

# Community Advisory Committee Quarterly/Annual Visitation Report

4 COPIES

County <b>HENDERSON</b>	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> <u>Nursing Home</u> <input type="checkbox"/> Combination Home	Facility Name <b>BRIAN CENTER-HENDERSONVILLE</b>
Visit Date <b>6/22/2015</b>	Time Spent in Facility <b>2</b> hr <b></b> min	Arrival Time <b>2:00</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with <b>JERRY HORNE</b>		Interview was held <input type="checkbox"/> in-Person <input type="checkbox"/> Phone
<input checked="" type="checkbox"/> Adm. <input type="checkbox"/> SIC (Supervisor in Charge) <input checked="" type="checkbox"/> Other Staff Rep <b>LAPITA CRUZ, ADMISSIONS</b>		<b>MONICA KNIGHTEN, DON</b> (Name & Title)
Committee Members Present: <b>KITTY BURNS, BERNIE BRODESKY, MARTHA SACHS, AUBREY CARRUTH</b>		Report Completed by: <b>AUBREY CARRUTH</b>
Number of Residents who received personal visits from committee members: <b>20</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The most recent survey was readily accessible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>	Staffing information is posted. <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><i>RESIDENTS/STAFF INTERACTION CLEARLY EVIDENT, PARTICULARLY AND ESPECIALLY NOTED IN THE LOCKED ALZHEIMERS AREA. A NUMBER OF VISITING FAMILY OF RESIDENTS WERE OPENLY CANDID IN THEIR PRAISE OF THIS BRIAN CENTER.</i></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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>12a. Where? <input 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 checked="" type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><i>LIVING ENVIRONMENT IS REASONABLY QUIET, RESTRAINED, AND CALMING.</i></p> <p><i>NOTED 2 EXCEPTIONS (immediately corrected)</i></p> <p><i>AVAILABLE BEDS: 120 - Occupied: 109 incl. ALZHEIMERS BEDS: 24 - Occupied: 22</i></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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>20. Does the facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>3rd Tuesday MONTHLY</b> Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<p><i>REHAB policies/SERVICES ARE INNOVATIVE, PROGRESSIVE AND STATE-OF-THE-ART. OBJECTIVES FASTER HEALING, LOWER COSTS.</i></p> <p><i>CONTINUING STAFF TRAINING IS ENCOURAGED/AIDED (INCLUDING AN EMPLOYEE-OF-THE-MONTH PROGRAM).</i></p> <p><i>THE AVAILABLE ACTIVITIES ARE BROAD-RANGING INCLUDING MOVIES, GAMES, SHOPPING</i></p>

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>

