

Community Advisory Committee Quarterly/Annual Visitation Report

County BERTIE	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name PATHWAYS IV
Visit Date 12/14/17	Time Spent in Facility hr 30 min	Arrival Time 11:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with ROSETTA BUNCH		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <i>(Name & Title)</i>
<input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor In Charge) <input type="checkbox"/> Other Staff Rep		Report Completed by: ANTHONY G. PEELE
Committee Members Present: ANTHONY G. PEELE AND JAME PUGH		Number of Residents who received personal visits from committee members: 1
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Profile	Comments & Other Observations	
<ol style="list-style-type: none"> 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p style="font-size: 1.2em; font-weight: bold;">5. NO DIFFICULTY</p>	
Resident Living Accommodations	Comments & Other Observations	
<ol style="list-style-type: none"> 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p style="font-size: 1.2em; font-weight: bold;">NO CALL BELLS NO CALL BELLS</p>	
Resident Services	Comments & Other Observations	
<ol style="list-style-type: none"> 15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No ? 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No ? 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p style="font-size: 1.2em; font-weight: bold;">VANDERBILT CHERY</p>	
Areas of Concern	Exit Summary	