## Community Advisory Committee Quarterly/Annual Visitation Report

### Facility Information
- **County:** Pennsylvania
- **Facility Type:** Nursing Home
- **Facility Name:** TCH SNF

### Visit Information
- **Visit Date:** [Redacted]
- **Time Spent in Facility:** 30 min
- **Name of Person Exit Interview was held with:** Emery Gill
- **Interview was held:** In-Person
- **Number of Residents who received personal visits from committee members:** 3
- **Ombudsman contact information is correct and clearly posted:** Yes

### Resident Rights
- **Resident Rights Information is clearly visible:** Yes
- **The most recent survey was readily accessible:** Yes

### 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?** Yes
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?** Yes
5. **Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?** Yes
6. **Did you observe restraints in use?** No
7. **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?** Yes
12. **Does the facility accommodate smokers?** Yes
13. **Were residents able to reach their call bells with ease?** Yes
14. **Did staff answer call bells in a timely & courteous manner?** Yes
15. **If no, did you share this with the administrative staff?** Yes

### Resident Services
16. **Weren't residents asked their preferences or opinions about the activities planned for them at the facility?** Yes
17. **Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?** Yes
18. **Are residents asked their preferences about meal & snack choices?** Yes
19. **Are they given a choice about where they prefer to dine?** Yes
20. **Do residents have privacy in making and receiving phone calls?** Yes
21. **Is there evidence of community involvement from other civic, vo. or religious groups?** Yes
22. **Does the Facility have a Resident's Council?** Yes

### Comments & Other Observations
- Residents in the past we there only a couple weeks-this time some had been there 4-6 weeks. Orthopedic operations were done possibly because of hospital changes.
- This unit may become more medicated.
- Normally patients spent time in physical therapy.
<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Exit Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</td>
<td>Discuss items from &quot;Areas of Concern&quot; Section as well as any changes observed during the visit.</td>
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</tbody>
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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.