# Community Advisory Committee Quarterly/Annual Visitation Report

## 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, *Ex: brushing 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 w/ 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 Accommodations

8. Did residents describe their living environment as home-like? [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]
13. Where? [Outside only] [Inside only] [Both Inside & Outside]
14. Were residents able to reach their call bells with ease? [Yes] [No]
15. Did staff answer call bells in a timely & courteous manner? [Yes] [No]
16. If NO, did you share this with the administrative staff? [Yes] [No]

## Comments & Other Observations

1. Residents are independent but they would ask if needed.
2. Residents voiced no concerns about their meals.
3. There are active plans on how to assist with SCI's

## Access to Activities

1. Residents state they have discussions about what activities they want to do or where to go. SCI had an activity calendar.

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