

# Community Advisory Committee Quarterly/Annual Visitation Report

CENSUS 2/1/26 RATING OVERALL 96.0% FOOD: 95.5%

Facility Name: **HENDERSONS**

Facility Type:  Adult Care Home  Family Care Home  
 Combination Home  Nursing Home

Visit Date: **11/15/14** Time Spent in Facility: **35** hr **00** min Arrival Time: **9:00** (am) pm

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

Name: **CRYSTAL ROBINSON, DIRECTOR** Phone: \_\_\_\_\_

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

Committee Members Present: **DOWNA SHERLINE, DEANNA McWILLIAMS, CRYSTAL ROBINSON, LINDA SPRINKLE, TOSHI STANLEY, LILLI FOLING, ANNE HANES** Report Completed by: **LINDA SPRINKLE**

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.  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	<b>WERE HAVING A WORD GAME WITH RESIDENTS</b>
Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? <input 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 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	
Do 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 type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SMELLS GOOD, CLEAN EXCELLENT HOUSEKEEPER NIGHT LIGHTS IN HALL LARGE PICTURE IN DINING ROOM GLASS NEEDS REPLACING GLASS ON ORDER RM 4- HAD ORDER</b>
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident Services	Comments & Other Observations
Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 and any changes observed during the visit.

...MEDICINE ON MED CART  
 NAME BOOK OPEN, AVAILABLE TO ANYONE  
 TOILET PAPER IN BATHROOM COULD BE  
 BETTER PLACED FOR ACCESS  
 SCALE USED AS COAT HANGER BUT  
 CALIBRATED EACH TIME USED  
 BIN 9 OXYGEN IN USE, NO SIGN  
 CRYSTAL SAID IF NOT SMOKING

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.

DHHS DOA-022/2004

ALTHOUGH A SIGN IS NOT REQUIRED

THEY ARE RIPPING TUB OUT IN BATHROOM  
 FOR ROLL IN SHOWER  
 1ST BATHROOM - COVER FOR HEATING WIRE

PLACE IS IMPROVING OVER TIME

WOULD BE A BIT MORE BENEFICIAL TO NOTE  
 OUR CONCERNS IN WRITING DURING EXIT  
 INTERVIEW RATHER THAN JUST HAVING A  
 VERBAL DISCUSSION. AND BEING LEFT  
 WITH IMPRESSION THE EXTRA EYES  
 ARE NOT WORTHWHILE