Community Advisory Committee Quarterly/Annual Visitation Report

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<tr>
<th>County</th>
<th>Facility Type</th>
<th>Facility Name</th>
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<tr>
<td>CUMBERBDC</td>
<td>Family Care Home</td>
<td>NORTH RIDE Assisted Living</td>
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Visit Date: 3/1/11  
Time Span in Facility: 1 hr 20 min  
Arrival Time: 12:10 PM  
Departure Time: 2:30 PM

Interview was held In-Person  
Phone:  
Admin:  
SIC (Superior in Charge):  
Name of Person Exit Interview:  
Name & Title:  
Other Staff Present:  
Report Completed by:  
Resident Rights Information is clearly visible.  
Yes ☐ No ☑  
The most recent survey was readily accessible.  
Yes ☑ No ☐  
(Required for Nursing Homes Only)

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 observe 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 ☐  
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 ☐  
13. Where?  
Outside only ☑ Inside only ☐ Both Inside & Outside ☐  
14. Did staff answer call bells in a timely & courteous manner?  
Yes ☐ No ☑  
15. If so, did you observe this with the administrative staff?  
Yes ☑ No ☐  

Resident Living Accommodations

Comments & Other Observations

The residents said they were well-taken care of. They appear neat & clean.

The residents said the home was clean & comfortable. They said the food was good.

The home provides transportation to go to the store to get personal items when they ran out of funds. They had a vegetable garden.

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 about their preferences for 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 ☐

Area of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
Residents  
Vacancy  
1 Resident in Hospital  
3 MALES, 2 FEMALES, AGES 80-80  

Exit Summary

Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.  
THE ADMINISTRATOR SAID THEY HAD JUST DISCOVERED BED BUGS IN THE HOME. THEY HAD CALLED THE EXTERMINATOR. WE DID NOT ENTER.  
(Administrator acted immediately and appropriately to remedy the issue) ☑

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