

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		Facility Type:				Facility Name: Heather Glen at Ardenwoods					
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/>	Family Care Home							
Visit Date: 2/16/16		Time Spent in Facility:				hr 15 min		Arrival Time: 11 : 30		<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Person Exit Interview was held with: Laura Dominianni, Resident Services Coordinator						Interview was held		In-Person or Phone (Circle) in person			

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	
Committee Members Present: Bob Tomasulo, Peggy Franc			Report Completed by: Peggy Franc

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

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	
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 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 checked="" 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 Observations	Comments & Other
8. Did residents describe their living environment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

as homelike?

9. Did you notice unpleasant odors in commonly used areas?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12. Does the facility accommodate smokers?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Resident Services

Comments & Other Observations

15. 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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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?

- Activities calendar appeared more diversified

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