

Community Advisory Committee Quarterly/Annual Visitation Report

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728

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| County: Tr ylvania | Facility Type: <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home | Facility Name: JONES 2 |
| Visit Date: 6/10/14 | Time Spent in Facility: 1 hr 0 min | Arrival Time: 11 : 00 am |
| Name of Person Exit Interview was held with: | | Interview was held: <input type="checkbox"/> In-Person |

| | |
|--|--------|
| Name: | Phone: |
| Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff | |

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|---|--|
| Committee Members Present: JANE Williams, KAY HUNTER, MARY G BABYNN | Report Completed by: Mary G Babynn |
| Number of Residents who received personal visits from committee members: | |

| | |
|---|--|
| 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. <i>(Required for Nursing Homes Only)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 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 | |
| 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. 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 | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. | |
| 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>not while here - only 5 residents</i> |
| 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| 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 | |
| 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 | |
| 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>N/A not asked</i> |
| 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

No concerns. Very pleasant, clean & residents well cared for.

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.

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