Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type - 🛘 Family Care H	ome Facility Name
1 Pails	Adult Care Home □ Nursing F	lome I A I a all A and I La
I Well	□ Combinate + toff le	LONGO LIONGE
Visit Date DU 14117	Time Spent in Facility hr 30	ウ min Arrival Time メソニ ロam 日かm
Name of Person Exit Interview w	as held with LOTA UCL	Peale Interview was held Din-Person Dephone
□Admn. □SIC(Supervisor in Charge) ☑	Other Staff Ren	(Name &Title)
Condmitton Mombors Drodon 4	()	1 Report Completed by: D
Committee Members Present:	in Dumest	righ Inllighed Pelles
COULT OUX		
Number of Residents who received	personal visits wern committee men	udsman contact information is correct and clearly posted. Yes N
Resident Rights Information is clear		
The most recent survey was readily	accessible. Larges La No Staffi	ing information is posted. ☑Yes ☐ No
(Required for Nursing Homes Only)	and the second s	
Resident Profile	The Control of the Co	Comments & Other Observations
1. Do the residents appear neat, cle	an and odor free? 🖄 Yes 🗆 No	
2. Did residents say they receive as	sistance with personal care activities	s
Ev hauching their teath combing	their hair, inserting dentures or clea	enina
their eyeglasses? TYes I No	aren man, moorang demande er eree	9
3. Did you see or hear residents bei	na encouraged to participate in their	r care
by stoff members FV os F No.	is alreaded to buildhate at meil	·
by staff members? ☐Yes ☐ No	x _ua	
4. Were residents interacting w/ state	i, other residents & visitors?	⊑ 1¥∪
5. Did staff respond to or interact will	n residents who had difficulty	
communicating or making their ne	eds known verbally? 🖫 es 🗆 No	
6. Did you observe restraints in use		
7. If so, did you ask staff about the fa	acility's restraint policies? □Yes□	No I
Resident Living Acc		Comments & Other Observations
8. Did residents describe their living		TNo
6. Did residents describe their living	- commontational process TVos 170	
9. Did you notice unpleasant odors i	Totalianoraly used aleast Carles &	nio
10. Did you see items that could cau	se narm or be nazardous? La tesa	EANO
11. Did residents feel their living are	as were too noisy? Laryes Li No	
12. Does the facility accommodate s		$A \cap A$
12a. Where? 🖾 Outside only 🚨 Ins	ide only 🔲 Both Inside & Outside.	
13. Were residents able to reach the	ir call bells with ease? ØYes ┗ N	o Clean
13. Were residents able to reach the 14. Did staff answer call bells in a tin	ir call bells with ease? @Yes □ N nely & courteous manner? @Yes □	lo Clan
14. Did staff answer call bells in a tin	nely & courteous manner? 🖾 Yes 🏻	⊒ No
14. Did staff answer call bells in a tin 14a. If no, did you share this with the	nely & courteous manner? 🖾 Yes 🏻	□ No
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