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Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name MONISCARE
Visit Date NOV. 15, 2017	Time Spent in Facility 1 hr 25 min	Arrival Time 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <input type="checkbox"/> Other Staff Rep	SANDY MORSE (Name & Title)	Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: K. DUNN, M. SACHS, B. BROOSY, CAL TITUS	Report Completed by: CAL TITUS	

Number of Residents who received personal visits from committee members: _____

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL RESIDENTS SUITABLY DRESSED. SOME LOUNGING IN SMOKING AREA. RESIDENTS SPOKE HIGHLY OF STAFF. FOOD RATED A PLUS

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 type="checkbox"/> Yes <input checked="" 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 & Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	FACILITY HAS A PRIVATE HOME ATMOSPHERE IN A QUIET COUNTRY SETTING. CENSUS 6 of 6, MEN ONLY. 4 PRIVATE PAY - 2 MEDICAID. HAVE A 3 STAR RATING FOR 2017

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No 7a. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIC IS A CERTIFIED MED TECH, WORKS WITH DSS ON ADL'S. TRANSPORTATION AVAILABLE FOR OFFSITE SERVICES. OWNER: JANE NJUNO, LIVES DOWN STAIRS. SANTA CLAUS WISH LIST: ALL NEW LINEN'S, ESPECIALLY WASH CLOTHS AND TOWELS.

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. ABSENCE OF COMMITTEE MEMBERS LISTING, (OMBUDSMAN INFO)