

**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 Rest Home, Inc. Census: 17/20
Visit Date and day of the week 3-19-14 Wednesday	Time spent in facility 1 hr.	Arrival time 10 AM
Person(s) with whom exit interview was held Administrator/Owner		Interview was held in person Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 2		
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	
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)	N/A	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	No	
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?	Yes	
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)	N/A	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Yes	13. One resident did not know about the call button.
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?	N/A	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	
12. Does the facility accommodate smokers?	Yes	
12a. Where? (Outside / inside / both)	Outside	
13. Were residents able to reach their call bells with ease?	No	
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

Facility / date: 3/19/14

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?	N/A	15b. There are PM activities scheduled as residents like to sleep late. There is no pressure on residents to participate in activities.
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?	N/A	
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.)	N/A	
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)?	N/A	
17c. Is fresh ice water available and provided to residents?	N/A	
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?	N/A	

Areas of Concern	Exit Summary
<p data-bbox="90 1079 760 1142">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <hr data-bbox="90 1163 797 1167"/> <p data-bbox="90 1178 734 1241">While walking off the porch, a resident was concerned about the structure of the building.</p>	<p data-bbox="821 1079 1507 1241">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 data-bbox="821 1262 1511 1266"/> <p data-bbox="821 1276 1463 1409">Staff tries to make the facility a home for the residents while offering trips and personal freedom to entertain themselves. The facility is very clean and neat with a caring atmosphere. It was a good visit</p>