Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON	Facility Type - ✓ Adult Care Home; Family Care Home; Nursing Home; Combination Home		Facility Name: CARDINAL CARE
Visit Date: 11 / 18 / 14	Time Spent in Facility: 1 hr 00 min		Arrival Time: 2 : 00 ✓ am pm
Name of Person Exit Interview was held with: CHRIS DRAKE - DIR - TINA. BUS MGR			Interview was held: ✓ In-Person
Phone / Admn. / SIC (Supervisor in Charge)		Other staff: NICK - DIETARY - ERIC MAINTENANCE	
Step: SANITATION - FACILITY 96.5 DIETARY 97.5		(Name & Title) CENSUS 58/60 FULL	
Committee Members Present: ANNETTE GOETZ - DEANNA McWILLIAMS - BUDDY EDWARDS		Report Completed by: ANNETTE GOETZ	
Number of Residents who received personal visits from committee members: 6			
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	
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	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	Yes	✓ No	
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	– NOTHING OBSERVED
6. Did you observe restraints in use?	Yes	✓ No	
7. If so, did you ask staff about the facility's restraint policies?	✓ Yes	No	

Resident Living Accommodations

			Comments & Other Observations
8. Did residents describe their living environment as homelike?	✓ Yes	No	RESIDENTS VERY CONTENT - OBSERVED RESIDENTS ENGAGED IN ACTIVITIES THEY ENJOYED (CROCHETING, KNITTING
9. Did you notice unpleasant odors in commonly used areas?	Yes	✓ No	
10. Did you see items that could cause harm or be hazardous?	Yes	✓ No	
11. Did residents feel their living areas were too noisy?	Yes	✓ No	
12. Does the facility accommodate smokers?	✓ Yes	No	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	Yes	✓ No	
14. Did staff answer call bells in a timely & courteous manner?	✓ Yes	No	FIRE EXTINGUISHERS (11-07-14)
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?	✓ Yes	No	
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	✓ 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?	Yes	✓ No	
17a. Are they given a choice about where they prefer to dine?	Yes	✓ No	
18. Do residents have privacy in making and receiving phone calls?	✓ Yes	No	
19. Is there evidence of community involvement from other civic, peer or religious groups?	✓ Yes	No	
20. 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.**
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DHHS DOA-022/2004

Areas of Concern	Exit Summary
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. HOUSEKEEPING VERY MUCH IMPROVED - NO EXCESS DUST VERY GOOD VISIT OBSERVED THERAPY SESSION - VERY WELL PLANNED

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