

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Henderson</b>	Facility Type - <input type="checkbox"/> Family Care Home <input checked="" type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name <b>Kays Family Home</b>
Visit Date <b>12/15/2015</b>	Time Spent in Facility hr <b>45</b> min	Arrival Time <b>9 : 00</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with <b>Wes &amp; Cindy Cloer</b> <input type="checkbox"/> Other Staff Rep (Name & Title)		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: <b>D. Sheline, A. Goetz, B. Edwards, D. McWilliams</b>		Report Completed by: <b>Deanna McWilliams</b>
Number of Residents who received personal visits from committee members: <b>1</b>		
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 type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile	Comments & Other Observations	
<ol style="list-style-type: none"> <li>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>3. 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</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>5. 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</li> <li>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><b>Only one resident was out of their room.</b></p>	
Resident Living Accommodations	Comments & Other Observations	
<ol style="list-style-type: none"> <li>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside &amp; Outside.</li> <li>13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14. Did staff answer call bells in a timely &amp; courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p>Although the house was clean on the surface, window sills had dead and living spiders and cob webs on them. there were cob web in corner of ceilings. Kitchen counter contained rotten bananas. the technique of meal preparation was questionable, ie., no gloves were worn in handling food, counter was wiped off with preparers shirt, hands were wiped on his pants, chicken was cut up on counter after it was wiped with his shirt. No hand washing was noted.</p>	
Resident Services	Comments & Other Observations	
<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ol>		
Areas of Concern	Exit Summary	
<p>Are there resident issues or topics that need follow-up or review at a later time or during the next visit?</p>	<p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p>	

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.

