

# Community Advisory Committee Quarterly/Annual Visitation Report

County: **HENDERSON**

Facility Type:  Adult Care Home  Family Care Home  Combination Home  Nursing Home

Facility Name: **BRIAN CENTER**

Visit date: **MARCH 28, 2014** Time Spent in Facility: **2** hr **30** min Arrival Time: **1** : **00** am  pm

Name of Person Exit Interview was held with: \_\_\_\_\_ Interview was held  In-Person

Name: **DAVID REAVES (LISA CARTER - DON)** Phone: **(828) 698-9796**

Title:  Check Box  Admn.  SIC (Supervisor in Charge)  Other staff

Committee Members Present: **C. TITUS M. SACHS K. RICE A. CARRUTH** Report Completed by: **CALVIN TITUS**

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

*(Required for Nursing Homes Only)*

Resident Profile	Comments & Other Observations
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. If _____ did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL RESIDENTS NOTED WERE DRESSED MANY RESTING AFTER LUNCH SOME @ THERAPY OR WITH VISITORS

Resident Living Accommodations	Comments & Other Observations
1. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2a. Where? <input checked="" 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 checked="" type="checkbox"/> No 4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FACILITY WAS CLEAN, ODOR FREE, RELATIVELY QUIET. ONE RESIDENTS CALL BUTTON WAS NOT ACCESSABLE. HALLS UNOBSTRUCTED.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Is there evidence of community involvement from other civic, club or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FULL ACTIVITY BOARD SOME AT A BIRTHDAY PARTY WITH BINGO NO APPARENT NEGATIVE COMMENTS ABOUT THE FOOD STAFFING WAS POSTED

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

SEVERAL RESIDENTS HAD CONCERN OVER A LACK OF THEIR PHYS. THERAPY, WHICH I BELIEVE CAME FROM POOR COMMUNICATION. THERAPISTS AND ADM. HAVE SO BEEN ADVISED AND BETTER STEPS I'M SURE WILL BE TAKEN.

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CENSUS: REGULAR 112 of 120  
ALZHEIMER 26 of 26

THERAPY:

PHYSICAL : 1 WITH 4 ASSISTANTS  
OCCUPATION: 2 " 2 "  
SPEECH : 1 " 0 "

SANITATION 98.0  
(9-3-13)

DIETARY 98.0  
(8-26-13)

ADM. DAVID REAVES LEAVING AS OF TODAY. NO NEW ASSIGNMENT YET.  
NEW ADM. LUTHER REEVES, FROM 'THE OAKS AT SWEETEN CREEK'  
WILL START AS OF MARCH 31, 2014

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