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### Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	Facility Type: <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name Brian Center
Visit date 12/18/18	Time Spent in Facility Hr. 55 Min	Arrival Time 09:10 Am 10:05 PM
Name of person Exit Interview was held with Director of Nursing - Michaela (Name & Title)		
Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admin <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep		
Committee Members Present: D. Sheline, A. Goetz, S.Reid, N. Christiansen,C. Larimore		Report completed by: Carol Larimore
Number of Residents who received personal visits from committee members: 15		
Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Required for Nursing Homes Only)	Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Resident Profile	Comments and Other Observations	
<ol style="list-style-type: none"> <li>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did residents say they receive assistance with personal care activities, ex. <i>brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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</li> <li>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol>		

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Resident Living Accommodations	Comments and Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9- Upon entry to front lobby was a faint smell of urine that was not in any resident areas.</p> <p>14- One non-emergency bell took approx. 10 minutes to answer</p>
Residential Services	Comments and Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. 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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. 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</p>	<p>15- Daily activity list given out with each breakfast tray.</p> <p>20- The Center has begun an Ambassador program where staff are assigned a resident.</p>

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Areas of Concern	Exit Summary
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p> <p>1- Alleged abuse voiced by one resident. Notification immediately made to Land of Sky Ombudsmen Cori Search and Julia Gibson and County leader Larry Kosowsky for investigation.</p> <p>2- Linen cart uncovered with personal beverage container on shelf. CNA "hugged" linen to body while taking to resident room. One linen item dropped to floor and was picked up and taken to room.</p> <p>3- Two residents were observed being pushed backward in wheelchair by a CNA without being informed or consenting to movement.</p> <p>4- Recent survey book was blank.</p> <p>5- No staffing info posted</p> <p>6- Unlabelled medicated cream open on bedside table in a resident room</p> <p>7- On the 200 hall, Hoyer lift was by the exit door</p> <p>8- On the Memory unit, residents were sitting without activities</p>	<p>Discuss items from "<i>Areas of Concern</i>" Section as well as any changes observed during the visit.</p> <p>1- Each Area of Concern was reported to the D.O.N on Exit Conference.</p> <p>2- According to the D.O.N., the Memory Unit was under consideration to be closed. The decision was made to retain the unit and it was undergoing a physical renovation for a "Sensory Room" with a new Life Enrichment staff person.</p> <p>3- D.O.N was told of <del>allegation</del> <i>allegation</i> verbalization by one resident and the need for the CAC Members to notify land of Sky Ombudsman for investigation.</p>