

Community Advisory Committee Quarterly/Annual Visitation Report County Facility Type - T Family Care Home Facility Name Adult Care Home X Nursing Home Henderson **Brian Center** Combination Home Visit Date 09/19/2017 Time Spent in Facility hr 30 min Arrival Time 11 6: ☑am □pm Name of Person Exit Interview was held with Cookie =rr Interview was held In-Person Phone Admn. ISIC(Supervisor in Charge) ☐Other Staff Rep (Name &Title) Committee Members Present: Report Completed by: Donn S:, Annette G, Darlene H C.A Buddy Edwards Number of Residents who received personal visits from committee members: 17plus Resident Rights Information is clearly visible.

Yes
No Ombudsman contact information is correct and clearly posted. Tes No Staffing information is posted.

Yes

No (Required for Nursing Homes Only) **Resident Profile Comments & Other Observations** 1. Do the residents appear neat, clean and odor free? Yes 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? Yes I No Census 103 / 120BEDS 3. Did you see or hear residents being encouraged to participate in their care Sanitation 94 Kitchen 98 by staff members? ☐Yes ☑ No 4. Were residents interacting w/ staff, other residents & visitors?

☑Yes □No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☐ Yes ☐ No 6. Did you observe restraints in use? ☐ Yes ☑ No 7. If so, did you ask staff about the facility's restraint policies? ☐Yes☐No **Resident Living Accommodations Comments & Other Observations** 8. Did residents describe their living environment as homelike? ☑Yes ☑No 9. Did you notice unpleasant odors in commonly used areas? ☐Yes ☑No 10. Did you see items that could cause harm or be hazardous? ☑Yes ☑No 11. Did residents feel their living areas were too noisy? Yes I No 12. Does the facility accommodate smokers? ☐ Yes ☐ No 12a. Where? Outside only Inside only Both Inside & Outside. 13. Were residents able to reach their call bells with ease?
☐ Yes ☐ No 14. Did staff answer call bells in a timely & courteous manner? ☐Yes ☑ No 14a. If no, did you share this with the administrative staff? \(\subseteq\) Yes \(\subseteq\) No **Resident Services Comments & Other Observations** 15. Were residents asked their preferences or opinions about the activities there appears to be much improvement in the planned for them at the facility? ☐Yes ☐ No facility since last visit. 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No 16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No 17. Are residents asked their preferences about meal & snack choices? ☐ Yes ☐ No 17a. Are they given a choice about where they prefer to dine? \(\subseteq\) Yes \(\subseteq\) No 18. Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☐Yes ☐ No 20. Does the facility have a Resident's Council? ☐ Yes ☐ No Family Council? Tyes 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 Discuss items from "Areas of Concern" Section as well as any changes

> This Document is a **PUBLIC RECORD**. <u>Do not</u> identify any Resident(s) by name or inference on this form. <u>Top Copy</u> is for the Regional Ombudsman's Record. <u>Bottom Copy</u> is for the CAC's Records.

observed during the visit.

improvement is quite noticable.

r

visit?