

Community Advisory Committee Quarterly/Annual Visitation Report

County: Pennsylvania

Facility Type:			Facility Name:		
<input checked="" type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home		<u>Torus 3</u>		
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home				

Visit Date <u>12/11/17</u>	Time Spent in Facility hr: <input type="text"/> min: <u>45</u>	Arrival Time <u>12:15</u> : <input type="text"/> : <input type="text"/> am <input checked="" type="radio"/> pm
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Person Exit Interview was held with: Tawyana

Interview was held with In-Person or Phone (Circle)

Interview with Administrator R SIC (Supervisor in Charge) Other Staff: (Name & Title)

Committee Members Present: Debbie Felker, Donna Raspa

Report Completed by: Debbie Felker

Number of Residents who received personal visits from committee members: 6 from Torus 3 and 3 from Torus 4

Resident Rights Information are 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

- 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
- Do 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

Comments & Other Observations

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No
- 2a. Where? Outside only Inside only Both Inside and Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- 1a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

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Resident Services

- Were residents asked their preferences or opinions about

Comments & Other Observations

- the activities planned for them at the facility? Yes No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
17. Can residents access their monthly needs funds at their convenience? *Not sure* Yes No
17. Are residents asked their preferences about meal & snack choices? Yes No
- 17a. Are they given a choice about where they prefer to dine? Yes No
18. Do residents have privacy in making and receiving phone calls? Yes No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
20. Does the Facility have a Resident's Council? Yes No

Activities posted - one resident stated they used to take them out but that has not happened in quite some time. IF they don't like meal, they will make them something else

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p><i>Supposed to have an activities director - would be good to meet and talk with this person</i></p> <p><i>Overall people happy and well cared for</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p><i>The 3 people from Toris 1 that were there - we talked with also. We were told by Toris 1 caregiver there that there was question of floor at Toris 1 and so it was being treated</i></p>

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

- County: List the county in which the facility is located
- Date: Self-explanatory
- Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
- Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
- Committee met with: Explained on form
- Report completed by: Include name(s)
- Overview of residents' status: Explained on form
- Physical environment: Explained on form
- Services / Activities / Volunteer involvement: Explained on form
- State needs: Explained on form
- Problems: Explained on form
- Summary of Administrator's or SIC's comments: Self-explanatory
- Copies: Submit the original copy to the Regional Ombudsman

Resident had a fall at Toris 1 getting up alone to go to bathroom