

Community Advisory Committee Quarterly/Annual Visitation Report

County Hertford	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Ahoskie House
Visit Date 11/30/2017	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 Sandra Plaunty, Admin		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC(Supervisor in Charge)
<input type="checkbox"/> Other Staff Rep (Name & Title)		
Committee Members Present: Libby Jones, Patrise Godwin, June Warren		Report Completed by: Libby Jones
Number of Residents who received personal visits from committee members: 3		
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 type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile	Comments & Other Observations	
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>6. A woman was in a mobile reclining chair in the front lobby. Sandra Plaunty told us she has an aide 24/7. The chair kept her tilted back and she repeatedly flailed her legs to the side to get out of the chair. She had on a short gown. She was not restrained by a belt, but the chair restrained her movement. Since she had an aide, she could have been in her room in a quieter environment.</p>	
Resident Living Accommodations	Comments & Other Observations	
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>Residents who are fall risks are seated in the front lobby with</p>	
Resident Services	Comments & Other Observations	
<p>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</p> <p>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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>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 checked="" type="checkbox"/>No</p>		
Areas of Concern	Exit Summary	
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>The building seemed crowded. We forgot to check on the survey.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>Soiled laundry carts are not in the halls.</p>	

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.