Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON	Facility Type:				Facility Name: Cardinal Care
	x	Adult Care Home		Family Care Home	
		Combination Home		Nursing Home	

Visit Date	11/17/15	Time Spent in Facility	1	hr		min	Arrival Time	9	:				Am x		pm

Person Exit Interview was held with:CHRIS DANE	Interview was held		In-Person or Phone (Circle)

Adm CHRIS DANE		SIC (Supervisor in Charge		Other Staff: (Name & Title)	

Committee Members Present: DONNA SHELINE, ANNETTE GOETZ, DEANNA McWILLIAMS, BUDDY EDWARDS, CAROL LARIMORE	Report Completed by: DEANNA McWILLIAMS

Number of Residents who received personal visits from committee members: 5

Resident Rights Information is clearly visible.	X	Yes		No	**Ombudsman contact information is correct and clearly posted.**	X	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?	X	Yes		No	DURING EXIT INTERVIEW WE DISCUSSED THE USE OF RESTRAINTS AND FACILITY POLICY. MR DANE STATED THAT THEY WERE FOLLOWING MD ORDERS AND USING "STATE GUIDELINES" IN THE USE OF RESTRAINTS.
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	X	Yes		No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	X	Yes		No	
4. Were residents interacting w/ staff, other residents & visitors?	X	Yes		No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	X	Yes		No	
6. Did you observe restraints in use?	X	Yes		No	
7. If so, did you ask staff about the facility's restraint policies?	X	Yes		No	

Resident Living Accommodations Observations					Comments & Other
8. Did residents describe their living environment as homelike?	X	Yes		No	ONE RESIDENT WAS NOTED TO HAVE 4 + BIC LIGHTERS IN HIS POSSESION. HE STATED THAT HE WAS OFTEN UNABLE TO FIND IDLE STAFF TO GIVE HIM A LIGHTER WHEN HE NEEDED ONE, ERGO HE HAD TO HAVE HIS OWN SUPPLY. HE STATED HE KEPT THE LIGHTERS HIDDEN IN HIS ROOM (under the package of brownies) BECAUSE THERE WAS A RESIDENT THAT WANDERS IN HIS ROOM AND TAKES THINGS.
9. Did you notice unpleasant odors in commonly used areas?	X	Yes		No	
10. Did you see items that could cause harm or be hazardous?	X	Yes		No	
11. Did residents feel their living areas were too noisy?		Yes	X	No	

12. Does the facility accommodate smokers?	X Yes	No	THIS RESIDENT ALSO COMPLAINED ABOUT THE "ANTS" THAT CRAWLED AROUND ON HIS DOOR AND ALONG THE JOINT OF WALLS AND CEILING.
12a. Where? [ ] Outside only [ ] Inside only [X] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	X Yes	No	THERE CONTINUES TO BE A STRONG URINE ODOR IN ONE ROOM THAT WE HAVE DISCUSSED WITH DIRECTOR DURING PREVIOUS VISITS.(see areas of concern note)
14. Did staff answer call bells in a timely & courteous manner?	X Yes	No	
14a. If no, did you share this with the administrative staff?	Yes	No	

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	X Yes	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	X Yes	No	
16a. Can residents access their monthly needs funds at their convenience?	Yes	No	
17. Are residents asked their preferences about meal & snack choices?	X Yes	No	
17a. Are they given a choice about where they prefer to dine?	X Yes	No	
18. Do residents have privacy in making and receiving phone calls?	X Yes	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	X Yes	No	
20. Does the Facility have a Resident's Council?	X Yes	No	

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? **Smoking materials in resident room** **Proper restraint use.** **Urine odor.** **Ants**	**Discuss items from *"Areas of Concern"* Section as well as any changes observed during the visit.**We discussed the cigarette lighters and suggested that facility try using "STOP" sign on resident doorway to discourage wanderers from coming in his room. Staff explained smoking policies and how residents can obtain a lighter from the staff when they wanted to smoke. A Res was observed to be in a non release restraint during the entirety of our visit. The restraint was tied in back of the w/c in a double knot that was not easily undone. During our visit no staff were observed giving any attention to this resident. We were told that the restraints were released when resident went to eat and to toilet. We suggested that there is a proper way to safely tie a restraint for quick release by staff and thait would be a good inservice. One res room continues to have a strong urine odor. Facility is working to eliminate the odor and have recarpeted the room and replaced a safety mat, but the odor persists. The staff said they could not smell anything, but all of the committee could smell it. The committee sugested that the holes is the door of the

	room that the ants were coming out of be filled and painted over and perhaps the resident would not see any more ants. The ants along the ceiling were paint spots from when the wall was painted and maybe they could be touched up to eliminate the look of ants.