

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:		Facility Name: <u>Henderson Assisted Living</u>	
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home
Visit Date: <u>1-20-15</u>		<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home
Time Spent in Facility: <u>1</u> hr <u></u> min		Arrival Time: <u>8:55</u> (am) <u></u> pm	
Name of Person Exit Interview was held with:		Interview was held: <input checked="" type="checkbox"/> In-Person	
Name: <u>Ms Brady "Rebecca"</u>		Phone: <u>699-2220</u>	
Title: Check Box <input checked="" type="checkbox"/> Admn.		SIC (Supervisor in Charge)	
Committee Members Present: <u>Arnette Hoety, Neerun McWilliam, Donna S. L. L...</u>		Report Completed by: <u>Buddy Edwards (CA)</u>	
Number of Residents who received personal visits from committee members:			

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile

1. Do the residents appear neat, clean and odor free? Yes No
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
7. Did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

none noted

Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes No
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
14. Did staff answer call bells in a timely & courteous manner? Yes No
- 14a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

Bathroom - curtains tied in knots or held up

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 6a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to dine? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, social or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

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.

Bathrooms towel dispenser looks horrible
attention was given last visit - It looks dirty
or smeared with some white cleaner at point
not appealing at all
Room were cold - residents in Bed with
cover pulled up to chin - said they were
cold
Bed room was cleaner than last visit

Facial Hair - ~~not~~ ^{noticed} on
most residents -

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

DHHS DOA-022/2004

Consensus 26/23

Sanitation 97. Living
96.5 dining

fire extinguisher is out of date
several outside smoking - rest in hall except for six in day room
had resident in recliner as you entered the building
watching old TV programs 6 in chair

one area rooms closed - gave people in big room - one in add on closet -
said they weren't fully healed

Lunch - Luna Casserole, cucumbers & ?

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