

Please make 5 copies

Community Advisory Committee Quarterly/Annual Visitation Report

Facility Name: Brian Ctr.

Facility Type: Adult Care Home Family Care Home Nursing Home

Combination Home

Time Spent in Facility: 1 hr 20 min

Arrival Time: 11: 45 (am) pm

Date: 3/10/14

Interview was held In-Person

Name of Person Exit Interview was held with: _____ Phone: _____

Staff: Heather Hoilman (DON)

Admn. _____ SIC (Supervisor in Charge) _____ Other staff _____

Committee Members Present: 10 & 4 (14) Laraine Webster Report Completed by: Judy M. Danouff

Number of Residents who received personal visits from committee members: _____

Ident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

Most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

(Required for Nursing Homes Only)

Resident Profile

Do the residents appear neat, clean and odor free? Yes No

Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No

Did you see or hear residents being encouraged to participate in their care by staff members? Yes No

Were residents interacting w/ staff, other residents & visitors? Yes No

Did they respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No

Did you observe restraints in use? Yes No

If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

Did residents describe their living environment as homelike? Yes No

Did you notice unpleasant odors in commonly used areas? Yes No

1. Did you see items that could cause harm or be hazardous? Yes No

1. Did residents feel their living areas were too noisy? Yes No

2. Does the facility accommodate smokers? Yes No

2a. Where? Outside only Inside only Both Inside and Outside.

3. Were residents able to reach their call bells with ease? Yes No

1. Did staff answer call bells in a timely & courteous manner? Yes No

2a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

- Lobby has dogging smell

- yes - urine 400 Hall

- deep clean room had all stuff in hallway

DNA

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No

6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No

6a. Can residents access their monthly needs funds at their convenience? Yes No

7. Are residents asked their preferences about meal & snack choices? Yes No

7a. Are they given a choice about where they prefer to dine? Yes No

3.1. Do residents have privacy in making and receiving phone calls? Yes No

3. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No

4. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

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 outstanding concerns

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

DHHS DOA-022/2004

Kudos: "oh yes, I'd recommend this place to anybody"

WEIGHT WATCHERS International, Inc., owner of the WEIGHT WATCHERS registered trademark. All rights reserved.

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form. Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

Welcome to Scheduling