

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

County Chatham	Facility Type X Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: Lisolette Family Care Home Census – current/licensed: 7 (including 2 “family members” - 6
Visit Date and day of the week 12/12/2014, Friday	Time spent in facility 30 minutes	Arrival time 10:30 AM
Name of person(s) with whom exit interview was held Resident Care Coordinator		Interview was held in person Yes
Committee members present: Three Committee Members		
Number of residents who received personal visits from committee members 5		Report completed by:
Resident Rights information is clearly posted? N/A	Ombudsman contact information is correct and clearly posted: N/A	
The most recent survey was readily accessible N/A (Required for NHs only – record date of most recent survey posted) :	Staffing information clearly posted? N/A	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Yes	All residents were out of their rooms during our visit. They were neatly dressed and clean. Four of the residents were in the activity room engaged in their scheduled activity of watching TV. They seemed pleased to have visitors.
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?	Yes	
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?	Yes	
5a Did staff members wear nametags that are easily read by residents and visitors?	No	
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	9. No odors were evident by any of the committee members. The facility was neat and clean.
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	No	10a. No med carts were evident.
10a. Were unattended med carts locked?	N/A	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	12. No evidence of smoking was apparent inside or out. The care giver reported to us that several of the residents liked to go outside but had not been able to for some time due to cool weather.
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? Note: By regulation smoking is only permitted outside of the building	N/A	
13. Were residents able to reach their call bells with ease?	N/A	
14. Did staff answer call bells in a timely & courteous manner?	NA	
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?	N/A	No issues were noted
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?	Yes	
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?	N/A	
17. Are residents asked their preferences about meal & snack choices?	N/A	
17a. Are they given a choice about where they prefer to dine?	N/A	
17b. Did residents express positive opinions regarding their dining experience?	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?	N/A	
20. Does the facility have a functioning: Resident's Council? Family Council?	N/A	

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>No</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>Our team spoke with the Resident Care Coordinator prior to and after our visit. We did not report any problems to her and noted the cleanliness of the facility.</p> <p>We did not observe evidence of personal items that might be used by the residents for their pleasure such as music. No other issues were discussed.</p>