

Community Advisory Committee Quarterly/Annual Visitation Report

County: Hertford		Facility Type - Adult Care Home	Facility Name: Twin Oaks Adult Care Home
Visit Date: 12/19/2017	Time Spent in Facility: 30 min	Arrival Time: 5:45 pm	
Exit Interview was held in person with Carlese Williams, Staff in Charge			
Other Staff Rep:		(Name & Title)	
Committee Members Present: Emy Winstead, Melanie Storey		Report Completed by: Melanie Storey	
Number of Residents who received personal visits from committee members: 3; Current census is 8; Capacity: 21 Total			
Resident Rights Information is clearly visible: Yes		Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible: N/A		Staffing information is posted: No	
Resident Profile		Comments & Other Observations	
<p>1. Do the residents appear neat, clean and odor free? All but 1</p> <p>2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? N/A</p> <p>3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes</p> <p>4. Were residents interacting w/ staff, other residents & visitors? Yes</p> <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes</p> <p>6. Did you observe restraints in use? No</p>		<p>One man had an odor about his body. They receive assistance if needed per resident. Staff kept checking on a resident that was still eating in the dining room. There was communication between residents & staff, and residents & visitors. No restraints were observed.</p>	
Resident Living Accommodations		Comments & Other Observations	
<p>7. Did residents describe their living environment as homelike?</p> <p>8. Did you notice unpleasant odors in commonly used areas? No</p> <p>9. Did you see items that could cause harm or be hazardous? No</p> <p>10. Did residents feel their living areas were too noisy? No</p> <p>11. Does the facility accommodate smokers? Yes, outside</p> <p>12. Were residents able to reach their call bells with ease? N/A</p> <p>13. Did staff answer call bells in a timely & courteous manner? N/A</p>		<p>7. Some yes, some no. All areas appear to be neat and clean.</p>	
Resident Services		Comments & Other Observations	
<p>14. Were residents asked their preferences or opinions about the activities planned for them at the facility?</p> <p>15. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?</p> <p>16a. Can residents access their monthly needs funds at their convenience?</p> <p>17. Are residents asked their preferences about meal & snack choices? Yes</p> <p>17a. Are they given a choice about where they prefer to dine? No</p> <p>18. Do residents have privacy in making and receiving phone calls? Phone is located middle way down the hall</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes</p> <p>20. Does the facility have a Resident's Council? N/A Family Council? N/A</p>		<p>There is an activity schedule posted, but no times were listed. All except one were in sitting area where visitors delivered Christmas stockings to them.</p> <p>Residents said they did not receive any monies. Members of the community delivered Christmas stockings to residents. Staff put them in a locked room, saying they would receive them on Christmas along with other things donated. Menu items listed appear to be the same or similar to items served. No complaints about food.</p>	
Areas of Concern		Exit Summary	
<p>We shared with staff member that resident may need some attention as there was an odor indicating he had bathroom needs and had soiled his clothes. Staff member had just come on duty at 5 pm and served the evening meal.</p>		<p>Exit interview was done with only staff member available. She mainly works 5-10 pm – coming in to serve evening meal, clean up afterwards, serve 8 pm snack and get them ready for bed.</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.