

Community Advisory Committee Quarterly/Annual Visitation Report

97
7-28

County: Pennsylvania		Facility Type:				Facility Name:					
		<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	BRIAN CTR							
<input checked="" type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home										
Visit Date	3-5-14	Time Spent in Facility		hr	min	Arrival Time	11	:	30	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
Name of Person Exit Interview was held with:						Interview was held		<input checked="" type="checkbox"/> In-Person			
Name: DON						Phone:					
Title: Check Box		<input type="checkbox"/> Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff							
Committee Members Present: JANE Williams, Kay Hunter, Mary J. Bee						Report Completed by: Mary J. Bee					
Number of Residents who received personal visits from committee members:											
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. <i>(Required for Nursing Homes Only)</i>				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Staffing information is posted.				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile	
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

Comments & Other Observations
<i>Constant urine smell throughout facility</i>
<i>Not observed</i>

Resident Living Accommodations	
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 type="checkbox"/> Yes <input checked="" 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? <input checked="" 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 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

Comments & Other Observations
<i>Old, stale urine smell</i>
<i>not observed phone lights for ext. power</i>

Resident Services	
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 checked="" type="checkbox"/> No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Was there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments & Other Observations
<i>limited</i>
<i>not observed</i>

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.

Constant odor - repted. cream

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.

DHHS DOA-022/2004

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