# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Transylvania  
**Facility Type:** Facility Name: TCU Transylvania Hospital SNF Unit  
- **Adult Care Home:** Combination Home  
- **Family Care Home:** Nursing Home

<table>
<thead>
<tr>
<th>Visit Date</th>
<th>6/4/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Spent in Facility</td>
<td>hr 30 min</td>
</tr>
<tr>
<td>Arrival Time</td>
<td>10:30 Am</td>
</tr>
<tr>
<td>Person Exit Interview was held with:</td>
<td>Charge Nurse</td>
</tr>
<tr>
<td>Interview was held</td>
<td>In-Person</td>
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</tbody>
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**Committee Members Present:**  
Jane Wheeles, Kay Hunter, Mary Grace Brennan

**Report Completed by:**  
Mary Grace Brennan

**Number of Residents who received personal visits from committee members:** 3

**Resident Rights Information is clearly visible.**  
- x Yes  
- y  
- n

**Ombudsman contact information is correct and clearly posted. updated by Ruth Price on day of visit**  
- x Yes  
- n

**The most recent survey was readily accessible. (Required for Nursing Homes Only)**  
- y  
- n

**Staffing information is posted.**  
- x Yes  
- n

## Resident Profile

1. Do the residents appear neat, clean and odor free?  
   - x Yes  
   - n

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  
   - n

3. Did you see or hear residents being encouraged to participate in their care by staff members?  
   - x Yes  
   - n

4. Were residents interacting w/ staff, other residents & visitors?  
   - x Yes  
   - n

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
   - x Yes  
   - n

6. Did you observe restraints in use?  
   - y  
   - n

7. If so, did you ask staff about the facility's restraint policies?  
   - y  
   - n

## Resident Living Accommodations

8. Did residents describe their living environment as homelike?  
   - y  
   - n

9. Did you notice unpleasant odors in commonly used areas?  
   - y  
   - n

## Comments & Other Observations

- **Resident Profile:**
- **Comments & Other Observations:**
10. Did you see items that could cause harm or be hazardous? 
11. Did residents feel their living areas were too noisy? 
12. Does the facility accommodate smokers? 
12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside. 
13. Were residents able to reach their call bells with ease? 
14. Did staff answer call bells in a timely & courteous manner? 
14a. If no, did you share this with the administrative staff? 

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? 
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? 
16a. Can residents access their monthly needs funds at their convenience? 
17. Are residents asked their preferences about meal & snack choices? 
17a. Are they given a choice about where they prefer to dine? 
18. Do residents have privacy in making and receiving phone calls? 
19. Is there evidence of community involvement from other civic, volunteer or religious groups? 
20. Does the Facility have a Resident’s Council? 

Areas of Concern

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

- Patients very pleased with care 
- Facility has an Interim supervisor who covers a second unit as well.

Comments & Other Observations

Exit Summary

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