## Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family Care Home</td>
<td>James Family Care # 21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Other Staff Rep</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 hr. 30 min.</td>
<td>Jennifer Anderson</td>
</tr>
</tbody>
</table>

### Interview Details
- Interview was held by: Jennifer Anderson (Name & Title: Resident Tech Coord.)
- Number of residents who received visit from committee members: 3
- 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

### Observations
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
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? Yes No
12b. Inside only? Yes No
12c. Both inside & outside? Yes No
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 so, did you share this with the administrative staff? Yes No
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
21. Family Council? Yes No

### Comments
- Residents up in chairs, unable to make needs known. APPEAR CLEAN & FRESH. Private rooms are occupied. One CNA med Tech in facility. Siderails on all beds, slips or night
- New, locked units. Unfortunately no longer locked. Keep up (not clean or fresh) chux protect furniture. One resident in pipe blocked in mall office. No call bells on beds
- Food served in dining room, cooked in another building. Special diets posted on fridge. No activities seen this calendar posted, can’t see any for occasions if desire.
- Bucket of dirty water with M.P. kept at end of hall

### Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
- No
- Follow up on safety issues - one civil, 5 residents needing almost total assist, frequent patient care as needed. Time needed per resident 1 1/2 hrs or caregivers.

---

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.