

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

County <i>Madison</i>	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Madison Health &amp; Rehab</i>
Visit date <i>11/6/18</i>	Time Spent in Facility / Hr. <i>40</i> Min	Arrival Time <i>11:45</i> Am PM
Name of person Exit Interview was held with <i>Dois Siegentanner - adm.</i> (Name & Title)		<i>Danette Switzer Corp. Sec &amp; Trn</i>
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: <i>Barbara Rie &amp; Linda Freeman</i>		Report completed by: <i>Linda Freeman</i>
Number of Residents who received personal visits from committee members:		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit	
<b>Resident Profile</b>		
<ol style="list-style-type: none"> <li>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</li> <li>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 <input checked="" type="checkbox"/> N/A this visit</li> <li>Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A this visit</li> <li>Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A this visit this visit</li> <li>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 <input checked="" type="checkbox"/> N/A this visit this visit</li> <li>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A this visit</li> <li>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A this visit</li> </ol>	<p><i>Some residents eye glasses appeared dirty.</i></p>	

This document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>11. Did residents feel their living areas were too busy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>15. 14a. If 2, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</p>	<p style="font-size: 1.2em; color: blue;"><i>residents (4) + family member (1) concern for response time to call bells</i></p>
Residential Services	Comments and Other Observations
<p>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 <input checked="" type="checkbox"/> N/A this visit</p> <p>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 <input checked="" type="checkbox"/> N/A this visit</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A this visit</p> <p>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A this visit</p>	

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<p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A this visit</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A this visit</p> <p>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A this visit</p> <p>Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> N/A this visit</p>	<p style="color: purple;"><i>Some residents had their own cell phone within reach.</i></p>
<b>Areas of Concern</b>	<b>Exit Summary</b>
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p style="color: purple;"><i>1) call bells &amp; response time</i></p> <p style="color: purple;"><i>2) (family member stated CNA + RN are wonderful and amazing however <del>call</del> response time to call bells is longer during times meds administered, lunch being delivered &amp; during change of staff - shift change CAC could not hear the call bell.</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p style="color: purple;"><i>discussed how to improve response to call bells.</i></p> <p style="color: purple;"><i>SAC suggested possibly one area where staff sets + response to all call bells that has computer recorded time when received, response to resident + time call responded to. That person could <del>not</del> respond by asking resident "what can we help you with" and then tell resident will send someone immediately or appropriate wait time.</i></p>