Community Advisory Committee Quarterly/Annual Visitation Report

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

Visit Date 10-20-15	Time Spent in Facility: 1 hr 15 min	Arrival Time: 10 : 30 x am pm

Person Exit Interview was held with: Carrie Keegan - Director | Interview was held x | In-Person or Phone (Circle) in person

	SIC (Supervisor in Charge)	Other Staff: (Name & Title) Teresa Case/Supervisor Memory Care

Committee Members Present: Donna Sheline, Deanna McWilliams, Carol Larimore, Buddy Edwards, Annette Goetz | Report Completed by: Annette Goe

Number of Residents who received personal visits from committee members: 9

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

Resident Profile	Yes	No	Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	x		
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		
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		Sanitation – Dietary 98.0 Facility 98.0
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	x		Census 39/60 Memory Care 22 /24 expecting 2 admissions this week
6. Did you observe restraints in use?		x	
7. If so, did you ask staff about the facility's restraint policies?			

Resident Living Accommodations Observations	Yes	No	Comments & Other
8.Did residents describe their living environment as homelike?	x		

). Did you notice unpleasant odors in commonly ised areas?		Yes	x	No
10. Did you see items that could cause harm or e hazardous?	x	Yes		No
11. Did residents feel their living areas were too oisy?		Yes	x	No
12. Does the facility accommodate smokers?	x	Yes		No
12a. Where? [x] Outside only [ ] Inside only [ ] Both Inside and Outside.				
13. Were residents able to reach their call bells vith ease?	x	Yes		No
14. Did staff answer call bells in a timely & courteous manner?	x	Yes		No
14a. If no, did you share this with the administrative staff?		Yes		No

Fire extinguishers needed to be charged.

Fire Marshall was on site for annual inspection. However, advised staff they mus be inspected monthly and noted on tag.

Carillon is a very lovely facility. The Memory Care Unit is second to none.

Resident Services				
15. Were residents asked their preferences or opinions about the activities planned for them at he facility?	x	Yes		No
16. Do residents have the opportunity to urchase personal items of their choice using heir monthly needs funds?	x	Yes		No
16a. Can residents access their monthly needs unds at their convenience?	x	Yes		No
17. Are residents asked their preferences about neal & snack choices?		Yes	x	No
17a. Are they given a choice about where they refer to dine?		Yes	x	No
18. Do residents have privacy in making and eceiving phone calls?	x	Yes		No
19. Is there evidence of community involvement rom other civic, volunteer or religious groups?	x	Yes		No
20. Does the Facility have a Resident's Council?	x	Yes		No

Comments & Other Observations

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.

Will check Fire Extinguishers on next visi to be certain they are in compliance.

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.