

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON		Facility Type - <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Family Care Home Nursing Home		Facility Name: CARDINAL CARE	
Visit Date 05 19 15		Time Spent in Facility 1 hr 25 min		Arrival Time 09 : 00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm			
Name of Person Exit Interview was held with CHRIS DRAKE - DIRECTOR				Interview was held <input checked="" type="checkbox"/> In-Person			
Phone		Admn.		SIC (Supervisor in Charge)		Other staff TINA - ADMIN. ASST.	
Rep Sanitation - Dietary 97.0 Facility 96.5				(Name & Title) Census 57/60			
Committee Members Present: DONNA SHELTON, 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. <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 TOOK NEW POSTERS			
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Required for Nursing Homes Only</i>				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, 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 & 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>ONE GENTLEMAN'S WALKER APPEARED TOO LOW - ADVISED AND WITNESSED RESIDENT RESET WALKER TO HEIGHT HE PREFERRED -</p> <p>2 RESIDENTS WITH RESTRAINTS ONE IN TILT CHAIR - RELEASED EVERY 2 HR BOTH AT DOCTOR'S & FAMILIES - REQUEST</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 & 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>- FALL MAT - URINE ODOR MAT WAS BEING REMOVED</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 & 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 checked="" 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, peer 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>THIS IS NOT ONE OF THE NEWER FACILITIES - IS WELL MAINTAINED DIRECTOR ADVISES THEY ARE GETTING A FARELIFT (NEW CARPET NEW TILE AND SOME FRESH PAINT HE SAYS WE WILL BE PLEASANTLY SURPRISED ON OUR NEXT VISIT -</p> <p>VERY CARING FACILITY - RESIDENTS APPEAR HAPPY -</p>

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Where 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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