

*Julia*

*5 residents*

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Burcombe</i>	Facility Type:		Facility Name:	
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>White Fawn</i>	
	<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		

Visit Date: <i>8-27-15</i>	Time Spent in Facility: _____ hr _____ min	Arrival Time: <i>4</i> : <i>53</i> _____ am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: <i>[Signature]</i>		Interview was held: In-Person <input checked="" type="checkbox"/>

Name: <i>Leann Littlejo</i>	Phone: _____
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff <input type="checkbox"/>	

Committee Members Present: <i>MARJORIE LATTA &amp; MARY ADAMI</i>	Report Completed by: <i>M LATTA</i>
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Number of Residents who received personal visits from committee members: *4*

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input checked="" 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 checked="" 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	<i>all male residents some leave house others stay.</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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input 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? <input checked="" 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	<i>Building older but neat one Bathroom had some mold it was noisy but they didn't mind</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 type="checkbox"/> Yes <input checked="" 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	<i>didn't happen</i>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Laundry done for them Close to Bus line. Uphill going home. snacks available</i>	
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 type="checkbox"/> No		<i>not sure</i>
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		<i>Plenty of food Cable TV all have own room</i>
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input 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.

*no*

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

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