

CHARLIE

CA
HC ✓

2018

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 JUST-IN-TIME FAMILY CARE - UNITS 1 & 2 (226 & 254)
Visit Date 8-16-18	Time Spent in Facility hr 20 min	Arrival Time 11:15 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with GERALDINE & GINGER (Name & Title)		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: TOM KEATING & CHARLIE McCURDY		Report Completed by: CHARLIE McCURDY & TOM KEATING, VOLUNTEERS
Number of Residents who received personal visits from committee members: 5 RESIDENTS		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman NOT ALWAYS contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input checked="" 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

- Do the residents appear neat, clean and odor free? Yes No
- Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No **GENERAL ENCOURAGEMENT**
- Were residents interacting w/ staff, other residents & visitors? Yes No **HIGHLY COMMUNICATIVE**
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

RESIDENTS APPEARED NEAT & CLEAN.
RESIDENTS WERE HIGHLY COMMUNICATIVE OF STAFF
SUPERVISORS WERE PRESENT AND BUSY HANDLING WORK/LUNCH
SECURITY & SIGN-OUT PROCEDURES WERE EVIDENT

Resident Living Accommodations

- Did residents describe their living environment as homelike? Yes No
- Did you notice unpleasant odors in commonly used areas? Yes No
- Did you see items that could cause harm or be hazardous? Yes No
- Did residents feel their living areas were too noisy? Yes No
- Does the facility accommodate smokers? Yes No **ON PORCH**
- Where? Outside only Inside only Both Inside & Outside.
- Were residents able to reach their call bells with ease? Yes No
- Did staff answer call bells in a timely & courteous manner? Yes No
- If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

ACTIVITY SCHEDULE WAS POSTED
HOMELIKE WITH COMMON DINING AREA + food.
DESIGNATED WASH DAYS +

Resident Services

- Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No **APPEARED TO BE A RELATIONAL RELATIONSHIP**
- Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No **SUPPLY TRUCK**
- Can residents access their monthly needs funds at their convenience? Yes No
- Are residents asked their preferences about meal & snack choices? Yes No
- Are they given a choice about where they prefer to dine? Yes No
- Do residents have privacy in making and receiving phone calls? Yes No **+ CELL PHONES**
- Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No **CHURCH GROUPS**
- Does the facility have a Resident's Council? Yes No
Family Council? Yes No **SUPERVISORS COUNCIL WAST**

Comments & Other Observations

VERY NICE EXTERIOR LANDSCAPING
GOOD CLEANING THROUGHOUT - LAUNDRY ROOMS WERE NEAT & TIDY

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?
SOME GLASS PARTICLES WERE NOTED BEHIND THE UNITS

Exit Summary

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

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.