

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		Facility Type:				Facility Name: Emerald Ridge											
		Adult Care Home		Family Care Home													
		Combination Home		Nursing Home													
Visit Date	12/04/ 2015	Time Spent in Facility				1	hr	30	min	Arrival Time	12	:	15		am	<input checked="" type="checkbox"/>	pm

Person Exit Interview was held with: _____ Interview was held In-Person or Phone (Circle)

Singer Johnson, Adm. Director; Stephanie Walker, Adm. Coordinator

Adm	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)	
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Committee Members Present: Eleanor Lane, Maria Hines, Judy McDonough	Report Completed by: Judy McDonough
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Number of Residents who received personal visits from committee members: 18

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 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	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did not apply at this visit
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 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	

Resident Services	Comments & Other Observations
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	One resident asked for a grilled cheese sandwich
16. 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
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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?

- One resident asked for a grilled cheese sandwich
- An electric wheel chair needs repair, having difficulty getting repair from company

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

- Resident will get the grilled cheese sandwich
- Director and/or SW will assist resident with wheelchair company

KUDOS:

- Residents are out of rooms; lots of laughter and activity. Staff spontaneously singing and happy
- It looked like a winter wonderland. Each wing theme decorated; e.g. "Frosty Field", "Candy Cane Lane", "Penguin Parkway", and "Reindeer Ridge"
- Painted holiday scene on exit door of secure unit
- "Scoop" plates and adaptive utensils available, and used, in dining room
- Aide "Ruth" was chatting up the residents while feeding them; making it a fun, social time.
- Snack and soda machines in new "family room"; always available to residents
- Some Quotes:
 - "Best care possible"
 - "Better than expected"
 - "Couldn't think of a better place to be"
 - in re: staff; "Really good to me- sweet and thoughtful"

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.