

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania		Facility Type:				Facility Name: Cedar Mountain House											
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home												
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home												
Visit Date	2	8	16	Time Spent in Facility	1	hr	00	min	Arrival Time	2	:	0	0	am	<input checked="" type="checkbox"/>	pm	
Person Exit Interview was held with: Michael Rich, Administrator										Interview was held		In-Person or Phone (Circle) in person					
Adm		<input checked="" type="checkbox"/>	SIC (Supervisor in Charge)		Other Staff: (Name & Title)												
Committee Members Present Linda Novosel and Madelyn Meyer										Report Completed by: Linda Novosel							
Number of Residents who received personal visits from committee members: 9																	
Resident Rights Information is clearly visible.				<input checked="" type="checkbox"/>	Ye	<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 type="checkbox"/>	Ye	<input type="checkbox"/>	N	Staffing information is posted.				<input 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										
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				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No										

used areas?

10. Did you see items that could cause harm or be hazardous?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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11. Did residents feel their living areas were too noisy?

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

12. Does the facility accommodate smokers?

12a. Where? [x] Outside only [] Inside only [] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14. Did staff answer call bells in a timely & courteous manner?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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14a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Did not observe

Resident Services

Comments & Other Observations

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
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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
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Can eat in their room on occasion, or if they are ill, but staff prefers they dine together for socialization

Yes, there is a small room with phone in hallway that they can use

Yes, many outside groups are listed on activity calendar

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?

No concerns.

Michael Rich is the new Administrator, he has only been there a week or so – has many good ideas and wants to make some changes. This facility has had several changes in administration in the last couple of years.

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

New Administrator excited about his position. It is hoped that he will stay.

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.