

### Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Madison</i>	<b>Facility Type:</b>			<b>Facility Name:</b>			
	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	<i>Mintz #3 Miller Rd</i>			
Combination Home	<input type="checkbox"/>	Nursing Home					
<b>Visit Date:</b> <i>1/28/2016</i>	<b>Time Spent in Facility:</b>		hr	<i>30</i>	min	<b>Arrival Time:</b>	<i>11</i> : <i>00</i> <i>am</i> <input type="checkbox"/> <i>pm</i> <input checked="" type="checkbox"/>
<b>Person Exit Interview was held with:</b> <i>Justin</i>					<b>Interview was held</b>		<b>In-Person or Phone (Circle)</b>

<b>Adm</b>	<b>SIC (Supervisor in Charge)</b> <input checked="" type="checkbox"/>	<b>Other Staff: (Name &amp; Title)</b>
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**Committee Members Present:** *Katie Webb, Van Early, Barbara Rice* **Report Completed by:** *Barbara Rice*  
**Observers:** *Justin Price, James Fenwick, Allen Bradley, Linda Juma*

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

Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input 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 their own care but can request help if needed</i>  <i>5) No problems noted</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 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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>8) Justin was clearing out this house - He is transferring to another house. There were boxes in rooms. Residents could have fallen. General housecleaning need</i>
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?

Yes

Yes

No

No

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

Yes

Yes

No

No

12. Does the facility accommodate smokers?

Yes

Yes

No

No

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

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

Yes

Yes

No

No

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

Yes

Yes

No

No

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

Yes

Yes

No

No

8) continued: to be done change cracks around 2nd door and had no threshold - air and debris could get in. There was no dining table, bedrooms, and bathroom messy. Needs repairs to have residents

13.14) Call bells in rooms but residents up and ambulatory

Resident Services

Comments & Other Observations

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

Yes

Yes

No

No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes

Yes

No

No

16a. Can residents access their monthly needs funds at their convenience?

Yes

Yes

No

No

17. Are residents asked their preferences about meal & snack choices?

Yes

Yes

No

No

17a. Are they given a choice about where they prefer to dine?

Yes

Yes

No

No

18. Do residents have privacy in making and receiving phone calls?

Yes

Yes

No

No

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

Yes

Yes

No

No

20. Does the Facility have a Resident's Council?

Yes

Yes

No

No

15) This needs to be implemented for this house - it was in total disarray due to move - Justin SIC stated Boyd Hinz moving to #3 house to begin repairs - (6) did not ask -

17) no table but they like to eat watching TV - stated Justin

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) Safety - Outside steps and hand rails need repair - yard muddy at bottom of stairs and very slick (could fall) Boxes and other things need to be organized. 2) Cleanliness - General housecleaning needs to be done floors, windows, and kitchen. Dishwasher - 3) need outside activities - Miller Rd isolated -

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 for Resident Safety
- 5) Resident Privacy and why they are needed to be monitored closely

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.