

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Bertie</i>	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 <i>Windsor House</i>
Visit Date <i>2/14/17</i>	Time Spent in Facility hr <i>30</i> min	Arrival Time <i>8:10</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Lotaya Peelle</i>		Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone (Name & Title)
<input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep		Report Completed by: <i>Carla Barrow James Hugh Anthony Peelle</i>
Committee Members Present: <i>Carla Barrow James Hugh Anthony Peelle</i>		
Number of Residents who received personal visits from committee members: <i>8</i>		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" 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
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 checked="" 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 checked="" type="checkbox"/> No		
Resident Living Accommodations		Comments & Other Observations
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>Clean</i>
Resident Services		Comments & Other Observations
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Church groups</i> 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Not Sure.</i>		<i>Clean</i>
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?		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
		<i>no Areas of Concern</i>

This Document is a 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.