## Community Advisory Committee Quarterly/Annual Visitation Report

### Facility Information
- **County:** Transylvania
- **Facility Type:**
  - Adult Care Home: X
  - Family Care Home: 
  - Combination Nursing Home: 
- **Facility Name:** Tore's 1
- **Visit Date:** 6/4/1
- **Time Spent in Facility:** hr 30 min
- **Arrival Time:** 12: X Am pm X
- **Person Exit Interview was held with:** Charge Nurse
- **Interview was held:** In-Person

### Committee Members Present:
- Jane Wheeler, Kay Hunter, Mary Grace Brennan

### Number of Residents who received personal visits from committee members: **2**

### Resident Rights Information
- **clearly visible:** X

### The most recent survey was readily accessible. (Required for Nursing Homes Only)
- **readily accessible:** Y

### Ombudsman contact information is correct and clearly posted. updated by Ruth Price on day of visit
- **correct and clearly posted:** X

### Staffing information is posted.
- **Staffing information is posted:** X

#### Resident Profile

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do the residents appear neat, clean and odor free?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>3. Did you see or hear residents being encouraged to participate in their care by staff members?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>4. Were residents interacting w/ staff, other residents &amp; visitors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>6. Did you observe restraints in use?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>7. If so, did you ask staff about the facility's restraint policies?</td>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>

#### Resident Living Accommodations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did residents describe their living environment is homelike?</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>2. Did you notice unpleasant odors in commonly used areas?</td>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>
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?  
   x  Yes  No
12a. Where? [ ] Outside only  [ x ] Inside only  [ ] Both Inside and Outside.
13. Were residents able to reach their call bells with ease?  
   x  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

<table>
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<tr>
<th>Resident Services</th>
<th>Comments &amp; Other Observations</th>
</tr>
</thead>
</table>
| 15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
   x  Yes  No |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
   x  Yes  No |
| 16a. Can residents access their monthly needs funds at their convenience?  
   x  Yes  No |
| 17. Are residents asked their preferences about meal & snack choices?  
   x  Yes  No |
| 17a. Are they given a choice about where they prefer to dine?  
   x  Yes  No |
| 18. Do residents have privacy in making and receiving phone calls?  
   x  Yes  No |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
   x  Yes  No |
| 20. Does the Facility have a Resident’s Council?  
   Yes  x  No |

**Areas of Concern**

Are there resident 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.