

6/14

Community Advisory Committee Quarterly/Annual Visitation Report

County ANDERSON	Facility Type - Adult Care Home Combination Home	Family Care Home Nursing Home	Facility Name: SPRING ARBOR
Visit Date 5/22/14	Time Spent in Facility hr 30 min	Arrival Time 10:00 (am) pm	
Name of Person Exit Interview was held with HELEN DISCHITELLI	Interview was held In-Person <input checked="" type="checkbox"/>		
Phone	Admn. LARRY MICHELE	SIC (Supervisor in Charge)	Other staff Business Office Manager
Committee Members Present: CAROL	Report Completed by: Nancy Sloan		

Number of Residents who received personal visits from committee members: **2**

Resident Rights Information is clearly visible. Yes No

Resident most recent survey was readily accessible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No
POSTING WAS CHANGED + UPDATED

Staffing information is posted. Yes No

Resident Profile

Comments & Other Observations

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

Resident Living Accommodations

Comments & Other Observations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- 1. Did residents feel their living areas were too noisy? Yes No
- 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

Rooms were all decorated by residents & their families with own possessions.
→ wasn't witnessed

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, or religious groups? Yes No
- 10. Does the Facility have a Resident's Council? Yes No

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.

Are there resident issues or topics that need follow-up or review at a later time or during a next visit?

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

Last visit facility was looking for new CAC for Aly. Unit -

Wendy (now acting CAC) until facility hires a permanent one. Very engaging - activity fm. was decorated off

- laundry area
- baby center
- plantings

96.5 FOOD
98.0 Sanitation

Census: 34/37
center facility

Census (The Cottage)
20/24