

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Bunc</i>	Facility Type:				Facility Name:			
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home			<i>Evergreen</i>			
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home			<i>#102</i>			
Visit Date	Time Spent in Facility			hr	min	Arrival Time		
Name of Person Exit Interview was held with:						Interview was held		
Name: <i>Mee Kyung Kim</i>						In-Person <input checked="" type="checkbox"/>		
Title: Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>						Phone:		

Committee Members Present: <i>Sharon White, Marsha Sefian, Spike Gram</i>	Report Completed by: <i>S Gram</i>
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Number of Residents who received personal visits from committee members: *0*

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>In Korean</i>	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) <i>N/A</i>	Staffing information is posted. <i>N/A</i> <input type="checkbox"/> Yes <input 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>Unable to communicate with any residents - none speaks English. All appeared well groomed & well fed.</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 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 type="checkbox"/> No		
4. Were residents interacting w/ <u>staff</u> , 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		<i>unknown</i>
6. Did you observe restraints in use? <i>N/A</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>N/A</i>
7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Again, not able to question residents about any issue(s)</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>N/A</i>
14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>We assume yes but not really able to discern.</i> <i>not really known</i> <i>Food appeared to be plentiful & looked very appetizing</i>
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	
16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <i>N/A</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

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.

DHHS DOA-022/2004

*This home has 6 female residents, aged from 70's to 102, all of whom are Korean.
Home is neat & clear & residents appear to be content.*

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