Community Advisory Committee Quarterly/Annual Visitation Report

County: Chatham
Facility Type: Nursing Home

Visit Date: 8 / 8 / 019
Time spent in facility: 78 min
Arrival time: 1:15 am X pm

Name of person exit interview was held with: Interview was held: Sandra Higgins
X in Person  X Phone

Committee Members Present: Anita Tesh; Martha Curie
Report Completed by: Anita Tesh

Number of Residents who received personal visits from committee members: 4 residents

The most recent survey was readily accessible: x Yes  No
Ombudsman Contact Info is correct and clearly posted: x Yes  No

Resident Profile

1. Do the residents appear neat, clean and odor free?  
Yes  No  NA

2. Did residents say they received assistance with personal care activities? Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  
Yes  No  NA

3. Did you see or hear residents being encouraged to participate in their care by staff members?  
Yes  No  NA

4. Were residents interacting with staff, other residents & visitors?  
Yes  No  NA

5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?  
Yes  No  NA

6. Did you observe restraints in use?  
Yes  No  NA

7. If so, did you ask staff about the facility’s restraint policies?  
Yes/No/NA

Resident Living Accommodations

8. Did residents describe their living environment as homelike?  
Yes  No  NA

9. Did you notice unpleasant odors in commonly used areas?  
Yes  No  NA

10. Did you see items that could cause harm or be hazardous?  
Yes  No  NA

11. Did residents feel their living areas were too noisy?  
Yes  No  NA

12. Does the facility accommodate smokers?  
Yes/ See note

Where? X Outside only  □ Inside only  □ Both Inside/Outside

13. Were residents able to reach their call bells with ease?  
Yes  No  NA

14. Did staff answer call bells in a timely & courteous manner?  
Yes  No  NA

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?  
Yes  No  NA

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  
Can residents access their monthly needs funds at their convenience?  
Yes  No  NA

17. Are residents asked their preferences about meal/snack choices? Are they given a choice about where they prefer to dine?  
Yes  No  NA

18. Do residents have privacy in making and receiving phone calls?  
Yes  No  NA

19. Is there evidence of community involvement from other civic, volunteer or religious groups?  
Yes  See note

20. Does the facility have a Resident’s Council? Family Council?  
Yes  No  NA

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?  
Yes/See note

None

Exit Summary

This Document is 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.

No “Areas of Concern” were noted during the visit. During the exit survey we discussed the fact that Ombudsman’s name (Pittman) needs to be updated on 1 postings in building (phone number correct); it had been updates in several other sites in facility.