



## **Community Advisory Committee Quarterly/Annual Visitation Report**

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County	Facility Type:	☐ Family Care Home	Facility Name	
Henderson	Adult Care I	Home ☐ Nursing Home n Home	Henderson's Assisted Living	
Visit date	Time Spent in	Facility	Arrival Time	
November29, 2018	1 Hr.	Min	10 Am PM	
Name of person Exit Interview was held with		Crystal Robinson	(Name & Title)	
Interview was held 🗵 In-Per	or in Charge)  Other Staff Rep			
Committee Members Present	t:		Poport completed by	
Charlie McCurdy, Sue Wa	arden, Sandra	Rodriquez, Lynn Herg	Lynn Herget	
Number of Residents who received personal visits from committee members:				
Resident Rights Information is clearly visible.			information is correct and clearly	
☑ Yes ☐ No		posted. 🛛 Yes		
The most recent survey was readily accessible.		Staffing information is po		
☐ Yes ☐ No		▼ Yes	□ No	
(Required for Nursing Homes	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	0		
Resident Prof	ile	Comments a	nd Other Observations	
	1. Do the residents appear neat, clean and		Small, family-owned facility, with recent change of Director.	
odor free? ⊠ Yes □ No	•	Crystal Robinson, long-time employee, now in charge. She has made several positive changes, including repair and update of		
2. Did residents say they receive assistance		resident rooms,	langes, including repair and update of	
with personal care activities, ex. brushing			ts when full, but currently only 22 are	
their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?  ☑ Yes ☐ No		living there while they are	e working on rooms, one at a time.	
		This allows them to move	e residents temporarily, while work is	
		being done.		
3. Did you see or hear residents being		decoration.	esident to help put up Christmas	
encouraged to participate in their care by		decoration.		
	□ No			
4. Were residents interacting w/ staff, other		4.) Witnessed resident a	proach staff with concern about her	
residents & visitors? ⊠ Yes □ No		roommate who was just t	ransported to hospital by EMS.	
			red her that her roommate would be	
residents who had difficulty communicating or making their needs		OK.		
		Ж.		
known verbally? 🛛 Yes		Sanitation	Robin 990	
•			The way	
6. Did you observe restraints in use?  ☐ Yes ☒ No		1	Rating 98,0 Bulding 970	
7. If so, did you ask staff abo	ut the facility's			
restraint policies? Yes No				
restraint policies: Li fes	LI NO			

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Resident Living Accommodations	Comments and Other Observations
<ul> <li>8. Did residents describe their living environment as homelike? ☑ Yes ☐ No</li> <li>9. Did you notice unpleasant odors in commonly used areas? ☐ Yes ☒ No</li> <li>10. Did you see items that could cause harm or be hazardous? ☐ Yes ☒ No</li> <li>11. Did residents feel their living areas were too noisy? ☐ Yes ☒ No</li> <li>12. Does the facility accommodate smokers?</li> </ul>	<ul> <li>8.) Resident rooms were for 2-4 people, leaving little space for personal items. Most rooms had only single beds and small chest of drawers. That being said, the residents did use their available space to display pictures and personal items. Beds were covered with bedding of their choice.</li> <li>10.) Dining area and halls were clear of clutter.</li> <li>12.) Smokers are allowed to go out back onto a covered porch designated as a smoking area whenever they wanted.</li> </ul>
☑ Yes ☐ No 12a. Where? ☑ Outside only ☐ Inside only ☐ Both Inside & Outside.	Unfortunately, roof has leaked for some time. It is also quite breezy. DON states that area is on their "to do" list.
<ul> <li>13. Were residents able to reach their call bells with ease? ☐ Yes ☒ No</li> <li>14. Did staff answer call bells in a timely &amp;</li> </ul>	13.) Call bells were not readily available, but policy states that staff are required make rounds on resident rooms every 20 minutes. Per Staff.
courteous manner? ☐ Yes ☐ No 14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No	
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	15.) Activities based on participation. DON states they "start the day off with Hugs & Greetings, which everybody likes."
II.	<ul> <li>15.) Activities based on participation. DON states they "start the day off with Hugs &amp; Greetings, which everybody likes."</li> <li>16.) DON reports that most residents are given their monthly allowance on a regular date. Those that are unable to manage their own money, have it kept for them to use when they need something. There is a Dollar Store across the street.</li> </ul>
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	the day off with Hugs & Greetings, which everybody likes."  16.) DON reports that most residents are given their monthly allowance on a regular date. Those that are unable to manage their own money, have it kept for them to use when they need something. There is a Dollar Store across the street.  17.) Residents are offered snacks 3x/day. Other snacks are
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This document is a **PUBLIC RECORD**. <u>Do not identify any Resident(s) by name or inference on this form.</u>
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Areas of Concern	Exit Summary		
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.		
Residents had no complaints about the way they were cared for.	While facility has made obvious progress, we did have a few concerns about resident privacy. The shower room door did not close completely and there were no privacy screens or curtains between residents' beds.		
The smokers would like to have the roof repaired in the smoker's area, to keep them dry.	Curtains between residents peds.		