

## Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> Henderson		<b>Facility Type:</b>				<b>Facility Name:</b>				
		<input checked="" type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	Sunflowers Home - 52 Will Rd., Hendersonville						
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home									
<b>Visit Date</b>	3 24 16	<b>Time Spent in Facility</b>				<b>Arrival Time</b>	10	:	00	am
<b>Person Exit Interview was held with:</b> Barbara Maodzwa - Director. Ms. Maodzwa lives on the lower level with husband.						<b>Interview was held</b>		In-Person <input checked="" type="checkbox"/>		

<b>Adm</b>	<b>Supervisor in Charge</b>	<input checked="" type="checkbox"/>	<b>Other Staff: (Name &amp; Title)</b>	Sandy Morse
<b>Committee Members Present:</b> Heidi Davis, Marilyn Haynes, Carol Ward & Lindsay Cooper, Shari Sierk, Henderson Co. DSS				<b>Report Completed by:</b> Carol Ward
<b>Number of Residents who received personal visits from committee members:</b> 5				

<b>Resident Rights Information is clearly visible.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct &amp; clearly posted. Updated info given at exit</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>The most recent survey was readily accessible. (Nursing Homes Only)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Met with 5 of the 6 residents (1 female, 5 males) currently in residence all of whom were clean &amp; well-dressed. Each person expressed satisfaction with their living areas, interactions with staff, &amp; appeared to be functioning on a relatively high level. They were very willing to talk with Committee members &amp; eager to show off their rooms.</p>

Resident Living Accommodations	Comments & Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12a. Where? [ x ] Outside only [ ] Inside only [ ] Both Inside and Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Facility was licensed in January with a 6 bed capacity - 2 single &amp; 2 double rooms with quarters for on site staff member. All areas were very clean &amp; attractively decorated.</p> <p>Staff reported efforts to address individual resident's interests &amp; abilities.</p>

Resident Services	Comments & Other Observations
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