

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Suncombe		<b>Facility Type: Nursing home</b>				Facility Name:  Golden Living											
		<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	2	13	15	Time Spent in Facility			2	hr	45	min	Arrival Time	:			am		pm
Person Exit Interview was held with: BOB BURNS and the Dir. of Nursing Elaine Case										Interview was held		In-Person or Phone (Circle) <input checked="" type="checkbox"/>					

Adm	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
-----	----------------------------	-----------------------------

Committee Members Present: J. McDonough, M. Israel, D. Barkdoll, L. Webster, E. LANE:	Report Completed by: Judy McDonough
--	--

Number of Residents who received personal visits from committee members: **32**

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 type="checkbox"/> Yes <input checked="" 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 Observations	Comments & Other
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 checked="" type="checkbox"/>	Yes	<input 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? [X] Outside only [ ] Inside only [ ] Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14a. If no, did you share this with the administrative staff?	<input checked="" 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
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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?  
 Room needs the heat monitored.  
 Call bell not answered for 15 minutes and resident wished to be dressed, Resident needed to use restroom, staff said it would be taken care of when the CNA returned from lunch.

Discuss items from **“Areas of Concern”** Section as well as any changes observed during the visit.  
  
 Room has sign saying to keep the call bell visible.  
 Two women with greasy hair. (Resident rights and dignity.)

A resident room had clothing all over.
--

Rehab.therapist handled resident with kindness and dignity.

The Administrator helped two residents to morning coffee.

Residents busy making Valentine cards.

Current events are read to residents during morning coffee.

Resident said that the CNA's are good (Mark and Shaun). It's a rough job.

Snacks given two times per day.

Resident requested more outside trips.

Administrator would like to see the volume of activities expand.

Judy's suggestion that a suggestion box be utilized at the facility was received with enthusiasm.

Four smoking breaks per day. Residents purchase their own smokes.

Alcoholic beverages are served as desired.

Judy said that Mary had, at one point, volunteered to paint a mural in the beauty shop. We would like to see the beauty shop opened more than two times a month.

Administrator went to check about a crying resident.

Asked at nurse's station for help and staff immediately went to help.

Staff member made a gift basket for new residents as well as made the room inviting.

Impressed with new Administrator and DON when they met with us for 30 minutes when we first arrived.