

**Community Advisory Committee Quarterly/Annual Visitation Report**

County <i>Madison</i>		Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Facility Name <i>Minute Home #5 N. To Rd</i>	
Visit Date <i>8/18/17</i>		Time Spent in Facility <i>hr 20 min</i>		Arrival Time <i>11:35</i> <input type="checkbox"/> am <input type="checkbox"/> pm	
Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep		<i>Janet Morrow SIC</i> (Name & Title)		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin. <input type="checkbox"/> SIC (Supervisor in Charge)	
Committee Members Present <i>Barbara Rice, Skip Ouelens</i>				Report Completed by: <i>Barbara Rice</i>	
Number of Residents who received personal visits from committee members: <i>5</i>					
Resident Rights Information is clearly visible. <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	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)				Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Resident Profile</b>			<b>Comments &amp; Other Observations</b>		
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" 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/ 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			2) Three residents are independent but SIC states she has 2 that she helps with personal care		
<b>Resident Living Accommodations</b>			<b>Comments &amp; Other Observations</b>		
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & 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 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			10) SIC has set up a room for records and medication so everything is kept locked and out of feet areas - 11) House clean with no hazards for falls and fire safety discussed 13) Door buzzers were tested for working no door opened		
<b>Resident Services</b>			<b>Comments &amp; Other Observations</b>		
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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			15) SIC stated takes residents to outside activities and residents stated how they enjoy going places. There is an activity calendar posted. 16) SIC takes to purchase when they receive funds - 17) SIC and one resident were preparing lunch chicken strips and french fries a resident favorite 18) There is a phone in house 20) SIC has group meetings		
<b>Areas of Concern</b>			<b>Exit Summary</b>		
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <i>Continue to monitor cleanliness, any need for repairs, safety and fall precautions, and dietary requirements met.</i>			Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <i>Continue to visit. Residents voiced no concerns</i>		

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.