

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON		Facility Type - <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home ALU		Family Care Home Nursing Home		Facility Name: CARDINAL CARE	
Visit Date 8 19 14		Time Spent in Facility 1 hr 00 min		Arrival Time 9 : 00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		Interview was held <input checked="" type="checkbox"/> In-Person	
Name of Person Exit Interview was held with CHRIS DRAKE		SIC (Supervisor in Charge)		Other staff JOHN HICKMAN, KATHY WILSON			

Committee Members Present: **BUDDY EDWARDS** (Name & Title)
DONNA SHELVE, ANNETTE GOETZ, DEANNA McWILLIAMS
 Report Completed by: **DEANNA McWILLIAMS**

Resident Rights Information is clearly visible. Yes No
 Ombudsman contact information is correct and clearly posted. **N/A** Yes No
 The most recent survey was readily accessible. Yes No
 Required for Nursing Homes Only) **N/A**
 Staffing information is posted. **N/A** Yes No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SANITATION 98 KITCHEN 98 ALU STATE RATING 97.5 CENSUS 60/60
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 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	N/A

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	
Did you see items that could cause harm or be hazardous? 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SOME C/O TV CHOICES
6. 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	
6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

This Document is a PUBLIC RECORD. Do not identify any Resident(s) by name or inference on this form.
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Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

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

HKP6: DUST IN ALL AREAS - ESP OVER RED LIGHTS

ACTIVITIES: C/O TV LEFT ON WHILE MUSIC APPR. TIME, PEOPLE WANTING TO SEE NEWS WERE NOT MOVED TO AREA WHERE NEWS WAS ON TV.

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