



Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania	Facility Type:				Facility Name:										
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home		Cedar Mountain House										
	<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home												
Visit Date	4	20	2018	Time Spent in Facility	hr	50	min	Arrival Time	9	:	3	8	Am	X	pm

Person Exit Interview was held with: Cari Keegan	Interview was held	In-Person or Phone (Circle) in person
-----------------------------------------------------	--------------------	---------------------------------------

<input type="checkbox"/> SIC (Supervisor in Charge)	<input checked="" type="checkbox"/> Other Staff: (Name & Title)	Administrator
-----------------------------------------------------	-----------------------------------------------------------------	---------------

Committee Members Present: Carol Allison, Emily Ullmer, Donna Raspa	Report Completed by: Donna Raspa
------------------------------------------------------------------------	-------------------------------------

Number of Residents who received personal visits from committee members: 15	
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted <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	This was not observed.
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <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 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

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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" 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

Some call bells were within reach; however, others were not. Most located near the bed and some residents were in chairs or in the halls.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input checked="" 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

The shopping trip was cancelled due to faulty tires on the van. The tires are scheduled for replacement on Monday, 4/23/18.

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?

Most of the residents we spoke to were happy with their living situation.

Currently, 48 beds are occupied which is a 93% occupancy rate. Staffing is about state guidelines.

Carol followed up on a resident resolution to a problem, which has been resolved.

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

Check to see if the van tires have been replaced.

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.
DHHS DOA-022/2004