# Community Advisory Committee Quarterly/Annual Visitation Report

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|---|---|---|---|
| County: HENDERSON | Facility Type - [ ] Adult Care Home [✓] Combination Home [ ] Family Care Home [ ] Nursing Home | | Facility Name: CARRILON |
| Date: 3 / 9 / 14 | Time Spent in Facility: 1 hr 0 min | | Arrival Time: 9 : 00 [✓] am [ ] pm |
| Name of Person Exit Interview was held with: | | | Interview was held: [✓] In-Person |
| [ ] Phone [ ] Admn. [ ] SIC (Supervisor in Charge) [ ] Other staff | | | |
| Rep: REBECCA BOLINE MKT DIRECTOR (Name & Title) | | | |
| Committee Members Present: DONNA SHELINE, MICHELLE LANGSTON, DEANNA McWILLIAMS | | | Report Completed by: D. McWilliams |
| Number of Residents who received personal visits from committee members: 4 | | | |
| 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 N/A | | | Staffing information is posted. VERBALLY AL REPORTED 1:20 MC 1:8 [ ] Yes [✓] No |

| Resident Profile | | | Comments & Other Observations |
|---|---|---|---|
| . Do the residents appear neat, clean and odor free? | [✓] Yes | [ ] No | |
| . Did residents say they receive assistance with personal care ctivities, *Ex. brushing their teeth, combing their hair, inserting entures or cleaning their eyeglasses?* | [✓] Yes | [ ] No | |
| . Did you see or hear residents being encouraged to participate 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 ommunicating or making their needs known verbally? | [✓] Yes | [ ] No | |
| . Did you observe restraints in use? | [ ] Yes | [✓] No | |
| ", 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 | SANITATION & KITCHEN 98 |
| . 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 | ALL WEAR "FIRST ALERT" TYPE SIGNALS USUALLY |
| 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 ctivities planned for them at the facility? | [✓] Yes | [ ] No | |
| 6. Do residents have the opportunity to purchase personal items f their choice using their monthly needs funds? | [ ] Yes | [ ] No | PRIVATE PAY FACILITY |
| 6a. Can residents access their monthly needs funds at their onvenience? | [ ] Yes | [ ] No | NA |
| 7. Are residents asked their preferences about meal & snack noices? | [✓] Yes | [ ] No | |
| 7a. Are they given a choice about where they prefer to dine? | [✓] Yes | [ ] No | |
| 8. Do residents have privacy in making and receiving phone alls? | [✓] Yes | [ ] No | |
| 9. Is there evidence of community involvement from other civic, her or religious groups? | [✓] Yes | [ ] No | |
| Does the Facility have a Resident's Council? | [✓] Yes | [ ] No | |

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| Areas of Concern | Exit Summary |
| --- | --- |
| re there resident issues or topics that need follow-up or review at a later time or during ıe next visit?<br>COMPUTER SCREENS C̄ VISABLE RESIDENT NAMES & MEDS OBSERVED ON ONE HALLWAY ı., .D CARD (EMPTY) C̄ RESIDENT NAME LAYING ON DESK.<br>MED TECH CORRECTED WHEN ASKED. | Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.<br>Corrected |

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