

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Transylvania	<b>Facility Type:</b>				<b>Facility Name:</b>  The Oaks					
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home								
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home								
<b>Visit Date</b>	9/10/18		hr	30	min	<b>Arrival Time</b>	10	:	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm
<b>Person Exit Interview was held with: Renee</b>						<b>Interview was held</b>		<b>In-Person or Phone (Circle) inperson</b>		

<b>SIC (Supervisor in Charge)</b>	<b>Other Staff: (Name &amp; Title)</b> Medical Rec Sup.	<b>Report Completed by:</b>  Mary Grace Brennan
<b>Committee Members Present:</b> Jane Wheelless, Kay Hunter, Mary Grace Brennan		

**Number of Residents who received personal visits from committee members:** 15

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>Ombudsman contact information is correct and clearly posted.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Had Linda Novosel's name on the list
<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

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Note: on one hall doors were left open with men waiting to be bathed. They were undress with a small towel covering them. Did inform the supervisor as one did ask fo rhte door to be shut!
2. Did residents say they receive assistance with personal care activities. <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <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. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Resident Living Accommodations**

**Comments & Other Observations**

- 8. Did residents describe their living environment as homelike?  Yes  No
- 9. Did you notice unpleasant odors in commonly used areas?  Yes  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?  
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?  
If no, did you share this with the administrative staff?  Yes  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?  Yes  No
- 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
Can residents access their monthly needs funds at their convenience?  Yes  No
- 17. Are residents asked their preferences about meal & snack choices?  
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 Residents 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.

Overall, everything appears clean with no odors. We arrived while many were being bathed and did not see to many up and about.

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This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.