

Please make
6 copies

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Burcombe</i>	Facility Type:		Facility Name: <i>The Oaks at Sweeten Creek</i>	
	<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: <i>3/12/14</i>	Time Spent in Facility: <i>1</i> hr <i>45</i> min		Arrival Time: <i>12:30</i> am <input checked="" type="checkbox"/> pm	
Name of Person Exit Interview was held with:			Interview was held <input checked="" type="checkbox"/> In-Person	

Name: <i>Vernice Price DON</i>	Phone:
Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff	

Committee Members Present: <i>Allen Baker Sonya Swadrick</i>	Report Completed by: <i>Sonya</i>
Number of Residents who received personal visits from committee members: <i>14</i>	

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 <i>(Required for Nursing Homes Only) Now in sm room w/ above</i>	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	<i>see note on back</i>
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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Hall 300</i>
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 type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	<i>New location better</i>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input 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 checked="" 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?

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

all of the residents we interviewed were pleased with the care of the staff. the interim administrator will be moving on this Friday. No word yet who will be coming to take his place. The rest of the staff has settled in & no changes in top administrative personnel.

no discussed the two women - I noted were in restraints. One was a self administered soft sash to help the resident stay upright in her wheelchair + it was with doctor's order. The other was a small woman in a wheelchair with a tray. She is very susceptible to falls + her daughter wanted her to be safely contained in the chair. We asked about the In Room

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DHHS DOA-022/2004

4/4/14 Spoke with Teresa Masley, new DON re: trying to reduce the use of psychotherapeutic drugs. She said they will distract &/or redirect the person to activities and if necessary, one staff person will spend time with the resident in a one on one setting working to calm + redirect the resident.

Teresa also mention they have a group who comes once a month with a psychologist + a psychiatrist to evaluate the residents. She thought the group is from NSCEP.

Units shown on the schedule Veronica said she + any other staff person available will go into a room and live with the residents. Sometime they will do their nails. She said she would like some volunteers + Ellen men in the church across Sweet Creek Road should be a good fit * Staff would take a jig-saw puzzle or a new book or game

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