

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON	Facility Type:		Facility Name: GOLDEN LIVING	
	<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home		
Visit Date: JULY 23, 2015	Time Spent in Facility: 1 hr 30 min	Arrival Time: 10 : 30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm		
Name of Person Exit Interview was held with:		Interview was held <input checked="" type="checkbox"/> In-Person		
Name: CATHY PHILLIPS BY DIRECTOR, ALYSIA BINDIGNI, DON		Phone:		
Director: Check Box <input type="checkbox"/>	Admn. <input type="checkbox"/>	SIC (Supervisor in Charge) <input type="checkbox"/>	Other staff <input type="checkbox"/>	
Committee Members Present: A. CARROLL, B. BRODSKY, K. DUNN, C. TITUS		Report Completed by: CAL TITUS		
Number of Residents who received personal visits from committee members:				

Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
Do the residents appear neat, clean and odor free? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 Were residents interacting w/ staff, other residents & visitors? <input checked="" 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 checked="" type="checkbox"/> No If so, did you ask staff about the facility's restraint policies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FACILITY DOES USE RESTRAINTS WHEN NECESSARY. DISCUSSED WITH FAMILY PRIOR TO, AND WITH THEIR APPROVAL ONLY. RESIDENTS APPROPRIATELY DRESSED AND INTERACTING WITH OTHERS.

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where? <input checked="" type="checkbox"/> Outside only [] Inside only [] Both Inside and Outside. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	NO ODORS IN COMMON AREA. HOWEVER, 2 LARGE BARRELS WERE IN A SHOWER ROOM, WITH SOILED CLOTHING. VERY ODOROUS! ROOM ITSELF WAS NOT CLEAN. ADDRESSED AT EXIT INTERVIEW.

Resident Services	Comments & Other Observations
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 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 Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MENUS WERE POSTED, WITH SATISFACTORY ALTERNATE MEALS. ACTIVITY BOARD FULL & POSTED. SHOWERS TWICE A WEEK.

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

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

ODOROUS CONTAINERS in Shower Room DULY NOTED, - TO BE FOLLOWED UP NEXT MTG.

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Top Copy is for the Regional Ombudsman's Record. Bottom Copy is for the CAC's Records.

IHS DOA-022/2004

PSYCHIATRISTS ARE AVAILABLE FOR DEPRESSION

HAVE REGULAR CARE PLAN MTGS

CAPITAL IMPROVEMENTS: - AUTOMATIC MEDICAL MACHINES
 FOR VARIOUS ANALYSIS

FACILITY IS 35 YRS. OLD. NEW DIRECTOR WORKING TO
 IMPROVE ALL ASPECTS.

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