

Community Advisory Committee Quarterly/Annual Visitation Report

County: *Transylvania*

Facility Type:

| | | | |
|------------------|-------------------------------------|------------------|-------------------------------------|
| Adult Care Home | <input type="checkbox"/> | Family Care Home | <input type="checkbox"/> |
| Combination Home | <input checked="" type="checkbox"/> | Nursing Home | <input checked="" type="checkbox"/> |

Facility Name: *Trans Roy Hosp. Care Unit*

Visit Date: *3/13/17*

Time Spent in Facility

| | |
|----|-----------|
| hr | min |
| | <i>30</i> |

Arrival Time *3pm*

Person Exit Interview was held with: *Cathy*

Interview was held with In-Person or Phone (Circle)

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

Committee Members Present: *Sonja Rappa, Sebbie Felker*

Report Completed by: *Sebbie Felker*

Number of Residents who received personal visits from committee members: *4*

Resident Rights Information are clearly visible. Y N

Ombudsman contact information is correct and clearly posted. Yes No

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

N/A

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
- 4a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

N/A - Short term

Most yes but one persons call was not within reach and she was pointed out in pain and

Resident Services

- Were residents asked their preferences or opinions about

Comments & Other Observations

Supervisor

- 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 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

N/A

N/A

N/A

| Areas of Concern | Exit Summary |
|--|--|
| <p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>Ombudsman contact info posted</i></p> <p><i>Watch call lights</i></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p><i>Discussed with Colley</i></p> |

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