Community Advisory Committee Quarterly/Annual Visitation Report

County:	Facility Type:	Facility Name:
Henderson	[X] Adult Care Home [ ] Family Care Home [ ] Combination Home [ ] Nursing Home	Heritage Lodge

Visit Date: 2/9/15 | Time Spent in Facility: 1 hr — min | Arrival Time: 3:00 [ ] am [✓] pm

Name of Person Exit Interview was held with: | Interview was held: [ ] In-Person ✓

Name: Wanda Lanning | Phone: 693-8292

Title: Check Box [ ] Admn. [✓] SIC (Supervisor in Charge) CNA - Med Tech [ ] Other staff

Committee Members Present: Martha Sachs, Bernie Bradsky, Cal Titus | Report Completed by: Kathleen Dunn

Number of Residents who received personal visits from committee members: 10

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. *(Required for Nursing Homes Only)*	[ ] Yes [✓] No	Staffing information is posted.	[ ] Yes [✓] No

Resident Profile			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	[✓] Yes	[ ] No	Special Care unit for pts who have memory problems. Pts appear clean, calm, good interaction with staff. Rooms clean, large, good safety precautions no rugs or clutter in rooms or halls.
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	Census 23/24
7. If so, did you ask staff about the facility's restraint policies?	[✓] Yes	[ ] No	

Resident Living Accommodations			Comments & Other Observations
8. Did residents describe their living environment as homelike?	[✓] Yes	[ ] No	Pts expressed satisfaction with facility and care. Many smiles, anxious to visit - no visitors present
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 and Outside.			
13. Were residents able to reach their call bells with ease?	[✓] Yes	[ ] No	Sanitation Rating: 98.0 4 stars
14. Did staff answer call bells in a timely & courteous manner?	[✓] Yes	[ ] No	Kitchen 98
14a. If no, did you share this with the administrative staff?	[ ] Yes	[ ] No	

Resident Services			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	[✓] Yes	[ ] No	Making choices is difficult for most pt. due to confusion. Two c/o cold food - supervisor states ~~facility had electrical~~ facility had electrical problem with food cart one day - fixed now.
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	Many activities available - Menus posted - no alternative although staff states choice is available.
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	No RN available but Supervisor on call.
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	

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	[ ]	Adult Care Home	[ ]	Family Care Home	
	[ ]	Combination Home	[ ]	Nursing Home	

Visit Date		Time Spent in Facility		hr		min	Arrival Time		:				am	pm

Name of Person Exit Interview was held with:	Interview was held	In-Person

Name:	Phone:

Title: Check Box	[ ]	Admn.	[ ]	SIC (Supervisor in Charge)	[ ]	Other staff

Committee Members Present:	Report Completed by:

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