

Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type -		Family Care Home		Facility Name: <i>Life Care</i>
	Adult Care Home		Nursing Home		
	Combination Home				
Visit Date <i>9 15 15</i>	Time Spent in Facility		hr <i>45</i>	min	Arrival Time <i>11:00</i> am
Name of Person Exit Interview was held with <i>Tom Hager</i>			Other staff		Interview was held <input checked="" type="checkbox"/> In-Person
Phone <input checked="" type="checkbox"/> Admn.	SIC (Supervisor in Charge)				

Committee Members Present: *Annette Gutz, Donna Shebe* (Name & Title)
Carol Lammore (observing)

Number of Residents who received personal visits from committee members: *12*

Report Completed by: *Donna Shebe*

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 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were residents interacting w/ staff, other residents & visitors? <input 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 type="checkbox"/> No	
Also, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Resident: Living Accommodations	Comments & Other Observations
Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No	/
Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Where? [] Outside only [] Inside only [] Both Inside and Outside.	
3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did staff answer call bells in a timely & courteous manner? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	<p><i>Second interview as a result of concerns about Resident's Rights given on food preferences.</i></p> <p><i>Determined menu select. was given to resident daily, but 3 different menu posted for the day. Also, questioned if Dietary interview residents upon adm. mission to obtain food preferences, likes, dislikes etc.</i></p>
5. 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	
5a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is there evidence of community involvement from other civic, labor or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Facility have a Resident's Council? <input 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.

