

## Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:	☐ Family Care Home	Facility Name	
HENDERSON	Adult Care Ho	ome 🗆 Nursing Home	KANDINGS AT	
	☐ Combination Home		MILLS RIVER	
Visit date	Time Spent in Fa	acility	Arrival Time	
8.21.18	Hr.	30 Min	Am /Q: 25 PM	
Name of person Exit Interview	w was held with _	JILL EATON	<b>DIRETAR</b> Name & Title)	
Interview was held ☑ In-Person ☐ Phone ☐ Admin ☐ SIC (Supervisor in Charge) ☐ Other Staff Rep				
Committee Members Present:			Report completed by:	
DONNA SHELINE, ANNETTE GOE		TZ SHERRY KEID	SHERRY KEID	
Number of Residents who received personal visits from committee members:				
Resident Rights Information is clearly visible.			nformation is correct and clearly	
✓ Yes □ No		posted. Z Yes		
The most recent survey was readily accessible.   Yes  No		Staffing information is po	sted. No	
(Required for Nursing Homes		L res	140	
Resident Prof	COURSE OF THE RESIDENCE OF THE PARTY OF THE	Comments a	nd Other Observations	
1. Do the residents appear neat, clean and		NEW FACIL	174.	
odor free? 🛮 Yes 🔲 No		NO PAULTE	TION RATINGS YET.	
2. Did residents say they receive assistance		NO ONNIT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
with personal care activities, ex. brushing		CENSUS -	17	
their teeth, combing their hair, inserting		1000	-1 1	
	dentures or cleaning their eyeglasses?		14-65	
✓ Yes □ No		30	- MEMORY CARE	
	3. Did you see or hear residents being		- ASST'D LIVING	
encouraged to participate	/			
staff members?	11.00			
4. Were residents interacting w/ staff, other		RESIDENTS	NICELY DRESED;	
residents & visitors?   Yes  No		•	1	
5. Did staff respond to or interact with		CHATTINE	S IN LIVING ROOM	
residents who had difficulty communicating or making their needs				
known verbally? Yes No		POTREE ATTE	NTIVE & FRIGNILY	
6. Did you observe restraints in use?			,	
Yes DNo		TO R	ETIBENTS	
7. If so, did you ask staff about the facility's				
restraint policies?		ALL PRIVATE	PAK	

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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	SHADOW BOYES IN MEMORY UNIT
☐ Inside 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  Residential Services	NOTHING DOSERVED  Comments and Other Observations
The state of the s	
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?	N/A
☐ Yes ☐ No	NA
16a. Can residents access their monthly needs funds at their convenience?  ☐ Yes ☐ No	NIA
17. Are residents asked their preferences about meal & snack choices?  Yes \square No	
17a. Are they given a choice about where they prefer to dine? Yes \(\simeg\) No	
18. Do residents have privacy in making and receiving phone calls? ✓ Yes ☐ No	CORPLESS PHONES
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 STARTING RESIDENT COUNCIL
Council? Yes No Family Council? Yes No	FAMILY NIGHT - ONCE / MO

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Areas of Concern	Exit Summary
Are there resident issues or topics that need	Discuss items from "Areas of Concern" Section as well
follow-up or review at a later time or during the next visit?	as any changes observed during the visit.
NONE	STAFFING INFO WILLBE POSTED.
	HOPES TO BE AT CAPACITY BY "/30