## Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Pennsylvania  
**Facility Type:** 
- [ ] Adult Care Home  
- [X] Family Care Home  
- [ ] Combination Home  
- [ ] Nursing Home  

**Facility Name:** Tores  

**Visit Date:** 9/18  
**Time Spent in Facility:** hr: 15 min  
**Arrival Time:** : am: pm  
**Interview was held:** In-Person  

**Name:**  
**Phone:**  

**Title:** Check Box: Admin.  
**SIC:** Supervisor in Charge  
**Committee Members Present:** Merle B. Molin, Jane D. O'Brien  
**Report Completed by:** Kay Alton  

**Number of Residents who received personal visits from committee members:** 4  

**Resident Rights Information is clearly visible:** [ ] Yes [ ] No  
**Ombudsman contact information is correct and clearly posted:** [ ] Yes [ ] No  

**The most recent survey was readily accessible:** [ ] Yes [ ] No  
**Staffing information is posted:** [ ] 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, 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. Did you ask staff about the facility's restraint policies? [ ] Yes [ ] No  

### Comments & Other Observations

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

### 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  
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>
</tr>
</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?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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</tbody>
</table>

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.

DHHS DOA-022/2004