

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON	Facility Type: <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: GOLDEN LIVING
Visit Date: NOV. 13, 2015	Time Spent in Facility: 1 hr 50 min	Arrival Time: 2 : 10 : 50 am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with: CATHY PHILLIPS, ADM. ALYSIA BONDIGNI, DON		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone
Staff Title: <input type="checkbox"/> Check Box <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff	Committee Members Present: MOBILEY GARRETH, CAL TITUS, BERNIE BRODSKY	
Number of Residents who received personal visits from committee members:		Report Completed by: CALVIN TITUS

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
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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	RESIDENTS APPEARED CLEAN AND REACTING WITH STAFF, SOME WATCHING TV, SOME WITH VISITORS. GENERAL RELAXED ATMOSPHERE.

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 <input type="checkbox"/> Inside only <input type="checkbox"/> 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	HALLS AND ROOMS WERE CLEAN, OR DULLY. NO ODORS. SHOWER ROOMS CLEAN

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, interfaith 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	ACTIVITY BOARD POSTED ALONG WITH MENU. RESIDENTS WERE ACTIVE BOTH IN ALZHEIMERS WING AND DINING HALL PLAYING BINGO

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

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

DISCUSSED ABUSE & NEGLECT AWARENESS AND SUGGESTED USING SUPPLIED MATERIAL IS A RE ORIENTATION TOOL WITH STAFF.

PREVIOUS PROBLEM OF LARGE ODOROUS BARRELS IN SHOWER RM. HAS BEEN CORRECTED

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.

HHS DOA-022/2004

CENSUS: GENERAL 112-129
ALZHEIMER 24-26

REHAB: 2 - OCCUPATIONAL
2 - PHYSICAL
1 - SPEECH

CAPITAL IMPROVEMENTS:
ROOMS ARE GRADUALLY BEING REFURBISHED. PAINTING,
ALL NEW WINDOW TREATMENTS, ETC.

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.

HS DOA-022/2004