# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Madison  
**Facility Type:** Family Care Home  
**Facility Name:** Minic Home  
**Site Address:** 5 Mato Rd

**Visit Date:** 7-18-17  
**Time Spent in Facility:** 30 min  
**Arrival Time:** 11:36 AM  
**Person Interviewed:** M. Muroy

**Other Staff Present:**

**Committee Members Present:**  
- Barbara Rice  
- Sherry Defeo

**No. Residents who received personal visits from committee members:**

**Resident Rights Information in clearly visible:** Yes  
**Most recent survey was readily accessible:** Yes  
**Staffing Information is posted:** Yes

**Resident Profile**

1. Do the residents appear neat, clean and odor free? Yes  
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  
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes  
4. Were residents interacting with staff, other residents? Yes  
5. Did the staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes  
6. Did you observe restraints in use? Yes  
7. If so, did you ask staff about the facility's restraint policies? Yes

**Resident Living Accommodations**

8. Did residents describe their living environments as homelike? Yes  
9. Did you notice unpleasant odors in commonly used areas? Yes  
10. Did you find items that could cause harm or be hazardous? Yes  
11. Did residents feel their living areas were too noisy? Yes  
12. Does the facility accommodate smokers? Yes  
13. Where? Outside only  
14. Were residents able to reach their cell phones easily? Yes  
15. Did staff answer cell phones in a timely & courteous manner? Yes  
16. If no, did you share this with the administrative staff? Yes

**Resident Services**

17. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes  
18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes  
19. Can residents access their monthly needs funds at their convenience? Yes  
20. Are residents asked their preferences about meal & snack choices? Yes  
21. Are they given a choice about where they prefer to dine? Yes

**Areas of Concern**

**Exit Summary**

Discuss items from “Areas of Concern” section as well as any changes observed during the visit.  
**Continues to visit residents based on concerns.**

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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.