## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Texas/Wiwa

**Facility Type:**  
- [ ] Adult Care Home  
- [ ] Nursing Home  
- [x] Combination Home

**Facility Name:** Transitional Care Unit

**Visit Date:** 9/14/15

**Time Spent in Facility:** 30 min

**Interview was held:** In-Person  
- [ ] Phone  
- [ ] Admin.  
- [ ] SIC (Supervisor in Charge)

**Name of Person Exit Interview was held with:** Sue Farrell, RN

**Other Staff Rep:** (Name & Title)

**Committee Members Present:**  
- [ ] Sue Farrell  
- [ ] Emily Williams  
- [ ] Donna Respa

**Number of Residents who received personal visits from committee members:** 5

**Resident Rights Information is clearly visible:** [ ] Yes  
- [x] No

**The most recent survey was readily accessible:** [ ] Yes  
- [ ] No

**Staffing information is posted:** [ ] Yes  
- [ ] No

**Ombudsman contact information is correct and clearly posted:** [x] Yes  
- [ ] 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  
   - [ ] 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  
   - [x] 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  
   - [x] No

7. If so, did you ask staff about the facility’s restraint policies? [ ] Yes  
   - [ ] No

## Comments & Other Observations

Appeared nice, all residents had positive remarks regarding facility + staff

## Resident Living Accommodations

8. Did residents describe their living environment as home-like? [ ] Yes  
   - [x] No

9. Did you notice unpleasant odors in commonly used areas? [ ] Yes  
   - [x] No

10. Did you see items that could cause harm or be hazardous? [ ] Yes  
    - [x] No

11. Did residents feel their living areas were too noisy? [ ] Yes  
    - [x] No

12. Does the facility accommodate smokers? [ ] Yes  
    - [x] No

13. Where? [ ] Outside only  
    - [ ] Inside only  
    - [ ] Both Inside & Outside

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

15. If no, did you share this with the administrative staff? [ ] Yes  
    - [x] No

## Comments & Other Observations

Campus is tobacco free

## Resident Services

15. Were residents asked their preferences or opinions about the activities  
    planned for them at the facility? [ ] Yes  
    - [x] No  
    - [ ] Unknown

16. Do residents have the opportunity to purchase personal items of their  
    choice using their monthly needs funds? [ ] Yes  
    - [x] No

17. Are residents asked their preferences about meal & snack choices?  
    - [ ] Yes  
    - [x] No

17a. Are they given a choice about where they prefer to dine? [ ] Yes  
    - [x] No

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

19. Is there evidence of community involvement from other civic, volunteer or  
    religious groups? [ ] Yes  
    - [x] No

20. Does the facility have a Resident’s Council? [ ] Yes  
    - [x] No  
    - [ ] Unknown

## Areas of Concern

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

**None**

## Comments & Other Observations

Unsure if they have resident council

## Exit Summary

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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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.

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