Community Advisory Committee Quarterly/Annual Visitation Report

	ity Type - □ Family Care H Iult Care Home □ Nursing		Facility Name	
	ombination Home	y nome	LATHWAYS	
Visit Date /2 / 14 / 17 Time	Spent in Facility hr 3	30min A	Arrival Time 10:30:1130 ()A am □ pm	
Name of Person Exit Interview was held		Bonds		
Admn. SIC (Supervisor In Charge) Other	r Staff Rep		(Name & Title	(e)
Committee Members Present:	nd JAMES Pu	a ti	Report Completed by:	
Number of Residents who received per		^	S. 2 ANTHOM G. HEELE	
Resident Rights Information is clearly vi			contact information is correct and clearly posted.	□ No
The most recent survey was readily accessible. ☐ Yes ☐ No				
(Required for Nursing Homes Only)		Staffing information is posted. □ Yes □ No		
Resident Profile			Comments & Other Observations	
1. Do the residents appear neat, clean	and odor free? 🗹 Yes 🗆 No)		
2. Did residents say they receive assist			·	
Ex. brushing their teeth, combing the their eyeglasses? ☑ Yes ☐ No	ir hair, inserting dentures or	r cleaning		
3. Did you see or hear residents being	encouraged to participate ir	n their care		
by staff members? ☐ Yes ☐ No 4. Were residents interacting w/ staff, of	ther recidents & vicitors? 182	Xoe □ No		
5. Did staff respond to or interact with re			2- NO NEED	
communicating or making their need		l No		
6. Did you observe restraints in use? 7. If so, did you ask staff about the facili		es ⊒ No		
			<u> </u>	
Resident Living Accomm	odations		Comments & Other Observations	
Resident Living Accomm		Ves [] No	Comments & Other Observations	
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Did residents describe their living env Did you notice unpleasant odors in c Did you see items that could cause h	vironment as homelike? Ƴ ommonly used areas? ❑ Ye arm or be hazardous? ❑ Ye	es 🛂 No es 🛂 No	Comments & Other Observations	
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