

9/23/14

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opies

# Community Advisory Committee Quarterly/Annual Visitation Report

|  |  |  |           |
|--|--|--|-----------|
| Facility Type:                               |  | Facility Name:   |           |
| <input type="checkbox"/> Adult Care Home     | <input type="checkbox"/> Family Care Home        | Brian Cr.  |           |
| <input type="checkbox"/> Combination Home    | <input checked="" type="checkbox"/> Nursing Home |  |           |
| Date: 5/23/14                                | Time Spent in Facility: _____ hr _____ min       | Arrival Time: 2 : 00 am <input checked="" type="checkbox"/> pm |           |
| Name of Person Exit Interview was held with: |  | Interview was held   | In-Person |

Chris Murray & Heather Hoilman - DON  
 Phone: \_\_\_\_\_  
 Adm. SIC (Supervisor in Charge) Other staff

Committee Members Present: Laraine Webster & Judy McDonough  
 Report Completed by: JMcD  
 Number of Residents who received personal visits from committee members: 1 + 7 (18)

Resident 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  | Comments & Other Observations   |
|---|---------------------------------|
| Do residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | 1 in PS's - in bed after lunch. |
| Do residents say they receive assistance with personal care tasks, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                 |
| Do you see or hear residents being encouraged to participate in care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |
| Do residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |
| Do staff bond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |
| Do you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                 |
| Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                 |

| Resident Living Accommodations  | Comments & Other Observations                 |
|---|---|
| Do residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No                | -hobby still has overly-clogging scent<br>PNA |
| Do you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          |   |
| Do you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |   |
| Do residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |   |
| Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |   |
| Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. |   |
| Are residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |   |
| Do 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 |
|---|-------------------------------|
| Are residents asked their preferences or opinions about the services planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Do residents have the opportunity to purchase personal items or 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                                    |                               |
| Are residents asked their preferences about meal & snack services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                      |                               |
| Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |
| Is there evidence of community involvement from other civic, peer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  |                               |
| Does the Facility have a Resident's Council? <input checked="" 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.

salt/pepper pkg. - small / hard to open - trap only not D.R.

bruises - arm / face

locked unit - no feed in bird feeder or hummingbird feeder

heat/cold issue

in pjs - not up yet at 2:30 (short stayed?)

(DON took notes asked questions & answered queries) - OK - assisted living waits for Family

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.

cold, sneezy lobby  
DHHS DOA-022/2004

Kudos:

locked unit - much improved - several groupings of people - exercise group

Resident actually using screened in porch