

Please make
6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

4/

County: <u>Durcombe</u>		Facility Type:		Facility Name:	
		<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Acres Tree Ridge</u>	
		<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home		
Visit Date: <u>2/24/14</u>	Time Spent in Facility: <u>1</u> hr <u>45</u> min		Arrival Time: <u>3</u> : <u>30</u> am		
Name of Person Exit Interview was held with:				Interview was held <input checked="" type="checkbox"/> In-Person	
Name: <u>Debra Ray, Activities Director</u>				Phone:	
Title: Check Box <input type="checkbox"/> Admn. <input type="checkbox"/>		SIC (Supervisor in Charge) <input type="checkbox"/>		Other staff <input type="checkbox"/>	
Committee Members Present: <u>Allen Baker, Benga Friedrich</u>				Report Completed by: <u>Benga</u>	
Number of Residents who received personal visits from committee members: <u>11</u>					
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <u>2/23/14</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Resident Profile Comments & Other Observations

1. Do the residents appear neat, clean and odor free? Yes 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? Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Resident Living Accommodations Comments & Other Observations

8. Did residents describe their living environment as homelike? Yes No
9. Did you notice unpleasant odors in commonly used areas? Yes No
10. Did you see items that could cause harm or be hazardous? Yes No
11. Did residents feel their living areas were too noisy? Yes No
12. Does the facility accommodate smokers? Yes No
- 12a. Where? [] Outside only [] Inside only [] Both Inside and Outside.
13. Were residents able to reach their call bells with ease? Yes No
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

Resident Services Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 16a. Can residents access their monthly needs funds at their convenience? Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and receiving phone calls? Yes No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
20. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

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?

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

The residents interviews were very complementary about the staff members and the effort they make to take care of them.

Debra Ray had attended the conference about Music + Memory; they had worked with family members of an unresponsive resident to pick songs that he had liked. Playing those songs successfully caused the resident to respond + he has continued to be more

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alert. The biggest problem is the costs of the iPods to have available to work with

DHHS DOA-022/2004

To try to help residents with behavior challenges the staff meets monthly to look for non-med choices. One is Hand in Hand training which suggests small items to distract person, also to give food or snacks which are appropriate to that individual

other residents. Debra explained what Bridge Support Group led by the social worker did to help ease residents into the reality of the changes they are going through. One of the favorite activities is the morning exercise with wands because she works with residents to help them learn the names of all of the participants. She was pleased that the report on the interviews was so positive. She administrator + DON were at a corporate conference.

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