

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>Pennsylvania</i>	Facility Type:				Facility Name:				
		Adult Care Home		Family Care Home	<i>The Oaks</i>				
		Combination Home	<input checked="" type="checkbox"/>	Nursing Home					
Visit Date: <i>5/19/17</i>	Time Spent in Facility: <i>1</i> hr <i>10</i> min			Arrival Time: <i>2</i> : <i>10</i> am <input checked="" type="radio"/> pm					
Person Exit Interview was held with: <i>Jane Jackson</i>					Interview was held:		In-Person or Phone (Circle) in person		

	SIC (Supervisor in Charge)	Other Staff: (Name & Title) <i>Administrator</i>
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Committee Members Present: <i>Donna Raspa, Debbie Felker</i>	Report Completed by: <i>Debbie Felker</i>
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Number of Residents who received personal visits from committee members: 10+ <i>15</i>	
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>We need to update</i>

The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>?</i>
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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 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 type="checkbox"/> Yes <input checked="" 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 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><i>Unknown</i></p> <p><i>Did not observe</i></p> <p><i>N/A</i></p>

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike? Yes No

9. Did you notice unpleasant odors in commonly used areas? Yes No

10. Did you see items that could cause harm or be hazardous? Yes No

11. Did residents feel their living areas were too noisy? Yes No

12. Does the facility accommodate smokers?

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease? Yes No

14. Did staff answer call bells in a timely & courteous manner? Yes No

14a. If no, did you share this with the administrative staff? Yes No

One gentleman told me sometimes the staff act "irritated" when they have to respond

Comments & Other Observations

Resident Services

15. Were residents asked their preferences or opinions about 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

16a. Can residents access their monthly needs funds at their convenience? Yes No

17. Are residents asked their preferences about meal & snack choices? *Not always* 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

** One gentleman said he had no money, no account and was unable to get his hair cut. When administrator asked, she stated many residents do not have a personal account*

Unknown

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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A visitor of one gentleman stated he had a lot of UTI's because his catheter bag wasn't emptied enough - shared with Donna
 3 people noted with black eyes indicating falls - Administrator stated after every fall, situation assessed as to how to prevent future falls

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

Of note: They had a lot of staff working with residents and they have a program known as Ambassadors that pair an employee with a resident to develop a relationship and serve as an advocate
 The M.D. was on site making his rounds and was approachable
 Donna is continuing to look into the music program.