## Community Advisory Committee Quarterly/Annual Visitation Report

### Resident Profile

1. Do the residents appear neat, clean and odor free? \(\checkmark Yes \square No\)
2. Did residents say they receive assistance with personal care activities, e.g., brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? \(\checkmark Yes \square No\)
3. Did you see or hear residents being encouraged to participate in their care by staff members? \(\checkmark Yes \square No\)
4. Were residents interacting with staff, other residents & visitors? \(\checkmark Yes \square No\)
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? \(\checkmark Yes \square No\)
6. Did you observe restraints in use? \(\checkmark Yes \square No\)
7. If so, did you ask staff about the facility's restraint policies? \(\checkmark Yes \square No\)

### Resident Living Accommodations

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

### Resident Services

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

### 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.