Community Advisory Committee Quarterly/Annual Visitation Report

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<th>County</th>
<th>Facility Type:</th>
<th>Adult Care Home</th>
<th>Nursing Home</th>
<th>Combination Home</th>
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<td>Facility Name:</td>
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| Visit Date | 9-12-17 | Time Spent in Facility | 13 min | Arrival Time | 12:08 PM | Ombudsman Contact Information is correct and clearly posted: | Yes □ No |
|------------|---------|------------------------|--------|-------------|-----------|----------------------------------------------------------------|
| Name of Person Exit Interview was held with |         | Interview was held: In-Person | Phone | Adm. | SIC(Supervisor in Charge) |
| Other Staff Rep. |         | Name & Title: |        |             |           |                                                                  |
| Committee Members Present: | SHARON WHITE, MARSHA SCHRAN, | | | Report Completed by: | AMISHA SCHRAN |
| Number of Residents who received personal visits from committee members: | 5 |

Resident Rights Information is clearly visible: 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, such as 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 with staff, other residents & visitors? Yes □ No
5. Did staff respond 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? 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? Yes □ No
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?

Comments & Other Observations

The residents seem to all sample well. They appear to be well taken care of.

The rooms to the care area, and bathrooms are not locked or contained hazardous materials. Only one resident has a call bell. All other rooms have hand held devices.

The residents said they get transportation to doctor appointments & to places when they need personal items.

Exit Summary

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