

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Anderson	<b>Facility Type:</b>				<b>Facility Name:</b>									
		Adult Care Home		Family Care Home	Universal Healthcare									
		Combination Home	x	Nursing Home										
Visit Date 11-17-17	Time Spent in Facility			1	hr	15	min	Arrival Time	11	:	1	5	am	pr
Person Exit Interview was held with: Sue Robinson								Interview was held	X	In-Person or Phone (Circle) <u>in person</u>				

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	
Committee Members Present: Buddy Edwards, Darlene Hester, Donna Sheline Annette Goetz			Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 14

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. updated by <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" 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	Several male residents were unshaven  Census 87/90  Sanitation – Facility – 98.0 Dietary – Last Inspection Dec. 2015  Nothing 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" 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	On 200 hall personal water glass found in clean line cart – cart was not covered  Very poor egress on 300 hall – carts and residents c both sides of hall.
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 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? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	

3. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Emergency Call Bell was on for over 15 minutes. 2 staff members walked past completely ignoring it. Did not answer until we advised them as to length of time we had observed the light on. Not very happy with us. Residents advised that staff was very outspoken when answering their call bells.

Resident Services	Comments & Other Observations
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5. 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
6. 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
6a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7a. Are they given a choice about where they prefer to line?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Areas of Concern	Exit Summary
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit? The Lab license is expired. The Pharmacy license is expired. Discussed this during exit interview. Advised they are using a new pharmacy and have repeatedly asked for their license. Have not yet received a copy. Administrator advises that the last time dietary was inspected was in Dec. 2015. State has not inspected since. Will follow up on expired licenses on next visit. Suggest state make a dietary inspection immediately.

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

One area of concern from last visit – water fountains and areas around fountains have been cleaned .

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.