**Community Advisory Committee Quarterly/Annual Visitation Report**

<table>
<thead>
<tr>
<th>County: Pennsylvania</th>
<th>Facility Type:</th>
<th>Facility Name:</th>
<th>Tova 2</th>
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<tbody>
<tr>
<td>Visit Date: 6/1/17</td>
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<tr>
<td>Time Spent in Facility: 40 min</td>
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<td>Arrival Time: 2:30 PM</td>
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<td>Person Exit Interview was held with: Elisha - House Supervisor</td>
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<td>Interview with Administrator: R</td>
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<tr>
<td>Other Staff: (Name &amp; Title)</td>
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<td>Committee Members Present:</td>
<td>Debbie Ferber, Donna Kaspa</td>
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<tr>
<td>Number of Residents who received personal visits: 1 &amp; one spouse (only 5 visits)</td>
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<td>Resident Rights Information are clearly visible.</td>
<td>Yes</td>
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<tr>
<td>Ombudsman contact information is correct and clearly posted.</td>
<td>Yes</td>
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<tr>
<td>The most recent survey was readily accessible. (Required for Nursing Homes Only)</td>
<td>Yes</td>
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<tr>
<td>Staffing information is posted.</td>
<td>Yes</td>
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### Resident Profile

1. Do the residents appear neat, clean and odor free? Yes No
2. Did residents say they receive assistance with personal care activities, e.g., brushing their teeth, combing their hair, inserting diapers or cleaning their eyeglasses? Yes No
3. Do you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting with staff, other residents & visitors? 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 No
7. If so, did you ask staff about the facility's restraint policies? Yes No

### Resident Living Accommodations

3. Did residents describe their living environment as homelike? Yes No
4. Did you notice unpleasant odors in commonly used areas? Yes No
5. Did residents feel their living areas were too noisy? Yes No
6. Does the facility accommodate smokers? Yes No
7a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.
7b. Were residents able to reach their call bells with ease? Yes No
8. Did staff answer call bells in a timely & courteous manner? Yes No
9a. If no, did you share this with the administrative staff? Yes No

### Resident Services

1. Were residents asked their preferences or opinions about? Yes No

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**Comments & Other Observations**
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?
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?

<table>
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Exit Summary
Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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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