

Community Advisory Committee Quarterly/Annual Visitation Report

County:
Transylvania

Facility Type: Hospital rehab		Facility Name: Transylvania Reginal Hospital Rehab Unit
Adult Care Home	Family Care Home	
Combination Home	<input checked="" type="checkbox"/> Nursing Home	

Visit Date	09 11 17	Time Spent in Facility		hr	30	min	Arrival Time	11	:	1		Am		pm
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Person Exit Interview was held with: Charge Nurse Cathy Lassater	Interview was held	In-Person or Phone (Circle) <u>in person</u>
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SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Debbie Felker and Donna Raspa	Report Completed by: Donna Raspa
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Number of Residents who received personal visits from committee members: **4**

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input type="checkbox"/> N	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>One lady was having rollers put in her hair by a nurse! Very attentive care given to patients.</p>

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 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? [] Outside only [] Inside only [] 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 checked="" 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 NA	<input type="checkbox"/>	No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/>	Yes NA	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes NA	<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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	NA	<input 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?

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There are no issues that we are aware of. All of the patients that we spoke to were very happy with their care and highly complimentary of the staff.

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.