6/10

Community Advisory Committee
Quarterly/Annual Visitation Report

County	Facility Type - ☑ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☐ Combination Home	Facility Name
Madison		Mintz Family Care Home #4 Mafo Rd Marshall
Visit Date 5 / 22 / 14	Time Spent in Facility hr 20 min	Arrival Time 8 : 40 ☑ am ☐ pm

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

Committee Members Present: Van Franklin, Katie Webb, Nan Wise, Jim & Karen Baker, Sue Vilcinskas, Ruth Price

Report Completed by: K. Baker

Number of Residents who received personal visits from committee members: 6

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, eating breakfast States that 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 N/A 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	Smoke detector - needs batteries Some lights need bulb replacements

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 19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☑ No 20. Does the facility have a Resident's Council? ☐ Yes ☑ No Family Council? ☐ Yes ☑ No	Eats in dining room - sometimes all eat @ House #5 where SIC cooks for all.

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? Battery replacement in smoke detectors Bulb replacement in lights	Discuss items from *"Areas of Concern"* Section as well as any changes observed during the visit. Committee discussed with SIC Great that residents now have RHA services

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.