

Community Advisory Committee Quarterly/Annual Visitation Report

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|---|----------|-------------------------------------|------------------|----|------------------|--|---------------------|---------------------------|---|------------------------------------|----|-------------------------------------|----|--|----|
| County: Suncombe | | Facility Type: | | | | Facility Name: Candler Living Center | | | | | | | | | |
| | | <input checked="" type="checkbox"/> | Adult Care Home | | Family Care Home | | | | | | | | | | |
| | | | Combination Home | | Nursing Home | | | | | | | | | | |
| Visit Date | 12/11/15 | Time Spent in Facility | | hr | 30 | min | Arrival Time | | 1 | : | 30 | <input checked="" type="checkbox"/> | am | | pm |
| Person Exit Interview was held with: | | | | | | | | Interview was held | | In-Person or Phone (Circle) | | | | | |

| | | | |
|------------------------|-------------------------------------|-----------------------------------|--|
| Jimmy Singleton | | | |
| | <input checked="" type="checkbox"/> | SIC (Supervisor in Charge) | Other Staff: (Name & Title) |

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|--|---|
| Committee Members Present: Marsha Safian Brad Alexander | Report Completed by: Brad Alexander |
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Number of Residents who received personal visits from committee members: 6

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|---|---|
| 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 | Not observed |
| 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 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 | | | | Comments & Other Observations | |
|--|-------------------------------------|-----|-------------------------------------|-------------------------------|--|
| 0. Did residents describe their living environment as homelike? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 1. Did you notice unpleasant odors in commonly used areas? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| 0. Did you see items that could cause harm or be hazardous? | <input checked="" type="checkbox"/> | Yes | <input 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 checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Where? <input checked="" 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 type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | <p>Transportation to store provided once a month</p> <p>N/A</p> |
| 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 type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No | |
| 7. Are residents asked their preferences about meal & snack choices? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| Are they given a choice about where they prefer to dine? | <input 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 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?

Portion of flooring in disrepair.

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

Addressed flooring repair with SIC.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.