

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Blaine</i>	Facility Type:				Facility Name:			
	Adult Care Home <input checked="" type="checkbox"/>		Family Care Home <input type="checkbox"/>		<i>Woodland Terrace 4 (Ella Lane)</i>			
Combination Home <input type="checkbox"/>		Nursing Home <input type="checkbox"/>						
Visit Date: <i>10/15/14</i>	Time Spent in Facility:			hr: <i>15</i>	min:	Arrival Time:	<i>1</i> : <i>25</i> am <input checked="" type="checkbox"/> pm	

Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person

Name: *Sharon Allen, SIC* Phone: *283-2858*

Title: Check Box  Admn.  SIC (Supervisor in Charge)  Other staff

Committee Members Present: *John Bernhardt, Barbara Meyer* Report Completed by: *John Bernhardt*

Number of Residents who received personal visits from committee members: *1*

Resident Rights Information is clearly visible.  Yes  No      Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible.  Yes  No      Staffing information is posted.  Yes  No  
(Required for Nursing Homes Only)

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>Saw 2 residents, 1 talked with us, but lot of a crowd of us on the porch with the sic, smoking and talking, probably from all three Woodland Terrace houses - sic would bring set residents from their "shells".</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 type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input 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. 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>Monthly food supply - Emergency lights do not work in any of the 4 houses. SICs did not know details of emergency exit routing, just go to another building and call the home office.</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	
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>In this very isolated cluster of 4 houses (24 residents) there is no interaction between Woodland Terrace houses on one side of parking lot and security threat house on other side. They seemed surprised when that was suggested. Residents do get to go to "town" - Snow Mountain, rather than Ash Hill to shop. They like Woodland better + it's closer.</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 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 checked="" 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 type="checkbox"/> No	