

Community Advisory Committee Quarterly/Annual Visitation Report

| County HENDERSON | Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home | Facility Name BRIAN CENTER |
|--|---|--|
| Visit Date 3/3/10 | Time Spent in Facility 1 hr 0 min | Arrival Time 11 : <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
| Name of Person Exit Interview was held with LYNCE REEVES | | Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone |
| <input checked="" type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other Staff Rep | | (Name & Title) |
| Committee Members Present: SLON, CARRUTH, JONES, BLOSKY, SACHS | | Report Completed by: NANCY SLON |
| Number of Residents who received personal visits from committee members: 10 | | |
| 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 <small>(Required for Nursing Homes Only)</small> | | Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Resident Profile | | Comments & Other Observations |
| <ol style="list-style-type: none"> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p><i>res. expressed that they are getting good care -</i></p> <p><i>restraints</i></p> | |
| Resident Living Accommodations | | Comments & Other Observations |
| <ol style="list-style-type: none"> 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p><i>Census: 11/120</i></p> <p><i>Sanitation: 96.0 - Food</i></p> <p><i>97.5 - Bldg</i></p> <p><i>call light on for a while</i></p> <p><i>reported to nurse industry</i></p> | |
| Resident Services | | Comments & Other Observations |
| <ol style="list-style-type: none"> 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 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 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <p><i>same place on outside of rm - coded for consistency of filing.</i></p> <p><i>thicker, etc.</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><i>updating rehab & locked unit (copper training)</i></p> <p><i>rehab res. to another facility - providing self-care items on adm gift bag</i></p> | <p>Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.</p> <p><i>↑ CNA salary from \$8.75/hr to \$11/hr. (there were 40% in inc.)</i></p> | |

A name of ombud.

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.