**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Lunenburg  
**Facility Type:** Family Care Home  
- Adult Care Home  
- Nursing Home  
- Combination Home  
**Facility Name:** Cowens ESTATE

**Visit Date:** 3-03-2017  
**Time Spent in Facility:** 1 hr 30 min  
**Interview was held with:** David Moore, Admin.  
**Interview was held on Person:** Phone  
**Usage of SIC (Supervisor in Charge):** Admin.

**Name of Person Exit Interview was held with:**  
- David Moore, Admin.  
- Other Staff Rep.  

**Committee Members Present:**  
- Kate Elliott  
- Nancy Mapson  
**Report Completed by:** Kate Elliott

**Number of Residents who received personal visits from committee members:** 17

**Resident Rights Information is clearly visible:** Yes No  
**Ombudsman contact information is correct and clearly posted:** Yes No  
**Staffing information is posted:** Yes No  
**The most recent survey was readily accessible:** Yes No  
**(Required for Nursing Homes Only):**

### 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 home-like?** 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?** Inside only  
12b. **Outside only  
12c. **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

### Comments & Other Observations

- **Most residents at dinner were unprepared and food served slowly.**

### Additional Observations

- **Dining Council on calendar**  
- **Large dining room - all chairs full.**  
- **Small dining room well-stocked.**

### Areas of Concern

- **Are there resident issues or topics that need follow-up or review at a later time or during the next visit?**  
  - No complaints verbalized by residents.

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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.*