

Community Advisory Committee Quarterly/Annual Visitation Report

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|--|---|--|---|--|
| County: <u>Beacon</u> | Facility Type: | | Facility Name: | |
| | <input type="checkbox"/> Adult Care Home | <input checked="" type="checkbox"/> Family Care Home | <u>West side Assisted Living</u> | |
| | <input type="checkbox"/> Combination Home | <input type="checkbox"/> Nursing Home | | |
| Visit Date: <u>2/15/2014</u> | Time Spent in Facility: <u>35</u> hr <u>5</u> min | Arrival Time: <u>2:30</u> am <input type="checkbox"/> pm <input checked="" type="checkbox"/> | | |
| Name of Person Exit Interview was held with: | | Interview was held: | In-Person <input checked="" type="checkbox"/> | |

| | |
|---|--------------------------------------|
| Name: <u>Rachel Ratchiff</u> | Phone: <u>251 4863</u> |
| Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> <input checked="" type="checkbox"/> SIC (Supervisor in Charge) | Other staff <input type="checkbox"/> |

| | |
|---|-------------------------------------|
| Committee Members Present: <u>Marsha Zupian, Spike Gram, Brian P. Bear</u> | Report Completed by: <u>P. Bear</u> |
| Number of Residents who received personal visits from committee members: <u>5</u> | |

| | |
|--|---|
| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ombudsman contact information is correct and clearly posted. <u>new one given</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible. <input checked="" 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 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. 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 | <p><u>5 residents</u> <u>ages 36-68</u> <u>+ confused female</u></p> |

| Resident Living Accommodations | Comments & Other Observations |
|--|--|
| 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 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 | <p><u>Bleach in open kitchen</u> <u>has fish tank</u> <u>mat</u></p> |

| 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 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 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p><u>residents are taken to bank each month</u> <u>need current activity calendar</u> <u>Oct-2013 was up</u> <u>all eat at table</u></p> |

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.

Bleach bottles
in unlocked kitchen

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out of date license was replaced
with new current license.

has enough food for 5 days

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