

H Residents

## Community Advisory Committee Quarterly/Annual Visitation Report

| <b>County:</b><br><i>Pennsylvania</i>  |                               | <b>Facility Type:</b><br><input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home<br><input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home |  |  | <b>Facility Name:</b><br><i>Fores II</i> |   |   |  |  |           |                                     |   |                             |
|--|-------------------------------|---|--|--|--|---|---|--|--|-----------|-------------------------------------|---|-----------------------------|
| <b>Visit Date</b>  | <b>Time Spent in Facility</b> |   |  | hr   | <i>25</i>                                | min   | <b>Arrival Time</b>                                     |  | :  | <i>00</i> | <input checked="" type="radio"/> am | <input type="radio"/> pm                |                             |
| <b>Person Exit Interview was held with:</b><br><i>Shirley    Cassie Mathis</i>   |                               |   |  |  |  |   | <b>Interview was held</b>                               |  | <input checked="" type="checkbox"/> <b>In-Person or Phone (Circle)</b> |           |                                     |   |                             |
| <b>Adm</b>   |                               | <b>SIC (Supervisor in Charge)</b>   |  | <input checked="" type="checkbox"/> <b>Other Staff: (Name &amp; Title)</b> |  |   |   |  |  |           |                                     |   |                             |
| <b>Committee Members Present:</b><br><i>Kristin Armstrong Kay Hunter Mary Grace Brennan</i>  |                               |   |  |  |  |   | <b>Report Completed by:</b><br><i>Kristin Armstrong</i> |  |  |           |                                     |   |                             |
| <b>Number of Residents who received personal visits from committee members:</b>  |                               |   |  |  |  |   | <i>4</i>  |  |  |           |                                     |   |                             |
| <b>Resident Rights Information is clearly visible.</b>   |                               |   |  | <input checked="" type="checkbox"/> Yes                                    | <input type="checkbox"/> No              | <b>Ombudsman contact information is correct and clearly posted.</b> |   |  |  |           |                                     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b>  |                               |   |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No              | <b>Staffing information is posted.</b>                              |   |  |  |           |                                     | <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"/>  |   |  |  |           |                                     |   |                             |
| 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"/>  |   |  |  |           |                                     |   |                             |
| 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"/>  |   |  |  |           |                                     |   |                             |
| 4. Were residents interacting w/ staff, other residents & visitors?  |                               |   |  | <input checked="" type="checkbox"/>  | Yes                                      | <input type="checkbox"/>  |   |  |  |           |                                     |   |                             |
| 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"/>  |   |  |  |           |                                     |   |                             |
| 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 used areas?   |                               |   |  | <input type="checkbox"/>   | Yes                                      | <input checked="" type="checkbox"/> 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

12a. 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

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

Yes  No

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

16a. Can residents access their monthly needs funds at their convenience?

Yes  No

17. Are residents asked their preferences about meal & snack choices?

Yes  No

17a. 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.

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.