## Resident Profile

1. Do the residents appear neat, clean and odor free? [ ] Yes [ ] No
2. Did residents 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 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 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. Where? [ ] Outside only [ ] Inside only [ ] Both Inside & Outside
14. Were residents able to reach their call bells with ease? [ ] Yes [ ] No
15. Did staff answer call bells in a timely & courteous manner? [ ] Yes [ ] No
16. If no, did you share this with the administrative staff? [ ] Yes [ ] No

## Resident Services

17. Were residents asked their preferences or opinions about the activities planned for them at the facility? [ ] Yes [ ] No
18. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? [ ] Yes [ ] No
19. Can residents access their monthly needs funds at their convenience? [ ] Yes [ ] No
20. Are residents asked about meal & snack choices? [ ] Yes [ ] No
21. Can residents choose personal care providers? [ ] Yes [ ] No
22. Do residents have privacy in making and receiving phone calls? [ ] Yes [ ] No
23. Is there evidence of community involvement from other civic, volunteer or religious groups? [ ] Yes [ ] No
24. Does the facility have a Resident's Council? [ ] Yes [ ] No
25. 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? [ ] Yes [ ] No

## Exit Summary

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

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Weekly Visit from Keyboard play for a Sing-along.

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Clutter on C Hall: linen cart, 6 occupied wheelchairs, med. cart, water cart & housekeeping cart on both sides of wall.

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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.
### Community Advisory Committee Quarterly/Annual Visitation Report

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
</tr>
<tr>
<td>1 resident gets a shower on Saturdays, due to staffing often misses shower.</td>
<td>Candy asked if C Hall carts were all on same side of hallway—they were on both sides so she will address this. No major issues most folks are happy.</td>
</tr>
<tr>
<td>C Hall cluttered—see other side.</td>
<td></td>
</tr>
</tbody>
</table>

### Kudos:

Several residents mentioned their family members looked at several facilities and liked Emerald Ridge best:

- "I like it!"
- "They're treating us great."
- "I got no complaints; Food's good & Service is good."

Memory Care Unit—Clean (fresh paint), folks all dressed, no "smells" a most