

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Henderson		<b>Facility Type:</b>				<b>Facility Name:</b> Laurels of Hendersonville																	
		<input type="checkbox"/>	Adult Care Home		<input type="checkbox"/>					Family Care Home													
		<input type="checkbox"/>	Combination Home		<input checked="" type="checkbox"/>					Nursing Home													
<b>Visit Date</b> 09-19-17	<b>Time Spent in Facility</b>		1	hr		min	<b>Arrival Time</b>	9	:	0	:	0	<input checked="" type="checkbox"/>	am			pm						
Person Exit Interview was held with: <b>Tori Hope - Administrator</b>								Interview was held		<input checked="" type="checkbox"/>		<b>In-Person or Phone (Circle) in person</b>											
		<b>SIC (Supervisor in Charge)</b>		<b>Other Staff: (Name &amp; Title)</b>																			
Committee Members Present: <b>Buddy Edwards, Darlene Hester, Donna Sheline, Annette Goetz</b>								Report Completed by: <b>Annette Goetz</b>															
<b>Number of Residents who received personal visits from committee members: 17</b>																							
<input checked="" type="checkbox"/>						<input type="checkbox"/>						<input checked="" type="checkbox"/>						<input type="checkbox"/>					
<input checked="" type="checkbox"/>						<input type="checkbox"/>						<input checked="" type="checkbox"/>						<input type="checkbox"/>					
Resident Profile									Comments & Other Observations														
1. Do the residents appear neat, clean and odor free?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No																	
			<input checked="" 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																	
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																	
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																	
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																	
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 checked="" type="checkbox"/>	Yes	<input 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 and Outside.																							
13. Were residents able to reach their call bells with ease?			<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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?  Yes  No

**Resident Services**

**Comments & Other Observations**

Yes  No

Yes  No

Yes  No

Yes  No  
 Yes  No

17a. Are they given a choice about where they prefer to dine?

Yes  No

20. Does the Facility have a Resident's Council?  Yes  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 visit?

Discuss items from "**Areas of Concern**" Section as well as any changes observed during the visit.

When we entered facility no one was at the desk. We moved down the hall checking offices, but found no one. We waited approx 4 to 5 minutes until someone appeared. We were very concerned for resident safety. Discussed during exit interview and were assured that this is not a normal occurrence and will be closely monitored.

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