Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type: [ ] Adult Care Home [ ] Family Care Home [X] Combination Home [ ] Nursing Home

Facility Name: Carillon

Visit Date: 6/17/14

Time Spent in Facility: 1 hr 15 min

Arrival Time: 9:00 am pm

Interview was held: [✓] In-Person

Name of Person Exit Interview was held with: Rita Merritt

Phone: 693-0700

Name: Rita Merritt

Title: Check Box [ ] Admn. [✓] SIC (Supervisor in Charge) [ ] Other staff

Committee Members Present: Donna Sheline, Buddy Edwards, Diane Emon, Annette Goetz, Deanna Williams

Report Completed by: Diane Emon

Number of Residents who received personal visits from committee members:

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. [ ] Yes [ ] No *(Required for Nursing Homes Only)*

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	
6. Did you observe restraints in use?	[ ] Yes	[✓] No	
7. 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	One egress area was observed to have a housekeeping cart on right and empty wheel chair on left-block egress.
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	Out side on patio area a garden hose was loosely coiled on cement walk.
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	urine odor one room in memory care unit
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, volunteer or religious groups?	[✓] Yes	[ ] No	
20. Does the Facility have a Resident's Council?	[✓] 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?	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit. The director responded positively to our concerns. said she would check egress at hall & hose on patio. That housekeeping schedule for the memory care unit was later in the a.m. and urine odor would be attended to and corrected.

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.

DHHS DOA-022/2004

Sanitation 98.0

State Rating 105.5

Census $\frac{51}{96}$ total

Garden Center (Memory unit) $\frac{18}{20}$

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