

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Suncombe	<b>Facility Type:</b>				<b>Facility Name:</b> Becky's 1										
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home											
	<input type="checkbox"/>	Combination Home		Nursing Home											
<b>Visit Date</b> 03/07/16	<b>Time Spent in Facility</b>			hr	15	Min	<b>Arrival Time</b>	10	:	45	<input checked="" type="checkbox"/>	am			

Person Exit Interview was held with: Cheryl Vaughn	Interview was held	<input checked="" type="checkbox"/>	(In-Person) or Phone (Circle)
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	<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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Committee Members Present: Don Streb, Paula Garber,	Report Completed by: Don Streb
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<b>Number of Residents who received personal visits from committee members:</b>									
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. <i>(Required for Nursing Homes Only)</i>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	Staffing information is posted.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	
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>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations				Comments & Other Observations	
0. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
1. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
0. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
1. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
2. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
Where? <input 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Resident Services				Comments & Other Observations	
5. 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	
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	
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are they given a choice about where they prefer to dine?	<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

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Facility has shown much improvement.

It would be helpful for non smokers if there was a different location for the smokers. Currently non smokers wanting to go outside have to pass through where the smokers are. This still applies

Residents said they were very happy being there.

Med training and Head to Toe training

**March 7 shower room shampoos left out**

### Exit Summary

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.

JHHS DOA-022/2004