

**Community Advisory Committee Quarterly/Annual Visitation Report**

*Country Club 1586*  
*65 Jord Dr*

*Alicia Vicky*

County: <b>Trsylvania</b>	Facility Type:		Facility Name:	
	Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<i>Lori's Home # 3</i>	
Combination Home	Nursing Home			

Visit Date: *3/28/19* Time Spent in Facility: *3* hr *30* min Arrival Time: : : am pm  
 Name of Person Exit Interview was held with: Interview was held In-Person

Name: *Alicia + Nicky* Phone: \_\_\_\_\_  
 Title: Check Box Admn. SIC (Supervisor in Charge)  Other staff

Committee Members Present: *Kay Hunter, Jane Wheelus* Report Completed by: *Kay*

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible.  Yes  No Ombudsman contact information is correct and clearly posted.  Yes  No  
*Did not have Ombud #s*  
 The most recent survey was readily accessible.  Yes  No Staffing information is posted.  Yes  No  
*(Required for Nursing Homes Only)*

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>All residents were dressed &amp; looked neat + clean</i>
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 type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input 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. 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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>Residents were up, they can acquire money + they can have staff pick up items or they can go on w/ the driver to store</i>
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 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 checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input 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	

Resident Services	Comments & Other Observations
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	<i>Visitors &amp; residents need to smoke outside at this time no smokers. There are choices.</i>
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 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 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, vocational or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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.

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.

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*Clarissa*

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