Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania

Facility Type:
- Family Care Home

Visit Date: 12/14/19
Time Spent in Facility: 45 min
Arrival Time: 12:15 pm

Person Exit Interview was held with: Tawanya

Interview with Administrator: O
SIC (Supervisor in Charge): X
Other Staff: (Name & Title)

Committee Members Present: Debbie Fehler, Anna Rayo

Report Completed by: Debbie Fehler

Number of Residents who received personal visits from committee members: Daily from Tors 1 and 2

Resident Rights Information are clearly visible.

The most recent survey was readily accessible. (Required for Nursing Homes Only)

Ombudsman contact information is correct and clearly posted. We gave them updated sheet

Staffing information is posted.

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

Resident Living Accommodations

1. Did residents describe their living environment as homelike? Yes No
2. Did you notice unpleasant odors in commonly used areas? Yes No
3. Did the facility accommodate smokers? Yes No
2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.
3. Were residents able to reach their call bells with ease? Yes No
4. Did staff answer call bells in a timely & courteous manner? Yes No
1a. If no, did you share this with the administrative staff? Yes No

Resident Services

Comments & Other Observations

Unsure
the activities planned for them at the facility?
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
17. Are residents asked their preferences about meal & snack choices?
17a. Are they given a choice about where they prefer to dine?
18. Do residents have privacy in making and receiving phone calls?
19. Is there evidence of community involvement from other civic, volunteer or religious groups?
20. Does the Facility have a Resident’s Council?

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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Overall people happy and well cared for

Instructions For Completing Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents’ status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator’s or SIC’s comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman