

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		Facility Type:				Facility Name: Woodlawn Terrace Family Care Home #4										
		<input type="checkbox"/>	Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home											
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home											
Visit Date	10/13/15	Time Spent in Facility			hr	15	min	Arrival Time		1	:	45		am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with: Sharon Allen									Interview was held		<input checked="" type="checkbox"/> In-Person or Phone (Circle)					

Sharon Allen	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	Denise Rivera, Administrator
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Committee Members Present: Barbara Mayer, John Bernhardt, Judy DeWitt, Claudia Sherry	Report Completed by: Claudia Sherry
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Number of Residents who received personal visits from committee members: Four	
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	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	Six residents, three males & three females. Talked with four of them during our visit. Did not discuss. SIC & administrator were both busy meeting with the residents' doctor & nurse. Did not observe any residents who had difficulties.
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 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	Did not observe.
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 checked="" 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	Comments by residents were very positive, such as: "I've been in several homes & other places are not near as nice." "I am taken care of very good. Sharon is a great cook." When asked about activities, Bingo is the top choice One resident indicated that he likes to read and to play basketball. I did not get the sense that resident actively participate in most of the activities listed on the calendar, such as coloring or board games.
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
7. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
8. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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 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.

No.

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