Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania
Facility Type: 
- Adult Care Home
- Family Care Home
- Combination Home
- Nursing Home
Facility Name: Torres J

Visit Date: 12/11/17
Time Spent in Facility: 45 min
Arrival Time: 11:30 AM
Interview Time: [In-Person or Phone]
Interview was held with: [ ] In-Person [ ] Phone
Person Exit Interview was held with: [ ]

Committee Members Present:
- Debbie Feller
- Donna Rauls
- bleach

Interview with: [ ] Administrator [ ] OR [ ] SIC (Supervisor in Charge) [x] Staff Person
Report Completed by: Debbie Feller

Number of Residents who received personal visits from committee members:

Resident Rights Information are clearly visible: [x] Yes [ ] No
The most recent survey was readily accessible: (Required for Nursing Homes Only) [x] Yes [ ] No
Ombudsman contact information is correct and clearly posted: [ ] Yes [x] No

Staffing Information is posted: [ ] Yes [x] No

Resident Profile
1. Do the residents appear neat, clean and odor free? [ ] Yes [x] 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 [x] No
3. See or hear residents being encouraged to participate in their care by staff members? [ ] Yes [x] No
4. Were residents interacting w/ staff, other residents & visitors? [ ] Yes [x] No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? [ ] Yes [x] 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 [x] No

Comments & Other Observations:
One person sitting in recliner had an odor discussed with Dona, resident was scheduled to have shower that day

Resident Living Accommodations
1. Did residents describe their living environment as homelike? [ ] Yes [x] No
2. Did you notice unpleasant odors in commonly used areas? [ ] Yes [x] No
3. Did residents feel their living areas were too noisy? [ ] Yes [x] No
4. Does the facility accommodate smokers? [ ] Yes [x] No
5. Where? [ ] Outside only [ ] Inside only [ ] Both inside and outside.
6. Were residents able to reach their call bells with ease? [ ] Yes [x] No
7. Did staff answer call bells in a timely & courteous manner? [ ] Yes [x] No
8. If no, did you share this with the administrative staff? [ ] Yes [x] No

Comments & Other Observations:

Resident Services
- Were residents asked their preferences or opinions about

Comments & Other Observations:

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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
17. Are residents asked their preferences about 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

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Do activities occur actually?</td>
<td>Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.</td>
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<tr>
<td>Overall people happy and well</td>
<td>One resident indicated they use a lift to get her out of bed, she would like to get up more but feel none of aides unsure about using lift.</td>
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**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