## Community Advisory Committee Quarterly/Annual Visitation Report

### County
Transylvania

### Facility Name
The Oaks - Brevard

### Visit Date
5/20/23

### Time Spent in Facility
1 hr 10 min

### Arrival Time
11:40 9am 10pm

### Name of Person Exit Interview was held with
Director of Administration

### Other Staff Rep
(Name & Title)

### Committee Members Present:
Heather Stewart, Emily Ulmer

### Number of Residents who received personal visits from committee members:
15

### Resident Rights Information is clearly visible.
Yes ☐ No ☒

### The most recent survey was readily accessible.
Yes ☒ No ☐

### Ombudsman contact information is correct and clearly posted.
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 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

### Comments & Other Observations
Positive remarks from residents regarding the care that staff provide.

### 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 only ☒ Inside only ☐ Both Inside & Outside
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

### Comments & Other Observations
Chair was found blocking the exit door on 6th floor.

### 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
16a. Can residents access their monthly needs funds at their convenience? ☐ 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

### Comments & Other Observations
Activity was going on as planned.

### Areas of Concern
No issues or topics that need follow-up or review at a later time or during the next visit:

### 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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