

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania		Facility Type:			Facility Name:					
		Adult Care Home	<input checked="" type="checkbox"/>	Family Care Home	Tores 7					
Visit Date: 06 04 2019		Combination Home	<input type="checkbox"/>	Nursing Home						Arrival Time: 1 : 3 5 am Pm X
		Time Spent in Facility: hr 30 min			Person Exit Interview was held with: Brenda Cabel					
Brenda Cabel		SIC (Supervisor in Charge -		Other Staff: (Name & Title)			Report Completed by: Donna Raspa			
Committee Members Present: Emily Ullmer and Donna Raspa							Number of Residents who received personal visits from committee members: 3			
2 residents were sleeping							Resident Rights Information is clearly visible. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
The most recent survey was readily accessible. (Required for Nursing Homes Only)							Ombudsman contact information is correct and clearly posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
							Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 type="checkbox"/> | Yes | <input checked="" 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 type="checkbox"/> | No |
| 7. If so, did you ask staff about the facility's restraint policies? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Not observed
One resident, in a wheelchair, had a safety belt on that clipped like a seatbelt in a car.

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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
12a. Where? <input 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 ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Some residents refuse to wear the call bell around their neck. When asked, the supervisor stated, they call out or come and get staff if help is needed.
14. Did staff answer call bells in a timely & courteous manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
14a. If no, did you share this with the administrative staff?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Resident Services					Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	There were no activities posted; however, the supervisor stated a new activities director has been hired and was due to be in the building that day to post activities. Not observed
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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	
18. Do residents have privacy in making and receiving phone calls?	<input 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	

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?

No activities posted.

Check to see if activities are occurring.

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

