

Community Advisory Committee Quarterly/Annual Visitation Report

County: Luncombe	Facility Type:				Facility Name: Arbor Terrace										
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home											
		Combination Home		Nursing Home											
Visit Date 1/19/15	Time Spent in Facility			hr	25	min	Arrival Time	11	:	2		<input checked="" type="checkbox"/>	am		
Person Exit Interview was held with: Gina Creighton, Resident Relations Coordinator								Interview was held		In-Person or Phone (Circle) in person					

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: Bob Tomasulo and Peggy Franc		Report Completed by: Peggy Franc

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	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"/>	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
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	<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 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 type="checkbox"/> No

Resident Living Accommodations Observations	Comments & Other
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? Yes No
10. Did you see items that could cause harm or be hazardous? Yes No
11. Did residents feel their living areas were too noisy? Yes No
12. Does the facility accommodate smokers? Yes No
- 12a. Where? Outside only Inside only Both Inside and Outside.
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

See below

Resident Services	Comments & Other Observations
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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 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

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?

- We observed a med cart unlocked and unattended in the hallway. When brought to the attention of the above staff, the med tech was quickly reprimanded. When we went back several minutes later the cart was locked.
- The presence of a full-time Activities Director is clearly evident.

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

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| <ul style="list-style-type: none">• Two residents complimented the food.• Residents in the locked unit seemed more engaged and more high-functioning than on previous visits. | |
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