

Community Advisory Committee Quarterly/Annual Visitation Report

Country: <u>USA</u>	Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: <u>Fairview FCH #4</u>
Visit Date: <u>3/19/14</u> <small>BOTH</small>	Time Spent in Facility: _____ hr _____ min	Arrival Time: _____ : _____ am _____ pm
Name of Person Exit Interview was held with: _____		Interview was held: <input type="checkbox"/> In-Person
Name: <u>Shoney McPherson</u>		Phone: _____
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff: _____	
Committee Members Present: _____		Report Completed by: _____

Number of Residents who received personal visits from committee members: 2

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <u>Governor sheet</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>	Staffing information is posted. <u>None</u> <input type="checkbox"/> Yes <input checked="" 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, 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input 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. Do you observe restraints in use? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 type="checkbox"/> No 12. Does the facility accommodate smokers? <input 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	<p style="font-size: 2em; font-family: cursive;">Too Dark in Hallway</p>

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 type="checkbox"/> No 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 type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input 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.

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