

# Community Advisory Committee Quarterly/Annual Visitation Report

9/17

County <b>ENDERSON</b>	Facility Type -		Family Care Home	Facility Name <b>ENDERSON NURSING HEALTH &amp; REHAB</b>
	Adult Care Home		<input checked="" type="checkbox"/> Nursing Home	
	Combination Home			
Visit Date <b>6/12/14</b>	Time Spent in Facility	hr	min	Arrival Time <b>10:00</b> (am) (pm)
Name of Person Exit Interview was held with <b>PAUL SHOGREN / LORI GARREN</b>		Interview was held		In-Person <input checked="" type="checkbox"/>
Phone	Admn. <input checked="" type="checkbox"/>	SIC (Supervisor in Charge)	Other staff <b>DNS</b>	

Supervisor (Name & Title): \_\_\_\_\_

Committee Members Present: **LARRY K., N. SLOAN, N. MAXU**

Report Completed by: **NANCY SLOAN**

Number of Residents who received personal visits from committee members: **4-5**

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 **didn't see it**

Required for Nursing Homes Only) **FRONT LOBBY 2/14**

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 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	
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If no, did you share this with the administrative staff? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>slow to answer</b>

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	
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, peer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input checked="" 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.

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.

Call light system was hit by lightning & burned out unit - needed replacement -

POC → gave new hand bells - did 30 min rounds some family were not happy

98.0 7/Amputation  
98.0

Census: 129/130  
- 60 Medicaid

Rehab Residents

Have graduation upon leaving & going home - they get certificate & the staff greet them and clap - was nice -

They are going to have major renovations thru out plge.