

Community Advisory Committee Quarterly/Annual Visitation Report

County: Anderson	Facility Type:				Facility Name: Kay's Family Care Home								
	<input checked="" type="checkbox"/>	Adult Care Home		Family Care Home									
		Combination Home		Nursing Home									
Visit Date: 16-20-17	Time Spent in Facility:				Arrival Time:	1	:	0			am	<input checked="" type="checkbox"/>	pm
Person Exit Interview was held with: Wes - Manager						Interview was held		<input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person				

	SIC (Supervisor in Charge)	Other Staff: (Name & Title)	
Committee Members Present: Buddy Edwards, Darleen Hester, Donna Sheline, Annette Goetz			Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 1			
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. updated by	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	Census -- 4/6 There were only 4 residents at the facility. The other two were hospitalized. One of the 4 residents was leaving with his ACT Team leader for an appointment. 2 residents were sleeping and 1 resident was watching TV.
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>	
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	Comments & Other Observations
8. Did residents describe their living environment as homelike?	Smoke Detector appeared to be in disrepair. Manager explained he was in the process of replacing batteries.
9. Did you notice unpleasant odors in commonly used areas?	
10. Did you see items that could cause harm or be hazardous?	
11. Did residents feel their living areas were too noisy?	
12. Does the facility accommodate smokers?	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
13. Were residents able to reach their call bells with	

- ase?
4. Did staff answer call bells in a timely & courteous manner?
- 4a. If no, did you share this with the administrative staff?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Resident Services	Comments & Other Observations
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5. Were residents asked their preferences or opinions about the activities planned for them at the facility?
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
- 6a. Can residents access their monthly needs funds at their convenience?
7. Are residents asked their preferences about meal & snack choices?
- 7a. Are they given a choice about where they prefer to dine?
8. Do residents have privacy in making and receiving phone calls?
9. Is there evidence of community involvement from other civic, volunteer or religious groups?
10. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

This is a Family Care Home. Director is off site and Manager can contact her if necessary. Manager did state that he or his wife prefer to take residents to doctors appointments. This helps them be fully aware of the doctors orders and any med changes.

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? We will continue to check on the cleanliness of this facility.

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

We will continue to check on the cleanliness of this facility.

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.