

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Transylvania	<b>Facility Type:</b>			<b>Facility Name:</b>				
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<input type="checkbox"/> Combination Home	Tore's 3				
<b>Visit Date:</b> 11/6/15	<b>Time Spent in Facility:</b> HR	hr	min	<b>Arrival Time:</b>		:	am	pm
	20	00		10	5		<input checked="" type="checkbox"/>	
<b>Person Exit Interview was held with:</b> <i>Crystal Norman</i>						<b>Interview was held</b>	<b>In-Person or Phone (Circle)</b>	
							<input checked="" type="checkbox"/>	

<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b>

<b>Committee Members Present:</b> <i>Kay Hunter, Mary G. Brennan</i>	<b>Report Completed by:</b> <i>Mary G. Brennan</i>
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<b>Number of Residents who received personal visits from committee members:</b> <i>2 (only 2 available)</i>	
<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <i>outdated</i>	<b>Ombudsman contact information is correct and clearly posted.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>to Julia Gibson</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
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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 checked="" type="checkbox"/> No</p>	

*Julia Gibson*

**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 checked="" 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Where? [ ] Outside only [x] 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
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

*not observed*

**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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

*in Jous 3 - where for Res  
staff contact par of them  
for resident*

**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.