

Community Advisory Committee Quarterly/Annual Visitation Report

I COUNTY	Facility T.	П		
County	Facility Type:	☐ Family Care Home	Facility Name	
Henderson Visit date	□ Adult Care Home 区 Nursing Home □ Combination Home		The Laurels of Hendersonvill	
05-15-18	Time Spent in F		Arrival Time	
		15 Min	10:20 Am	PM
Name of person Exit Interview	v was held with _	Torrie Hope - Administra	itor (Nan	0 71.1
Interview was held In-Pers	on □Phone □	lAdmin □SIC (Supervise	or in Charge) 🗆 Oth	er Staff Rep
Darlene Hester, Donna S	: neline, Annett	e Goetz	Report completed b	py:
Number of Residents who rec	eived personal v	isits from committee me	mhers: 40	
Resident Rights Information is	clearly visible.	Ombudsman contact	embers: 10	
🛛 Yes 🔲 No		Ombudsman contact information is correct and clearly posted.		
The most recent survey was read	ly accessible.	Staffing information is posted.		
Yes No	- · ·	¥ Yes	□No	
(Required for Nursing Homes			AAAAAAAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAA	
Resident Profi	(2	Rejmments a	ind Other Observat	itoms
 Do the residents appear no odor free? ☑ Yes ☐ No Did residents say they recewith personal care activities their teeth, combing their dentures or cleaning their dentures ☐ Yes ☐ No Did you see or hear resident encouraged to participate staff members? ☐ Yes Were residents interacting residents & visitors? ☑ Yes Did staff respond to or interesidents who had difficulty communicating or making the known verbally? ☐ Yes Did you observe restraints in ☐ Yes ☒ No 	eive assistance es, ex. brushing nair, inserting eyeglasses? Ints being in their care by in No w/ staff, other is in No ract with wheir needs	Numerous resident and tearing) with but facility (change in value Administrator during Nothing observed	riefs being furnishe endor). Discusse	ed by

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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 	In several rooms folley tubes were on floor.
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 □ Inside only □ Both Inside &	One room had a trash can full of dirty briefs and dirty linen over flowing into the floor. Discussed both with Administrator during exit interview.
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	Nothing observed.
Residential Services	Comments and Other Observations
0000	* * * * * * * * * * * * * * * * * * *
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	Just received a new supply of puzzles for residents.

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Are there resident issues or topics that need D	Exit Summary
len .	Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.
during our next visit. Addring our next visit.	All areas of concern were discussed with administrator. The dirty briefs and dirty linen and the folley tubes were being addressed mmediately. The problems with the briefs upplied by the facility was already being ddressed.