

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Suncombe	<b>Facility Type:</b>				<b>Facility Name:</b> Serenity Heart 232									
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home											
	<input type="checkbox"/> Combination Home	<input type="checkbox"/>	Nursing Home											
<b>Visit Date</b> 1/13/2016	<b>Time Spent in Facility</b>			hr	20	min	<b>Arrival Time</b>	2	:	00		am	<input checked="" type="checkbox"/>	pr

**Person Exit Interview was held with:** \_\_\_\_\_ **Interview was held yes**  **(In-Person) or Phor (Circle)**

**James Bellamy (SIC)**

	<b>SIC (Supervisor in Charge)</b> James Bellamy	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> Barbara Mayer, John Bernhardt, Judith DeWitt	<b>Report Completed by:</b> Judith DeWitt
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**Number of Residents who received personal visits from committee members:** 1 none other available

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Staffing information is posted.</b> <input 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	5 men age 43 to 93  SIC said that he did help a resident who was 93 with some personal care items.  Most of the residents were not available at the time we were there.
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <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 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	
9. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
1. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
0. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
1. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
2. Does the facility accommodate smokers?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.					
3. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Resident Services				Comments & Other Observations	
5. 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><b>There were some activities scheduled such as going to some ball games but don't know if that was resident's choice or planned by SIC. Sic did say that residents did not like to play board games.</b></p>
6. 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	
Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
7. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p><b>Resident said food was good and he had food okay for his diabetes</b></p>
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
8. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<p><b>Not able to have privacy using the house phone some times but some did have cell phones.</b></p>
9. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
10. Does the Facility have a Resident's Council?	<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?

**Exit Summary**

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

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