

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania		Facility Type:				Facility Name: Tores 1								
		<input checked="" type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home									
		<input type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home									
Visit Date	06 21 2017	Time Spent in Facility		hr	35	min	Arrival Time		1	:	4	0	am	Pr X

Person Exit Interview was held with: Tawanda	Interview was held <input checked="" type="checkbox"/>	In-Person or Phone (Circle) in person
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	SIC (Supervisor in Charge) Tawanda	Other Staff: (Name & Title) Aide (forgot her name)	Hospice nurse was also present.
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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: 10+

Resident Rights Information is clearly visible.	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted – corrected the information.	<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
1. Do the residents appear neat, clean and odor free? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	<p>All residents were clean, as was the facility. There is a nice garden area outside for residents. All were happy with their care.</p> <p>The husband of a resident, who has communicaton difficulties, stated the staff will ask him to help if need be. He spends most of his time at the facility and has even been allowed to stay over night. He is very pleased with the care. His only concern was with the frequent turn-over of staff.</p> <p>There were five residents and we spoke to three. One had just returned to the facility from the hospital and was being admitted for Hospice care. The other, whose husband was there, is mostly non-verbal.</p>
2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
3. Did you see or hear residents being encouraged to participate in their care by staff members? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
4. Were residents interacting w/ staff, other residents & visitors? <div style="display: flex; justify-content: space-around; width: 100%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
6. Did you observe restraints in use? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
7. If so, did you ask staff about the facility's restraint policies? <div style="display: flex; justify-content: space-around; width: 100%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	

Resident Living Accommodations

Comments & Other Observation

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? <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	<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

When we arrived, two staff members were observed smoking in a designated area.

Call bells were 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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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
16a. Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices?	<input type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

One resident was very happy with the ability to go out with friends and do things outside the facility.

One of the residents wanted to make a phone call. It appears that residents need to request use of a phone.

A resident was having a visit with his wife who lives at another Tores home.

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?

None noted

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

No

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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