

Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		Facility Type:				Facility Name: Golden Living												
		Adult Care Home		Family Care Home														
		Combination Home		Nursing Home														
Visit Date	11-6-2015	Time Spent in Facility				4	hr		min	Arrival Time	9	:	3		x	am		pm

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

_____ (Lattie Murray (DON), Bert Sedaris (Interim Administrator))

Admin	<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	<input checked="" type="checkbox"/>	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: 24 (+ 3 visitors)

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
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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
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Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Several residents waiting to be dressed
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
1. Did residents describe their living environment as homelike?	some family pictures & personal items
2. Did you notice unpleasant odors in commonly used areas?	
3. Did you see items that could cause harm or be hazardous?	
4. Did residents feel their living areas were too noisy?	
5. Does the facility accommodate smokers?	
6. Where? <input checked="" 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?	
8. Did staff answer call bells in a timely & courteous manner?	smoking area ashtrays full, stale
9. If no, did you share this with the administrative staff?	
	one radio very loud, resident not there; no complaints
	only one was dangling, given back to resident but two residents waiting to be dressed

Resident Services	Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Activity calendar in rooms, activity staff goes to room to invite/inform residents
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	

- 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

c/o: 1-“ran out of proteins on weekend”, 1- “want more variety in veggies”

have personal cell phones; or portable available

a few

plus a new family council

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?
- rotating/changing administration
 - resident missed 11/4 MD appointment; person who had made appointment had quit. Resident was in pain
 - amount of staffing
 - in wing of mostly dementia residents, all were in bed, most not dressed, not in chairs
 - hard to “keep” staff; mostly travel and local staffing companies

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

DON and Administrator took notes and state they are making plan to address issues

KUDOS:

- There's a “fantastic wound care nurse here”
- Halloween/Fall décor in place, increase residents' spirits
- There's a “fantastic CNA” here who is “agency”; “they need to hire them”
- Meds are “on time now”
- Café Style alternatives
- “meal options better”
- “They're good to me”
- “working on call bells”

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.