

Community Advisory Committee Quarterly/Annual Visitation Report

County: *Transylvania*

Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home		Facility Name: <i>Toves J</i>	
Visit Date: <i>12/11/17</i>	Time Spent in Facility: <i>45 min</i>	Arrival Time: <i>11:30</i>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Person Exit Interview was held with: <i>Dana</i>		Interview was held with: <input checked="" type="checkbox"/> In-Person or Phone (Circle)	

Interview with Administrator SIC (Supervisor in Charge) Other Staff: (Name & Title)
Staff Person

Committee Members Present: *Debbie Felker, Donna Raspa*

Report Completed by: *Debbie Felker*

Number of Residents who received personal visits from committee members: *4 (5 total residents)*

Resident Rights Information are clearly visible. Y N

Ombudsman contact information is correct and clearly posted. Yes No
We gave them up to date one

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N

Staffing information is posted. Yes No

Resident Profile

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Do you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

One person sitting in recliner had an odor - discussed with Dana, resident was scheduled to have shower that day

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- 2a. Where? Outside only Inside only Both Inside and Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- 1a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

unwired

Resident Services

- Were residents asked their preferences or opinions about

Comments & Other Observations

- the activities planned for them at the facility? *Unsure* Yes No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
17. Can residents access their monthly needs funds at their convenience? *Not sure they have one* Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and receiving phone calls? Yes No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? *?* Yes No
20. Does the Facility have a Resident's Council? *?* Yes No

Activities posted - does not appear that a lot of what is posted actually happens

Dana said if items purchased she believes it is just put on their bill

If they don't like what is made, they will get them something else.

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? *Do activities posted actually occur*

Overall people happy and well Covid for

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

One resident indicated they use a lift to get her out of bed, she would like to get up more but feels some of aides unsure about using lift

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman