Community Advisory Committee Quarterly/Annual Visitation Report

County:	Facility Type:	Facility Name:
Uncoinate	[ ] Adult Care Home [✓] Family Care Home [ ] Combination Home [ ] Nursing Home	Fairview FCH #3

Visit Date	Time Spent in Facility	Arrival Time
3/19/14	[ ] hr 14 min	10 : 36 [ ] am [ ] pm

Name of Person Exit Interview was held with: | Interview was held [ ] In-Person

Name: Paula Jarvis | Phone:

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

Committee Members Present: Delbert / Garber | Report Completed by: Delbert

Number of Residents who received personal visits from committee members: 1

Resident Rights Information is clearly visible.	[✓] Yes [ ] No	Ombudsman contact information is correct and clearly posted. Gave New Sheet	[✓] Yes [ ] No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	[ ] Yes [ ] No	Staffing information is posted. None Posted	[ ] Yes [✓] No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No	
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	[✓] Yes	[ ] No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[ ] Yes	[✓] No	
4. Were residents interacting w/ staff, other residents & visitors?	[ ] Yes	[✓] No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[ ] Yes	[ ] No	
6. Did you observe restraints in use?	[ ] Yes	[ ] No	
7. [illegible], did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	[✓] Yes	[ ] No	
9. Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No	Kitchen and Living Room Cluttered
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	Very Dark
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	

Resident Services			Comments & Other Observations
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	

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

Medicine Cabinet found unlocked

Both committee members confirmed that cabinet was unlocked.

Shirley Crouch upset. SIC claims closet was locked

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

Too Dark in Hallways. Could use some cleaning

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Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

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DHHS DOA-022/2004