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

**County:** TRANS

**Facility Type:** □ Family Care Home □ Adult Care Home □ Nursing Home □ Combination Home

**Facility Name:** TCU

**Visit Date:** 6/1/12

**Time Spent in Facility:** 2 hr 10 min

**Arrival Time:** 11:30 am

**Name of Person Exit Interview was held with:** [Redacted]

**Interview was held:** □ In Person □ Phone □ Admin. □ SIC (Staff in Charge)

**Other Staff Rep:** [Redacted]

**Committee Members Present:** Kay Hunter, Mark G. Beken

**Report Completed by:** Kay Hunter, Mark G. Beken

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### 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 discouraged to participate in their care by staff members? □ Yes □ No

4. Were resident's interactions with 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

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### 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

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

15. If no, did you share this with the administrative staff? □ Yes □ No

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### 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 personal funds? □ Yes □ No

17a. Are residents asked their preferences about meal & snack choices? □ 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

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### Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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### Exit Summary

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

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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.