

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Suncombe		<b>Facility Type:</b>				<b>Facility Name:</b> Emerald Ridge												
		Adult Care Home		Family Care Home														
		Combination Home		X	Nursing Home													
<b>Visit Date</b>	08/14/2015	<b>Time Spent in Facility</b>				2	hr	15	min	<b>Arrival Time</b>	10	:	00		<input checked="" type="checkbox"/>	a	m	p
<b>Person Exit Interview was held with:</b>										<b>Interview was held</b>		<input checked="" type="checkbox"/>	<b>In-Person or Phone(Circle)</b>					
John Quintier																		
<b>Adm</b>		<input checked="" type="checkbox"/>	<b>SIC (Supervisor in Charge)</b>				<b>Other Staff: (Name &amp; Title)</b>				Sheila Tweed LPN; MDS Coordinator							
<b>Committee Members Present:</b> Marcey Hegglund, Maria Hines, Eleanor Lane, Judy McDonough, Laraine Webster												<b>Report Completed by:</b> Judy McDonough						

**Number of Residents who received personal visits from committee members:** 34

<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Staffing information is posted.</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

\* One was just completed this week\*

Resident Profile	Comments & Other
<b>Observations</b>	
1. Do the residents appear neat, clean and odor free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 checked="" 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
<b>Resident Living Accommodations</b>	<b>Comments &amp; Other Observations</b>
8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Does the facility accommodate smokers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12a. Where? <input checked="" 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Did staff answer call bells in a timely & courteous manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14a. If no, did you share this with the administrative staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Resident Services</b>	<b>Comments &amp; Other Observations</b>
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coloring pages on secured unit; finished ones were on wall.	

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
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?

resident w/ severe headache

resident does not want A/C on in room, even when staff is in room working

resident has itchy/dry hair and "no one ever comes to help"; resident's daughter once a month.

Why is a dementia resident, who moans at night, not in the secured unit?

Resident re: food: overcooked, repetitious, bland, "corn is the only recognizable vegetable".

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

- Doctor coming in today (comes Tues & Fri)
- Trying to keep even temp throughout facility
- Will call daughter and try to get products to help
- Secured unit is full

**KUDOS:**

- Today's Citizen-Times had a great article on nursing homes, with Emerald Ridge highlighted
- Resident, with spill on their pants, was changed immediately
- Call bell answered w/in three minutes
- Compliments on food
- One resident so happy here, they will recommend it to anyone
- Quotes: "I like it here", "Nice place to live", "They come by often to see if we need help or a snack", "The food is great".

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.