

Community Advisory Committee Quarterly/Annual Visitation Report

B.C.C.

County: Lincoln

Facility Type:		Facility Name:	
<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Candler Living Center</u>	
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		

Visit Date: 3/25/14 Time Spent in Facility: 45 hr 15 min Arrival Time: 2 : 15 am pm

Name of Person Exit Interview was held with: _____ Interview was held In-Person Other

Name: Anna Simon Phone: 667-4453

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: Spike Gram Peggy Brien P Brien Report Completed by: _____

Number of Residents who received personal visits from committee members: 4

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No Staffing information is posted. advised to Post Yes No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>26 residents</u> <u>25 present</u> <u>3 in hospital</u> <u>not stated</u>
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 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. Do 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	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>leaking kitchen faucet</u> <u>home is good, not very clean.</u> <u>some leaked B.R.</u> <u>none noted</u>
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? <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>activity board note</u> <u>SIC said yes</u> <u>residents state they don't get enuf food.</u> <u>several preachers come on sundays</u>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" 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? <input checked="" 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	

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.

☐ enuf food
☐ enuf non peresal
" " " perishable

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DHHS DOA-022/2004

had 3 day eggs, several loaves bread
3 gal milk

some old frozen foods.
also frozen sausage links, a chunk of
red meat,

just received, 5 recent obtained, large cans veges

SIC admitted to having not enuf food

That USC was planning to deliver

Questionable what would be cooked
for dinner. Sic said "maybe chicken"

no chicken noted in stock

Beth Spear 775-2909 notified of
condition, also called 250-5800
also called Barbara Hinshaw

had posted a "holiday menu" featuring,
venison steaks, pork chops & sauce, etc.

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