

Community Advisory Committee Quarterly/Annual Visitation Report

08

| County HENDERSON | Facility Type: <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name CARLTON |
|---|--|--|
| Visit date 3/7/2019 | Time Spent in Facility Hr. 2 Min 15 | Arrival Time 10 AM PM |
| Name of person Exit Interview was held with DAVID FAR DUKES-AOM (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: KATHLEEN DUNA RON HOWARD | | Report completed by: JACKY POMPOID |
| Number of Residents who received personal visits from committee members: 12 | | |
| 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 type="checkbox"/> No (Required for Nursing Homes Only) | Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Resident Profile | Comments and Other Observations | |
| <ol 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p><i>Care Coordinator Renee Gray AND STAFF ARE engaged AND Aware of residents needs.</i></p> | |

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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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & 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 & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>One pt commented that "getting better"</p> <p>Observed 1 resident generally behavior more outgoing and positive.</p> <p>Care coordinator is very knowledgeable and on top of any issues...</p> <p>Wearable BANDAID OR neck brace</p> <p>NOT SEEN OR HEARD</p> <p>N/A</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 & 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>we were invited to the Resident council meeting. Act. Dir. Angela Vaughan.</p> <p>She was thorough, Accommodating, showed patience and displayed efforts to keep all in attendance involved. She has instituted an exercise program on 2 levels. walking + 1 exercise.</p> <p>Adm. + Dir. of Food Service were also in attendance.</p> <p>Civility Resident interaction. very positive environment for the residents</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>No...</p> <p>new staff have evidently put forth a great deal of effort to ensure a home like & calm atmosphere.</p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> |