

Community Advisory Committee Quarterly/Annual Visitation Report

| County HENDERSON | Facility Type - <input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name FLETCHER VIEW INN |
|---|---|--|
| Visit Date MAY 29 2017 | Time Spent in Facility 1 hr 00 min | Arrival Time 2:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| Name of Person Exit Interview was held with DAVID STRANG, OWNER (Name & Title) | | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) |
| Committee Members Present: CAL TITUS - BERNIE BRODSKY - MARTHA SACHS | | Report Completed by: CAL TITUS |
| Number of Residents who received personal visits from committee members: | | |
| 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 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 | |
| Resident Profile | Comments & Other Observations | |
| <ul style="list-style-type: none"> 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 type="checkbox"/> No Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p style="font-size: 1.2em;">ARRIVED ON MEMORIAL DAY RESIDENTS ON SUN PORCH FINISH'G THEIR PICNIC STYLE LUNCH SOME LOCAL RESIDENTS WERE SOCIALIZING WITH THEM</p> | |
| Resident Living Accommodations | Comments & Other Observations | |
| <ul style="list-style-type: none"> 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 1. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No - OUTSIDE ONLY 2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p style="font-size: 1.2em;">CENSUS 5 - 2M 3W CAPACITY 6. THE EMPTY ROOM BEING COMPLETELY RENOVATED. A TOTALLY NEW AIR CONDITIONER IS BEING INSTALLED. NEW HAND RAIL INSTALLED AT SUN PORCH DOOR.</p> | |
| Resident Services | Comments & Other Observations | |
| <ul style="list-style-type: none"> i. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No ii. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No ia. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No iii. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ia. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No iv. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No v. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No vi. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No | <p style="font-size: 1.2em;">ALTHOUGH ACTIVITIES ARE AVAILABLE, SEVERAL RESIDENTS HAVE LOCAL FAMILY AND STAFF WILL AND DOES PROVIDE WHAT ANY RESIDENT MIGHT REQUIRE. RESIDENTS APPEAR CONTENT AND EXPRESSED PLEASURE WITH SERVICES.</p> | |
| Areas of Concern | Exit Summary | |
| <ul style="list-style-type: none"> Are there resident issues or topics that need follow-up or review at a later time or during the next visit? PHONE: 684-5414 | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> | |

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.

Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.