

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>HENDERSON</b>	Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Combination Home	Family Care Home <input type="checkbox"/> Nursing Home	Facility Name: <b>CARDINAL CARE</b>
Visit Date <b>05 19 15</b>	Time Spent in Facility <b>1 hr 25 min</b>	Arrival Time <b>09 : 00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of Person Exit Interview was held with <b>CHRIS DRAKE - DIRECTOR</b>		Interview was held <input checked="" type="checkbox"/> In-Person	
Phone	Admn. SIC (Supervisor in Charge)	Other staff <b>TINA - ADMIN. ASST.</b>	
Rep <b>SNANATION - DIETARY 97.0</b>	<b>FACILITY 96.5</b>	(Name & Title) <b>CENSUS 57/60</b>	

Committee Members Present: **DOONA SHELDON, DEANNA McWILLIAMS, ANNETTE GOETZ** Report Completed by: **ANNETTE GOETZ**

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  
*TOOK NEW POSTERS*

The most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No  
*Required for Nursing Homes Only*

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, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. 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</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>ONE GENTLEMAN'S WALKER APPEARED TOO LOW - ADVISED AND WITNESSED RESIDENT RESET WALKER TO HEIGHT HE PREFERRED -</i></p> <p><i>2 RESIDENTS WITH RESTRAINTS ONE IN TILT CHAIR - RELEASED EVERY 2 HRS BOTH AT DOCTOR'S &amp; FAMILIES - REQUEST</i></p>

Resident Living Accommodations	Comments & Other Observations
<p>1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did you notice unpleasant odors in commonly used areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. 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</p> <p>2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.</p> <p>3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did staff answer call bells in a timely &amp; courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>- FALL MAT - URINE ODOR MAT WAS BEING REMOVED</i></p>

Resident Services	Comments & Other Observations
<p>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</p> <p>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</p> <p>6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>THIS IS NOT ONE OF THE NEWER FACILITIES - IS WELL MAINTAINED DIRECTOR ADVISES THEY ARE GETTING A FACELIFT (NEW CARPET, NEW TILE AND SOME FRESH PAINT. HE SAYS WE WILL BE PLEASANTLY SURPRISED ON OUR NEXT VISIT.</i></p> <p><i>VERY CARING FACILITY - RESIDENTS APPEAR HAPPY -</i></p>

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

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

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