

Community Advisory Committee Quarterly/Annual Visitation Report

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9/21

County: <i>Beemonte</i>	Facility Type: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Adult Care Home</td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Family Care Home</td> <td style="width: 50%;"></td> </tr> <tr> <td>Combination Home</td> <td></td> <td>Nursing Home</td> <td></td> </tr> </table>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home		Combination Home		Nursing Home		Facility Name: <i>Plemmone Family Care</i>
Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home								
Combination Home		Nursing Home								
Visit Date: <i>7/11/2014</i>	Time Spent in Facility: hr: <input type="text"/> min: <input type="text"/>	Arrival Time: <i>1:54</i> am <input checked="" type="checkbox"/> pm <input type="checkbox"/>								
Name of Person Exit Interview was held with:		Interview was held: <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Other								

Name: <i>Bruce MacDonald</i>	Phone: <i>6910334</i>
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff <input type="checkbox"/>	Report Completed by: <i>Peggy Bieren</i>

Committee Members Present: *Marsha Safin, Spike Gram*

Number of Residents who received personal visits from committee members: *6*

Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <i>in kitchen</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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 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	<i>SIC not there. Brother of SIC present 6 male residents ages ~ 54-75</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 checked="" 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 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. 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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>not stated 3 dogs in living room not stated not noted</i>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input 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 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 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>no activity listing stated no one goes to church "going to fix a van" for transportation not stated " " there's a cell phone</i>
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? <i>enbanam</i> <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 type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" 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.

dirty bathroom
unsecured meds.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

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

DHHS DOA-022/2004

no current residence, 2011 posted

Theresa shower cart in med room
with meds on top of cart
bottles with meds in a bag
on the floor.

DSS, Beth Beane, notified
about unsecured meds.

written note of problems left
for SIC,

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