

Community Advisory Committee Quarterly/Annual Visitation Report



	/	17			
County		Family Care Home	Facility Name		
Transylvania	Adult Care Home Nursing Home		Torres#1		
•	☐ Combination				
Visit date	Time Spent in Fa		Arrival Time		
14/19	Hr.	45 Min	11:45 Am	PM	ļ <u>.</u> . ,
Name of person Exit Interview	v was held with 🛚	brig Mortinesto	r Anita Thomas	lame & Title) 5i+	e Director
Interview was held Mn-Pers	on □Phone □	Admin SIC (Supervise	or in Charge) 💢	ther Staff Rep	
Committee Members Present:			Report complete		
Lane Wheeless Kay Hun-		ter	Jane Wh	eeless	
Number of Residents who rec	eived personal vi	sits from committee me	embers: 3		
Resident Rights Information is	clearly visible.	Ombudsman contact	information is cor	rect and clearly	
Ves ☐ No		posted. Yes	S ANO	need up	lated
The most recent survey was read		Staffing information is po	osted.	Doster	
☐ Yes ☐ No		Yes	□ No	POSTE	
(Required for Nursing Homes					
Resident Profi	lle	Comments a	and Other Obser	vations	
1 Do the well is					
1. Do the residents appear n					
odor free? ▼¥es □ No					
2. Did residents say they rec					
with personal care activiti					
their teeth, combing their					
dentures or cleaning their	eyeglasses?			1	
Yes 🗆 No					
3. Did you see or hear reside	_				
encouraged to participate	•				
staff members? XYes	i ∐ No	, ,	'.1A. a =	ars an	
4. Were residents interacting	g w/ staff, other	In speaking	MITHAT	PEISON	
residents & visitors?	es 🗆 No		mes chur	ah. The	
5. Did staff respond to or inte	eract with	In speaking I know from expressed he back to clum told her that		1, 20000	
residents who had difficult	ty	expressed he	n alesme	F COVINCE	
communicating or making	tneir needs	10/10/	do somed	lay. I	
	□ No	Wack to Cum		7 000	
6. Did you observe restraints	in use?	told her that	our 501V	1002 474	
Yes Ang		broadcast or	, WSOL Y	ad io at	
7. If so, did you ask staff abo		unadicasi	, ,	,	
restraint policies? Yes	□ No	Hom on Sun	Maria n	nade a	
				v.	
		note about	t that *	30 Id	
		sho would	bo sure	to turn	
		THE WOMEN	C William	1	
		in on Suni	5 tor This	resident	•

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Resident Living Accommodations	Comments and Other Observations
8. Did residents describe their living environment as homelike? ★Yes □ No 9. Did you notice unpleasant odors in commonly used areas? □ Yes ▼ No 10. Did you see items that could cause harm or be hazardous? □ Yes ▼ No 11. Did residents feel their living areas were too noisy? □ Yes ▼ No 12. Does the facility accommodate smokers? ▼ Yes □ No 12a. Where? ▼ Outside only □ Both Inside & Outside.	
13. Were residents able to reach their call bells with ease? ∠SVes □ No 14. Did staff answer call bells in a timely & courteous manner? □ Yes □ No 14a. If no, did you share this with the administrative staff? □ Yes □ No	Did not observe use of call buttoris but 2 residents have them.
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes □ No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes □ No 16a. Can residents access their monthly needs funds at their convenience? Yes □ No 17. Are residents asked their preferences	Taken care of by POA's. POA's dothis for patients.

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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? Please up-date the poster with CAC names.	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Maria was very attentive to residents. Checking on them & preparing their lunch She tælled with us for the Site Supervisor (Anita Thomas). Tovres#1 seems very well run & residents are lovingly Cared for.