

Moore	<input checked="" type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Affinity Living Group
Visit Date and day of the week 8/2/16 - Tues	Time spent in facility 1 hours 30 minutes	Census - current/licensed: 40/60 Arrival time 9:30 a.m.
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members 3 Report completed by		
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted Yes	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): NA	Staffing information clearly posted? NA	

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

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	NA	one area Being cleaned during visit
9. Did you notice unpleasant odors?	Yes	
10. Did you see items that could cause harm or be hazardous?	No	
10a. Were unattended med carts locked?	Yes	
10b. Were bathrooms clean, odor-free and free from hazards?	Yes	
10c. Were rooms containing hazardous materials locked?	NA	
11. Did residents feel their living areas were kept at a reasonable noise level?	NA	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	Yes	
13. Were residents able to reach their call bells with ease?	NA	
14. Did staff answer call bells in a timely & courteous manner?	NA	
14a. If no, did you share this with the administrative staff?		

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

Reviewed 1/2017

convenience?	Yes
17. Are residents asked their preferences about meal & snack choices?	
17a. Are they given a choice about where they prefer to dine?	
17b. Did residents express positive opinions regarding their dining experience?	Yes
17c. Is fresh ice water available and provided to residents?	NA
18. Do residents have privacy in making and receiving phone calls?	NA
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes
20. Does the facility have a functioning: Resident's Council?	Yes
Family Council?	Yes

Residents Council

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. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?
One area of concern: Flies in facility.	Improvement in house-keeping, Posted Activities, facility Landscaping. Residents in lounge interacting with staff. Improvements Planned for facility. New name: Affinity Flies in facility being sprayed by exterminator.

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Manor Care</i> Census: <i>90</i>
Visit Date and day of the week <i>Tues, Aug. 3, 2016</i>	Time spent in facility <i>1</i> hours <i>10</i> minutes	Arrival time <i>10:50</i>
Name of person(s) with whom exit interview was held <i>Admin.</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>_____</i>		
Number of residents who received personal visits from committee members <i>7</i>		Report completed by: <i>_____</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?	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>no</i>	<i>1.) Some were and there was one resident who had soiled himself and he was sitting in hallway</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>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>N/A</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>N/A</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)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>N/A</i>	<i>100 Hall</i> <i>9.) Urine odor in _____</i> <i>10.) Urine on floor</i>
9. Did you notice unpleasant odors?	<i>yes</i>	
10. Did you see items that could cause harm or be hazardous?	<i>yes</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>N/A</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>N/A</i>	
12. Does the facility accommodate smokers?	<i>yes</i>	
12a. Where? (Outside / inside / both)	<i>outside</i>	
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>N/A</i>	
14a. If no, did you share this with the administrative staff?		

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

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	yes	15b) Bible Study  17b) Some residents liked food, others not happy about food
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	yes	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	yes	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	N/A	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	see note	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes no	

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> <ol style="list-style-type: none"> <li>1.) Resident soiled himself and was sitting in hallway 100 Hall</li> <li>2.) Urine on floor in <del>100 Hall</del></li> <li>3.) Urinal's sitting on bed side table</li> <li>4.) Floors sticky</li> <li>5.) Problem w/ kitchen staff</li> <li>6.) Food preferences addressed i.e. some wanted quets - not getting them.</li> </ol>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>met new admin. -</p> <p>We addressed all of our concerns and he told us he was addressing each one of them - i.e. the urine problem was one he was addressing while we were there. He will check out the rest of our concern and take care of them. He was already working on the kitchen concern that had to do with the staff.</p>

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

County <b>MOORE</b>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <b>INN AT QUINN HAVEN Village - 45 (max-60) CARDINAL-5 Census - current/licensed: COTTAGES - Rosemary-3</b>
Visit Date and day of the week <b>8-4-16</b>	Time spent in facility <b>1 hours 15 minutes</b>	Arrival time <b>10<sup>00</sup> AM</b>
Name of person(s) with whom exit interview was held <b>- DON (Adm. in meeting)</b>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <b>8-10</b>		Report completed by:
Resident Rights information is clearly posted? <b>YES</b>	Ombudsman contact information is correct and clearly posted: <b>YES</b>	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):	Staffing information clearly posted? <b>Yes</b>	

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

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

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

Facility / Date:

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)	
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	15b - Very little activity going on - Nothing in cottages	
15a. Was a current activity calendar posted in the facility?	Yes		
15b. Were activities scheduled to occur at the time of your visit actually occurring?	NO		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes		
16a. Can residents access their monthly needs funds at their convenience?	Yes		
17. Are residents asked their preferences about meal & snack choices?	Yes		
17a. Are they given a choice about where they prefer to dine?	Yes		Some are not happy re: dining changes -
17b. Did residents express positive opinions regarding their dining experience?	Some		
17c. Is fresh ice water available and provided to residents?	Yes		
18. Do residents have privacy in making and receiving phone calls?	Yes		
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes		
20. Does the facility have a functioning: Resident's Council? Family Council?	NA		

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>MAIN HALL - ENTERING FROM RT. side entrance - beds unmade, cluttered, untidy. Cleaning in progress of halls.</p> <p>Disgruntled male caregiver expressed frustration re: wheelchair bound wife not having privileges of main dining room, grounds + lobby since facility changes in policy. He has discussed this w/ Ombudsman + Administrator. Our advice was to go to owner of facility + file complaints.</p> <p>We observed a lady without her nasal O2 in place - Reported to CNA Resident close to Nurses Station - We were told she removes it frequently - (I did put canula in nose - she was cyanotic around lips -</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>We spoke with D.O.N. - Briefly - she was busy interviewing a new R.N. She sts. they are working hard to build up census, hire more help and are trying hard to adjust to changes.</p>

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

County: <b>MOORE</b>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <b>PEAK RESOURCES</b> (Max 90) N.H. Census: <b>80 NH 13 ASSISTED</b>
Visit Date and day of the week <b>7/7/16</b>	Time spent in facility <b>1 hours 20 minutes</b>	Arrival time <b>11<sup>15</sup> a.m.</b> <i>Living</i>
Name of person(s) with whom exit interview was held <b>Adm.</b>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <b>8-10</b>		Report completed by: <b>2</b>
Resident Rights information is clearly posted? <b>YES</b>	Ombudsman contact information is correct and clearly posted: <b>YES</b>	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted):	Staffing information clearly posted? <b>YES</b>	

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

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

Facility / date: Peak 7/7/16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	Yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	Yes	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	Yes	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	17b, Most residents were satisfied & food choice
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	Yes	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: <u>Resident's Council?</u> Family Council?		- Very active Residents Council No formal Family Council

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>None Noted -</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Admin., ... in Sts. things are running smoothly for him @ this time - Census is down somewhat.</p>

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

County <b>Moore</b>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <b>cottage gardens</b> <del>Penick Assisted Living</del> <del>Assisted Living</del> Census - current/licensed: <b>10/10</b>
Visit Date and day of the week <b>Thurs July 7, 2016</b>	Time spent in facility <b>1</b> hours <b>00</b> minutes	Arrival time <b>10:00 AM</b>
Name of person(s) with whom exit interview was held <b>COO</b>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members		Report completed by:
Resident Rights information is clearly posted? <b>yes</b>	Ombudsman contact information is correct and clearly posted <b>yes</b>	
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted):	Staffing information clearly posted? <b>yes</b>	

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

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

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

Facility / Date: Penick AL 7/7/16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		<p>Many of these questions discussed with the chief operating office at exit interview.</p>
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	yes	
16a. Can residents access their monthly needs funds at their convenience?	yes	
17. Are residents asked their preferences about meal & snack choices?	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	yes	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?		

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>None noted</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>There was an exercise activity taking place while we were there. most of the residents were participating lots of laughter and group involvement.</p>

Community Advisory Committee  
Quarterly/Annual Visitation Report Addendum

Facility / Date: Denick Memory

Culture Change / Person Centered Thinking	Comments/Responses
<p>1. <b>Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. Other than going home, what is one thing you would change here to make your life better?</li> <li>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</li> <li>c. What's important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> </ul>	<p>There was very little opportunity for engaging in conversation because of the group exercise activity taking place.</p>
<p>2. <b>Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> </ul>	<p>yes</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>St. Joseph of the Pines</i> Census – current/licensed: <i>144 Capacity 176</i>
Visit Date and day of the week <i>Tuesday Aug. 2, 2016</i>	Time spent in facility <i>1</i> hours <i>15</i> minutes	Arrival time <i>10:10 am.</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person

Committee members present: \_\_\_\_\_

Number of residents who received personal visits from committee members *7* Report completed by: \_\_\_\_\_

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>Book not available - someone had it</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>	
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>N/A</i>	
3. 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		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>N/A</i>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</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>N/A</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	<i>NO</i>	<i>smoke free campus</i>
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?		

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

Reviewed 1/201:

Facility / Date: St. Joseph's 8/2/16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	yes	
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	yes	
16a. Can residents access their monthly needs funds at their convenience?	yes	
17. Are residents asked their preferences about meal & snack choices?	N/A	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes yes	

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><u>No Areas of Concern</u></p> <p>Current Interim Administrator: Starting Aug. 3 - Interim Admin: Permanent Admin. after getting License:</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Met new Interim Administrator Another to follow until new administrator gets license Trinity Vice President, ... will be working with the facility in the future for new Person Centered care Programs.</p>

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

County: <b>Moore</b>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>The Coventry</i>
Visit date and day of the week <i>8/2/16 Tues.</i>	Time spent in facility hours <i>1</i> minutes <i>40</i>	Census: Arrival time <i>9:30 AM</i>
Name of person(s) with whom exit interview was held	Interview was held <input checked="" type="checkbox"/> in person	

Committee members present:

Number of residents who received personal visits from committee members: *3* Report completed by: *[Signature]*

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>N/A</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?		
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>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>N/A</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>N/A</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>N/A</i>	
6. Did you observe restraints in use?	<i>yes</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</i>	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?		
9. Did you notice unpleasant odors?	<i>yes</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	<i>* Electrified wheel chair in up stairs hallway but there because of room in residents room. Not a hazard!</i>
10a. Were unattended med carts locked?	<i>+</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>N/A</i>	
12. Does the facility accommodate smokers?	<i>N/A</i>	
12a. Where? (Outside / inside / both)	<i>no</i>	
13. Were residents able to reach their call bells with ease?		
14. Did staff answer call bells in a timely & courteous manner?	<i>N/A</i>	
14a. If no, did you share this with the administrative staff?	<i>N/A</i>	

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

Facility / Date: The Coventry 8/2/76

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?		
15a Was a current activity calendar posted in the facility?	yes	
15b Were activities scheduled to occur at the time of your visit actually occurring?	yes	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs)	N/A	
17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	yes	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: <u>Resident's Council?</u> <u>Family Council?</u>		

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><u>No Concerns.</u></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p>

### Quarterly/Annual Visitation Report

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Kingswood</i> Census: <i>87</i>
Visit Date and day of the week <i>7-11-16 Monday</i>	Time spent in facility <i>1</i> hours <i>20</i> minutes	Arrival time <i>11:00</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person
Committee members present		
Number of residents who received personal visits from committee members <i>6</i>		Report completed by:
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>3-13-16</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>	
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>	
3. 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>/</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>There was a broken drawer on the floor of room 106</i>
9. Did you notice unpleasant odors?	<i>some</i>	
10. Did you see items that could cause harm or be hazardous?	<i>Yes</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>N/A</i>	
12a. Where? (Outside / inside / both)	<i>N/A</i>	
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>/</i>	

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

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	N/A	11:00 Activity was → arts & crafts. We went by at 11:20 and no one was in the room doing arts & crafts.
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	NO	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	Yes	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning:		
Resident's Council?	Yes	
Family Council?	NO	

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. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?
We addressed the broken drawer laying on the floor in room 106	→ the administrator was going to check it right away. We mentioned the fact that

the listed activity was not taking place. Again the administrator was going to look into why.

### Quarterly/Annual Visitation Report

County <i>Moose</i>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Skattland</i>
Visit Date and day of the week <i>Wed. 7/13/2016</i>	Time spent in facility / hours      minutes	Census: <i>36/37</i> Arrival time <i>10:30 A.M.</i>
Name of person(s) with whom exit interview was held <i>Administrator</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <i>6</i>		Report completed by: <i>[Signature]</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>N/A</i>	Staffing information clearly posted? <i>no</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>	
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>N/A</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>yes</i>	<i>3. playing paper tone as a group after snack time.</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>Some</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)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>N/A</i>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	<i>10a one med cart left unlocked</i>
10a. Were unattended med carts locked?	<i>no</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>N/A</i>	
12. Does the facility accommodate smokers?	<i>no</i>	
12a. Where? (Outside / inside / both)		
13. Were residents able to reach their call bells with ease?	<i>N/A</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>N/A</i>	
14a. If no, did you share this with the administrative staff?	<i>N/A</i>	

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

Facility / date: *Heartland 7/13/2016*

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>yes</i>	
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>N/A</i>	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	<i>N/A</i>	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	<i>yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>no</i>	<i>17c. all have meals in</i>
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	<i>N/A</i>	
17c. Is fresh ice water available and provided to residents?	<i>N/A</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>N/A</i>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<i>yes</i>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>N/A</i>	

Areas of Concern	Exit Summary
<p data-bbox="89 1155 820 1228">Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p data-bbox="89 1228 820 1554"><i>Unlocked med cart was corrected immediately by med tech.</i></p>	<p data-bbox="820 1155 1550 1333">Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p data-bbox="820 1333 1550 1554"><i>Very interesting conversation with Dr. Nuckley about Incoast Company and his duties. No concerns.</i></p>

**Quarterly/Annual Visitation Report**

County <b>MOONE</b>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <b>Denick Village N.H.</b> Census - current/licensed: <b>48</b>
Visit Date and day of the week <b>8/10/16 Wed</b>	Time spent in facility <b>1</b> hours <b></b> minutes	Arrival time <b>10:30 AM</b>
Name of person(s) with whom exit interview was held <b>COO</b>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <b>L. .... E</b>		
Number of residents who received personal visits from committee members <b>5</b> / Report completed by <b>...</b>		
Resident Rights information is clearly posted?	Ombudsman contact information is correct and clearly posted?	
The most recent survey was readily accessible (Required for NHs only - record date of most-recent survey posted): <b>6/22/16</b>	Staffing information clearly posted?	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	Y	
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)	Y	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	N	
4. Were residents interacting with staff, other residents & visitors?	Y	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	Y	
5a. Did staff members wear nametags that are easily read by residents and visitors?	N	- not consistent - 1/2 doc utilized for unwanted guests
6. Did you observe restraints in use?	Y	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent	Y	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	
9. Did you notice unpleasant odors?	N	
10. Did you see items that could cause harm or be hazardous?	Y	- 1/2 doc
10a. Were unattended med carts locked?	N	
10b. Were bathrooms clean, odor-free and free from hazards?	Y	
10c. Were rooms containing hazardous materials locked?	Y	
11. Did residents feel their living areas were kept at a reasonable noise level?	Y	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	Y	
13. Were residents able to reach their call bells with ease?	Y	
14. Did staff answer call bells in a timely & courteous manner?	-	N/A
14a. If no, did you share this with the administrative staff?		

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

Reviewed 1/201.

Facility / Date: Perich 8/10/16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	y/n	1 pt indicated they were not           1 pt indicated not good when requested
15a. Was a current activity calendar posted in the facility?	y	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	y.	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal & snack choices?	N/A	
17a. Are they given a choice about where they prefer to dine?	N/A	
17b. Did residents express positive opinions regarding their dining experience?	y/n	
17c. Is fresh ice water available and provided to residents?	y	
18. Do residents have privacy in making and receiving phone calls?	y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	y	
20. Does the facility have a functioning: Resident's Council? Family Council?	N/A	

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><u>None</u></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p><u>Administrator indicated</u>  <u>- challenge of developing teamwork at Perich</u>  <u>- discussed plans</u>  <u>- reviewed purpose of the doc in UK</u></p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Sandhills</i> Census - current/licensed: <i>40</i> / capacity <i>60</i>
Visit Date and day of the week <i>Tues. 7-5-16</i>	Time spent in facility <i>1</i> hours <i></i> minutes	Arrival time <i>9:15</i>
Name of person(s) with whom exit interview was held <i>-----</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present		
Number of residents who received personal visits from committee members		Report completed by <i>-----</i>
Resident Rights information is clearly posted? <i>NA</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>NA</i>	Staffing information clearly posted? <i>No</i>	

Resident Profile	Yes No N/A	Comments/Other Observations (please number comments)
1. Do the residents appear neat, clean and odor free?	<i>No</i>	<i>Several resident needed Personal Care</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>NA</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>No</i>	
4. Were residents interacting with staff, other residents & visitors?	<i>No</i>	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	<i>NA</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>did not see staff interact with residents</i>

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>NA</i>	<i>My observation - "not home-like"</i>
9. Did you notice unpleasant odors?	<i>Yes</i>	
10. Did you see items that could cause harm or be hazardous?	<i>Yes</i>	
10a. Were unattended med carts locked?	<i>Yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>No</i>	
10c. Were rooms containing hazardous materials locked?	<i>NA</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>NA</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	<i>NA</i>	
13. Were residents able to reach their call bells with ease?	<i>NA</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>NA</i>	
14a If no, did you share this with the administrative staff?	<i>NA</i>	

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

Reviewed 1/2016

Facility / Date: Sandhills 7-5-16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	NA	<p>2 residents said "Not home like" dining</p> <p>Church Volunteers visiting residents</p>
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	NA	
16a. Can residents access their monthly needs funds at their convenience?	NA	
17. Are residents asked their preferences about meal & snack choices?	NA	
17a. Are they given a choice about where they prefer to dine?	NA	
17b. Did residents express positive opinions regarding their dining experience?	No	
17c. Is fresh ice water available and provided to residents?	NA	
18. Do residents have privacy in making and receiving phone calls?	NA	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	NA	

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> <ul style="list-style-type: none"> <li>- House Keeping</li> <li>- Resident Hygiene</li> <li>- Residents sleeping (2 residents in lounge)</li> <li>- Lack of activities (2 sleeping)</li> <li>- Condition of Facility (6 in Assisted, 3 sleep 10:00 AM)</li> <li>- Flies in facility</li> <li>- Odors - halls, entrance + lounge (gas smell)</li> <li>- Proper Placement of resident dementia vs skilled vs assisted</li> <li>- Residents not able to function in areas they are living in.</li> </ul>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Admin. working with Corporate to correct Areas of Concern discussed.</p>

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

County <i>Moore</i>		Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Brookdale of Pinchurst</i>
Visit Date and day of the week <i>Tuesday, July 5, 2016</i>	Time spent in facility <i>1</i> hours <i>0</i> minutes	Census: <i>54</i> Arrival time <i>9:15 am</i>	
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person	
Committee members present:			
Number of residents who received personal visits from committee members <i>3</i>		Report completed by:	
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):	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>	
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>	
3. 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>N/A</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)		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>N/A</i>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</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>N/A</i>	
11. Did residents feel their living areas were kept at a reasonable noise level?	<i>N/A</i>	
12. Does the facility accommodate smokers?	<i>yes</i>	
12a. Where? ( <u>Outside</u> / 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>N/A</i>	
14a. If no, did you share this with the administrative staff?		

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	N/A	
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	N/A	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	yes	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	yes	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	N/A	
17a. Are they given a choice about where they prefer to dine?	yes	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	yes	
17c. Is fresh ice water available and provided to residents?	yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	yes no	

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><u>no areas of concern</u></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>Facility appeared clean &amp; orderly. Music + memory - group music is all for now. Will look @ personal music w/ ipod if anyone becomes difficult. Memory care is running smoothly &amp; orderly at present, according to activity director.</p> <p>Do not have a family council anymore. a new resident requested a screen door on her room entrance and facility approved. Working on a way giving resident what they want whenever possible. Nice touch.</p>

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

Facility/ Date *Brookdale 7/5/16*

Culture Change / Person Centered Thinking	Comments/Responses
<p><b>1. Directed to residents –</b></p> <ul style="list-style-type: none"> <li>a. What is one thing you would change here to make your life better?</li> <li>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</li> <li>c. What's important to you while dining?</li> <li>d. What would make your dining experience here more like home?</li> <li>e. Is listening to music something you've enjoyed?</li> </ul>	<p><i>Couldn't think of any</i></p>
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <ul style="list-style-type: none"> <li>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</li> <li>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</li> <li>c. What are you doing to make the dining experience a pleasant one for your residents?</li> <li>d. Are you offering personalized music to your residents?</li> </ul>	<p><i>New resident requested a screen door (which she provided) to be added to her Room entrance. They said no problem.</i></p> <p><i>Not at this time. Will add if a resident becomes difficult. Right now doing group music.</i></p>

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

County: <b>Moore</b>	Facility Type Family Care Home X Adult Care Home Nursing Home	Facility Name Magnolia Gardens  Census 93/110
Visit date and day of the week Monday, July 11, 2016	Time spent in facility 1 hr.	Arrival time 10:00 AM
Name of person(s) with whom exit interview was held		Interview was held in person Yes
Committee members present:		
Number of residents who received personal visits from committee members 11		Report completed by:
Resident Rights information is clearly posted? Y	Ombudsman contact information is correct and clearly posted: Y	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : NA	Staffing information clearly posted: NA	

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

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

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

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	Y	<p>SNACKS @ 10 AM, 3 PM &amp; 8 PM</p> <p>STARTED A BISTRO AREA</p>
15a Was a current activity calendar posted in the facility?	Y	
15b Were activities scheduled to occur at the time of your visit actually occurring?	Y	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	NA	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay full cost OTC drugs)	NA	
17. Are residents asked their preferences about meal & Snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	Y	
17a. Are they given a choice about where they prefer to dine?	Y	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	Y	
17c. Is fresh ice water available and provided to residents?	Y	
18. Do residents have privacy in making and receiving phone calls?	Y	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Y	
20. Does the facility have a functioning: Resident's Council? Family Council?	NA	

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>NO AREAS OF CONCERN</p> <p><b>EXIT INTERVIEW:</b></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>SAVANNAH FAM. CARE.</i> Census - current/licensed: <i>4 / 6 max</i>
Visit Date and day of the week <i>7/13/16 Wed.</i>	Time spent in facility hours <i>30</i> minutes	Arrival time <i>10 AM</i>
Name of person(s) with whom exit interview was held		Interview was held <input checked="" type="checkbox"/> in person

Committee members present: \_\_\_\_\_

Number of residents who received personal visits from committee members *6 residents to 4* | Report completed by: \_\_\_\_\_

Resident Rights information is clearly posted? <i>N/A</i>	Ombudsman contact information is correct and clearly posted: <i>N/A</i>
The most recent survey was readily accessible (Required for NHs only - record date of most recent survey posted): <i>0</i>	Staffing information clearly posted? <i>0</i>

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

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

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

Facility / Date: Sawatch House 7/13/16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	N/A.	Resident sitting outside under a tree
15a. Was a current activity calendar posted in the facility?	NO.	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	NO	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A.	
16a. Can residents access their monthly needs funds at their convenience?	N/A.	
17. Are residents asked their preferences about meal & snack choices?	N/A.	
17a. Are they given a choice about where they prefer to dine?	N/A.	
17b. Did residents express positive opinions regarding their dining experience?	N/A.	
17c. Is fresh ice water available and provided to residents?	N/A.	
18. Do residents have privacy in making and receiving phone calls?	N/A.	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	NO	
20. Does the facility have a functioning: Resident's Council? Family Council?	NO	

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> <hr/> <p>1. ok. Battery in smoke detector</p> <p>2. very dark inside in attempt to keep cool on a very warm day.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>This facility is old but orderly. No odors noted. Kitchen &amp; bathrooms clean. 3 dementia and one bed ridden relative of _____ living in the facility - All male. Referrals are from DSS or Hosp. Facility is staffed by _____ her husband, son, and sister. IT was noted that the battery in the smoke detector needed to be replaced. Residents have low activity level watching TV or sitting outside.</p>



Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>yes</i>	
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>yes</i>	
16a. Can residents access their monthly needs funds at their convenience?	<i>yes</i>	
17. Are residents asked their preferences about meal & snack choices?	<i>yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	
17b. Did residents express positive opinions regarding their dining experience?	<i>yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>yes</i>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>yes</i> <i>yes</i>	

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? <i>None</i></p> <hr/>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address? <i>None</i></p> <hr/>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Brookdale Pinchurst 17 (in memory)</i>
Visit Date and day of the week <i>8-4-16 Thursday</i>	Time spent in facility <i>1</i> hours <i>0</i> minutes	Census: <i>51</i> Arrival time <i>10:00 AM</i>
Name of person(s) with whom exit interview was held <i>.. RN BAN</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>^</i>		
Number of <u>residents</u> who received personal visits from committee members <i>5</i>		Report completed by: <i>(signature)</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): <del>7/10</del> <i>revised survey upon request</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>	
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>	
3. 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>n/a</i>	
7. If so, did you ask staff about the facility's restraint policies? (note: Do not ask about confidential information without consent)	<i>n/a</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>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</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>outside</i>	
12a. Where? (Outside / inside / both)	<i>n/a</i>	
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>n/a</i>	

Facility / date: Brookdale 8-4-16

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>yes</i>	
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>yes</i>	
16a. Can residents access their monthly needs funds at their convenience? (#16 and 16a pertain only to residents on Medicaid/Special Assistance. NHs \$30 per month. ACHs \$66 minus medication co-pay and full cost OTC drugs)	<i>yes</i>	
17. Are residents asked their preferences about meal & snack choices? (Adult Care Home residents should receive snacks 3X per day. Nursing Home residents should be offered snacks at bedtime.)	<i>yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	
17b. Did residents express positive opinions regarding their dining experience (the food provided)?	<i>yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<i>yes</i>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>yes</i> <i>yes</i> <i>no</i>	

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> <hr/>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p><i>The floor in the memory unit was 'sticky' - reported at exit</i></p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Magnolia Gardens</i>
Visit Date and day of the week <i>8-04-16 Thursday</i>	Time spent in facility <i>1</i> hours <i>15</i> minutes	Census – current/licensed: <i>95 (26 memory unit)</i>
Name of person(s) with whom exit interview was held		Arrival time <i>11:00 AM</i>
		Interview was held <input checked="" type="checkbox"/> in person

Committee members present:

Number of residents who received personal visits from committee members <i>6</i>	Report completed by:
--	----------------------

Resident Rights information is clearly posted? <i>yes</i>	Ombudsman contact information is correct and clearly posted: <i>yes</i>
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The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : <i>Upon request</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>	
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>	
3. 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>n/a</i>	
7. If so, did you ask staff about the facility's restraint policies? Note: Do not ask about confidential information without consent	<i>n/a</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>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</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? Note: By regulation smoking is only permitted outside of the Building	<i>outside</i>	
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>n/a</i>	

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

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>yes</i>	<p>→ <i>Shopping at Walmart, No activity for residents that don't go shopping; sitting in day room doing nothing.</i></p> <p>→ <i>Slow to get funds when requested</i></p> <p>→ <i>Snack in goldfish</i></p> <p>→ <i>Hot food is cold and cold food is hot - no seconds</i></p> <p><i>Ice cream social - receive one scoop</i></p>
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?		
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>yes</i>	
16a. Can residents access their monthly needs funds at their convenience?		
17. Are residents asked their preferences about meal & snack choices?		
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	
17b. Did residents express positive opinions regarding their dining experience?		
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>yes</i>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>yes</i> <i>yes</i>	

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>1) <i>Check on wash cloths</i></p> <p>2) <i>3/4 2 states of</i></p> <p>3) <i>resident</i></p> <p>4) <i>Check to see if carpet has been cleaned.</i></p> <p><i>Although there were complaints residents expressed they get good care!</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>1) <i>A resident complained that wash cloths were thin.</i></p> <p>2) <i>There is one resident that opens other residents doors, cut on lights. He also wears depends and pulls down outer clothing when he urinates, a resident is afraid he will expose himself.</i></p> <p>3) <i>A resident's daughter expressed concern regarding the resident and was referred to our committee Chairperson for referral to the Ombudsman.</i></p> <p>4) <i>Carpet is stained</i></p>

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

County <i>Maize</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Pinehurst Rehabilitation</i> Census - current/licensed: <i>86 / 90</i>
Visit Date and day of the week <i>Thurs. 8-4-16</i>	Time spent in facility <i>1</i> hours <i>30</i> minutes	Arrival time <i>11:15</i> P.M.
Name of person(s) with whom exit interview was held <i>Administrator</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present:		
Number of residents who received personal visits from committee members <i>6</i>		Report completed by:
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>OK request</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>	
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>	
3. 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>-</i>	
7. If so, did you ask staff about the facility's restraint policies?	<i>-</i>	
Note: Do not ask about confidential information without consent		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	<i>-</i>	<i>on occasion</i>
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</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? Note: By regulation smoking is only permitted outside of the Building	<i>yes</i>	<i>outside</i>
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?		

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

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>yes</i>	<i>some reservations on choice</i>
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>yes</i>	
16a. Can residents access their monthly needs funds at their convenience?	<i>yes</i>	
17. Are residents asked their preferences about meal & snack choices?	<i>yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	
17b. Did residents express positive opinions regarding their dining experience?	<i>yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>yes</i>	<i>Residents Council</i>
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>—</i>	

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><i>Lunch was in progress. Members of admin staff serve &amp; assist @ lunch along with Nsg Staff. Encourages more active participation of adm staff &amp; residents.</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p><i>Good atmosphere from previous visit. New adm. &amp; several staff members from Pritchard have a positive effect on staff in general.</i></p>

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

**Community Advisory Committee  
Quarterly/Annual Visitation Report  
Culture Change Addendum**

Facility/ Date *Pinehurst Rehab. Aug 4, 2014*

Culture Change / Person Centered Thinking	Comments/Responses
<p><b>1. Directed to residents –</b></p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What's important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you've enjoyed?</p>	<p><i>More interaction with staff.</i></p> <p><i>yes</i></p> <p><i>pleasant atmosphere</i></p> <p><i>—</i></p> <p><i>yes</i></p>
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <p>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</p> <p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p>	<p><i>inc. participation of Admin staff &amp; nursing staff in overall life of residents.</i></p> <p><i>yes</i></p> <p><i>More interaction between staff &amp; residents during dining.</i></p> <p><i>no</i></p>

Community Advisory Committee  
Quarterly/Annual Visitation Report

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Lara Plantation</i>
Visit Date and day of the week <i>Thurs 7-7-16</i>	Time spent in facility <i>2</i> hours — minutes	Census – current/licensed: <i>70 / 80</i>
Name of person(s) with whom exit interview was held <i>Dawn Oldham - Admin.</i>		Arrival time <i>10 A.M.</i>
Committee members present:		Interview was held <input checked="" type="checkbox"/> in person
Number of residents who received personal visits from committee members <i>8</i>		Report completed by:
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>per request</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>	
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>	
3. 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>-</i>	
7. If so, did you ask staff about the facility's restraint policies?	<i>-</i>	
Note: Do not ask about confidential information without consent		

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?		<i>adequate</i>
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</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>-</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	<i>Yes</i>	
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?		

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

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>Yes</i>	
15a. Was a current activity calendar posted in the facility?	<i>Yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>Yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>Yes</i>	
16a. Can residents access their monthly needs funds at their convenience?	<i>Yes</i>	
17. Are residents asked their preferences about meal & snack choices?	<i>Yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>Yes</i>	
17b. Did residents express positive opinions regarding their dining experience?	<i>Yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>Yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>-</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>Yes</i>	<i>one complaint</i>
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>-</i>	

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>1. <i>one residents complained of lack of variety in snack foods "same crackers every day."</i></p> <p>2. <i>one resident complained that her room was never vacuumed. - Room appeared clean.</i></p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <p>1. <i>Resident is a diabetic - very over wt. in wheel chair. Adm. has been asked by M.D. to monitor her snacks - Her daughter also adds to her snacks.</i></p> <p>2. <i>Room is cleaned daily - use of roller broom rather than vacuum.</i></p>

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

**Community Advisory Committee  
Quarterly/Annual Visitation Report  
Culture Change Addendum**

Facility/ Date *Sara Plantation 7/7/16*

Culture Change / Person Centered Thinking	Comments/Responses
<p><b>1. Directed to residents –</b></p> <p>a. What is one thing you would change here to make your life better?</p> <p>b. Are you offered choices and encouraged to make your own decision about personal issues like what to wear or when to go to bed?</p> <p>c. What's important to you while dining?</p> <p>d. What would make your dining experience here more like home?</p> <p>e. Is listening to music something you've enjoyed?</p>	<p><i>Better selection of snacks</i></p> <p><i>yes</i></p> <p><i>food</i></p> <p><i>nothing</i></p> <p><i>yes</i></p>
<p><b>2. Directed to the administrator or supervisor-in-charge</b></p> <p>a. What are you doing to incorporate residents' wants and needs in every aspect of their lives and assure a home-like environment?</p> <p>b. Are you providing for consistent-assignment of your direct caregivers to take care of your residents?</p> <p>c. What are you doing to make the dining experience a pleasant one for your residents?</p> <p>d. Are you offering personalized music to your residents?</p>	<p><i>need to consider individual needs of residents in food selection.</i></p> <p><i>yes - in memory care</i></p> <p><i>—</i></p> <p><i>no</i></p>

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

County Moore	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: Pinehurst NH  Census – current/licensed: 85
Visit Date and day of the week July 5, 2016, Tues.	Time spent in facility hours 45 minutes	Arrival time 11:30am
Name of person(s) with whom exit interview was held Admin.		Interview was held <input checked="" type="checkbox"/> in person
Committee members present		
Number of residents who received personal visits from committee members 4		Report completed by:
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: Yes	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) : 3-21-16	Staffing information clearly posted? Yes	

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

<b>Resident Living Accommodations</b>	<b>Yes No N/A</b>	<b>Comments/Other Observations (please number comments)</b>
8. Did residents describe their living environment as homelike?	N/A	
9. Did you notice unpleasant odors?	No	
10. Did you see items that could cause harm or be hazardous?	No	
10a. Were unattended med carts locked?	Yes	
10b. Were bathrooms clean, odor-free and free from hazards?	N/A	
10c. Were rooms containing hazardous materials locked?	Yes	
11. Did residents feel their living areas were kept at a reasonable noise level?	N/A	

12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the Building	Yes	
13. Were residents able to reach their call bells with ease?	Yes	
14. Did staff answer call bells in a timely & courteous manner?	N/A	
14a If no, did you share this with the administrative staff?		

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

Facility / Date: July 5, 2016, Pinehurst  
NH

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	N/A	
15a. Was a current activity calendar posted in the facility?	Yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	N/A	
16a. Can residents access their monthly needs funds at their convenience?	N/A	
17. Are residents asked their preferences about meal & snack choices?	Yes	
17a. Are they given a choice about where they prefer to dine?	Yes	
17b. Did residents express positive opinions regarding their dining experience?	Yes	
17c. Is fresh ice water available and provided to residents?	Yes	
18. Do residents have privacy in making and receiving phone calls?	N/A	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	Yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	Yes	

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>Resident privacy, medical treatment being done with door open.</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/> <p>aid he would look into issue as stated in area of concerns.</p>

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

County <i>Moore</i>	Facility Type <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Pinehurst Nursing Home</i> Census - current/licensed:
Visit Date and day of the week <i>7-5 Tuesday</i>	Time spent in facility hours <i>45</i> minutes	Arrival time <i>11:30a.M.</i>
Name of person(s) with whom exit interview was held <i>Admin.</i>		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: <i>11</i>		
Number of residents who received personal visits from committee members <i>1</i>		Report completed <i>1</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>	
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>	
3. 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?	<i>n/a</i>	
Note: Do not ask about confidential information without consent		

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>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>no</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?		
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>n/a</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	<i>yes</i>	
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>n/a</i>	
14a If no, did you share this with the administrative staff?	<i>n/a</i>	

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

Facility / Date: 7-5-16 Pinehurst  
*Person Name*

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	n/a	
15a. Was a current activity calendar posted in the facility?	yes	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	n/a	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	n/a	
16a. Can residents access their monthly needs funds at their convenience?	n/a	
17. Are residents asked their preferences about meal & snack choices?	n/a	
17a. Are they given a choice about where they prefer to dine?	n/a	
17b. Did residents express positive opinions regarding their dining experience?	yes	
17c. Is fresh ice water available and provided to residents?	n/a	
18. Do residents have privacy in making and receiving phone calls?	n/a	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	yes	
20. Does the facility have a functioning: Resident's Council? Family Council?	Res. monthly	

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>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p>

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

County <i>Moore</i>	Facility Type <input checked="" type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: <i>Great Haven</i>
Visit Date and day of the week <i>7-5-16 Tuesday</i>	Time spent in facility hours <i>45</i> minutes	Census - current/licensed: <i>48/60</i>
Name of person(s) with whom exit interview was held <i>Mr. Durkin</i>	Arrival time <i>10:30a: M.</i>	Interview was held <input checked="" type="checkbox"/> in person
Committee members present		
Number of residents who received personal visits from committee members <i>3</i>		Report complete <input checked="" type="checkbox"/>
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>n/a</i>	Staffing information clearly posted? <i>n/a</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>	
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>n/a</i>	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	<i>n/a</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>n/a</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?	<i>n/a</i>	
Note: Do not ask about confidential information without consent		

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>	
9. Did you notice unpleasant odors?	<i>no</i>	
10. Did you see items that could cause harm or be hazardous?	<i>na</i>	
10a. Were unattended med carts locked?	<i>yes</i>	
10b. Were bathrooms clean, odor-free and free from hazards?	<i>n/a</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>n/a</i>	
12. Does the facility accommodate smokers? Note: By regulation smoking is only permitted outside of the building	<i>yes</i>	
13. Were residents able to reach their call bells with ease?	<i>n/a</i>	
14. Did staff answer call bells in a timely & courteous manner?	<i>n/a</i>	
14a If no, did you share this with the administrative staff?	<i>n/a</i>	

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

Reviewed 1/201:

Facility / Date: 7-5, Forest Haven

Resident Services	Yes No N/A	Comments/Other Observations (please number comments)
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	<i>yes</i>	<i>bingo player</i>
15a. Was a current activity calendar posted in the facility?	<i>yes</i>	
15b. Were activities scheduled to occur at the time of your visit actually occurring?	<i>yes</i>	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	<i>n/a</i>	
16a. Can residents access their monthly needs funds at their convenience?	<i>n/a</i>	
17. Are residents asked their preferences about meal & snack choices?	<i>yes</i>	
17a. Are they given a choice about where they prefer to dine?	<i>yes</i>	
17b. Did residents express positive opinions regarding their dining experience?	<i>yes</i>	
17c. Is fresh ice water available and provided to residents?	<i>yes</i>	
18. Do residents have privacy in making and receiving phone calls?	<i>yes</i>	
19. Is there evidence of community involvement from other Civic, volunteer or religious groups?	<i>yes</i>	
20. Does the facility have a functioning: Resident's Council? Family Council?	<i>Yes, monthly</i>	

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> <hr/>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. Give summary of visit with Administrator or SIC. Does the facility have needs that the committee or community could help address?</p> <hr/>