

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania	Facility Type:				Facility Name:							
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home	Kingsbridge							
		Combination Home		Nursing Home								
Visit Date	6/4/13	Time Spent in Facility	hr	30	min	Arrival Time	11:	:	30	Am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with: Monte Clampett, exe. dir.							Interview was held		In-Person			

Exe. Director	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: Jane Wheelles, Kay Hunter, Mary Grace Brennan		Report Completed by: Mary Grace Brennan

Number of Residents who received personal visits from committee members: 8+

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Ombudsman contact information is correct and clearly posted. updated by Ruth Price on day of visit	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Profile		Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations Observations		Comments & Other
1. Did residents describe their living environment as homelike?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

12a. Where? 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 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

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

17. Are residents asked their preferences about meal & snack choices?

<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
-------------------------------------	-----	--------------------------	----

18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<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?

- Answering call bell was not observed
- Residents were up, well groomed and about to spend time outside as the day was a beautiful day.

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