ANNUAL REPORT

FOR

ADULT CARE AND NURSING HOME COMMUNITY ADVISORY COMMITTEES

REGION R

COUNTY: _____ **REPORTING YEAR:** _____

COMMITTEE: _____

CHAIRPERSON: _____

Other Members: _____

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1. **Were all homes in the county served by the committee? If not, why?**

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2. **Describe education efforts by the committee.**

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3. **Describe community involvement by committee.**

4. **Describe problems encountered by committee.**

5. **Was the committee involved in grievance resolution during the year?**

6. **Summarize the strengths and weaknesses of the facilities in the county.**

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7. Other comments.

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THE REGIONAL OMBUDSMAN WILL DISTRIBUTE THIS REPORT TO COUNTY COMMISSIONERS, THE COUNTY DEPARTMENT OF SOCIAL SERVICES, AND THE DIVISION OF AGING.

Prepared by: _____

Date Prepared: _____