

## Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania		Facility Type:				Facility Name:			
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Tores Home #1					
Visit Date: 2 8 16		Combination Home				Nursing Home		Arrival Time: 1 : 0 0 am <input checked="" type="checkbox"/> pm	
		Time Spent in Facility: hr 45 min		Person Exit Interview was held with: Mallory, C.N.A. on duty as well as email to facility owner		Interview was held		In-Person or Phone (Circle) email	
Email sent to facility owner, Tore									
Adm		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: 2									
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. (Required for Nursing Homes Only) <input 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	Only one resident really was able to carry on a conversation with team.  No personal care being done while we were there. Only 2 residents were awake and in common area  Several family members were visiting and one had brought a traditional cultural dish to share with her adopted children,			
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 type="checkbox"/> Yes	<input checked="" 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
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where?  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
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

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 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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**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

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.