

Community Advisory Committee Quarterly/Annual Visitation Report

Cr: <i>Buncombe</i>	Facility Type:			Facility Name: <i>Leicester Heights</i>		
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home	1-Male 3-Female 4/6	
Visit Date <i>3/24/2016</i>	Time Spent in Facility hr <i>30</i> min			Arrival Time <i>11:40</i> (am)		
Person Exit Interview was held with: <i>MARTHA</i>				Interview was held <input checked="" type="checkbox"/> In-Person or Phone (Circle) in person		

Adminstrator <i>Martha</i>	SIC (Supervisor in Charge) <i>LAURA</i>	Other Staff: (Name & Title)
Committee Members Present: <i>Jeri Hahner Judy Olevnik</i>		Report Completed by: <i>SHARON WHITE</i>

Number of Residents who received personal visits from committee members:

Resident Rights Information are 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"/> N
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 type="checkbox"/> Yes <input type="checkbox"/> N

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>(2) Director stated she had 1 she assisted w/ personal care.</i></p> <p><i>* IN A 'shared' Bedroom, 1 bed had linens on it like someone slept there recently but Director said the bed was no longer occupied.</i></p> <p><i>* Laundry Rm Was Unlocked. Director said Nothing HARMFUL IN THERE & this AREA Led to SIC's Room.</i></p>
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 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
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>(8) Resident was asked if she liked living here & she said yes (5 years)</i></p> <p><i>(10) "porch" swing out front had broken slats in SEAT.</i></p> <p><i>* Bathroom looked clean but 5 wadded up wash cloths were in various spots</i></p> <p><i>(14) Not witnessed but call Light was demonstrated</i></p>
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	<p>(15) ACTIVITIES CALENDAR WAS NOT updated CALENDAR WAS NOT VISIBLE</p> <p>(16) didn't discuss</p> <p>(17) - We Arrived at 1140AM & "Lunch is done" No Evidence of food or Smells of kitchen + dining table clean. Menu posted. OFTEN We Switch Lunch + Supper - their choice. Alternates posted</p> <p>(18) phone on Counter in Kitchen/Dining Area. Cordless is broken</p> <p>(19) didn't discuss, nor see evidence of</p> <p>didn't Ask</p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input 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 type="checkbox"/> Yes <input checked="" 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
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>HALLWAY IS DARK & LIGHT BETWEEN BATHROOM & CLIENT ROOMS WAS OUT.</p> <p>A door in DARK hallway opens to Basement Stairwell. BEFORE My Eyes Adjusted It Looked Like A Storage Closet. AFTER Eyes Adjusted saw the Handrail & STAIRS.</p>	<p>Discuss items from "Areas of Concern" Section as we as any changes observed during the visit.</p> <p>Martha said light went out that MORNING</p> <p>No 1 else has voiced concern about stairway door being unlocked AND it's A 5TH EXIT</p>

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents' status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator's or SIC's comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman