Community Advisory Committee Quarterly/Annual Visitation Report

Facility Name: Torre's Home #22
Facility Type: Adult Care Home, Nursing Home, Combination Home

Tell Date: 01-31-2010
Time Spent in Facility: 3 hr 30 min
Arrival Time: 1:30 am, 9:30 am
Interview was held In-Person, Phone, Admin.
Ombudsman (Superior in Charge)

Number of Residents who received personal visits from committee members: 2
he most recent survey was readily accessible. Yes No
Required for Nursing Homes Only

Resident Rights Information is clearly visible. Yes No

Resident Profile

Do the residents appear neat, clean and odor free? Yes No

Did residents say they receive assistance with personal care activities, Ex: brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No

Did you see or hear residents being encouraged to participate in their care by staff members? Yes No

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

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

Did you observe restraints in use? Yes No

If so, did you ask staff about the facility’s restraint policies? Yes No

Resident Living Accommodations

Did residents describe their living environment as homelike? Yes No

Did you notice unpleasant odors in commonly used areas? Yes No

Did you see items that could cause harm or be hazardous? Yes No

Did residents feel their living areas were too noisy? Yes No

Does the facility accommodate smokers? Yes No

Where? Inside only, Outside only, Both Inside & Outside

Were residents able to reach their call bells in an easy manner? Yes No

Did staff answer call bells in a timely & courteous manner? Yes No

If no, did you share this with the administrative staff? Yes No

Resident Services

Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No

Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No

Can residents access their monthly needs funds at their convenience? Yes No

Are residents asked their preferences about meal & snack choices? Yes No

Are they given a choice about where they prefer to dine? Yes No

Do residents have privacy in making and receiving phone calls? Yes No

Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No

Does the facility have a Resident’s Council? Yes No

Family Council? Yes No

Areas of Concern

There are concerns with an enclosed area between two buildings. This area separates the two buildings.

Resident issues or topics that need follow-up or review at a later time or during the next visit?

None

Comments & Other Observations

On entering LR noticed all sofas & chairs had chipped on legs. Staff explained this was due to incontinence issues.

Activity calendar posted with daily activities.

Snacks available when requested.

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.

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