

Community Advisory Committee Quarterly/Annual Visitation Report

County Henderson	Facility Type - <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> Combination Home	Family Care Home <input type="checkbox"/> Nursing Home	Facility Name: Hendersonville Health & Rehab.
Visit Date 06/11/2015	Time Spent in Facility 1 hr 30 min	Arrival Time 10:00 am	
Name of Person Exit Interview was held with [Redacted]		Interview was held	<input checked="" type="checkbox"/> In-Person
Phone	Admn.	SIC (Supervisor in Charge)	Other staff

Supervisor: **Lori Garren** (Name & Title)

Committee Members Present: **M. Longthorn, L. Kosowosky, D. Hill, D. Donato, Carol Ward, Nancy Sloan**
 Report Completed by: **M. Longthorn**

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Sanitation 98</p> <p>98</p> <p>Census 119 / 130</p> <p>4 Admits</p> <p>3-4 Discharges</p>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Resident Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Spoke to @ least 6 residents.</p> <p>Rehab patient would recommend to anyone.</p> <p>Interactions noted to be respectful.</p> <p>Plenty of food.</p> <p>"if you wanted something else just ask."</p>
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	
1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input checked="" 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	

Resident Services	Comments & Other Observations
5. 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	<p>of. Note.</p> <p>This facility just had a state inspector and was found to be "Without deficiency"</p> <p>Quite an accomplishment!</p> <p>The staff was given a party, jackets and a steak dinner.</p> <p>Wellness program was discussed.</p>
6. 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	
6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, labor or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

