Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type:	Facility Name:
Henderson	x Adult Care Home; Family Care Home; Combination Home; Nursing Home	Carillon

Visit Date	Time Spent in Facility	Arrival Time
02-22-16	hr 50 min	10 : 15 x am pm

Person Exit Interview was held with: Carrie Keegan

Interview was held x In-Person or Phone (Circle) in person

SIC (Supervisor in Charge)

Other Staff: (Name & Title)

Committee Members Present: Donna Sheline, Buddy Edwards, Amy Grimm, Annette Goetz

Report Completed by: Annette Goetz

Number of Residents who received personal visits from committee members: 12

Resident Rights Information is Clearly visible	x Y N	Ombudsman contact information is correct and clearly posted. updated by	x Yes No
The most recent survey was readily accessible. *(Required for Nursing Homes Only)*	x Y N	Staffing information is posted.	Yes No

Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	x		Census 42 / 96
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	Sanitation: Facility - 98.0 Dietary - 98.0
3. Did you see or hear residents being encouraged to participate in their care by staff members?		x	
4. Were residents interacting w/ staff, other residents & visitors?	x		
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?			Nothing observed
6. Did you observe restraints in use?		x	
7. If so, did you ask staff about the facility's restraint policies?			

Resident Living Accommodations	Yes	No	Comments & Other Observations
8.Did residents describe their living environment as homelike?	x		Most of the residents
9. Did you notice unpleasant odors in commonly used areas?		x	
10. Did you see items that could cause harm or be hazardous?	x		Egress from one exit in Garden Place blocked by chairs
11. Did residents feel their living areas were too noisy?		x	
12. Does the facility accommodate smokers?			

12a. Where? [x] Outside only [ ] Inside only [ ] Both Inside and Outside.

13. Were residents able to reach their call bells with ease?	x Yes	No	No call bells activated during visit
14. Did staff answer call bells in a timely & courteous manner?	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	**This was a very difficult and disappointing exit interview. Director did not display a receptive attitude from the beginning. She conducted the interview in the front sitting room with no pad or pen for taking notes. When asked if she would like a piece of paper and pen she said she did not need anything, she could remember everything we said.**
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?	x Yes	No	**Several of the residents had discussed concerns with us which we tried unsuccessfully to convey:**
17. Are residents asked their preferences about meal & snack choices?	Yes	x No	
17a. Are they given a choice about where they prefer to dine?	Yes	x No	**No activities and very little staff for assistance on weekends. This the director adamantly denied.**
18. Do residents have privacy in making and receiving phone calls?	x Yes	No	**Several residents expressed a lack of one on one access to the doctor. The resident's preception was that the facility doctor makes calls late when most of the residents are already in bed.**
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	x Yes	No	**One of the residents complained of hemoptosis. When we tried to convey this to the director her very curt response was, "did you see any evidence of the resident's concern." At this point we realized that this interview was very non-productive for the residents and we excused ourselves.**
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? **We would welcome the opportunity to discuss these resident's concerns in a much more open forum.**	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

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.