### Resident Profile

1. Do the residents appear neat, clean and odor free? [X] 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? [X] Yes [ ] No
3. Did you see or hear residents being encouraged to participate in their care by staff members? [X] Yes [ ] No
4. Were residents interacting w/ staff, other residents & visitors? [X] Yes [ ] No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [X] Yes [ ] No
6. Did you observe restraints in use? [X] Yes [ ] No
7. If so, did you ask staff about the facility’s restraint policies? [X] Yes [ ] No

### Comments & Other Observations

- 6 residents all men
- 3 people are in daily programs
- All get along (residents)

### Resident Living Accommodations

8. Did residents describe their living environment as homelike? [X] Yes [ ] No
9. Did you notice unpleasant odors in commonly used areas? [X] Yes [ ] No
10. Did you see items that could cause harm or be hazardous? [X] Yes [ ] No
11. Did residents feel their living areas were too noisy? [X] Yes [ ] No
12. Does the facility accommodate smokers? [X] Yes [ ] No

#### Comments & Other Observations

- Home was clean and well cared for.
- Bathroom & clean—Shower curtailed
- Flowers on porch
- Great food—love it here, not sure.
- Did not test

### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? [X] Yes [ ] No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [X] Yes [ ] No
16a. Can residents access their monthly needs funds at their convenience? [X] Yes [ ] No
17. Are residents asked their preferences about meal & snack choices? [X] Yes [ ] No
17a. Are they given a choice about where they prefer to dine? [X] Yes [ ] No
18. Do residents have privacy in making and receiving phone calls? [X] Yes [ ] No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? [X] Yes [ ] No
20. Does the Facility have a Resident’s Council? [ ] Yes [ ] No

### Comments & Other Observations

- Fruit snacks available all the time.
- People in community bring fruits of fruit & hotel Bible study and snacks from churches.

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**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:**

**Facility Type:**

- [ ] Adult Care Home
- [ ] Family Care Home
- [ ] Combination Home
- [ ] Nursing Home

**Facility Name:** Riverside Village

**Visit Date:** 6-8-18

**Name of Person Exit Interview was held with:** Janice Roberts

**Name:** Janice Roberts

**Phone:**

**Title:** Check Box

**Committee Members Present:**

- MARJORIE LATTA
- MARY ADAMS
- ARLENE MINKS

**Other Info:**

**Report Completed by:**

**Number of Residents who received personal visits from committee members:** 1 

**Only person available**

**Ombudsman contact information is correct and clearly posted:** [X] Yes [ ] No

**Staffing information is posted:** [X] Yes [ ] No

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**Facility Name:** Riverside Village

**Visit Date:** 6-8-18

**Time Spent in Facility:** hr 15 min

**Arrival Time:**

**Interview was held:** In-Person
Riverside Village had major flooding from "Alberto" and had to evacuate for 2 days. All handled it well and area looks great considering."