## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Suncombe  
**Facility Type:**  
- Family Care Home  
- Adult Care Home  
- Nursing Home  
- Combination Home  
**Facility Name:** MARJOREE McCOOL CTR  
**Visit Date:** 2-27-18  
**Time Spent in Facility:** 1 hr  
**Arrival Time:** 2:33 pm  
**Interview was held:** In-Person  
**Phone:**  
**Admin:**  
**OIC/Supervisor in Charge:**  
**Committee Members Present:** LATTA, ADAM, MINKS, GIBSON  
**Report Completed by:** LATTA & ALL  
**Number of Residents who received personal visits from committee members:**  
**Resident Rights Information is clearly visible:** Yes No  
**The most recent survey was readily accessible:** Yes No  
**Staffing information is posted:** Yes No  
**Ombudsman contact information is correct and clearly posted:** Yes No  
**Required for Nursing Homes Only:**  

### Resident Profile

1. Do the residents appear neat, clean and odor free? X Yes No  
2. Did residents say they receive assistance with personal care activities, such as 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? X Yes No  
4. Were residents interacting with 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? X Yes No  
7. If so, did you ask staff about the facility’s restraint policies? X Yes No  

### Resident Living Accommodations

6. Did residents describe their living environment as homelike? X Yes No  
7. Did you notice unpleasant odors in commonly used areas? X Yes No  
8. Did you see items that could cause harm or be hazardous? X Yes No  
9. Did residents feel their living areas were too noisy? X Yes No  
10. Does the facility accommodate smokers? X Yes No  
11. Where? Outside only X Inside only  
12. Were residents able to reach their call bells with ease? X Yes No  
13. Did staff answer call bells in a timely & courteous manner? X Yes No  
14. If no, did you share this with the administrative staff? X Yes No  

### Resident Services

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

### Areas of Concern

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

### Comments & Other Observations

- Residents are well groomed and happy  
- Food choices Building clean well cared for  
- Generally nice as quiet but there was a small unhappy dog on one hall, resident did not complain but paid dog $20  
- A lot of activities! 26+ residents playing bingo when we were there. The loved it & the prizes.  
- They even have an Easter egg hunt at Easter time.  

### Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.  
- Discussed urine odor on one hall - they are working with a resident who is urinating in an inappropriate place.

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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.