

Community Advisory Committee Quarterly/Annual Visitation Report

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| County <i>Pennsylvania</i> | Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name <i>Tores Home #2</i> |
| Visit Date <i>9/24/18</i> | Time Spent in Facility hr <i>20</i> min | Arrival Time <i>16:15</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| Name of Person Exit Interview was held with <i>Kayla Sisk, Care provider</i> <small>(Name & Title)</small> | | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) |

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| Committee Members Present: <i>Donna Rasper, Emily Wilmer, Heather Stewart</i> | Report Completed by: <i>Heather Stewart</i> |
| Number of Residents who received personal visits from committee members: <i>4</i> | |
| 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small> | Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Resident Profile | Comments & Other Observations |
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| 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 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 | <p><i>All resident's appeared clean, no odors noted. Happy with care provided per residents.</i></p> |

| Resident Living Accommodations | Comments & Other Observations |
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| 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? <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 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p><i>Family members + visitors noted all with positive remarks.</i></p> |

| Resident Services | Comments & Other Observations |
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| 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 <i>unknown</i> 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 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 17a. 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 type="checkbox"/> No <i>unknown</i> Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p><i>One resident said she did not believe there were alternative food choices, but she stated she had not asked. Limited activities scheduled, noted 1 per day.</i></p> |

| Areas of Concern | Exit Summary |
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| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <i>None</i> | 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.