

# Community Advisory Committee Quarterly/Annual Visitation Report

County:  
Transylvania

Facility Type:		Facility Name:	
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	The Oaks	
<input checked="" type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		

Visit Date	11 03 2017	Time Spent in Facility	1	hr	min	Arrival Time	2	:	0	0	am	Pm
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Person Exit Interview was held with: James Detter	Interview was held in-person	In-Person or Phone (Circle) in person
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SIC (Supervisor in Charge)	<input checked="" type="checkbox"/>	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: 17			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Resident Profile	Comments & Other Observations
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<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"/> No</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes    <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"/> 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>	
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**Resident Living Accommodations**

**Comments & Other Observations**

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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? [ X ] Outside only [ ] Inside only [ ] 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 & courteous manner?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Resident Services**

**Comments & Other Observations**

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

Unpleasant odor on hall

Response time for answering call bells

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

Both of these issues were discussed with Mr. Detter.

The Oaks has started its own CNA training program. It would be good to follow up on the success of the program.

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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