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### Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Henderson</b>		Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Facility Name <b>Carillion Assited Living</b>	
Visit Date <b>6-6-18</b>		Time Spent in Facility hr <b>30</b> min		Arrival Time : <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
Name of Person Exit Interview was held with <b>Tiffany Bayley - Admin</b>		Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)			
Other Staff Rep		(Name & Title)			
Committee Members Present: <b>Bernie Brodsky, Michelle Maupin</b>				Report Completed by: <b>Michelle Maupin</b>	
Number of Residents who received personal visits from committee members: <b>7</b>					
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Ombudsman contact information is correct and clearly posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(required for Nursing Homes Only)</i>			Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Resident Profile</b>			<b>Comments &amp; Other Observations</b>		
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 checked="" type="checkbox"/> No 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 Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>			Complaints there was not enough staff to perform daily bathing. Complaints of not enough food choices. Too much soup. Filled 49 - Beds out of 96 - Hall C - 15 all women Pets Permitted		
<b>Resident Living Accommodations</b>			<b>Comments &amp; Other Observations</b>		
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No			Very clean, organized and no odors. All closets + Rx Carts locked. No scheduled activities @ time of visit Pets are allowed.		
<b>Resident Services</b>			<b>Comments &amp; Other Observations</b>		
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No Were residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Fire drills once a month. Rotated on 14 shifts. Disaster drill - yearly. If imminent weather they only go to the door. They take weekly trips to stores. like \$ Tree.		
<b>Areas of Concern</b>			<b>Exit Summary</b>		
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.		