

## 40

## Community Advisory Committee Quarterly/Annual Visitation Report

County  HENDER SON  Visit date  Usit date	Facility  /0 Min	Facility Name  BLIAN GENTER HELM  Arrival Time
Visit date  4/22/2019  Name of person Exit Interview was held with	Pacility  // Min  m. // // // // // // // // // // // // //	Arrival Time
Visit date  4/22/2019  Time Spent in  Hr.  Name of person Exit Interview was held with	Facility  /0 Min	
Name of person Exit Interview was held with	/0 Min	
Name of person Exit Interview was held with Interview was held ☑ In-Person ☐ Phone	micili 10:15	1 500 0
Interview was held In-Person   Phone	1111	PM (Name & First)
	□Admin □SIC (Supervise	Or in Chargo   [] Other Series
Committee Members Present:	Total Tabat 413	Report completed by:
DAVE Smith, Don Strel,	TARKE POUMO	[ / ]
Number of Residents who received personal	visits from committee me	HACKY POMPONED
Resident Rights Information is clearly visible.		
☑Yes ☑ No		information is correct and clearly
The most recent survey was readily accessible	Staffing information is po	S ENOT CORRECT.
☐ Yes ☐ No	☐ Yes	
(Required for Nursing Homes Only)		Bin your seens.
Resident Profile	Comments a	and Other Observations
		THE RESERVE OF THE PARTY OF THE
1. Do the residents appear neat, clean and	I male w	Ith STRONG UNINE
odor free? ☑ Yes ☐ No	adas.	
2. Did residents say they receive assistance		<i>U</i> .
with personal care activities, ex. brushing		ta 10.0 <b>/</b> )
their teeth, combing their hair, inserting	not or ser	red
dentures or cleaning their eyeglasses?		
☑ Yes ☐ No		
3. Did you see or hear residents being		
encouraged to participate in their care by		
staff members?		
4. Were residents interacting w/ staff, other		
residents & visitors?  Yes  No		
5. Did staff respond to or interact with		$\cap$
residents who had difficulty	1	() ()
communicating or making their needs	not opserver	- one nurse
known verbally? 10 Yes 12 No	alentedu	- one nurse s to Famly werker
6. Did you observe restraints in use?	10000	News of Sung
☐ Yes ☑ No	WITH WITH	rus regarding
<ol><li>If so, did you ask staff about the facility's</li></ol>	pending ru	oom change
restraint policies? 🗆 Yes 🔀 No	11	

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Resident Living Accommodations	Comments and Other Observations	SCA III
B. Did residents describe their living environment as homelike?  Yes  No Did you notice unpleasant odors in commonly used areas?  Yes  No Did you see items that could cause harm or be hazardous?  Yes  No Did residents feel their living areas were too noisy?  Yes  No Does the facility accommodate smokers?   Yes  No Does the facility accommodate smokers?   Yes  No Dutside only  Both Inside & Outside.  Were residents able to reach their call bells with ease?  Yes  No Did staff answer call bells in a timely & courteous manner?  Yes  No Did no, did you share this with the administrative staff?  Yes  No	vrine oder  one unlocked med ourt, noted un attended or mule on top in eartainers.  Oz on in visited horms	
Residential Services	Comments and Other Observations	
opinions about the activities planned for them at the facility? ☐ Yes ☐ No  Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  ☐ Yes ☐ No  a. Can residents access their monthly needs funds at their convenience?  ☐ Yes ☐ No  Are residents asked their preferences about meal & snack choices?  ☐ Yes ☐ No  a. Are they given a choice about where they prefer to dine? ☐ Yes ☐ No  Do residents have privacy in making and receiving phone calls? ☐ Yes ☐ No	new artisty sirector- The xisit to appears.	
Is there evidence of community involvement from other civic, volunteer or religious groups? \$\sqrt{1}\$ Yes \$\sqrt{1}\$ No	met one volunteer were comes to assist artities & plup	
	environment as homelike? Yes No Did you notice unpleasant odors in commonly used areas? Yes No O. Did you see items that could cause harm or be hazardous? Yes No 1. Did residents feel their living areas were too noisy? Yes No 2. Does the facility accommodate smokers? Yes No 2. Where? Outside only Inside only Both Inside & Outside. 3. Were residents able to reach their call bells with ease? Yes No 4. Did staff answer call bells in a timely & courteous manner? Yes No A. If no, did you share this with the administrative staff? Yes No Residential Services  6. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No  C. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No a. Can residents access their monthly needs funds at their convenience? Yes No Are residents asked their preferences about meal & snack choices? No Are they given a choice about where they prefer to dine? Yes No	B. Did residents describe their living environment as homelike? \$\frac{1}{2}\$ Yes \$\ \] No D. Did you notice unpleasant odors in commonly used areas? \$\frac{1}{2}\$ Yes \$\ \] No D. Did you see items that could cause harm or be hazardous? \$\frac{1}{2}\$ Yes \$\ \] No D. Did residents feel their living areas were too noisy? \$\ \] Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Does the facility accommodate smokers?  \$\frac{1}{2}\$ Yes \$\ \] No Residents able to reach their call bells in a timely & courteous manner? \$\ \] Yes \$\ \] No Residential Services  \$\frac{1}{2}\$ Yes \$\ \] No Residential Services  \$\frac{1}{2}\$ Yes \$\ \] No Do residents asked their preferences or opinions about the activities planned for them at the facility? \$\ \] Yes \$\ \] No Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?  \$\frac{1}{2}\$ Yes \$\ \] No Are residents asked their preferences about meal & snack choices?  \$\frac{1}{2}\$ Yes \$\ \] No Do residents have privacy in making and receiving phone calls? \$\ \] Yes \$\ \] No Do residents have privacy in making and receiving phone calls? \$\ \] Yes \$\ \] No Bo residents have privacy in making and receiving phone calls? \$\ \] Yes \$\ \] No Bo residents from other civic, volunteer involvement from the civic, volunteer involvement from oth

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

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	as any changes observed during the visit.
the next visit?	
1. room change	DON- was afen .
2. unlødel ooper med + cart.	Lask coming concerned
d. unlocked a copie	arles discussed.
+ Cart.	ili anton being
3. strong urme oder	replaced a Repaired right
D. dining	replaced a report
4. very clan dining	To Discuss resident to
eren	sending mores.
5. rehab facilities	To discuss resident rights. To refuse pending moves.
easured, not with	To course nurse se.
residents.	To coursel nurse re: ned eart & med Exposure.

adm. Donna Margan-Kelly was not available. Staff were absenced to be next volume.