

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <i>Caroline Village</i>
Visit Date <i>1/23/15</i>	Time Spent in Facility <i>1 hr 15 min</i>	Arrival Time <i>12:15 Pm</i> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <i>Tom Renegar Adm</i>		Interview was held <input type="checkbox"/> in-Person <input type="checkbox"/> Phone
<input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep <i>Trainer Staff member "Katalin"</i> (Name & Title)		
Committee Members Present: <i>Bernie Brodsky - Aubrey Carrick Kitty Dunn - Maitha Sechs - Calvin Titus</i>		Report Completed by: <i>Bernie Brodsky</i>
Number of Residents who received personal visits from committee members: <i>NONE (Flu)</i>		
Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

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. If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Ombudsman signage is not current as attempts to date restrictive contact with residents posted because of flu situation. Lunch menu posted large & clear. Alternate listing if change is required.

Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No
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
- 12a. Where? Outside only Inside only Both Inside & 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
- 14a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

*Medicare Service provides a 5 star rating. Satisfaction 98.0
Kitchen 99.0
58 Pns - 53 Filled - 5 Vacant
TB. Testing every year for Residents & Employee
maintenance & Nursing*

Resident Services

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
Family Council? Yes No

Comments & Other Observations

*3-shifts of Nursing Staff
Third shift is less for Resident Care - "night"
Daily posting is required by Medicare & Medicaid programs*

Areas of Concern	Exit Summary
-------------------------	---------------------

