

Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania		Facility Type:				Facility Name: Tores 7											
		<input checked="" type="checkbox"/>	Adult Care Home									Family Care Home					
			Combination Home									Nursing Home					
Visit Date	06 21 2017		Time Spent in Facility			hr	30	min	Arrival Time		12	:	5	0		am	pm
Person Exit Interview was held with: Ansley										Interview was held			In-Person or Phone (Circle) in person				
		SIC (Supervisor in Charge- Not Available)		Other Staff: (Name & Title) Ansley – family care provider													
Committee Members Present: Debbie Felker and Donna Raspa										Report Completed by: Donna Raspa							

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	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>All the residents we spoke with were happy and stated they were well-cared for. We spoke to three residents out of five. One was asleep and the other was out with family. All were very verbal in their praise of the facility.</p> <p>The facility was clean and rooms were large. Residents had personal belongings in their rooms.</p>
<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></p> <p style="text-align: right;"> <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?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>4. Were residents interacting w/ staff, other residents & visitors?</p> <p style="text-align: right;"> <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?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	

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	
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

Call bells were not observed.

Staff said she did not think residents were allowed to smoke.

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 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 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

Monthly activities were posted on a board.

Meals were planned in advance but can change. Staff will prepare another choice if the resident requests something different.

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?

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

No areas of concern.

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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