Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: [ ] Family Care Home [✓] Adult Care Home [ ] Nursing Home [ ] Combination Home

Facility Name: Cardinal Care

Date: 2/19/14 Time Spent in Facility: 1 hr ___ min Arrival Time: 9:00 [✓] am [ ] pm

Name of Person Exit Interview was held with: Chris Drake, Exec Dir

[ ] Phone [✓] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff Interview was held [ ] In-Person

Rep: Kathy Wilson, Activity Dir, Jon Nickman, Res. Care Coordinator (Name & Title)

Committee Members Present: Donna Sheline, Larry Kosowsky

Report Completed by: Donna Sheline

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. [✓] Yes [ ] No

Ombudsman contact information is correct and clearly posted. [✓] Yes [ ] No

The most recent survey was readily accessible. (Required for Nursing Homes Only) [✓] Yes [ ] No

Staffing information is posted. [ ] Yes [ ] No

Resident Profile

			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No	Kitchen Sanitation 98.0
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	Facility Sanitation 96.5
3. Did you see or hear residents being encouraged to participate in their care by staff members?	[✓] Yes	[ ] No	Census 58
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	
If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[✓] No	

Resident Living Accommodations

			Comments & Other Observations
1. Did residents describe their living environment as homelike?	[✓] Yes	[ ] No	Oxygen tanks not secured in a safe manner
2. Did you notice unpleasant odors in commonly used areas?	[✓] Yes	[ ] No	Egress not clear
3. Did you see items that could cause harm or be hazardous?	[ ] Yes	[ ] No	
4. Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No	
5. Does the facility accommodate smokers?	[✓] Yes	[ ] No	
5a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
6. Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No	
7. Did staff answer call bells in a timely & courteous manner?	[✓] Yes	[ ] No	
7a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

Resident Services

			Comments & Other Observations
8. Were residents asked their preferences or opinions about the activities planned for them at the facility?	[ ] Yes	[ ] No	Activity Board legible.
9. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[ ] Yes	[ ] No	
9a. Can residents access their monthly needs funds at their convenience?	[ ] Yes	[ ] No	
10. Are residents asked their preferences about meal & snack choices?	[ ] Yes	[ ] No	
10a. Are they given a choice about where they prefer to dine?	[ ] Yes	[ ] No	
11. Do residents have privacy in making and receiving phone calls?	[✓] Yes	[ ] No	
12. Is there evidence of community involvement from other civic, volunteer or religious groups?	[✓] Yes	[ ] No	
13. Does the Facility have a Resident's Council?	[✓] Yes	[ ] No	

This Document is a **PUBLIC RECORD**. **Do not identify any Resident(s) by name or inference on this form.**
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

Areas of Concern	Exit Summary
re there resident issues or topics that need follow-up or review at a later time or during ıe next visit?	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.
none	none

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