

Community Advisory Committee Quarterly/Annual Visitation Report

County:
Transylvania

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

Facility Name:
TCU Transylvania Hospital SNF Unit

Visit Date	6/4/18	Time Spent in Facility	hr	30	min	Arrival Time	10:	:	3	0	Am	pm
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Person Exit Interview was held with: Charge Nurse	Interview was held	In-Person
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Charge Nurse	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Jane Wheelles, Kay Hunter, Mary Grace Brennan	Report Completed by: Mary Grace Brennan
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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. updated by Ruth Price on day of visit	<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?	
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	
4. Were residents interacting w/ staff, other residents & visitors?	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	
6. Did you observe restraints in use?	
7. If so, did you ask staff about the facility's restraint policies?	

Resident Living Accommodations Observations	Comments & Other
8. Did residents describe their living environment as homelike?	
9. Did you notice unpleasant odors in commonly used areas?	

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

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?

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

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?

- Patients very pleased with care
- Facility has an Interim supervisor who covers a second unit as well.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.