

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

County: Chatham		Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Careview Census: 17/20
Visit Date and day of the week Friday 27Mar2015	Time spent in facility 1 Hour		Arrival time 10:30am
Person(s) with whom exit interview was held Owner/Administrator		Interview was held in person Yes	
Committee members present: Two Committee Members			
Number of residents who received personal visits from committee members 8			
Resident Rights information is clearly posted? Yes		Ombudsman contact information is correct and clearly posted? Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : N/A		Staffing information clearly posted? Yes	
Resident Profile		Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?		Yes	Residents were clean and dressed when we arrived. The residents also interacted with the staff and visitors readily.
2. Did residents say they receive assistance with personal care activities? (i.e. 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?		N/A	
4. Were residents interacting with staff, other residents & visitors?		Yes	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?		N/A	
5a. Did staff members wear nametags that are easily read by residents and visitors?		N/A	
6. Did you observe restraints in use?		No	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)			

Resident Living Accommodations		Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?		Yes	The residence was clean and odor free. Residents stated that they enjoyed being there if they could not be at home.
9. Did you notice unpleasant odors?		No	
10. Did you see items that could cause harm or be hazardous?		No	
10a. Were unattended med carts locked?		Yes	
10b. Were bathrooms clean, odor-free and free from hazards?		Yes	
10c. Were rooms containing hazardous materials locked?		Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?		Yes	
12. Does the facility accommodate smokers?		Yes	
12a. Where? (Outside / inside / both)		Outside	
13. Were residents able to reach their call bells with ease?		N/A	
14. Did staff answer call bells in a timely & courteous manner?		N/A	
14a. If no, did you share this with the administrative staff?			

*** N/A equals not applicable, not asked, not observed

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Yes	Residents stated that the food is good and that they get plenty to eat. The administrator stated that although they prefer residents to dine together in the dining area, they can eat in their rooms if they prefer.
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N/A	
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? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?		

Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr/> <p>None at this time.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>We reviewed the visit with owner/administrator and that we had good reports from the residents. We discussed implementing Music and Memory in the facility and she stated she had a meeting set up to get that started but had to cancel and will call the Regional Ombudsman and DSS to reschedule, but she is excited about it having seen it actually work when music is used in the facility.</p>