

Community Advisory Committee Quarterly/Annual Visitation Report

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| County HENDERSON | Facility Type - Adult Care Home <input checked="" type="checkbox"/> <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> <input type="checkbox"/> Combination Home <input type="checkbox"/> <input type="checkbox"/> | Family Care Home <input type="checkbox"/> <input type="checkbox"/> Nursing Home <input type="checkbox"/> <input type="checkbox"/> | Facility Name: BEYSTONE |
| Date 01/15/18 | Time Spent in Facility 0 hr 15 min | Arrival Time 10:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm | |
| Name of Person Exit Interview was held with DR CULVER | SIC (Supervisor in Charge) | Other staff MEDICAL DIRECTOR | Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> |

Supervisor: _____ (Name & Title)

Committee Members Present: **D. SHELINE, D MCWILLIAMS, P. ROBINSON, P. STANLEY, L. SPRINKLE, W. IRVINE, M. HAINES DEANNA MCWILLIAMS** Report Completed by: _____

Number of Residents who received personal visits from committee members: **0**

Resident Rights Information is clearly visible. Yes No Ombudsman contact information is correct and clearly posted. Yes No

UNABLE TO DETERMINE Yes No **UNABLE TO DETERMINE**

The most recent survey was readily accessible. Yes No Staffing information is posted. Yes No

UNABLE TO DETERMINE Yes No **UNABLE TO DETERMINE**

| Resident Profile | Comments & Other Observations |
|--|--|
| Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No | FACILITY IS IN ISOLATION DUE TO NOROVIRUS |
| 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 no, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

AREA OF CONCERN
NOROVIRUS