

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>		Facility Type -		<input checked="" type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home		Facility Name: <i>Just In Time</i>	
		Visit Date	<i>8/13/15</i>	Time Spent in Facility	<i>1</i> hr <i>10</i> min	Arrival Time	<i>10</i> : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
		Name of Person Exit Interview was held with	<i>Supervisor lives in</i>			Interview was held	<input checked="" type="checkbox"/> In-Person <i>Supervisor</i>
Phone	Admn.	SIC (Supervisor in Charge)	Other staff				

Supervisor (Name & Title): \_\_\_\_\_

Committee Members Present: *Larry Kosowsky; Carol Ward; Nancy Sloan, Laura Donato*

Number of Residents who received personal visits from committee members: *6*

Report Completed by: *L. Donato*

Resident Rights Information is clearly visible.  Yes  No

Ombudsman contact information is correct and clearly posted. *new poster needed*  Yes  No

The most recent survey was readily accessible.  Yes  No

Staffing information is posted.  Yes  No

Required for Nursing Homes Only) *NA*

Resident Profile	Comments & Other Observations
Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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 Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Unit #1 5/6 all male Unit #2 6/6 2m; 4F  Two buildings, each has 6 residents, appear to be between 30-50 yrs of age. Some attend day programs, others are in their rooms or on the porch.</i>

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside. Were residents able to reach their call bells with ease? <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Did staff answer call bells in a timely & courteous manner? <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Residents express satisfaction about living arrangements, no complaints about food. Menus look good, there is flexibility of choices. Inside of homes appear clean and neat, residents decorate &amp; care for their own rooms</i>

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 checked="" type="checkbox"/> No 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 Can residents access their monthly needs funds at their convenience? <i>do not know</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, peer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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.

