

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Madison</i>	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Adult Care Home</td> <td><input checked="" type="checkbox"/></td> <td>Family Care Home</td> <td></td> </tr> <tr> <td>Combination Home</td> <td></td> <td>Nursing Home</td> <td></td> </tr> </table>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home		Combination Home		Nursing Home		Facility Name: <i>Minta #1 Miller Rd</i>
Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home								
Combination Home		Nursing Home								
Visit Date: <i>1/28/2016</i>	Time Spent in Facility: hr <i>30</i> min	Arrival Time: <i>10:30</i> am <input checked="" type="checkbox"/> pm								
Person Exit Interview was held with: <i>Dawn</i>		Interview was held: <u>In-Person</u> or Phone (Circle)								

Adm	SIC (Supervisor in Charge) <input checked="" type="checkbox"/>	Other Staff: (Name & Title)
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Committee Members Present: <i>Natie Webb, Nan Early, Barbara Rice, Ruth Price, Observer, Linda Freeman, Allen Bradley, Jim Jamieson</i>	Report Completed by: <i>Barbara Rice</i>
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Number of Residents who received personal visits from committee members: <i>2</i>	
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The most recent survey was readily accessible. (Required for Nursing Homes Only) <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 Staffing information is posted. <input type="checkbox"/> Yes <input checked="" 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	<p><i>1+3) They are responsible for their own personal care but can request assistance.</i></p> <p><i>5) No complaints voiced by residents about SIC</i></p>
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 checked="" type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" 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	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>8) No complaints voiced</i></p> <p><i>9) Bathrooms but they are to be fixed.</i></p>
9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Did you see items that could cause harm or be hazardous?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

10) Outside walkway has rotted - Railing was tied with extension cord - Rail fence that marked yard has rotted and fallen in places that appear if a resident fell he may go down dip bank -

13 + 14) They were all in living area. Call bells are in rooms.

Resident Services

Comments & Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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15) There was activity calendar but no Trips or outside activities such as walking or exercise

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? Many safety issues with clutter and doors that had large cracks that could allow air and water to come in. Reinforced cleanliness. Floors needed care. Bathrooms had odor, and kitchen needs dish washer. There are suppose to be repairs to houses when Boyd mints moves in #3, Upper Sustar SIC

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

- 1) Cleaning
- 2) Safety
- 3) Need to know where residents are at all times and check for returns
- 4) Resident information needs to be secure - Observed papers in view.

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.