

# Community Advisory Committee Quarterly/Annual Visitation Report

County: Benedict  
 Facility Type:  Adult Care Home  Family Care Home  Combination Home  Nursing Home  
 Facility Name: Complete Care Golden Living  
 Visit Date: 2/13/17 Time Spent in Facility: 1 hr 30 min Arrival Time: 12: 00: 01 am  pm  
 Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person

Name: Johnnie Sanders Phone: \_\_\_\_\_  
 Title:  Admn.  SIC (Supervisor in Charge)  Other staff SNV

Committee Members Present: Monia, Eleanor, Mary Israel, Sarah Weiss, Judy Report Completed by: \_\_\_\_\_

Number of Residents who received personal visits from committee members: 4 + 4 + 4 + 5 + 6 = 29 Total

Resident Rights Information is clearly visible.  Yes  No Ombudsman contact information is correct and clearly posted.  Yes  No

The most recent survey was readily accessible.  Yes  No Staffing information is posted.  Yes  No

### Resident Profile

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>Long, dirty fingernails unshaven</u></p> <p><u>Dining rm. only</u></p> <p><u>Did not observe (staff was at desk on in D.R. only)</u></p>
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" 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 checked="" type="checkbox"/> No	
4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	
6. Do 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 checked="" type="checkbox"/> No	

### Resident Living Accommodations

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p><u>- cluttered / space</u></p> <p><u>"unfresh / stale"</u></p> <p><u>roommate issue - inter-feres with sleep</u></p> <p><u>2 unreachable</u></p> <p><u>15 min to 1 hr "forever" 2x</u></p>
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Did residents feel their living areas were too noisy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.	
13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### Resident Services

Resident Services	Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>"too far to come to activities &amp; no one offers to come get me"</u></p> <p><u>- Activ. Din went to get CNA to help resident complaining of sore leg - 15+ min</u></p>
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

New Pros: ( )

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.

✓) doctor's response - resident does not feel heard.

Primate issue already resolved - has many "dislikes" One who was "too far" has been moved close

○ dietary needs to avoid dialysis - does NOT get what she needs.

Hydrotherapy?

○ Scheduled bed pan use?

No PRN has penecet

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○ WiFi & Cable (out today) (out 3 wks)

yes

✓) "mean night nurse" - Pain Med. - "I'll get to you when I can get to you"

✓) Pain Issues - surgery last wk. - no pain med. (Rx)

✓) Food - Bland, can have only 1 pt. salt - can ask for more

Kudos:

- Curtains put up in room which was waiting for 'em.
- new curtains over patio windows

"I've been in lots of family care homes & this is the best I've seen."

GRANT

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