

**Community Advisory Committee Quarterly/Annual Visitation Report**

CA

<b>County:</b> Transylvania		<b>Facility Type:</b>				<b>Facility Name:</b> The Oaks									
		<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<input checked="" type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home										
<b>Visit Date</b>	11	29	18	<b>Time Spent in Facility</b>	1	hr	31	Min	<b>Arrival Time</b>	11	:	30	Am	<input checked="" type="checkbox"/>	Pm

Person Exit Interview was held with: **Ali Fore** Interview was held  In-Person or Phone (Circle) in person

Ali Fore	<b>SIC (Supervisor in Charge -</b>	<b>Other Staff: (Name &amp; Title)</b> Susie Hampton
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**Committee Members Present:** Emily Ullmer, Heather Stewart and Donna Raspa **Report Completed by:** Donna Raspa

Number of Residents who received personal visits from committee members: 20

**Resident Rights Information is 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**

**Comments & Other Observations**

1. Do the residents appear neat, clean and odor free?  Yes  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?*  Yes  No
3. Did you see or hear residents being encouraged to participate in their care by staff members?  Yes  No
4. Were residents interacting w/ staff, other residents & visitors?  Yes  No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  Yes  No
6. Did you observe restraints in use?  Yes  No
7. If so, did you ask staff about the facility's restraint policies?  Yes  No

For the most part; however, there were isolated odors.

A few; however, most were not interacting.

Not observed

**Resident Living Accommodations**

**Comments & Other Observations**

8. Did residents describe their living environment as homelike?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
12. Does the facility accommodate smokers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
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 type="checkbox"/>	Yes X	<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

One resident unhappy because they could not have a refrigerator. In the exit interview, Ms. Fore stated that some residents were grandfathered, which is why they had a refrigerator. A new policy does not allow refrigerators in rooms. Residents may use the refrigerators in the nutrition rooms.

Not observed.

**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 X
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16a. Can residents access their monthly needs funds at their convenience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input 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 X
18. Do residents have privacy in making and receiving phone calls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No X
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes X	<input type="checkbox"/>	No

unknown

unknown

Yoga had just concluded when we arrived. Activities schedule shows community involvement. Scheduled for 10:30 On 11/30/18. Activities were not varied.

**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?

Residents were having their blood pressure taken in the dining room. Lunch is served around 12:15, but many residents were in the dining room at 11:30. No beverages were available. The menu displayed on a tv does not match the menu posted outside the dining rooms. Only one choice was available. Ms. Fore stated that there are two sandwich alternatives at lunch and dinner. Dinner may also have leftovers from lunch as a choice.

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Concerns for staffing, especially in the memory care unit. There were 24 residents and only one staff member. The unit is being renovated and not very appealing. We spoke to two family members who were very concerned about staffing. One family member stated that no breakfast was available one day that week due to the cook not coming in. Another family member mentioned a resident may have been overmedicated. The family member was meeting with administration to discuss medication.

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.  
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