

Community Advisory Committee Quarterly/Annual Visitation Report

County Suncombe	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Laurels of Greenfield
Visit Date 8-25-16	Time Spent in Facility 1 hr 45 min	Arrival Time 1:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep	Jessica Houser, Admin. (Name & Title)	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: Undy Stockman Kate Elliott	Number of Residents who received personal visits from committee members: 10	Report Completed by: Kate Elliott
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	The most recent survey was readily accessible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Required for Nursing Homes Only)	Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Resident Profile

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

Comments & Other Observations

Resident Living Accommodations

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? ☒ Yes ☐ No
- 12a. Where? ☒ Outside only ☒ Inside only ☐ Both Inside & 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

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? ☒ 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
- Family Council? ☐ Yes ☒ No

Comments & Other Observations

Several disgruntled residents esp. complaints of food not to their liking. When pressed, no specifics just play in music 2 music groups

Areas of Concern

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

Increased rehab residents take up more of staff time.

Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

Administrator very positive described new preceptor program w/ day off campus training for new employees

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.