

# Community Advisory Committee Quarterly/Annual Visitation Report

# 45

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| County<br><b>TRANS</b>  | Facility Type - <input type="checkbox"/> Family Care Home<br><input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home<br><input type="checkbox"/> Combination Home | Facility Name<br><b>Cedar Mt House</b>  |
| Visit Date<br><b>12/4/17</b>  | Time Spent in Facility<br>hr <b>30</b> min  | Arrival Time<br><b>10:00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm   |
| Name of Person Exit Interview was held with<br><b>Carol &amp; Kaya, exp. dev</b>    |   | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) |
| Committee Members Present<br><b>KAY HUNTER, MARY G. BRENNAN</b>                     |   | Report Completed by:<br><b>Mary G. Brennan</b>  |
| Number of Residents who received personal visits from committee members: <b>#14</b> |   |   |

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| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Required for Nursing Homes Only)</i> | Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |

| Resident Profile   | Comments & Other Observations                              |
|--|--|
| <ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol> | <p style="font-size: 1.2em; color: gray;">not observed</p> |

| Resident Living Accommodations   | Comments & Other Observations |
|--|-------------------------------|
| <ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol> |                               |

| Resident Services  | Comments & Other Observations |
|--|-------------------------------|
| <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/>Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol> |                               |

| 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 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.