

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

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| County: Chatham | Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home Nursing Home | Facility Name: Cambridge Hills Census – 84/90 |
| Visit/day of week Friday | Time spent in facility 1 hr 5 min | Arrival time 5 pm |
| Name of person(s) with whom exit interview was held Angela | | Interview was held <input checked="" type="checkbox"/> in person |
| Committee members present: Traci Addison, Carolyn Townsend | | |
| Number of residents who received personal visits from committee members: 1 family, 15 residents | | Report completed by: Carolyn Townsend |
| Resident Rights information is clearly posted? <input checked="" type="checkbox"/> X | Ombudsman contact information is correct and clearly posted: <input checked="" type="checkbox"/> Y | |
| The most recent survey was readily accessible : N/A | Staffing information clearly posted? <input checked="" type="checkbox"/> Y | |

| Resident Profile | Yes No N/A | Comments/Other Observations (please number comments) |
|--|---------------------------|---|
| 1. Do the residents appear neat, clean and odor free? | Y | |
| 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) | Y | |
| 3. Did you see or hear residents being encouraged to participate in their care by staff members? | Y | |
| 4. Were residents interacting with staff, other residents & visitors? | Y | |
| 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? | Y | |
| 5a Did staff members wear nametags that are easily read by residents and visitors? | N | |
| 6. Did you observe restraints in use? | N | |
| 7. If so, did you ask staff about the facility's restraint policies? | N/A | |

| Resident Living Accommodations | Yes No N/A | Comments/Other Observations (please number comments) |
|---|---------------------------|--|
| 8. Did residents describe their living environment as homelike? | Y | 9. Upon entering the facility noted a strong odor – flower scent then saw housekeeping staff using a spray bottle in the hall. The scent seemed to cause visitor headache. |
| 9. Did you notice unpleasant odors? | Y | |
| 10. Did you see items that could cause harm or be hazardous? | N | |
| 10a. Were unattended med carts locked? | Y | |
| 10b. Were bathrooms clean, odor-free and free from hazards? | Y | |
| 10c. Were rooms containing hazardous materials locked? | Y | |
| 11. Did residents feel their living areas were kept at a reasonable noise level? | Y | |
| 11. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building | Y | |
| 13. Were residents able to reach their call bells with ease? | Y | |
| 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 | |

*** 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? | Y | 15b Residents in dining rooms for evening meal. 17b. Some residents reported food good. Other residents complain about food. Salad this meal was iceberg lettuce only. The ravioli had too much sauce. 17b.A resident with limited vision complained that she could not see the food on her plate. “I can see the food during the day time but can’t see the food now”. |
| 15a. Was a current activity calendar posted in the facility? | Y | |
| 15b. Were activities scheduled to occur at the time of your visit actually occurring? | N | |
| 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? | Y | |
| 16a. Can residents access their monthly needs funds at their convenience? | N/A | |
| 17. Are residents asked their preferences about meal & snack choices? | Y | |
| 17a. Are they given a choice about where they prefer to dine? | Y | |
| 17b. Did residents express positive opinions regarding their dining experience? | N | |
| 17c. Is fresh ice water available and provided to residents? | Y | |
| 18. Do residents have privacy in making and receiving phone calls? | Y | |
| 19. Is there evidence of community involvement from other Civic, volunteer or religious groups? | Y | |
| 20. Does the facility have a functioning: Resident’s Council? Family Council? | Y/N | |

| Areas of Concern | Exit Summary |
|---|---|
| Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <hr/> Follow-up with resident with vision issues. Follow-up re scent sprayed in the hall and room(s). | 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? <hr/> Discussed food concerns. Reported re resident with vision issues. Discussed irritant of the scent sprayed in the hall and room(s). |

Quarterly/Annual Visitation Report Addendum

Facility/ Date

| Culture Change / Person Centered Thinking | Comments/Responses |
|--|---------------------------|
| <p>1. Directed to residents –</p> <ul style="list-style-type: none">a. What is one thing you would change here to make your life better? b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed? c. What’s important to you while dining? d. What would make your dining experience here more like home? e. Is listening to music something you’ve enjoyed? | |
| <p>2. Directed to the administrator or supervisor-in-charge</p> <ul style="list-style-type: none">a. What are you doing to incorporate residents’ wants and needs in every aspect of their lives and assure a home-like environment? b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents? c. What are you doing to make the dining experience a pleasant one for your residents? d. Are you offering personalized music to your residents? | |