# 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 clearing 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

### Comments & Other Observations

- Resident Rights information is clearly visible. [ ] Yes [ ] No
- The most recent survey was readily accessible. [ ] Yes [ ] No
- Ombudsman contact information is correct and clearly posted. [ ] Yes [ ] No
- Staffing information is posted. [ ] 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
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

### Comments & Other Observations

- Smoking only outdoors. Many residents smoke

### Resident Services

17. Are 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. Can residents access their monthly needs funds at their convenience? [ ] 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.

Facility is very clean and residents engaged.

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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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