Community Advisory Committee Quarterly/Annual Visitation Report

County: Guernsey
Facility Type: Combination Home
Family Care Home

Visit Date: 5/16/17
Time Spent in Facility: 

Name of Person Exit Interview was held with: Tina Pack
Interview was held: In-Person

Phone: Admin.
SIC (Supervisor in Charge): Tina Pack
Other staff

Committee Members Present:

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible:

The most recent survey was readily accessible:

Ombudsman contact information is correct and clearly posted:

The most recent survey was readily accessible:

Staffing information is posted:

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?
   No

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

4. Were residents interacting w/ staff, other residents & visitors?
   No

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?
   No

6. Did you observe restraints in use?
   No

7. If so, did you ask staff about the facility's restraint policies?
   No

Resident Living Accommodations

8. Did residents describe their living environment as homelike?
   Yes

9. Did you notice unpleasant odors in commonly used areas?
   Yes

10. Did you see items that could cause harm or be hazardous?
    Yes

11. Did residents feel their living areas were too noisy?
    No

12. Does the facility accommodate smokers?
    No

12a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?
    Yes

14. Did staff answer call bells in a timely & courteous manner?
    Yes

14a. If no, did you share this with the administrative staff?
    Yes

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?
    Yes

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
    Yes

16a. Can residents access their monthly needs funds at their convenience?
    Yes

17. Are residents asked their preferences about meal & snack choices?
    Yes

17a. Are they given a choice about where they prefer to dine?
    Yes

18. Do residents have privacy in making and receiving phone calls?
    Yes

19. Is there evidence of community involvement from other civic, volunteer or religious groups?
    Yes

20. Does the Facility have a Resident's Council?
    Yes

Comments & Other Observations

Residents very complimentary of the home, may want to tour it.

Full activity schedule posted. Activities happening place is posted. Staff were interacting with residents.

Many services available for residents.

Trips to stores, restaurants, community activities.

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.

DHHS DOA-022/2004