

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania	Facility Type:				Facility Name:													
		Adult Care Home		Family Care Home	Brian Center													
	X	Combination Home		Nursing Home														
Visit Date	11	03	2017	Time Spent in Facility			1	hr	3	min	Arrival Time	3	:	1			am	Pm

Person Exit Interview was held with: Donna Pardue – Director of Nursing	Interview was held in-person	In-Person or Phone (Circle) in person
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Donna Morgan-Kelly	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Debbie Felker and Donna Raspa	Report Completed by: Donna Raspa
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Number of Residents who received personal visits from committee members: 18			

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No </p>	
<p>2. Do the residents appear to be well-dressed?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No </p>	
<p>3. Do the residents appear to be well-groomed?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No </p>	
<p>4. Were residents interacting w/ staff, other residents & visitors?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No </p>	
<p>5. Did you observe any signs of abuse or neglect?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No </p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No </p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
12. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
12a. Where? [x] Outside only [] Inside only [] Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services

Comments & Other Observations

	<input type="checkbox"/>	Yes x	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes x	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes x	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes x	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes x	<input type="checkbox"/>	No

Areas of Concern**Exit Summary**

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Activity was not taking place that was on the calendar.

75 % of staff are agency staffing. Brain Center has begun a new program called Work, Life, Balance which benefits employees directly hired by Brian Center.

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Check the activities calendar.

Check to see how the new program is going.

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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