



Community Advisory Committee Quarterly/Annual Visitation Report

County:		Facility Type:				Facility Name:									
Transylvania		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Tore's 1										
		Combination Home		Nursing Home											
Visit Date	4 20 2018	Time Spent in Facility			hr	30	min	Arrival Time	12:	:	3		am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with: Anita Thompson- floor supervisor								Interview was held		InPerson or Phone (Circle) in person					

SIC (Supervisor in Charge)		Other Staff: (Name & Title)			
Committee Members Present: Emily Ullmer, Donna Raspa				Report Completed by: Donna Raspa	

Number of Residents who received personal visits from committee members: 3

Resident Rights Information is clearly visible. Y N

Ombudsman contact information is correct and clearly posted Yes No

The most recent survey was readily accessible. (Required for Nursing Homes Only) Y N

Staffing information is posted. Yes No

Resident Profile

Comments & Other Observations

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

Comments & Other Observations

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? [X] Outside only [] Inside only [] Both Inside and Outside.				
13. Were residents able to reach their call bells with ease?	<input 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

Volunteers did not observe rooms. We spoke to two residents in the dining room. We observed the resident that was ill; however, we did not go into the room.

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17a. Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

The facility is very home-like. There are only five residents as of today. One was out of the building and one was ill. We spoke to two residents. The fifth has just moved in yesterday and family was getting the resident settled.

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?

A glass door had been broken and was boarded up which did not present a harmful issue. Recommend that the next CAC members check to see if it has been repaired.

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.
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