### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Madison  
**Facility Type:** Family Care Home  
**Facility Name:** Elderberry Health Care & Rehab.

**Visit Date:** 11/07/2017  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 11:30  
**Name of Person Exit Interview was held with:** Karen Cutshall  
**Interview was held:** In-Person  
**Other Staff Rep:** (Name & Title)

**Committee Members Present:** John Fenwick, Barbara Rice  
**Report Completed by:** John Fenwick

**Number of Residents who received personal visits from committee members:** 9

**Resident Rights Information is clearly visible:** Yes No  
**The most recent survey was readily accessible:** Yes No  
(Required for Nursing Homes Only)

**Comments & Other Observations**

**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 facilities 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 needs 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**

**Comments & Other Observations**

**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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