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

**County:** Transylvania  
**Facility Name:** Cedar Mountain Home

<table>
<thead>
<tr>
<th>Visit Date:</th>
<th>4-24-18</th>
<th>Time Spent in Facility:</th>
<th>0 hr 50 min</th>
</tr>
</thead>
</table>
| Arrivial Time: | 2:00 P.M.

**Interview was held:** In Person  
**Phone Admin:**  
**SIC:** (Supervisor in Charge)

**Committee Members Present:**  
Donna Raspa, Heather Stewart

**Report Completed by:** Emily Ullmer

**Number of Residents:** 15

**Resident Rights Information:**  
Clear, accessible. [Yes/No]

**Most Recent Survey:**  
Available. [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?  
   - [Yes/No] [Ex: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses]

3. Did you see or hear residents being encouraged to participate in their care by staff members?  
   - [Yes/No]

4. Were residents interacting with 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] [N/A]

---

### Resident Living Accommodations

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]

12a. Where?  
    - [Outside, Inside]

13. Were residents able to reach their call bells with ease?  
    - [Yes/No]

14. Did staff answer call bells in a timely & courteous manner?  
    - [Yes/No]

14a. If no, did you share this with the administrative staff?  
    - [Yes/No] [N/A]

---

### 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] [Unknown]

16a. Can residents access their monthly needs funds at their convenience?  
    - [Yes/No] [Unknown]

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] [Unknown]

18. Do residents have privacy in making and receiving phone calls?  
    - [Yes/No] [Unknown]

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]

---

### Areas of Concern

- Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
  - [Yes/No]

---

### Comments & Other Observations

- Resident Comments:
  - Smoking were observed in the outdoor area. Call bells were placed in residents reach.

- Exit Summary:
  - Today was the new Activity Director's first day in the building. Several residents were upset the old Activity Director had to leave, and they had not met the replacement yet.
  - During our visit, afternoon snacks were being delivered with juice. Residents would like to see daily soup option in cooler months & fresh fruit & vegetables.

---

*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 Records. Bottom Copy is for the CAC's Records.*

DHHS DOA-022/2004