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Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type:				Facility Name:								
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home			Universal Health & Rehab								
	<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home											
Visit Date: 04-16-19	Time Spent in Facility:			1	hr	15	min	Arrival Time:	10	:	15	<input checked="" type="checkbox"/> am	<input type="checkbox"/> pm

Person Exit Interview was held with: **Mildred Whiteside – DON**

Interview was held In-Person

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: Sherry Reid, Jean Tuech, Nadine Christensen, Annette Goetz

Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 11

Resident Rights Information is clearly visible. Y N

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. *(Required for Nursing Homes Only)* Y N

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
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1. Do the residents appear neat, clean and odor free? Yes No
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. If so, did you ask staff about the facility's restraint policies? Yes No

Census: 78 / 90

Nothing observed

Resident Living Accommodations

Comments & Other Observations

8. Did residents describe their living environment as homelike?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Did you notice unpleasant odors in commonly used areas?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10. Did you see items that could cause harm or be hazardous?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11. Did residents feel their living areas were too noisy?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12. Does the facility accommodate smokers? Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
13. Were residents able to reach their call bells with ease?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
14. Did staff answer call bells in a timely & courteous manner? If no, did you share this with the administrative staff?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

All of the residents we interviewed were very happy with their environment. One, who has been a resident for more than 2 years, was very pleased with the facility and care received. Each resident has a staff member as their advocate.

Nothing observed

Resident Services

Comments & Other Observations

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
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Can residents access their monthly needs funds at their convenience?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
17. Are residents asked their preferences about meal & snack choices? Are they given a choice about where they prefer to dine?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
18. Do residents have privacy in making and receiving phone calls?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
20. Does the Facility have a Resident's Council?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

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?

Overall this was a very pleasant visit. Since several of the residents are avid readers, we discussed the Henderson County Library's program for providing books for the homebound and for facilities. Suggested the Activity Director contact the Library to perhaps become part of this program. Will follow-up on the next visit. This is a "preferred" rehab facility for Mission Health, Pardee Hospital and Advent Health.

Just as most facilities, this facility has programs in place to help them in their recruitment of additional CNA's.

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

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

