

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON		Facility Type -		Family Care Home		Hendersonville Health and Rehabilitation 104 Collage Drive Flat Rock NC 28731												
		Adult Care Home		<input checked="" type="checkbox"/>								Nursing Home						
		Combination Home																
Visit Date	12	11	2014	Time Spent in Facility	1	hr		min	Arrival Time		:				a	m	pm	
Name of Person Exit Interview was held with				Paul Shogren/Administrator Lori Garren/DOR and Shannon Hayes/ Corp Rep				Interview was held		Yes		In-Person						
Phone 828 693 8600				SIC (Supervisor in Charge)				Other staff										
Rep																		
Committee Members Present: Michele Longton, Nancy Sloan, Larry Kosowsky Dauna Donato, Carol Ward and Dee Hill												Report Completed by: Dee Hill						

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The most recent survey was readily accessible. <i>(Required for Nursing Homes Only)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Staffing information is posted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free? <input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Were residents interacting w/ staff, other residents & visitors? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Census was 120 out of 130 beds, average around 126. Admissions were anticipating 4 new admission while we were there.</p>

Resident Living Accommodations	Comments & Other Observations
<p>8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did staff answer call bells in a timely & courteous manner? <input 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>Please see back of form</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 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please see back of form</p>

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.