	m 29/ ± D.S. 3. 0.		Facility Name	
County	Facility Type -  Family Ca	re nome	racinty traine	·
O L	Adult Care Home Q Nur	sing Home	Malecille	Monus
	☐ Combination Home	-11 (-1	VUITY VITA	11/10/110
Visit Date Deci /3 / 2011	Time Spent in Eacility ) hr	min ,		Vám □pm
Name of Person Exit Interview was	s held with Byanta	TA hot	Interview was	held @标-Person
□Phone □Admn. □SIC(Supervisorin C		~ ~	-	
RepDeal	ZI P.COT	(Na	me &Title)	
Committee Members Present:	1 1	7	Report/Completed by	y. W 2
["a] [ 1 ] [ 1. 1821/	/ Waller !!	15406	1 Walter	l noinci (_
Number of Residents who received p	orconal vicite from committee	members'	0	
Number of Residents with received pr	windle (Deep D No	Ombudemar	contact information is correct ar	nd clearly posted. Wes No
Resident Rights Information is clearly	VISIDIE, GETTES LAND	Ottobushia	mation is posted.   Yes   No	
The most recent survey was readily a	ccessible.usres LIND	Stanning into	mation is hosten. 🚾 Tes 📹 140	
(Required for Nursing Homes Only)			Comments & Oth	
Resident Profile		S. S. Allis V. A.	CANADA CONTRACTOR CONT	Name of the last o
1. Do the residents appear neat, clea	n and odor free? Dives D N	io	142 - all	the.
2. Did residents say they receive assi	stance with necessal care acti	vilies	143 - 7500	96
Ex. brushing their teeth combing the	hair hair incarting dentures or	cleaning	residents.	2 20 20
Ex. Diusting their teeth combing to	ien nan, macturg condice of	Oloming		
their eyeglasses? Tryes O No		thoir care	most sut very Regg here - pn	ished &
3. Did you see or hear residents being	g encourageo to participate in	flich caic	- Ween B. 1	, 0
by staff members? ☐ Yes ☐ No	W/IT)		0 2	y way
4. Were residents interacting w/ staff	, otherresidents & visitors? 🕊	ites Livo	here -por	re
5. Did staff respond to or interact with	residents who had difficulty		,	
communicating or making their nee	eds known verbally? 02/Yes 🗆	l No		
6. Did you observe restraints in use?	☐Yes ☑ No			
7. If so, did you ask staff about the far	cility's restraint policies? 🗆 Ye	s□No		
Resident Living Acc			Comments & Oth	er Observations
8. Did residents describe their living e	environment as homelike? 🏻 Y	es 🗆 No	a. 176	
9. Did vou notice unpleasant odors in	commonly used areas? LIYE	es Limento/	Dorent Jab!	
10. Did you see items that could caus	se harm or be hazardous?	′es DMNo	$\mathcal{U}^{0,-1}$	
11. Did residents feel their living area	s were fon noisy? DYes DY	νo	<u>.</u>	4
12. Does the facility accommodate sn	nokore? FIVes FIVE		$\alpha$	
12. Does the facility accommodate sit	January Della Inside 9 Oute	ido .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
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This Document is a PUBLIC RECORD. <u>Do not</u> identify any Resident(s) by name or inference on this form.

<u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.