# Community Advisory Committee
# Quarterly/Annual Visitation Report

6/10

| County | Facility Type - ☑ Family Care Home ☑ Adult Care Home ☐ Nursing Home ☐ Combination Home | Facility Name |
|---|---|---|
| Madison | | Mintz Family Care Home #5 Mato Road Marshall |
| Visit Date 5 / 22 / 14 | Time Spent in Facility hr 30 min | Arrival Time 8 : 10 ☑ am ☐ pm |

Name of Person Exit Interview was held with Bobbie 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, Jima Karen Baker, Sue Yilcinskas, 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<br>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<br>3. Did you see or hear residents being encouraged to participate in their care by staff members? ☑ Yes ☐ No<br>4. Were residents interacting w/ staff, other residents & visitors? ☑ Yes ☐ No<br>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☑ Yes ☐ No<br>6. Did you observe restraints in use? ☐ Yes ☑ No<br>7. If so, did you ask staff about the facility's restraint policies? ☐ Yes ☐ No | Residents dressed, eating breakfast |

| Resident Living Accommodations | Comments & Other Observations |
|---|---|
| 8. Did residents describe their living environment as homelike? ☑ Yes ☐ No<br>9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☑ No<br>10. Did you see items that could cause harm or be hazardous? ☐ Yes ☑ No<br>11. Did residents feel their living areas were too noisy? ☐ Yes ☑ No<br>12. Does the facility accommodate smokers? ☑ Yes ☐ No<br>12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside & Outside.<br>13. Were residents able to reach their call bells with ease? ☑ Yes ☐ No<br>14. Did staff answer call bells in a timely & courteous manner? ☐ Yes ☐ No<br>14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No | Facility very home-like. SIC obviously tries to make environment nice and comfortable for residents. |

| Resident Services | Comments & Other Observations |
|---|---|
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No<br>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☑ Yes ☐ No<br>16a. Can residents access their monthly needs funds at their convenience? ☑ Yes ☐ No<br>17. Are residents asked their preferences about meal & snack choices? ☐ Yes ☑ No<br>17a. Are they given a choice about where they prefer to dine? ☐ Yes ☑ No<br>18. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No<br>. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐ Yes ☑ No<br>20. Does the facility have a Resident's Council? ☐ Yes ☑ No<br>Family Council? ☐ Yes ☑ No | SIC cooks for residents - well-stocked supplies. Residents pleased with their care.<br>} all eat in dining room |

| Areas of Concern | Exit Summary |
|---|---|
| e there resident issues or topics that need follow-up or review at a later time or during the next visit?<br>none | Discuss items from *"Areas of Concern"* Section as well as any changes observed during the visit.<br>Home being run by SIC who obviously cares and tries with her limited funding. 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.