# Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Transylvania  
**Facility Type:** Family Care Home  
**Facility Name:** Cedar Mountain House  
**Visit Date:** 2-21-19  
**Time Spent in Facility:** 0 hr 50 min  
**Arrival Time:** 4:10 PM  
**Interview was held with:** Lari Grogan, Administrator  
**Other Staff Rep:** (Name & Title)  
**Committee Members Present:** Heather Stewart, Emily Ullmer

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

**Resident Rights Information is clearly visible.** Yes No  
**The most recent survey was readily accessible.** Yes No  
**(Required for Nursing Homes Only)**

## 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,  
   *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* Yes No  
3. Did you see or hear residents being encouraged to participate in their care  
   by staff members? Yes No  
4. Were residents interacting w/ 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

8. Did residents describe their living environment as homelike? Yes No  
9. Did you notice unpleasant odors in commonly used areas? Yes No  
10. Did you see items that could cause harm or be hazardous? Yes No  
11. Did residents feel their living areas were too noisy? Yes No  
12. Does the facility accommodate smokers? Yes No  
12a. Where? Outside only Inside only Both Inside & Outside.  
13. Were residents able to reach their call bells with ease? Yes No  
14. Did staff answer call bells in a timely & courteous manner? Yes No  
14a. If no, did you share this with the administrative staff? Yes No

## Resident Services

15. Were residents asked their preferences or opinions about the activities  
   planned for them at the facility? Yes No  
16. Do residents have the opportunity to purchase personal items of their  
   choice using their monthly needs funds? Yes No  
16a. Can residents access their monthly needs funds at their convenience?  
   Yes No  
17. Are residents asked their preferences about meal & snack choices?  
   Yes No  
17a. Are they given a choice about where they prefer to dine? Yes No  
18. Do residents have privacy in making and receiving phone calls?  
   Yes No  
19. Is there evidence of community involvement from other civic, volunteer or  
   religious groups? Yes No  
20. Does the facility have a Resident's Council? Yes No

## Areas of Concern

**Call light answer times**

## Comments & Other Observations

Everyone was neat & clean. One man was in his room not wearing pants  
and had a blanket over his lap. No restraints seen. A dozen  
residents were lined up in hallway waiting for dinner.

## Comments & Other Observations

Cell bells were in reach, except for  
one resident who was sitting in  
recliner but she said she could get  
up to reach hers. One resident said  
it takes 15 minutes on average  
for cell light to be answered, and  
someone else said 10 minutes.

## Comments & Other Observations

The activities director recently had  
an extended illness & there was no  
one to fill her place. A few activities  
still occurred. One resident wants  
more hands on crafts & baking.  
Another resident wants more  
religious activities. One resident said  
they eat in their room if they are  
sick but they prefer you to go to the  
dining room. Another resident is  
having trouble eating tough meals  
that are served and she said there  
aren't enough alternatives served.

## Exit Summary

Discuss items from “Areas of Concern” Section as well as any changes  
obseved during the visit.  
Call light times addressed and  
activities

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This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.  
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