

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Madison</i>	Facility Type:			Facility Name:			
	Adult Care Home <input checked="" type="checkbox"/>	Family Care Home <input type="checkbox"/>		<i>Mintz #2 Miller Rd</i>			
Combination Home <input type="checkbox"/>	Nursing Home <input type="checkbox"/>						
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 <input type="checkbox"/>
Person Exit Interview was held with: <i>Tabitha and Justin</i>				Interview was held:		In-Person or Phone (Circle)	

Adm	SIC (Supervisor in Charge) <input checked="" type="checkbox"/>	Other Staff: (Name & Title)
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Committee Members Present: *Ruth Price, Observers: John Fennick, Allen Bradley and Linda Freeman* Report Completed by: *Barbara Rice*

Number of Residents who received personal visits from committee members: *2*

Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input checked="" 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	<i>1-3) Residents are responsible for personal care but can request assistance -</i> <i>5) No complaints</i>
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	<i>8) No complaints voiced</i> <i>9) Due to holes and need for bathroom repairs</i>
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
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11. Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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12a. Where? Outside only Inside only Both Inside and Outside.

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10) Living room, dining room and hallway had boxes and clothes scatter about due to change of SIC's - outside rails at yard boundary need repairs -

11) Noisy this day with movie

13-14) Residents in Common Area but call bells in room

Resident Services

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

<input 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) Residents make choice as to what they want to do. The television was going with SIC. It was personal property. No outside activities were listed such as walking, shopping or field trips.

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?

- 1) Cleanliness: Needs overall house cleaning after moves are complete.
- 2) Safety: Clean hallways and floors so residents don't fall - outside yard rails need repair.
- 3) Needs dishwasher for keeping down colds and germs.
- 4) Make sure there are outside activities and television is replaced.

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

- 1) Safety
- 2) Cleanliness
- 3) Activities
- 4) General Repairs
- 5) Resident Privacy ~~but~~ but always

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.