Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>FAMILY CARE HOME</th>
<th>Facility Name</th>
<th>GOLDEN BROOK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit Date</td>
<td>4/1/11</td>
<td>Time Spent in Facility</td>
<td>2:30 hr. 2:30 min.</td>
</tr>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>SHEPHERD BAILEY</td>
<td>Arrival Time</td>
<td>11:22 am 1pm</td>
</tr>
<tr>
<td>Other Staff Rep</td>
<td>(Name &amp; Title)</td>
<td>Interview was held</td>
<td>In-Person Phone 1Person</td>
</tr>
<tr>
<td>Committee Members Present</td>
<td>SHAYNA WHITE TIM MALLOCH MARSHA SAFION</td>
<td>Report Completed by</td>
<td>MARSHA SAFION</td>
</tr>
<tr>
<td>Number of Residents who received personal visits from committee members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Rights Information is clearly visible</td>
<td>Yes</td>
<td>Ombudsman contact information is correct and clearly posted</td>
<td>Yes</td>
</tr>
<tr>
<td>The most recent survey was readily accessible</td>
<td>Yes</td>
<td>Staffing information is posted</td>
<td>Yes</td>
</tr>
<tr>
<td>(Required for Nursing Homes Only)</td>
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**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, such as 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 other residents, staff members & visitors? ☑ Yes ☐ No
5. Did staff respond to 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
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**

- Residents: 6
- Ages: 50-97
- Vacancies: 0
- Males: 9
- Females: 3

**Comments & Other Observations**

Residents said they were well taken care of. They said they were comfortable in the home. Some of the residents were older and required more personal care.

Resident’s appeared neat & clean.

The residents paid the food was good! That they get enough to eat.

**Exit Summary**

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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.