

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON		Facility Type -		Family Care Home		Facility Name:	
		<input checked="" type="checkbox"/> Adult Care Home		<input type="checkbox"/> Nursing Home		CHERRY SPRINGS	
		<input type="checkbox"/> Combination Home					
Visit Date: 08/19/14		Time Spent in Facility: 1 hr 05 min		Arrival Time: 10:20		<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	
Name of Person Exit Interview was held with: BARBARA - BUSINESS OFF. MAR.		SIC (Supervisor in Charge): SANDETTA - FACILITY - 98.0		Other staff: DIETARY - 98.0		Interview was held: <input checked="" type="checkbox"/> In-Person	
Phone: _____		Admn.: _____		Other staff: NONE - Pam Scherer - NOT AVAILABLE		CENSUS - 56/60	

Committee Members Present: **DONNA SHELTON, BUDDY EDWARDS, DANNY McLEATH, ANNETTE GOETZ**

Report Completed by: **ANNETTE GOETZ**

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

Staffing information is posted. Yes No

Required for Nursing Homes Only

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	- NOTHING OBSERVED
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	- NOTHING OBSERVED
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
5. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>NEW Activity Director - MARGARET SHELLEY</p> <p>LOVED BY ALL RESIDENTS</p> <p>- MENUS FORWARDED FROM CORPORATE OFF.</p> <p>- ENCOURAGED TO EAT IN DINING ROOM</p>
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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

NO

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

RESIDENTS CONCERNED ABOUT
PENCIL PUMMEL FOR PEEPER

CARE NOTES IN ONE RESIDENT'S
ROOM HANGING ON DOOR OF CLOSET
PRIORITY ISSUE. SHOULD BE ON
RESIDENT'S CHART. ADDRESSED
IMMEDIATELY.

EXCESS AMOUNT OF DUST ON TOP OF
~~THE~~ HEAD BOARD IN ONE ROOM.
ADDRESSED IMMEDIATELY.