

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

County Durham	Facility Type <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home	Facility Name: BRAGTOWN FC Census: 5/6
Visit Date and day of the week THUR 7 20 06	Time spent in facility 1 hours minutes	Arrival time 10 AM
Name of person(s) with whom exit interview was held manager		Interview was held <input checked="" type="checkbox"/> in person
Committee members present: 2		
Number of residents who received personal visits from committee members 4, one resident was visiting family		
Resident Rights information is clearly posted? Yes	Ombudsman contact information is correct and clearly posted: No. Gave new resident rights poster with Ombudsman info	
The most recent survey was readily accessible (Required for NHs only – record date of most recent survey posted) :	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	Gave them new rights poster. Inside of house was neat and clean. Some storm windows were missing, but it did not appear to affect coolness of kitchen-dining room. Home is in an industrial area, the shop behind has a loud PA Speaker, but it doesn't seem to bother the residents as they sit on the back deck smoking.
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?	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?	NA	
5a. Did staff members wear nametags that are easily read by residents and visitors?	N	
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)	N	

Resident Living Accommodations	Yes No N/A	Comments/Other Observations (please number comments)
8. Did residents describe their living environment as homelike?	Y	8. The four residents interviewed said they have been there 2, 4, 7, and 12 years and said they had no complaints about the care. 10. Med cart was in the dining area but was sealed with a steel strap and lock.
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?	Y	
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?	NA	
14. Did staff answer call bells in a timely & courteous manner?	NA	
14a. If no, did you share this with the administrative staff?	NA	

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

