**Community Advisory Committee Quarterly/Annual Visitation Report**

**County:** Bunco0mbe  
**Facility Type:**  
- √ Family Care Home  
- Adult Care Home  
- √ Nursing Home  
- Combination Home  
**Facility Name:** Bro0oks-Howell

**Visit date:** 2/12/18  
**Time Spent in Facility:** 1 Hr. 25 Min  
**Arrival Time:** 10:00 Am PM

Name of person Exit Interview was held with Carole Gilham  
*(Name & Title)*

Interview was held  
- ☑ In-Person  
- ☐ Phone  
- ☑ Admin  
- ☐ OIC (Supervisor in Charge)  
- ☐ Other Staff Rep

**Committee Members Present:** Maria Hines and Judy mcdonough  
**Report completed by:** Judy mcdonough

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

**Resident Rights Information is clearly visible.**  
- ☑ Yes  
- ☐ No

**Ombudsman contact information is correct and clearly posted.**  
- ☑ Yes  
- ☐ No

**The most recent survey was readily accessible.**  
- ☑ Yes  
- ☐ No  
*(Required for Nursing Homes Only)*

**Staffing information is posted.**  
- ☑ Yes  
- ☐ 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

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### Resident Living Accommodations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Comments and Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Did residents describe their living environment as homelike?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>9.</td>
<td>Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>10.</td>
<td>Did you see items that could cause harm or be hazardous?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>11.</td>
<td>Did residents feel their living areas were too noisy?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>12.</td>
<td>Does the facility accommodate smokers?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>12a.</td>
<td>Where?</td>
<td>Outside only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inside only  Both Inside &amp; Outside</td>
</tr>
<tr>
<td>13.</td>
<td>Were residents able to reach their call bells with ease?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>14.</td>
<td>Did staff answer call bells in a timely &amp; courteous manner?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>14a.</td>
<td>If no, did you share this with the administrative staff?</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

### Residential Services

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Comments and Other Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.</td>
<td>Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>16.</td>
<td>Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>16a.</td>
<td>Can residents access their monthly needs funds at their convenience?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>17.</td>
<td>Are residents asked their preferences about meal &amp; snack choices?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>17a.</td>
<td>Are they given a choice about where they prefer to dine?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>18.</td>
<td>Do residents have privacy in making and receiving phone calls?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>19.</td>
<td>Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>20.</td>
<td>Does the facility have a Resident's Council?</td>
<td>Yes  No</td>
</tr>
<tr>
<td></td>
<td>Family Council?</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

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### Areas of Concern

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

Everyone in CHU was sitting in total quietude; 2 were dozing but the rest were just sitting. CNA had recently turned off TV. We asked the RN to please play some background music, which she did.

### Exit Summary

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

**KUDOS:**
Chaircise was just finishing up

Felt Valentine door hangings were made in crafts

Housekeeping gave correct HIPPA answers on BTU

"Good food". - direct quote

"Stop & Watch' forms at nurses' station

Shirred window treatment on some windows