

# Community Advisory Committee Quarterly/Annual Visitation Report

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| County<br><b>TRANSLVANIA</b>   | Facility Type - <input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home<br><input type="checkbox"/> Combination Home | Facility Name<br><b>Cedar Mt. Home</b>   |
| Visit Date <b>8/14/15</b>  | Time Spent in Facility hr <b>30</b> min   | Arrival Time <b>10:30</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm                                     |
| Name of Person Exit Interview was held with <b>BOB JONES</b>   |   | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone                                  |
| <input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor In Charge) <input type="checkbox"/> Other Staff Rep                 |   | (Name & Title)   |
| Committee Members Present:<br><b>MG BRENNAN, K. HUNTER, K. ARMSTRONG</b>   |   | Report Completed by:<br><i>[Signature]</i>   |
| Number of Residents who received personal visits from committee members: <b>8</b>  |   |  |
| 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<br>(Required for Nursing Homes Only) |   | 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<br>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<br>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<br>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>12a. Where? <input checked="" type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.<br>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                               |

| 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 checked="" type="checkbox"/> No<br>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<br>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p><i>Only when ill or under special circumstances. Encouraged to eat in D.R.</i></p> |

| 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. |

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.