

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		<b>Facility Type:</b>				<b>Facility Name:</b> Brooks Howell									
		Adult Care Home		Family Care Home											
		Combination Home		Nursing Home											
Visit Date	2/22/16	<b>Time Spent in Facility</b>		1	hr	3	min	<b>Arrival Time</b>	11	:	40	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm
<b>Person Exit Interview was held with:</b> Brewier Welch CEO									<b>Interview was held</b>		<b>In-Person or Phone (Circle)</b>				

<b>Admin</b>	<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> Mary Israel, Eleanor Lane, Judy McDounough	<b>Report Completed by:</b> Judy McDounough
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<b>Number of Residents who received personal visits from committee members:</b>			
<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b>
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Staffing information is posted.</b>
	?		N/A

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike?	Residents were in the dining area N/A
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
12a. Where? <input 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?	
14. Did staff answer call bells in a timely & courteous manner?	
14a. If no, did you share this with the administrative staff?	

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	
16a. Can residents access their monthly needs funds at their convenience?	

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**

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.

None Noted

**KUDOS:**

Male resident, who requested help with eating, was helped immediately.

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.