

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe	Facility Type:				Facility Name:								
		Adult Care Home		Family Care Home									
		Combination Home	x	Nursing Home									
Visit Date	Time Spent in Facility				Arrival Time	9	:	30		x	am		pm

Person Exit Interview was held with: Administrator, Alisa Bradford, was unable to meet with team due to extended conference call; team unable to wait until resolved.

Interview was held In-Person or Phone (Circle)

Per plan, Judy McDonough spoke w/ Alisa to say we would follow-up at another time.

Adm x	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Dixie Barkdoll, Maria Hines, Eleanor Lane, Judy McDonough

Report Completed by: Judy McDonough

Number of Residents who received personal visits from committee members: 21

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. (Required for Nursing Homes Only) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 type="checkbox"/> Yes <input type="checkbox"/> No	Urine odor in one room
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 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 checked="" type="checkbox"/> Yes <input 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 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
1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	one room had a settee One report of a "moaner" on hall 100(?) ; described as unable to communicate, and moans only in the morning hours Came in 3 ½ minutes
2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
7. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. 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	(?)
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	

- 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
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

(?)

Areas of Concern	Exit Summary
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- Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
- Suggestion of "Pocket Talkers" for HOH residents
 - Residents want soup/salad options; "same stuff over and over"
 - Abrupt changes; is there explanation?
 - Grits barely cooked and served in ice-cold bowls
 - Residents do not want "covers pulled up over their head"; also wants more socialization and conversation with staff
 - "under staffed", especially on weekends
 - Very few folks out of their rooms; no sense of "community", no "energy", no interpersonal communication
 - Ceiling panels letting in cold air
 - Did not visit Locked Unit this time due to flu

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

KUDOS:

- A sign in lobby: "Do not photograph residents" without written permission
- Roommates seeming to enjoy each others company while in room
- "The food is excellent"
- One resident engages in Adult Coloring pages, and staff laminate and display her works
- Nail "salon" in session
- New Activities Director; Meredith Ivy
- One rehab resident had many good ideas on "cost-effectiveness"; was her skill-set. Will try to talk w/ administration prior to discharge

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.