Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facility Name</th>
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<tbody>
<tr>
<td>Adult Care Home</td>
<td>Tores 1</td>
</tr>
<tr>
<td>X Family Care Home</td>
<td></td>
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<tr>
<td>Combination Home</td>
<td></td>
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<tr>
<td>Nursing Home</td>
<td></td>
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Visit Date: 06 12 2018

<table>
<thead>
<tr>
<th>Time Spent in Facility</th>
<th>Arrivial Time</th>
</tr>
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<tbody>
<tr>
<td>hr 30 min</td>
<td>1: 40 am Pm X</td>
</tr>
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</table>

Person Exit Interview was held with: Anita Thomas

Interview was held In-Person or Phone (Circle) in person

SIC (Supervisor in Charge): Anita Thomas

Other Staff: (Name & Title)

Committee Members Present: Heather Stewart, Emily Ullmer and Donna Raspa

Report Completed by: Donna Raspa

Number of Residents who received personal visits from committee members: 3; which is all that are living at Tores’ 1.

Resident Rights Information is clearly visible.

Ombudsman contact information is correct and clearly posted

The most recent survey was readily accessible. (Required for Nursing Homes Only)

Staffing information is posted.

Resident Profile

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

Comments & Other Observations

N/A
<table>
<thead>
<tr>
<th>Resident Living Accommodations</th>
<th>Comments &amp; Other Observations</th>
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</thead>
<tbody>
<tr>
<td>8. Did residents describe their living environment as homelike?</td>
<td>X</td>
</tr>
<tr>
<td>9. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Did you see items that could cause harm or be hazardous?</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Did residents feel their living areas were too noisy?</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Does the facility accommodate smokers?</td>
<td>[ ] Outside only</td>
</tr>
<tr>
<td>13. Were residents able to reach their call bells with ease?</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Did staff answer call bells in a timely &amp; courteous manner?</td>
<td>X</td>
</tr>
<tr>
<td>14a. If no, did you share this with the administrative staff?</td>
<td>Yes</td>
</tr>
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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
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<tbody>
<tr>
<td>15. Were residents asked their preferences or opinions about the activities planned for them at the facility?</td>
<td>X</td>
</tr>
<tr>
<td>16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>16a. Can residents access their monthly needs funds at their convenience?</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Are residents asked their preferences about meal &amp; snack choices?</td>
<td>X</td>
</tr>
<tr>
<td>17a. Are they given a choice about where they prefer to dine?</td>
<td>X</td>
</tr>
<tr>
<td>18. Do residents have privacy in making and receiving phone calls?</td>
<td>X</td>
</tr>
<tr>
<td>19. Is there evidence of community involvement from other civic, volunteer or religious groups?</td>
<td>X</td>
</tr>
<tr>
<td>20. Does the Facility have a Resident’s Council?</td>
<td>Yes</td>
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</table>

Call bells were not observed; all residents were able to call for assistance.
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<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
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<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
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</tr>
<tr>
<td>None that were disclosed or we were aware of.</td>
<td></td>
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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.

DHHS DOA-022/2004