

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type -		Family Care Home		Facility Name: GOLDEN LIVING
	Adult Care Home		<input checked="" type="checkbox"/> Nursing Home		
	Combination Home				
Visit Date JAN 29 2015	Time Spent in Facility		hr 15	min	Arrival Time 10:00 am
Name of Person Exit Interview was held with NO ONE AVAILABLE			Interview was held		In-Person
Phone	Admn.	SIC (Supervisor in Charge)	Other staff		

Supervisor: _____ (Name & Title)

Committee Members Present: **N. SWAN, D. HILL, M. DONATE, E. SACOR, C. WILCOX** Report Completed by: **Heather Sloan**

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

Resident Profile **Comments & Other Observations**

Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>NEEDS UPDATING</p> <p>POSTERS NEED UPDATING</p> <p>FRONT LOBBY</p> <p><i>Residents were escorted on their units due to fire in yard.</i></p>
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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	<p><i>It appeared they were being proactive.</i></p> <p><i>asked if we wanted face masks</i></p>
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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	
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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.

unable to do a full walk through 2010 flu - team members agreed not to complete visit

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