Community Advisory Committee Quarterly/Annual Visitation Report

County: Pennsylvania
Facility Type: Family Care Home
Facility Name: River Center
Visit Date: 2/13/17
Time Spent in Facility: 1 hr
Arrival Time: 11:15 AM
Name of Person Exit Interview was held with: Armstrong
Interview was held by: In-Person
Other Staff Rep: (Name & Title)
Committee Members Present: Armstrong
Report Completed by: Armstrong

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible: Yes
The most recent survey was readily accessible: Yes
(Required for Nursing Homes Only)

Resident Profile
1. Do the residents appear neat, clean and odor free? Yes
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
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes
4. Were residents interacting with other residents? Yes
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes
6. Did the facility have a restraint policy? Yes
7. If so, did you ask staff about the facility's restraint policies? Yes

Resident Living Accommodations
8. Did residents describe their living environment as homelike? Yes
9. Did residents have access to a kitchen or food preparation area? Yes
10. Did you notice any safety hazards or poorly maintained areas? Yes
11. Did residents feel their living areas were too noisy? Yes
12. Does the facility accommodate smokers? Yes
13. Where are the smoking areas? Outside only
14. Were residents able to reach their call bells with ease? Yes
15. Did staff answer call bells in a timely and courteous manner? Yes
16. If no, did you share this with the administrative staff? Yes

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

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.

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.