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

**County:** Madison  
**Facility Type:** Family Care Home  
**Facility Name:** Minty FCH  
**Facility Code:** V126  
**Visit Date:** 2/10/8  
**Time Spent in Facility:** 15 min  
**Arrival Time:** 9am  
**Interview was held:** In Person  
**Interview was held:** Phone  
**Other Staff Rep (Name & Title):**  

**Committee Members Present:** Linda Freeman, Man Early, Barbara Rice  
**Report Completed by:** Linda Freeman

**Number of Residents who received personal visits from committee members:** 5

**Resident Rights Information is clearly visible:** Yes  
**The most recent survey was readily accessible:** Yes  
**Ombudsman contact information is correct and clearly posted:** Yes  
**Staffing information is posted:** Yes  

### Resident Profile

1. Do the residents appear neat, clean and odor free? □ Yes □ No
2. Did residents say they receive assistance with personal care activities, such as brushed their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? □ Yes □ No
3. Did you see or hear residents being encouraged to participate in their care by staff members? □ Yes □ No
4. Were residents interacting with staff, other residents & visitors? □ Yes □ No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? □ Yes □ No
6. Did you observe restraints in use? □ Yes □ No
7. If so, did you ask staff about the facility’s restraint policies? □ Yes □ No

### Resident Living Accommodations

8. Did residents describe their living environment as homelike? □ Yes □ No
9. Did you notice unpleasant odors in commonly used areas? □ Yes □ No
10. Did you see items that could cause harm or be hazardous? □ Yes □ No
11. Did residents feel their living areas were too noisy? □ Yes □ No
12. Does the facility accommodate smokers? □ Yes □ No
12a. Where? □ Outside only □ Inside only □ Both Inside & Outside
13. Were residents able to reach their call bells with ease? □ Yes □ No
14. Did staff answer call bells in a timely & courteous manner? □ Yes □ No
14a. If no, did you share this with the administrative staff? □ Yes □ No

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? □ Yes □ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly funds? □ Yes □ No
16a. Can residents access their monthly needs funds at their convenience? □ Yes □ No
17. Are residents asked their preferences about meal & snack choices? □ Yes □ No
17a. Are they given a choice about where they prefer to dine? □ Yes □ No
18. Do residents have privacy in making and receiving phone calls? □ Yes □ No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? □ Yes □ No
20. Does the facility have a Resident’s Council? □ Yes □ No

### Areas of Concern

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

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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.