

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type -		Family Care Home		Facility Name: CARDINAL CARE
	<input checked="" type="checkbox"/>	Adult Care Home	Nursing Home		
		Combination Home			
Visit Date 3 3 15	Time Spent in Facility 1 hr 15 min		Arrival Time 9 : 00 am		
Name of Person Exit Interview was held with CHRIS DANE			Interview was held <input checked="" type="checkbox"/> In-Person		
Phone	Admn.	SIC (Supervisor in Charge)	Other staff JOHN HICKMAN		

Committee Members Present: _____ (Name & Title)
DONNA SHEUNE, ANNETTE GOETHE, BUDDY EDWARDS
 Number of Residents who received personal visits from committee members: **4**
 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. Yes No
 Staffing information is posted. Yes No
 Report Completed by: **DIANNA MCWILLIAMS**
 Required for Nursing Homes Only) **3 STAR FACILITY**
NOT REQUIRED

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* AT LEAST 4 RESIDENTS WERE IN W/C WITH POSEY RESTRAINTS. RESTRAINTS WERE TIED IN BACK OF CHAIR & A KNOT. BUCKLE ON LAP WAS NOT AN "EASY RELEASE" DURING THE HOUR PLUS OF OBSERVATION NO RELEASE OR REPOSITIONING BY STAFF WAS NOTED. (SEE EXIT SUMMARY)

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 checked="" type="checkbox"/> Yes <input 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? 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	* OVER WHELMING Sanitation 97 URINE ODOR ON Kitchen 96.5 HALL 100 NOTED FROM UTILITY area of hallway to past R. STRONGEST ODOR WAS IN ROOR

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 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No 6a. Can residents access their monthly needs funds at their convenience? N/A <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 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	RESIDENTS INTERVIEWED WERE VERY COMPLIMENTARY OF SHOWER AIDE. GROUP OF RESIDENTS WERE IN LIVING ROOM WATCHING TV. OF 9 W/C'S CHECKED 6 WERE NOT LOCKED. ALL OBSERVED RESIDENTS WERE WELL GROOMED AND NEATLY DRESSED.

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

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

THE URINE ODOR IN HALL 100 WAS ALSO PRESENT LAST QUARTER VISIT. THIS VISIT INVESTIGATION LOCATED THE ORIGIN OF ODOR CAME FROM 2 MATS THAT WERE USE TO ↓ INJURY IN FALL FROM BED. ALTHOUGH THE BED WAS MADE UP IT ALSO REEKED OF URINE. SECOND BED IN ROOM DID NOT SMELL NOR DID THE BATH OR CLOSET. THERE WERE NO SOILED CLOTHES IN THE ROOM

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

UNLOCKED W/C WERE LOCKED WHEN POINTED OUT TO STAFF.

DISCUSSION OF RESTRAINT USE DURING EXIT: DIRECTOR STATED THAT SURVEY DURING THE PREVIOUS 2 WEEKS PAST BY THE STATE APPROVED OF THE RESTRAINTS BECAUSE THE PATIENT ACILITY WAS VERY "HEAVY" - HE STATED THEY HAD A PROTOCOL

FOR THE USE OF RESTRAINTS. CAC MEMBER POINTED OUT THAT ONE RESIDENT ROOM HAD A Q2° CHECK OFF SHEET THAT WAS NOT FILLED OUT IN THE ROOM. (NOTE: POSSIBLY PLACED BY THE FAMILY)