

# Community Advisory Committee Quarterly/Annual Visitation Report

<b>County:</b> <i>Henderson</i>	<b>Facility Type:</b>		<b>Facility Name:</b>	
	<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<i>Brian Center</i>	
<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home			
<b>Visit Date:</b> <i>11/24/14</i>	<b>Time Spent in Facility:</b> <i>2</i> hr <i>30</i> min		<b>Arrival Time:</b> <i>12:00</i> am <input checked="" type="checkbox"/> pm	
<b>Name of Person Exit Interview was held with:</b>			<b>Interview was held:</b>	
<b>Name:</b> <i>Luther Reeves</i>			<b>Phone:</b> <i>828-693-9776</i>	
<b>Title:</b> <input type="checkbox"/> Check Box <input checked="" type="checkbox"/> Admn.		<b>SIC (Supervisor in Charge):</b>		<b>Other staff:</b>

**Committee Members Present:** *Aubrey Carroll, Bernie Brody, Calvin Titus, KDunn*

**Report Completed by:** *Kathleen Dunn*

**Number of Residents who received personal visits from committee members:** *10-15*

<b>Resident Rights Information is clearly visible.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ombudsman contact information is correct and clearly posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>needs updating</i>
<b>The most recent survey was readily accessible. (Required for Nursing Homes Only)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Staffing information is posted.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>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</p> <p>4. Were residents interacting w/ staff, other residents &amp; visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>6. Did you observe restraints in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Lunch served during visit. Residents appear clean, well cared for, dressed, enjoying food, no complaints. Some resid. assisted with feeding. Respect and fondness by staff demonstrated in care.</i></p>

Resident Living Accommodations	Comments & Other Observations
<p>8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.</p> <p>13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely &amp; courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Separate locked dementia unit - clean, bright, newly painted fall program in place. Smoking not allowed due to O2 use. Several compliments given. Residents on care. New dietitian. Alternate menus.</i></p>

Resident Services	Comments & Other Observations
<p>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</p> <p>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</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal &amp; snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Good focus and programs on Rehab, PT, OT, ST inhouse. Contracts with dentist, Bridges consulting group and psychologist. Staffing appears adequate - in-service classes required annually. Many activities. Monthly residents council meetings. Family mtgs not successful at this time.</i></p>

*Sanitation: overall 98.0%  
kitchen 98.0%*

*Census: 112/120  
medicare 28 hospice 4  
medicaid 74 private 6*

