

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Transylvania</i>		Facility Type: <i>Rehab</i>		Facility Name: <i>TCE</i>	
		Adult Care Home	Family Care Home		
		Combination Home	Nursing Home		
Visit Date	<i>12/8/15</i>	Time Spent in Facility	<i>30 min</i>	hr	min
Person Exit Interview was held with: <i>Cathy Lasiter</i>		Interview was held		Arrival Time: <i>10:00</i> am pm	
Adm		SIC (Supervisor in Charge)	Other Staff: (Name & Title)		
Committee Members Present: <i>Kristen Armstrong, Kay Hunter</i>				Report Completed by: <i>R. Hunter</i>	
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.		
The most recent survey was readily accessible. (Required for Nursing Homes Only)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 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. 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Did you notice unpleasant odors in commonly used areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No			