

Community Advisory Committee Quarterly/Annual Visitation Report

County: <i>HENDERSON</i>	Facility Type: <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input type="checkbox"/> Nursing Home	Facility Name: <i>Hendersonville Assisted Living</i>
Visit Date: <i>5-21-15</i>	Time Spent in Facility: hr <i>45</i> min	Arrival Time: <i>10:00</i> (am)
Name of Person Exit Interview was held with:		Interview was held: <input checked="" type="checkbox"/> In-Person
Name: <i>Rebecca Bradley</i>		Phone:
Title: Check Box <input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)	Other staff:	
Committee Members Present: <i>LARRY Kosowsky; Nancy SLOAN; CAROL WARD</i>		Report Completed by: <i>CAROL WARD</i>
Number of Residents who received personal visits from committee members: <i>10</i>		

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 checked="" type="checkbox"/> No

Resident Profile	Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 5. 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 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. Did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>23 of 26 beds occupied residents housed in double + 4 bed rooms with minimal furniture. Facility is owned + operated by several family members.</i>

Resident Living Accommodations	Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Mixed responses from residents on satisfaction with the living environment. Somewhat musty odor in much of building. Facility sanitation 97 Kitchen sanitation: 97.5 Peeling paint + mildew observed in one shower room.</i>

Resident Services	Comments & Other Observations
15. 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 16. 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 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, vol or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Door linking outdoor smoking area to dining/day room area left open allowing smoke into facility. Seating in the day area was limited. Only one communal T.V. was observed.</i>

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.

One resident described what she considered & what another resident supported as rude, disrespectful treatment by one staff member.

Assistance was offered to the resident in reporting the problem to administration, but she indicated she would prefer to attempt to correct the situation by herself. She agreed to follow up

during our next visit.

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