

Community Advisory Committee Quarterly/Annual Visitation Report

| | | |
|--|---|---|
| County Henderson | Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name Carillon Assit Living |
| Visit Date 2-23-18 | Time Spent in Facility 1 hr 30 min | Arrival Time : <input type="checkbox"/> am <input type="checkbox"/> pm |
| Name of Person Exit Interview was held with Jiffary Bayley - Adm | | Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) |
| Other Staff Rep Moose Penfold (Name & Title) Marketing Dir | | |
| Committee Members Present: Bernie Brodsky - Calvin Titus - Annette Goetz | | Report Completed by: Bernie Brodsky |
| Number of Residents who received personal visits from committee members: 6 | | |
| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only) | | Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Resident Profile | Comments & Other Observations |
|--|---|
| 1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No | met with epty by Administrator and introduced ourselves regarding visitation to the facility Marketing Director was present promoting Dignity & Independence of Care |

| Resident Living Accommodations | Comments & Other Observations |
|---|--|
| 1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Sanitation in kitchen & facility 98% 96 Beds - 43 Occupied Rooms are in rows of ABC 110" is Memory Care with 13 residents |

| Resident Services | Comments & Other Observations |
|---|--|
| 5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No 6a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire Drills are conducted - once a month. However Fire alarm equipment is RED for easy access |

| 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. |