Community Advisory Committee Quarterly/Annual Visitation Report

15				
3 1 30	ounty , /	Facility Type - Family C	are Home	Facility Name
	~ 1 /	23-Adult Care Home O Nu		104 11
	Nott	Combination Home		Klos Hover
1,72	sit Date /0 12 1 17		· 久刀 min .	Arrival Time 7722 Mam Dpm
			CO HILLY	Interview was held QIn-Person
	ame of Person Exit Interview wa	s ned wan		A state of the sta
	lPhone QAdmn. □SIC(Supervisorind	Diner Staff	····	ETILS A
Re			IVé.	ams &Title) Fldm.
Co	ommittee Members Present;	. 1 -	- 17	Report Completed by:
-	Morature for	min - tric	7 601	long & FRIC Williams
Nu	umber of Residents who received p	ersonal visits from committee	members:	8
Re	esident Rights Information is clearly	visible. ZNes U No	Ombudsmar	n contact information is correct and clearly posted. XYes ☐No
Th	ne most recent survey was readily a	cressible MYes D No	Statiing infor	rmation is posted. X Yes O No
1/0	lequired for Nursing Homes Only)			
(Pic		<u> </u>		Comments & Other Observations
	Resident Profile			
11	Do the residents appear neat, clear	n and odor free?NZYes 🖵 N	lo	
2 1	Did residents say they receive assi	stance with personal care act	ivities.	
12.5	Ex. brushing their teeth, combing the	heir hair inserting dentures of	cleanina	
1 1	their eyeglasses? OYes O No	ion from mooning contains of	-,	
1, 1	Did you see or hear residents being	a accounted to participate in	their care	,
3.1	The Aon age of degrates of the	a executaded to batticibate ut	uren cene	
1	by staff members? ⊠Yes ☐ No		٤	
4.	Were residents interacting w/ staff,	, other residents & visitors?X	lYesUNo	·
5. E	Did staff respond to or interact with	residents who had difficulty		
1 .	communicating or making their nee	eds known verbally?)ZIYes 🗀	l No	
8 6	Did you observe restraints in use?	∐Yes 120 No		•
7 1	If so, did you ask staff about the fac	-ilitu's restraint nolicips?	×□\\b	
7.1	II SO, DIU YOU ASK SIAN HASUT DIE IAK	Santy 3 (Guident policies)	244116	Comments & Other Observations
	Resident Living Acc			Comments & Other Observations
1.8	Did residents describe their living e	nvironment as homelike? 🗖 🕻	res □No	
9.1	Did you notice unpleasant odors in	commonly used areas? DY6	es VZÎ No	
40	. Did you see items that could caus	a harm or he hazardous?	/esV/iNn	
10.	. Did you see items that could could	to point? Myon III	Nic.	
11.	. Did residents feel their living area	s were too troisy? Varies in a	W.	
12.	. Does the facility accommodate sn	nokers? ALIYes LINO		
12a	a. Where? 🗗 Outside only 🗖 Insid	de only 🖵 Both înside & Outs	ide,	
13.	. Were residents able to reach their	call bells with ease? 🕰 Yes,	□ No I	
14.	. Did staff answer call bells in a time	ely & courteous manner? 🕬	es 🖸 No	•
145	a. If no, did you share this with the	administrative staff? 🔲 Yes I	□ No	
, ,,,	Resident Services		•	Comments & Other Observations
145	. Were residents asked their prefer	onese or pointings should the a	21 17	
1,15"	. Were residents asked their prefer		CHILITIES I	
]		Ves U No	ctivilies	
16.	planned for them at the facility?	¥Yes □ No		· .
	. Do residents have the opportunity	iYes □ No to purchase personal items o		٠.
	 Do residents have the opportunity choice using their monthly needs 	iYes □ No to purchase personal ilems o funds? In Yes □ No ····	f their	• .
16a	. Do residents have the opportunity	iYes □ No to purchase personal ilems o funds? In Yes □ No ····	f their	•
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<u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.

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