

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Transylvania	<b>Facility Type:</b>				<b>Facility Name:</b>										
		Adult Care Home		Family Care Home	Kingsbridge										
	Combination Home	<input checked="" type="checkbox"/>	Nursing Home												
<b>Visit Date</b>	3/14/16		<b>Time Spent in Facility</b>	~ 30-40		hr	30-40 ✓		min	<b>Arrival Time</b>	10	:	30	am	pm
<b>Person Exit Interview was held with:</b> Kirsti Lane, Business Manager										<b>Interview was held</b>		<b>In-Person or Phone (Circle)</b>			

	<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>
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<b>Committee Members Present:</b> MG BRENNAN, R Hunter, K ARMSTRONG	<b>Report Completed by:</b> [Signature]
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<b>Number of Residents who received personal visits from committee members:</b>			
<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b>
			<i>needs updating</i>
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<b>Staffing information is posted.</b>
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

**Resident Living Accommodations**

**Comments & Other Observations**

- 8. Did residents describe their living environment as homelike?  Yes  No
- 9. Did you notice unpleasant odors in commonly used areas?  Yes  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  
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  
If no, did you share this with the administrative staff?  Yes  No

*Memory - card in T*

*not observed*

**Resident Services**

**Comments & Other Observations**

- 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  
Can residents access their monthly needs funds at their convenience?  Yes  No
- 17. Are residents asked their preferences about meal & snack choices?  Yes  No  
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****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.

*Discussed with the O.T. therapist  
use of Music Therapy. - Would  
like a follow-up when in Montgomery  
County.*

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.