Community Advisory Committee Quarterly/Annual Visitation Report

County: Transylvania

Facility Type: Assisted Living

Facility Name: Cedar Mountain House

Visit Date: 8/7/17

Time Spent in Facility: 1 hour

Arrival Time: 1:30 pm

Person Exit Interview was held with: Cari Reagan, Exec Director

Interview was held with:

Committee Members Present: Debra Folker, Donna Reedy

Report Completed by: Debra Folker

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

Resident Rights Information are clearly visible. [Y] [N] Yes [Y] No

Ombudsman contact information is correct and clearly posted. [Y] [N] Given a corrected sheet

The most recent survey was readily accessible. (Required for Nursing Homes Only) [Y] [N] Yes [Y] No

Staffing information is posted. [Y] [N] Yes [Y] No

Comments & Other Observations:

For the most part, but one gentleman sitting outside had an odor and I room had an odor when you walked in.

Not seen.

Resident Living Accommodations

1. Did residents describe their living environment as homelike? [Y] [N] Yes [Y] No

2. Did residents feel their living areas were too noisy? [Y] [N] Yes [Y] No

2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

3. Were residents able to reach their call bells with ease? [Y] [N] Yes [Y] No

4. Did staff answer call bells in a timely & courteous manner? [Y] [N] Yes [Y] No

1a. If no, did you share this with the administrative staff? [Y] [N] Yes [Y] No

Resident Services

1. Were residents asked their preferences or opinions about

Comments & Other Observations:

This was discussed with Exec Director, Mrs. Lee AAA. She stated if someone was sick & not getting up, they had an extra battery operated bell, bells or lights they put next to person's bed or they give them a horn. The staff would check on everyone every 2 hours and if someone had been in hospital or had a fall, they are checked every 30 minutes.
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?
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?

Yes ☐ No ☑

Exit Summary
Discuss items from “Areas of Concern” Section as well as any changes observed during the visit.

Final lack of call lights for people within reach.

Instructions For Completing
Community Advisory Committee Quarterly / Annual Visit Worksheet

1. County: List the county in which the facility is located
2. Date: Self-explanatory
3. Facility: List the name of the facility and the type of facility (i.e. nursing, adult care, or combination home)
4. Committee member present: List the names of members who participated in the official quarterly (or annual) visit.
5. Committee met with: Explained on form
6. Report completed by: Include name(s)
7. Overview of residents’ status: Explained on form
8. Physical environment: Explained on form
9. Services / Activities / Volunteer involvement: Explained on form
10. State needs: Explained on form
11. Problems: Explained on form
12. Summary of Administrator’s or SIC’s comments: Self-explanatory
13. Copies: Submit the original copy to the Regional Ombudsman

Only 1 or 2