

Community Advisory Committee Quarterly/Annual Visitation Report

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201

County HENDERSON	Facility Type -		Family Care Home	Facility Name: HENDERSON AC
	<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Combination Home	
Date 4/15/14	Time Spent in Facility		hr 35 min	Arrival Time 9:00 <input checked="" type="radio"/> am <input type="radio"/> pm
Name of Person Exit Interview was held with CRYSTAL ROBINSON		SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other staff DIRECTOR		Interview was held <input checked="" type="checkbox"/> In-Person

Supervisor: **CRYSTAL ROBINSON** (Name & Title) **DIRECTOR**

Committee Members Present: **DONNA SHELINE, DEANNA MCWILLIAMS** *IN TALKING TO ANNETTE DOEZ* Report Completed by: **DEANNA MCWILLIAMS**

Number of Residents who received personal visits from committee members: **3**

Resident Rights Information is clearly visible. Yes No

Most recent survey was readily accessible. Yes No
Required for Nursing Homes Only) **N/A**

Staffing information is posted. Yes No

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CENSUS 24/24 SANITATION 95.5 KITCHEN 96
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If no, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MILDEN ODER SHOWER ROOM - VENT FILTER TO BE REPLACED
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? [] Outside only <input checked="" type="checkbox"/> Inside only [] 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 checked="" 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	
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" 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.