

# Community Advisory Committee Quarterly/Annual Visitation Report

County: <u>Henderson</u>		Facility Type -		Family Care Home		Facility Name:		
		<input checked="" type="checkbox"/> Adult Care Home		Nursing Home		<u>Brookdale</u>		
		Combination Home				<u>ALU Special Care</u>		
Visit Date	<u>7/21/15</u>	Time Spent in Facility		hr	<u>55</u>	min	Arrival Time	
Name of Person Exit Interview was held with		<u>Mike Ring</u>				<u>10:05 am</u>		
Phone	<input checked="" type="checkbox"/> Admn.	SIC (Supervisor in Charge)		Other staff		Interview was held		
		<u>Mike Ring, Exec Dir.</u>				<input checked="" type="checkbox"/> In-Person		
Supervisor: <u>Mike Ring, Exec Dir.</u>							(Name & Title)	
Committee Members Present: <u>Deanna M.S. Williams, Annette Boetz, Buddy Edwards, Donna Shehee</u>						Report Completed by:		
						<u>Donna Shehee</u>		
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. (Required for Nursing Homes Only)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Staffing information is posted.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Resident Profile				Comments & Other Observations				
Do the residents appear neat, clean and odor free?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Facility Inspection - 98</u> <u>Kitchen Inspection - 98</u> <u>Census 22 out of 24 beds</u>  <u>alg. kitchen facility</u>				
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Did you observe restraints in use?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If no, did you ask staff about the facility's restraint policies?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Resident Living Accommodations				Comments & Other Observations				
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						
3. 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 checked="" type="checkbox"/> No						
2. Does the facility accommodate smokers?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and 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						
Resident Services				Comments & Other Observations				
5. 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		<u>Alternate menu too small to read</u>				
5. 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						
3a. Can residents access their monthly needs funds at their convenience?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
7. Are residents asked their preferences about meal & snack choices?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
7a. Are they given a choice about where they prefer to dine?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
8. Do residents have privacy in making and receiving phone calls?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
9. Is there evidence of community involvement from other civic, labor or religious groups?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
10. Does the Facility have a Resident's Council?		<input type="checkbox"/> Yes <input type="checkbox"/> No						

