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

- **County**: Duncansby
- **Facility Type**: Assisted Living
- **Visit Date**: 3-28-18
- **Time Spent in Facility**: 1 hr 30 min
- **Facility Name**: Wood Assisted Living
- **Arrival Time**: 1:35 pm
- **Other Staff Represented**: Kris Anderson (Name & Title): Nurse Supervisor
- **Number of Residents who received personal visits from committee members**: 12

### 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 with staff, other residents & visitors? ☑ Yes ☐ No
5. Did staff respond 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 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. ☑ Yes ☐ No
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

### Resident Services

16. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☑ Yes ☐ No
17. Are residents asked their preferences about meal & snack choices? ☑ Yes ☐ No
18. Are they given a choice about where they prefer to dine? ☑ Yes ☐ No
19. Do residents have privacy in making and receiving phone calls? ☑ Yes ☐ No
20. Is there evidence of community involvement from other civic, volunteer or religious groups? ☑ Yes ☐ No
21. Does the facility have a Resident’s Council? ☑ Yes ☐ No
22. Family Council? ☑ Yes ☐ No

### Areas of Concern

- Residents were getting ready to leave for a "Scenic Drive" so we were unable to spend much time with them.

### Exit Summary

Discuss items from "Areas of Concern" Section as well as any other observations 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.

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