

add - visit mge

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Transylvania</i>		Facility Type:		Facility Name: <i>BRIAN Center</i>					
		Adult Care Home	Family Care Home						
		Combination Home	<input checked="" type="checkbox"/> Nursing Home						
Visit Date	<i>9/1/15</i>	Time Spent in Facility	hr	<i>45</i>	min	Arrival Time	<i>10</i>	: <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Person Exit Interview was held with: <i>BOB RALSTON - Unit Mgr</i> <i>KAREN KANAPE - Social Worker</i>						Interview was held	<input checked="" type="checkbox"/> In-Person or Phone (Circle)		
Adm	SIC (Supervisor in Charge)		Other Staff: (Name & Title)						
Committee Members Present: <i>KAY HUNTER, KRISTIN ARMSTRONG, MARY JACQUELINE BRENNAN</i>						Report Completed by: <i>KRISTIN ARMSTRONG</i>			
Number of Residents who received personal visits from committee members:						<i>13</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. (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

CE

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Resident Services

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

Areas of Concern

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

Comments & Other Observations

Comments & Other Observations

Exit Summary

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

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.