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

**County**

**Facility Type:**
- [ ] Family Care Home
- [ ] Adult Care Home
- [ ] Nursing Home
- [ ] Combination Home

**Facility Name**
- NORTH RIDGE ASSISTED LIVING
- H 3

**Visit Date**
- 8/17/17

**Time Spent in Facility**
- hr: 2.0 min

**Arrival Time**
- 10:56 am

**Name of Person Exit Interview was held with**
- [ ] Other Staff Rep
- [ ] Committee Members

**Interview was held**
- [ ] In-Person
- [ ] Phone
- [ ] Admin. by (Name & Title)

**Committee Members Present**
- [ ] SHARON WHITE
- [ ] MARGARITA SAFIYAN

**Number of Residents who received personal visits from committee members**
- 3

**Resident Rights Information is clearly visible.**
- [ ] Yes
- [ ] No

**Ombudsman contact information is correct and clearly posted.**
- [ ] Yes
- [ ] No

**Staffing information is posted.**
- [ ] Yes
- [ ] No

### 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 with 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 injury 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  
  - [ ] 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?**
- [ ] Residents
- [ ] Vacancies
- [ ] Family

**Family Ages**
- 69-95

**Exit Summary**

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

The residents seemed clean & comfortable. They said they were well taken care of.

The home was clean & very neat. The home was cool & it was very hot outside.

The residents said the food was good. Many had been there for quite a few years. The residents are taken on outings to purchase personal items. They had a vegetable garden.

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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.