### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Duncombe  
**Facility Type:** Combination Home  
**Facility Name:** Angel House "EF"  
**Visit Date:** 9-7-18  
**Time Spent in Facility:** 25 min  
**Arrival Time:** 3:35 pm  
**Name of Person Exit Interview was held with:** Patricia Marching  
**Phone:**  
**Committee Members Present:**  
**Report Completed by:** LATTA ADAM  
**Number of Residents who received personal visits from committee members:** 3  

**Resident Rights Information is clearly visible:** Yes  
**Ombudsman contact information is correct and clearly posted:** Yes  
**The most recent survey was readily accessible:** Yes  
**Staffing information is posted:** 24/7  

**Resident Profile**

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

**Resident Living Accommodations**

8. Did residents describe their living environment as homelike? Yes  
9. Did you notice unpleasant odors in commonly used areas? Yes  
10. Did you see items that could cause harm or be hazardous? Yes  
11. Did residents feel their living areas were too noisy? Yes  
12. Does the facility accommodate smokers? Yes  
12a. Where? Outside only  
13. Were residents able to reach their call bells with ease? Yes  
14. Did staff answer call bells in a timely & courteous manner? Yes  
14a. If no, did you share this with the administrative staff? Yes  

**Resident Services**

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes  
16a. Can residents access their monthly needs funds at their convenience? Yes  
17. Are residents asked their preferences about meal & snack choices? Yes  
17a. Are they given a choice about where they prefer to dine? Yes  
18. Do residents have privacy in making and receiving phone calls? Yes  
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes  
20. Does the Facility have a Resident's Council? Yes  

**Comments & Other Observations**

There are 5 residents with 1 more coming back next day. All men  

Laundry locked  
Good great - Home clean and neat - Clean both  
1 Resident works others stay in community.  
all rooms have fans  

Residents have activities in home & community.  
also go onto town for Some activities. On bus line. Wi fi available free  
Would change nothing  

Happy there.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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</tbody>
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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.