

CBS

Community Advisory Committee Quarterly/Annual Visitation Report

Emergy Gill

County: **Pennsylvania** Facility Type:

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

 Facility Name: **TRANS. REG. HOSP SNF**
TCU

Visit Date: **2/6/19** Time Spent in Facility: **30** hr **30** min Arrival Time: : : am pm

Name of Person Exit Interview was held with: **Emergy Gill** Interview was held: In-Person
 Name: **Emergy Gill** Phone: _____
 Title: Check Box Admn. SIC (Supervisor in Charge) _____ Other staff _____

Committee Members Present: **Jane W. Hudes** Report Completed by: **Ray Hunter**

Number of Residents who received personal visits from committee members: **3 only 4 present**

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No
needs Jane added
 The most recent survey was readily accessible. Yes No Staffing information is posted. Yes No
 (Required for Nursing Homes Only)

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Residents in the past we there only a couple of weeks - this time some had been there 4-6 weeks. Orthopedic operations were down possibly because of hospital charges!</i>
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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<i>This unit may become more medical</i>
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 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	
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 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 type="checkbox"/> No	<i>Normally patients spent time in physical therapy</i>
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 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 type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Social Patrick Payne

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?

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

This may change to a different type of unit - one of the problems of longtime care is that the rooms are small.

No concerns until the hospital decides on their direction for this unit

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

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