Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>Facility Type -</th>
<th>Family Care Home</th>
<th>Facility Name: NORTHRIDGE #3</th>
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<tbody>
<tr>
<td>Adult Care Home</td>
<td>Nursing Home</td>
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</table>

Visit Date: 8/29/18
Time Spent in Facility: 2 hr 0 min
Arrival Time: 11:00 am
Interview held: In-Person

Phone: Admin. SIC (Supervisor in Charge): Other staff

Committee Members Present:
SHARON WHITE, KEVIN MALLIQUAT, MARSHA SHAPIRO

Number of Residents who received personal visits from committee members: 5

Resident Rights Information is clearly visible: Yes No
Ombudsman contact information is correct and clearly posted: Yes No

The most recent survey was readily accessible: Yes No
Staffing information is posted: Yes No

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting with staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- Did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No

2a. Where? [X] Outside only [ ] Inside only [ ] Both Inside and Outside: Yes No

3. Were residents able to reach their call bells with ease? Yes No
4. Did staff answer call bells in a timely & courteous manner? Yes No
4a. If no, did you share this with the administrative staff? Yes No

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items and their choice using their monthly needs funds? Yes No
6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
7a. Are they given a choice about where they prefer to dine? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, religious or educational groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations
Residents were well taken care of by the staff. They all said they were happy in the home.
Residents were very comfortable in the home. They had no complaints.
Residents were taken shopping for their once a month personal items. Monthly.

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.
Exit Summary

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

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

5 Residents
1 Vacancy
1 Male
4 Females
Ages 65-95

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