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Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:		Facility Name:	
<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	<u>Fletcher View Inn</u>	
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home		

Exit Date: 7/17/15 Time Spent in Facility: 1 hr 10 min Arrival Time: 11:30 am pm
 Name of Person Exit Interview was held with: David Spangler Interview was held In-Person Phone: _____

Committee Members Present: Brodsky, Carruth, Sacks Report Completed by: Martha Sacks

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

Most recent survey was readily accessible. Yes No

Staffing information is posted. None necessary Yes No

Resident Profile

Do the residents appear neat, clean and odor free? Yes No

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

Did you see or hear residents being encouraged to participate in their 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 communicating or making their needs known verbally? Yes No

Did you observe restraints in use? Yes No

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

Comments & Other Observations

There are 2 men + 2 women residents, 2 vacancies have existed for 3 months - (very unusual!)

see other side

Resident Living Accommodations

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

a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

Resident Services

Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No

Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No

a. Can residents access their monthly needs funds at their convenience? Yes No

Are residents asked their preferences about meal & snack choices? Yes No

a. Are they given a choice about where they prefer to dine? Yes No

Do residents have privacy in making and receiving phone calls? Yes No

Is there evidence of community involvement from other civic, volunteer or religious groups? Yes No

Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

a lot of resident activity is after lunch & staff.

Areas of Concern

Exit Summary

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

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

Administrator suggests using "social media" to broadcast info about nursing homes, assisted living, MWANS.

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