Community Advisory Committee Quarterly/Annual Visitation Report

Carrete				
County	Facility Type:	☐ Family Care Home	Facility Name	
Henderson	☐ Combination		Willow Springs	
Visit date	Third Spelic III I		Arrival Time	
09-18-18		30 Min	10:30 Am	PM
Name of person Exit Interview was held with Tammy Tate - Owner/Administrator (Name & Title) Interview was held □ In-Person ☑Phone □Admin □SIC (Supervisor in Charge) □ Other Staff Rep				
Committee Members Present Donna Sheline, Sherry Re	•		Report completed by: Annette Goetz	
Number of Residents who rec			mbers: 1	
Resident Rights Information is ☑ Yes ☐ No	clearly visible.	Ombudsman contact i	nformation is correc	t and clearly
The most recent survey was readily accessible.		posted.		
☐ Yes ☐ No		Stanling information is posted.		
(Required for Nursing Homes (
Resident Profil	e	Comments a	nd Other Observa	tions
encouraged to participate in their care by staff members? ☐ Yes ☐ No 4. Were residents interacting w/ staff, other residents & visitors? ☐ Yes ☒ No		Census 6/6		
		Facility has 3 stars and a rating of 192.5		
		The 3 residents we saw were neat and clean.		
		We were met by a female resident and spoke with Steven, one of the residents. Cliff the Manager was out doing errands and Tammy Tate (owner) was not on the premises.		
		residents were in the	eir rooms.	THE SOME
		5. Did you observe restraints in use? ☐ Yes ☒ No		
 If so, did you ask staff about restraint policies? ☐ Yes 	t the facility's			

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Resident Living Accommodations	Comments and 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 ☐ No 12. Does the facility accommodate smokers? ☐ Yes ☐ No 12a. Where? ☒ Outside 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? ☐ Yes ☐ No	All areas of facility observed were in need of sweeping or vacuuming and mopping. Mold was found in bathroom and on shower curtain. Ants very prevalent in kitchen (sink, on counters and floor). Very few lights were on. Facility was very dark. Steven explained this was at the resident's request.
Residential Services	Comments and Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☐ Yes ☒ No 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? ☐ Yes ☐ 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? ☐ Yes ☐ No	Calendar for month of September had NO activities planned.

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Areas of Concern	Exit Summary
Areas of Concern Are there resident issues or topics that need follow-up or review at a later time or during the next visit? Discussed all problem areas with Tammy Tate by phone. Suggest follow-up visit within 2 months.	Exit Summary Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.