Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania				**Facility Type:**										**Facility Name:** Cedar Mountain House						
				x	Adult Care Home		Family Care Home													
					Combination Home		Nursing Home													
Visit Date	09	20	16	**Time Spent in Facility**		1	hr	00	min					**Arrival Time**	10	:	0 0		x	am		pm

Person Exit Interview was held with: Holly at front desk (both DON and ADM were not available)

Interview was held | | **In-Person**

ADMN.		**SIC (Supervisor in Charge**		**Other Staff: (Name & Title)**	Holly, front desk

Committee Members Present: Linda Novosel and Madelyn Meyer

Report Completed by: Linda Novosel

Number of Residents who received personal visits from committee members: 4

Resident Rights Information is clearly visible.	x	Y		N	**Ombudsman contact information is correct and clearly posted. **Facility needs current CAC poster – the one posted is out of date.**	x	Yes		No
The most recent survey was readily accessible. ***(Required for Nursing Homes Only)***		Y		N	**Staffing information is posted.**	x	Yes		No

Resident Profile					Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	x	Yes		No	The residents that we observed and spoke to were neatly dressed and well cared for. Many residents and some staff were experiencing a cold, so most of them were in their rooms and not in common areas.
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	x	Yes		No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?		Yes	x	No	AM care was already completed, and many residents were not feeling well so were in their rooms.
4. Were residents interacting w/ staff, other residents & visitors?	x	Yes		No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	x	Yes		No	
6. Did you observe restraints in use?		Yes	x	No	
7. If so, did you ask staff about the facility's restraint policies?		Yes		No	

Resident Living Accommodations Observations	Comments & Other