

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

County <i>Bertie</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Three Rivers NSG</i>
Visit Date and day of the week <i>12-14-17</i>	Time spent in facility hours <i>30</i> minutes	Census: Arrival time <i>2:30 PM</i>
Name of person(s) with whom exit interview was held Sierra Foreman <i>Penny Brown, Adm.</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>Clara Bawo, James S. Pugh, Anthony Peele</i>		
Number of residents who received personal visits from committee members <i>10 or more</i>		Report completed by: <i>Clara Bawo</i>
Resident Rights information is clearly posted? <i>yes</i>	Ombudsman contact information is correct and clearly posted: <i>yes</i>	
The most recent survey was readily accessible (Required for NHs only -- record date of most recent survey posted): <i>yes</i>	Staffing information clearly posted? <i>yes</i>	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>yes</i>	<i>Clear</i>
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)	<i>yes</i>	
Did you see or hear residents being encouraged to participate in their care by staff members?	<i>yes</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>yes</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>yes</i>	
5a. Did staff members wear nametags that are easily read by residents and visitors?	<i>yes</i>	
6. Did you observe restraints in use?	<i>NO</i>	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)		<i>no concerns</i>

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>yes</i>	<i>no comments</i>
9. Did you notice unpleasant odors?	<i>NO</i>	
10. Did you see items that could cause harm or be hazardous?	<i>N/A</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>yes</i>	
10c. Were rooms containing hazardous materials locked?	<i>yes</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>yes</i>	
12. Does the facility accommodate smokers?	<i>yes</i>	
12a. Where? (<i>Outside</i>) inside / both)		
13. Were residents able to reach their call bells with ease?	<i>yes</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>yes</i>	
14a. If no, did you share this with the administrative staff?	<i>NO</i>	

*** N/A equals not applicable, not asked, not observed