

Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Boucombe</u>		Facility Type:		Facility Name:	
		Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<u>White Fawn</u>	
		Combination Home	Nursing Home		
Visit Date	<u>5-11-17</u>	Time Spent in Facility		Arrival Time	
<u>5-11-17</u>	Name of Person Exit Interview was held with:		hr <u>40</u> min	<u>2</u> : <u>46</u> am <input checked="" type="checkbox"/> pm	
Name:	<u>Phillis Watsworth</u>			Interview was held	<input checked="" type="checkbox"/> In-Person
Title:	Check Box	Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff	
Committee Members Present: <u>LATTA ADAMI</u>				Report Completed by: <u>LATTA ADAMI</u>	
Number of Residents who received personal visits from committee members: <u>5</u>					

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Staffing information is posted.	<u>NO</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

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, 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 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 checked="" type="checkbox"/> No

Comments & Other Observations

*Mid functioning
Residents Dressed
socializing + interacting
together*

Resident Living Accommodations

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? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <u>NONE</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did staff answer call bells in a timely & courteous manner? <u>N/A</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14a. If no, did you share this with the administrative staff? <u>N/A</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments & Other Observations

*Laundry large ~~text~~
heard on floor
Clorox out + ^{door} unlocked*

Resident Services

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? <u>NOT SURE</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Other Observations

*no activities
April Calendar
no activities
fast turnover of SIC's*

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?

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

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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