



# Community Advisory Committee Quarterly/Annual Visitation Report

County:  
Transylvania

<b>Facility Type:</b>		<b>Facility Name:</b>	
Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Tores 7
<input checked="" type="checkbox"/> Combination Home		Nursing Home	

Visit Date	06 12 2018	Time Spent in Facility	hr	30	min	Arrival Time	1	:	0	:	0	am	Pm
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Person Exit Interview was held with: Brenda Wynn	Interview was held	In-Person or Phone (Circle) in person
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SIC (Supervisor in Charge - Brenda Wynn)	Other Staff: (Name & Title)
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Committee Members Present: Heather Stewart, Emily Ullmer and Donna Raspa	Report Completed by: Donna Raspa
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Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 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 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	One resident was sleeping and had difficulty staying awake to talk with us. She had not eaten her lunch which was on her tray. Another resident was eating lunch and the third had just finished lunch.  Three others were out: 1 with family; 2 to were out to lunch as an activity. The day's activity was fishing but it was changed due to the weather.  N/A

Resident Living Accommodations	Comments & Other Observations
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- 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?  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

N/A

One resident had a call bell; the other two will not use them as explained by the supervisor.

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?  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

UNKNOWN

UNKNOWN

UNKNOWN

**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?

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

None that were disclosed or observed.

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.  
DHHS DOA-022/2004