



Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:	Fam	ily Care Home	Facility Name	
Transylvania	☐ Adult Care Ho	me 🗵	Nursing Home	Accordius -	Brevan
	☐ Combination	Home			
Visit date	Time Spent in Fa	cility		Arrival Time	
2/6/19	1 Hr. 0		Min	10:00 Am	PM
Name of person Exit Interview was held with Patrick Payne (Name & Title)					& Title)
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☒ Other Staff Rep					
Committee Members Present:				Report completed by:	-
Jane Wheeless & Kay Hunter				Jane Wheeless	
Number of Residents who red	ceived personal vi	sits fro	m committee me	embers: 24	
-			Ombudsman contact information is correct and clearly		
⊠ Yes □ No		posted. ☐ Yes 🖾 No			
The most recent survey was readily accessible.		Staffing information is posted.			
⊠ Yes □ No		-	Yes	□ No	
(Required for Nursing Homes				101 01 1	
Resident Prof	ile	-	Comments	and Other Observation	15
4 5 4		We s	spoke directly	with a number of pat	ients
1. Do the residents appear neat, clean and			who seemed happy and not complaints were		
odor free? ☑ Yes ☐ No				eracted with us as th	
2. Did residents say they receive assistance		could			-,
with personal care activities, ex. brushing					
their teeth, combing their hair, inserting					
dentures or cleaning their eyeglasses?					
☑ Yes ☐ No					
3. Did you see or hear residents being					
encouraged to participate in their care by					
staff members? ☑ Yes ☐ No					
4. Were residents interacting w/ staff, other					
residents & visitors? ■ Yes □ No					
5. Did staff respond to or interact with					
residents who had difficu	•				
communicating or making					
known verbally? 🛛 Ye		.			
6. Did you observe restraints in use? ☐ Yes ☑ No					
	and the Control of				
7. If so, did you ask staff about the facility's					
restraint policies? ☑ Yes ☐ No					



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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 	Odor as you first come in the doorway is still evident. Administrator were made aware of this.
too noisy? ☐ Yes ☒ No 12. Does the facility accommodate smokers? ☐ Yes ☒ No 12a. Where? ☐ Outside only ☒ Inside only ☐ Both Inside & Outside.	Non-smoking policy in effect on campus. The "patch" is offered to those who wish it.
13. Were residents able to reach their call bells with ease? ☑ Yes ☐ 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	We did notice an unanswered call bell ringing and ringing in the re-hab area but were told there was a big staff meeting at the time. We did not identify the room that was calling. Mentioned this on exit interview.
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 	Large Activities Board on display in main hallway. There is an Activity Director, a Rec Therapist and 2 assts. Residents have Trust Accounts they can
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?	hallway. There is an Activity Director, a Rec Therapist and 2 assts.
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 about meal & snack choices? Yes □ No 17a. Are they given a choice about where they prefer to dine? Yes □ No	hallway. There is an Activity Director, a Rec Therapist and 2 assts. Residents have Trust Accounts they can
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 about meal & snack choices? ☑ Yes □ No 17a. Are they given a choice about where	hallway. There is an Activity Director, a Rec Therapist and 2 assts. Residents have Trust Accounts they can access. Several options are offered. A new "Food Council" has been established to assist in this

This document is a **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. Form reproduced from DHHS DOA-022/2004 Page 2 of 3

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Areas of Concern	Exit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during	as any changes observed during the visit.
the next visit?	Odor at front door
Names need to be up-dated on posters regarding current CAC members.	Bell not answered in re-hab wing