# Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
<th>Visit Date</th>
<th>Time Spent in Facility</th>
<th>Name of Person Exit Interview was held with</th>
<th>Interview was held</th>
<th>Other Staff Rep</th>
<th>Number of Residents who received personal visits from committee members</th>
<th>Ombudsman contact information is correct and clearly posted</th>
<th>Staffing information is posted</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUCOME</td>
<td>Family Care Home</td>
<td>HOMMAY VALLEY</td>
<td>5/21/11</td>
<td>3.5 min</td>
<td>MARY H. G. A. N.</td>
<td>In-Person</td>
<td>(Name &amp; Title)</td>
<td>10</td>
<td>☑Yes ☐ No</td>
<td>☑Yes ☐ No</td>
<td>The residents were clean &amp; neat &amp; paid they were well taken care of.</td>
</tr>
</tbody>
</table>

## 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 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 ☑ Observe
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 One a Month
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 N/A
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
   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? ☑Yes ☐ No

- Ages: 27 - 85
- Males: 17
- Females: 11

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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