Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>County</th>
<th>Facility Type - [ ] Family Care Home  [ ] Adult Care Home  [ ] Nursing Home  [ ] Combination Home</th>
<th>Facility Name</th>
<th>EVERY GREEN  # 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit Date</td>
<td>Time Spent in Facility hr: min</td>
<td>Arrival Time</td>
<td>11:00  am  1.00  pm</td>
</tr>
<tr>
<td></td>
<td>Interview was held [ ] In-Person [ ] Phone [ ] Admin: [ ] SIC (Supervisor in Charge)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Person Exit Interview was held with</td>
<td>(Name &amp; Title)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Staff Rep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Residents who received personal visits from committee members:</td>
<td>4</td>
<td>Ombudsman contact information is correct and clearly posted. [ ] Yes [ ] No</td>
<td></td>
</tr>
<tr>
<td>Resident Rights Information is clearly visible. [ ] Yes [ ] No</td>
<td>Ombudsman contact information is correct and clearly posted. [ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The most recent survey was readily accessible. [ ] Yes [ ] No</td>
<td>Staffing information is posted. [ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Required for Nursing Homes Only)</td>
<td>Staffing information is posted. [ ] Yes [ ] No</td>
<td></td>
<td></td>
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</table>

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.
   Ex. 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 w/ staff, other residents & visitors? [ ] Yes [ ] No
5. Did staff respond to or interact with 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? [ ] Monthly
    [ ] Once a Month
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
   Family Council? [ ] Yes [ ] 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?

<table>
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<tr>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
</tr>
<tr>
<td>5 RESIDENTS ATTEND 1 VACATION 1 30 DECEMBER 76-91</td>
</tr>
</tbody>
</table>

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.