



Community Advisory Committee Quarterly/Annual Visitation Report *CS*

County: Henderson		Facility Type:				Facility Name: Willow Springs									
		Adult Care Home		<input checked="" type="checkbox"/>	Family Care Home										
		Combination Home			Nursing Home										
Visit Date	3-19-19	Time Spent in Facility				hr	45	min	Arrival Time	10	:	15	<input checked="" type="checkbox"/>	am	pm

Person Exit Interview was held with: **Jasmine, housekeeper/SIC** Interview was held In-Person

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
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Committee Members Present: C Larimore, S Reid	Report Completed by: S Reid
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Number of Residents who received personal visits from committee members: 1

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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- Do the residents appear neat, clean and odor free? Yes No
- 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
- Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
- Were residents interacting w/ staff, other residents & visitors? Yes No
- Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
- Did you observe restraints in use? Yes No
- If so, did you ask staff about the facility's restraint policies? Yes No

Resident Living Accommodations

Comments & 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?
Where? Outside only Inside only Both Inside and 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?
If no, did you share this with the administrative staff? Yes No

Common area floors were dirty. Housekeepers cleaned kitchen/ mopped/vacuumed quickly while we were visiting with resident.

Bathroom wasn't clean and smelled bad. Grout dark with mildew/mold.

Exterior of house/yard is not well maintained.

Resident Services

Comments & Other Observations

- 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?
Can residents access their monthly needs funds at their convenience? Yes No
- 17. Are residents asked their preferences about meal & snack choices?
Are they given a choice about where they prefer to dine? Yes No
- 18. Do residents have privacy in making and receiving phone calls? Yes No
- 19. Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No
- 20. Does the Facility have a Resident's Council? Yes No

No activity calendar

Menu is repetitive

Owner/manager Tammy visits 1x each week. Residents have to wait for her to access their funds. One resident claimed that he has not received his \$66/mo since he moved there.

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?

No improvement in the cleanliness since last visit.

Access to Medicaid allowance is very limited.

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

General challenges of providing meal options for residents with dietary restrictions, housekeeping, activities.

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

