

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Henderson</b>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>Cardinal Care Center</b>
Visit Date <b>02/22/2016</b>	Time Spent in Facility <b>1 hr 0 min</b>	Arrival Time <b>9:00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <b>Chris Drake, Executive Director</b> <small>(Name &amp; Title)</small>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present <b>Donna Sheline, Buddy Edwards, Annette Goetz, A. Grimm</b>		Report Completed by: <b>Amy Grimm</b>
Number of Residents who received personal visits from committee members: <b>12</b>		
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile		Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>3. 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</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. 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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>		<p>Generally happy comments from both short and long term residents. Staff was friendly, welcoming.</p> <p>2&amp;3 This may very well happen, but residents did not volunteer this info &amp; it was not observed.</p> <p>5. Assume Yes, but did not witness enough staff interaction to answer.</p> <p style="text-align: right;">58 census; 60 capacity. Facility Survey: 97; Kitchen: 96.5</p>
Resident Living Accommodations		Comments & 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 checked="" type="checkbox"/>Yes <input 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 &amp; 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 &amp; 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>8. Several long-time residents did in fact use the term "homey" &amp; some of the rooms we visited were cheerful, decorated with family photos, residents' art/crafts and they were sitting in big comfortable chairs.</p> <p>9. Restrooms off lobby reeked (trash receptacles filled with soiled briefs), both Women's and Men's room.</p> <p>14. Not checked/timed this visit.</p>
Resident Services		Comments & Other Observations
<p>15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input 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 &amp; 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 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 type="checkbox"/>Yes <input type="checkbox"/>No</p>		<p>15. Do not know; many residents of course are not in a position to communicate this. We did question whether the posted calendar of events was followed: residents were in the activities room watching tv, on this and previous visits. We were told that, currently, the Dietary Manager was doing the work of the Activities Director who was "spending most of her time in the Blue Ridge building," and that they also did not find this an ideal situation. Meanwhile, they did put effort into special events on Superbowl Sunday and Valentine's Day.</p> <p>17. "Good food!" we heard from many residents.</p> <p>20. Mr. Drake said "We bring everybody in--the Resident's Council is very important to us." Didn't ask about Family Council.</p>
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 style="text-align: center;">At next visit: see 9 (rest room smell) &amp; 15 (activities) above.</p>		<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p>Very good follow-through on last concerns. For example,</p>

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