Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania

Facility Type: x Adult Care Home

Family Care Home

Combination Home

Nursing Home

Facility Name: Cedar Mountain House

Visit Date: 4 20 2018

Time Spent in Facility: hr 50 min

Arrival Time: 9:38 AM

Person Exit Interview was held with:

Cari Keegan

Interview was held in person

In-Person or Phone (Circle) in person

SIC (Supervisor in Charge): x Administrator

Other Staff: (Name & Title)

Committee Members Present:
Carol Allison, Emily Ullmer, Donna Raspa

Report Completed by:
Donna Raspa

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

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?
   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?
   Yes No

Comments & Other Observations

This was not observed.
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?
17a. Are residents given a choice about where they prefer to dine?
17b. Are residents asked their preferences about meal & snack choices?
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?

Some call bells were within reach, however, others were not. Most located near the bed and some residents were in chairs or in the halls.

The shopping trip was cancelled due to faulty tires on the van. The tires are scheduled for replacement on Monday, 4/23/18.

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?

[ ] Yes [ ] No

[ ] Yes [ ] No [ ] No [ ] No [ ] No
[ ] Yes [ ] No [ ] No [ ] No [ ] No [ ] No

8. Did residents describe their living environment as home like?
9. Did you notice unpleasant odors in commonly used areas?
10. Did you see items that could cause harm or be hazardous?
11. Did residents feel their living areas were too noisy?
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
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<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>
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<tr>
<td>Most of the residents we spoke to were happy with their living situation. Currently, 48 beds are occupied which is a 93% occupancy rate. Staffing is about state guidelines. Carol followed up on a resident resolution to a problem, which has been resolved.</td>
<td>Check to see if the van tires have been replaced.</td>
</tr>
</tbody>
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