

## Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Pennsylvania</i>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>The Oaks</i>
Visit Date <i>11/15/15</i>	Time Spent in Facility <i>hr 40 min</i>	Arrival Time <i>10 :00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Matthew Cummings</i> Interview was held <input 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: <i>Mary Grace Breuninger Kaffert</i>		Report Completed by: <i>Matthew Cummings</i>
Number of Residents who received personal visits from committee members: <i>8</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 type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Needs to be updated</i>	
Resident Profile	Comments & Other Observations	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>update</i></li> <li>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 type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>		
Resident Living Accommodations	Comments & Other Observations	
<ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>outside area</i></li> <li>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>		
Resident Services	Comments & Other Observations	
<ol style="list-style-type: none"> <li>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 <i>Resident Council</i></li> <li>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</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>		
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.	