

Community Advisory Committee Quarterly/Annual Visitation Report

9/5/21

County Henderson	Facility Type - Adult Care Home <input type="checkbox"/> <input checked="" type="checkbox"/> Family Care Home Nursing Home Combination Home	Facility Name: Beystone
Date 4/15/14	Time Spent in Facility hr: <input type="checkbox"/> min: <input type="checkbox"/>	Arrival Time 10:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with Jonathan Pate	Phone Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>	Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/>

Committee Members Present: **Deanna McWilliams, Annette Sock, Donna Sheline** (Name & Title)
 Report Completed by: **Donna Sheline**

Number of Residents who received personal visits from committee members: _____

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

The most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

Resident Profile

- Yes No Do the residents appear neat, clean and odor free?
- Yes No Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?
- Yes No Did you see or hear residents being encouraged to participate in their care by staff members?
- Yes No Were residents interacting w/ staff, other residents & visitors?
- Yes No Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?
- Yes No Did you observe restraints in use?
- Yes No If so, did you ask staff about the facility's restraint policies?

Comments & Other Observations

*Census 48 out of 50
Sanitation 96.5
Facility 96.5*

Resident Living Accommodations

- Yes No Did residents describe their living environment as homelike?
- Yes No Did you notice unpleasant odors in commonly used areas?
- Yes No Did you see items that could cause harm or be hazardous?
- Yes No 1. Did residents feel their living areas were too noisy?
- Yes No 2. Does the facility accommodate smokers?
- 2a. Where? Outside only Inside only Both inside and Outside.
- Yes No 3. Were residents able to reach their call bells with ease?
- Yes No 4. Did staff answer call bells in a timely & courteous manner?
- Yes No 4a. If no, did you share this with the administrative staff?

Comments & Other Observations

Resident Services

- Yes No 5. Were residents asked their preferences or opinions about the activities planned for them at the facility?
- Yes No 6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?
- Yes No 6a. Can residents access their monthly needs funds at their convenience?
- Yes No 7. Are residents asked their preferences about meal & snack choices?
- Yes No 7a. Are they given a choice about where they prefer to dine?
- Yes No 8. Do residents have privacy in making and receiving phone calls?
- Yes No 9. Is there evidence of community involvement from other civic, labor or religious groups?
- Yes No 10. Does the Facility have a Resident's Council?

Comments & Other Observations

Some residents expressed complaint about the food & alternate menu.

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.

