Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type - [ ] Adult Care Home [ ] Combination Home [ ] Family Care Home [✓] Nursing Home		Facility Name: Carillon Assisted Living
Visit Date: 12 14 14	Time Spent in Facility: 1 hr 0 min		Arrival Time: 11:00 4 am [ ] pm
Name of Person Exit Interview was held with: Meredith Brown Le Vind			Interview was held: [✓] In-Person
[ ] Phone	[✓] Admn. in Training	[ ] SIC (Supervisor in Charge)	[ ] Other staff
Step			(Name & Title)
Committee Members Present: Annette Goetz, Deanna McWilliams, Buddy Edwards, Donna Shelne			Report Completed by: Donna Shelne
Number of Residents who received personal visits from committee members: 8			
Resident Rights Information is clearly visible. [✓] Yes [ ] No			Ombudsman contact information is correct and clearly posted. New Ombudsman info needed [ ] 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
Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No	Requested facility contact a family member of resident to bring her clothing that fits. They are too large at present
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	
Did you see or hear residents being encouraged to participate in their care by staff members?	[✓] Yes	[ ] No	
Were residents interacting w/ staff, other residents & visitors?	[✓] Yes	[ ] No	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	[✓] Yes	[ ] No	
Did you observe restraints in use?	[ ] Yes	[✓] No	
If so, did you ask staff about the facility's restraint policies?	[ ] Yes	[ ] No	

Resident Living Accommodations			Comments & Other Observations
Did residents describe their living environment as homelike?	[✓] Yes	[ ] No	Requested 1 chair to be cleaned as it appeared soiled.
Did you notice unpleasant odors in commonly used areas?	[ ] Yes	[✓] No	
0. Did you see items that could cause harm or be hazardous?	[ ] Yes	[✓] No	
1. Did residents feel their living areas were too noisy?	[ ] Yes	[✓] No	
2. Does the facility accommodate smokers?	[✓] Yes	[ ] No	
2a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
3. Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No	
4. Did staff answer call bells in a timely & courteous manner?	[✓] Yes	[ ] No	
4a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

Resident Services			Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility?	[✓] Yes	[ ] No	
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	[✓] Yes	[ ] No	
6a. Can residents access their monthly needs funds at their convenience?	[✓] Yes	[ ] No	
7. Are residents asked their preferences about meal & snack choices?	[✓] Yes	[ ] No	Census 45 out of 96 available beds
7a. Are they given a choice about where they prefer to dine?	[✓] Yes	[ ] No	Facility Sanitation 95.0
8. Do residents have privacy in making and receiving phone calls?	[✓] Yes	[ ] No	Kitchen Sanitation 97.5
9. Is there evidence of community involvement from other civic, [illegible]teer or religious groups?	[✓] Yes	[ ] No	
10. 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.
Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.