

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		Facility Type:				Facility Name: Golden Living Center													
		<input type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home														
		<input type="checkbox"/>	Combination Home	<input checked="" type="checkbox"/>	Nursing Home														
Visit Date	08/07/15	Time Spent in Facility				2	hr	15	min	Arrival Time	10	:	00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	<input type="checkbox"/>	pm
Person Exit Interview was held with:										Interview was held		In-Person or Phone(Circle)							
Jeff Adams (Interim)																			
Adm		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)				Other Staff: (Name & Title)				n/a								
Committee Members Present: Marcy Hegglund, Laraine Webster, Maria Hines, Judy McDonough												Report Completed by: Judy McDonough							

Number of Residents who received personal visits from committee members:

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 Observations	Comments & Other
1. Do the residents appear neat, clean and odor free?	
2. Did residents <u>say</u> they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i>	
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 Observations	Comments & Other
8. Did residents <u>describe</u> their living environment as homelike?	Not very homelike
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?	

2. Does the facility accommodate smokers? Yes No
- 2a. Where? Outside only Inside only Both Inside and Outside.
3. Were residents able to reach their call bells with ease? Yes No
4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. If no, did you share this with the administrative staff? Yes No

-Stopped in, said "Be right back"; too long to get back here, so resident soiled self.
 -We told RN a resident needed to be helped into bed; it took 20 minutes to get CNA with a lift.

Resident Services

Comments & Other Observations

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
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

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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?
 Beauty Shop: storage use and printer
 "Fired all good CNAs" ; former DON and administrator
 Too few CNAs
 Hydration schedule
 Rx not given on time ("hours late")
 Outside contractors:housekeeping, laundry, agency staffing for Rns, LPNs and CNAs

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.
 -Administrator wants to repurpose some rooms
 -Realizes He has inherited some "big opportunities".

KUDOS:
 -No big food issues
 -Yearly memorial fo deceased residents

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.