## 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 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** □
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** □

### Resident Services

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

### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

### Exit Summary

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.

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