3</u>	

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 <small>(Required for Nursing Homes Only)</small>	Staffing information is posted. <input 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 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	<p style="font-size: 1.2em;">Residents clean, neat</p>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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	<p style="font-size: 1.2em;">SICs have cleaned and painted (they purchased paint themselves!) Facility <u>much</u> cleaner - They have put in <u>plaf</u> rules regarding smoking so now residents smoke outside</p>

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="font-size: 1.2em;">Residents do not have TV - there is only one small vehicle for SICs - residents need van in order for them to be transported to events -</p> <p style="font-size: 1.2em;">Dine in dining room</p>

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?	Discuss items from "Areas of Concern" Section as well as

20. Does the facility have a Resident's Council? Yes No
Family Council? Yes No

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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?

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

10/20/14

- Some residents have OSHA standards! - Mental Health!
- Services provided in home - F/U to make sure all have been seen.
- Residents need activities - SICs unable to afford TV - administrator, could you please pay for these services?
- Residents getting their funds late! Supposed to get between 12-17th -

SICs have made great improvements since our first visit. They need extra support and funding, transport services in order to provide quality care.

Have to ask for!

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. Usually don't get until the 20's of the month!
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.