

## Community Advisory Committee Quarterly/Annual Visitation Report

County <b>HENDERSON</b>	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 <b>TORE'S HOME #21 &amp; #24</b>
Visit Date <b>1/29/16</b>	Time Spent in Facility <b>1</b> hr <b>0</b> min	Arrival Time <b>12:</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <b>12:01</b>
Name of Person Exit Interview was held with <b>SHEILA - MANAGER</b> <small>(Name &amp; Title)</small>		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
Committee Members Present: <b>SLOAN, BRODSKY, SACTS, CARROLL + TRIVS</b>		Report Completed by: <b>Alicia Sloan</b>
Number of Residents who received personal visits from committee members: <b>6</b>		
Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>GAVE poster</b>		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
The most recent survey was readily accessible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(Required for Nursing Homes Only)</small>		Staffing information is posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Resident Profile
1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 type="checkbox"/> Yes <input checked="" 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. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Comments & Other Observations
<p>House #21 → memory care census 4/6 - <i>checked</i></p> <p>House #24 → census 10/11</p>

Resident Living Accommodations
8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>outside</b>
12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & 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

Comments & Other Observations
<p>clear new can bring pets</p> <p>3x/week showers</p> <p>did not ask - sanitation 97.5</p>

Resident Services
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 type="checkbox"/> Yes <input type="checkbox"/> No <b>manage own #</b>
16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>?</b> Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments & Other Observations
<p>monthly rates from \$3900 to 5200/mo.</p> <p>coffee/tea always available</p> <p>owner provides cable hook-up</p> <p>take res. to md apt - staff goes with them</p>

Areas of Concern
Are there resident issues or topics that need follow-up or review at a later time or during the next visit? <b>0</b>

Exit Summary
Discuss items from "Areas of Concern" Section as well as any changes observed during the visit. <b>campus will have 6 choices in total - to add 4 more houses</b>

