Community Advisory Committee Quarterly/Annual Visitation Report

ounty: HENDERSON	Facility Type - ✓ Adult Care Home; Combination Home; Family Care Home; Nursing Home		Facility Name: CARILLON
sit Date: 09 16 14	Time Spent in Facility: 1 hr 00 min		Arrival Time: 9 : 00 ✓ am pm
ame of Person Exit Interview was held with: RITA MERRITT - DIRECTOR			Interview was held: ✓ In-Person
Phone / Admn. / SIC (Supervisor in Charge)	Other staff: NONE		
ep: SANITATION - FACILITY - 97.0; DIETARY - 98.0	(Name & Title) CONSUS 41/96		
ommittee Members Present: DONNA SHERLINE, BUDDY EDWARDS, ANNETTE GOETZ			Report Completed by: ANNETTE GOETZ
umber of Residents who received personal visits from committee members: 5			
esident Rights Information is clearly visible. ✓ Yes No	Ombudsman contact information is correct and clearly posted. WILL PROVIDE NEW OMBUDSMAN INFO		Yes No
e most recent survey was readily accessible. ✓ Yes No (equired for Nursing Homes Only)	Staffing information is posted. ✓ 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 ivities, *Ex. brushing their teeth, combing their hair, inserting ntures or cleaning their eyeglasses?*	✓ Yes	No	
Did you see or hear residents being encouraged to participate heir 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 nmunicating or making their needs known verbally?	Yes	No	- NOTHING OBSERVED
Did you observe restraints in use?	Yes	✓ No	
o, 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	
Did you notice unpleasant odors in commonly used areas?	Yes	✓ No	
Did you see items that could cause harm or be hazardous?	Yes	✓ No	
Did residents feel their living areas were too noisy?	Yes	✓ No	
Does the facility accommodate smokers?	✓ Yes	No	
a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
Were residents able to reach their call bells with ease?	✓ Yes	No	
Did staff answer call bells in a timely & courteous manner?	✓ Yes	No	WE WATCHED SPECIFICALLY TO SEE HOW QUICKLY ONE CALL BELL WAS ANSWERED - VERY QUICKLY
a. If no, did you share this with the administrative staff?	Yes	No	

Resident Services			Comments & Other Observations
Were residents asked their preferences or opinions about the ivities planned for them at the facility?	✓ Yes	No	
Do residents have the opportunity to purchase personal items heir choice using their monthly needs funds?	✓ Yes	No	
a. Can residents access their monthly needs funds at their venience?	✓ Yes	No	
Are residents asked their preferences about meal & snack ices?	Yes	✓ No	MENUS FORWARDED FROM CORPORATE OFFICE
a. Are they given a choice about where they prefer to dine?	Yes	✓ No	ENCOURAGED TO EAT IN DINING ROOM
Do residents have privacy in making and receiving phone s?	✓ Yes	No	
Is there evidence of community involvement from other civic, eer or religious groups?	✓ Yes	No	
Does the Facility have a Resident's Council?	✓ Yes	No	

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IHS DOA-022/2004

Areas of Concern	Exit Summary
:here resident issues or topics that need follow-up or review at a later time or during ıext visit? NO -	Discuss items from ***"Areas of Concern"*** Section as well as any changes observed during the visit.
FIRE EXTINGUISHERS UP TO DATE 9/14	THIS IS A VERY NICE FACILITY GOOD STAFFING RATIO TO PATIENT MEMORY CARE UNIT VERY WELL STAFFED - EVERYONE IN UNIT HAS ADDITIONAL TRAINING IN DEALING WITH MEMORY CARE PROBLEMS

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