

01/26/2008

9/1
7.21

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Waucombe</i>	Facility Type -		<input checked="" type="checkbox"/> Family Care Home	Facility Name: <i>Leicester Family Care Home</i>
			<input type="checkbox"/> Adult Care Home	
			<input type="checkbox"/> Nursing Home	
		<input type="checkbox"/> Combination Home		
Visit Date <i>7/9/11</i>	Time Spent in Facility		<i>0</i> hr <i>15</i> min	Arrival Time <i>10:30</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Laura Parker</i>			Interview was held <input type="checkbox"/> In-Person	
Phone	<input checked="" type="checkbox"/> Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff	

Rep *Alva Plemmons* (Name & Title)

Committee Members Present: *Jeri Hahner Judy Clevnik* Report Completed by: *Jeri Hahner*

Number of Residents who received personal visits from committee members: *two*

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <i>Did not see.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(new committee)</i>
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <i>somewhat</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>2 male 4 female residents</i> <i>Emergency lights worked.</i> <i>Laundry is done for the residents.</i> <i>Weds were locked.</i> <i>Spoke with 2 residents</i> <i>Overall impression: uninviting, cluttered and messy.</i>
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? <i>Did not observe</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <i>N/A</i> <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>but very cluttered and dark</i> <i>over</i> <i>Food stores not requiring refrigeration were minimal. Refrigerator locked & freezer very bare.</i> <i>Menu was sandwiches & tomato soup for lunch.</i>
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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 type="checkbox"/> No	<i>SIC stated that residents had done the listed activity on the calendar "Gone to the Library". They had gone early and were back. The libraries open at 10 AM (No time to check out books!?!)</i> <i>Due to clutter it's probably unwise for bug control to allow food out of the kitchen/dining room area.</i>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <i>Do not know</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <i>Do not know</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <i>Do not know</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input checked="" 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? <i>Doubtful</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <i>Do not know</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Areas of Concern

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

2 Fire extinguishers / October 2012

Exit Summary

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