

## Community Advisory Committee Quarterly/Annual Visitation Report

COUNTY _____	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name _____
Date    /    /	Time Spent in Facility    hr    min	Arrival Time <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with _____ Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep _____ (Name & Title)		
Committee Members Present:		Report Completed by:
Number of Residents who received personal visits from committee members:		
Resident Rights Information is clearly visible. Yes <input type="checkbox"/> No <input type="checkbox"/>	Ombudsman contact information is correct and clearly posted. Yes <input type="checkbox"/> No <input type="checkbox"/>	
The most recent survey was readily accessible Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Required for Nursing Homes Only)</i>	Staffing information is posted Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Resident Profile</b>	<b>Comments &amp; Other Observations</b>	
1. Do the residents appear neat, clean, and odor free? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Did residents say they receive assistance with personal care activities, Ex. <i>Brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed <input type="checkbox"/> 3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed <input type="checkbox"/> 4. Were residents interacting w/staff, other residents & visitors? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed 7. If so, did you ask staff about the facility's restraint policies? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Resident Living Accommodations</b>	<b>Comments &amp; Other Observations</b>	
8. Did residents describe their living environment as homelike? Yes <input type="checkbox"/> No <input type="checkbox"/> 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely and courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Resident Services</b>	<b>Comments &amp; Other Observations</b>	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes <input type="checkbox"/> No <input type="checkbox"/> 16a. Can residents access their monthly needs funds at their convenience? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Observed <input type="checkbox"/> 17. Are residents asked their preferences about meal and snack choices? Yes <input type="checkbox"/> No <input type="checkbox"/> 17a. Are they given a choice about where they prefer to dine? Yes <input type="checkbox"/> No <input type="checkbox"/> 18. Do residents have privacy in making and receiving phone calls? Yes <input type="checkbox"/> No <input type="checkbox"/> 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes <input type="checkbox"/> No <input type="checkbox"/> 20. Does the facility have Resident's Council? Yes <input type="checkbox"/> No <input type="checkbox"/> Family Council? Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Areas of Concern</b>	<b>Exit Summary</b>
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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.

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