

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON		Facility Type - <input checked="" type="checkbox"/> Adult Care Home		<input checked="" type="checkbox"/> Family Care Home		Facility Name: COUNTRY MEADOWS RES HOME	
		<input type="checkbox"/> Combination Home		Nursing Home			
Visit Date: 1/9/14	Time Spent in Facility: 25 hr 00 min			Arrival Time: 11:00 am		pm	
Name of Person Exit Interview was held with: PAM HENDERSON				Interview was held: <input checked="" type="checkbox"/> In-Person			
Phone:	Admn.:	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)		<input type="checkbox"/> Other staff			

Committee Members Present: **NANCY SLOAN, Nancy M. Michelle Hamilton** (Name & Title)

Report Completed by: **NANCY SLOAN**

Number of Residents who received personal visits from committee members: **2**

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

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. 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</p> <p>3. 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</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>5 res. in facility</p> <p>Census 5/5</p> <p>2 res. watching TV</p> <p>Other res. in room.</p>

Resident Living Accommodations	Comments & Other Observations
<p>1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Did you see items that could cause harm or be hazardous? 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.</p> <p>4. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>> NOT OBSERVED</p>

Resident Services	Comments & Other Observations
<p>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> <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</p> <p>6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other civic, labor or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>kitchen locked clean</p> <p>cook -> friendly & open</p> <p>res. phone was broken</p> <p>& res. had to use SIC phone - no privacy</p>

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?

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

who is responsible to pay for res. nutritional supplement drinks? if there is out. loss MD orders phaxes, enroute, etc. who pays? SIC paid it comes out of their monthly stipend.

1 pm. O2 in use
sign - told
SIC - she would take care of it

Sanitation 96.0 Blge
96.5 Food