Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type - Adult Care Home / Combination Home	Family Care Home / ✓ Nursing Home	Facility Name: Life Care
Visit Date: 12 16 14	Time Spent in Facility: 1 hr 10 min		Arrival Time: 12 : 05 am ✓ pm
Name of Person Exit Interview was held with: Bobbie Extine			Interview was held: ✓ In-Person
Phone / Admn. / SIC (Supervisor in Charge)	Other staff: Bobbie Extine, ADON		
Step	(Name & Title)		
Committee Members Present: Buddy Edwards, Annette Goetz, Donna Shelvie			Report Completed by: Donna Shelvie

Number of Residents who received personal visits from committee members: 27

Resident Rights Information is clearly visible.	✓ Yes	No	Ombudsman contact information is correct and clearly posted. Needinew Ombudsman info — Yes ✓ No
The most recent survey was readily accessible. (Required for Nursing Homes Only)	✓ Yes	No	Staffing information is posted. ✓ Yes No

Resident Profile

			Comments & Other Observations
1. Do the residents appear neat, clean and odor free?	✓ Yes	No	
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?*	✓ Yes	No	
3. Did you see or hear residents being encouraged to participate in their care by staff members?	✓ Yes	No	
4. Were residents interacting w/ staff, other residents & visitors?	✓ Yes	No	
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally?	✓ Yes	No	
6. Did you observe restraints in use?	Yes	✓ No	
7. If so, did you ask staff about the facility's restraint policies?	Yes	No	

Resident Living Accommodations

			Comments & Other Observations
8. Did residents describe their living environment as homelike?	Yes	✓ No	1) 2 rooms the call bell was not accessible or water within reach.
9. Did you notice unpleasant odors in commonly used areas?	Yes	✓ No	
10. Did you see items that could cause harm or be hazardous?	✓ Yes	No	
11. Did residents feel their living areas were too noisy?	Yes	✓ No	2) 1 resident had urinal on the over bed table while his lunch tray was there.
12. Does the facility accommodate smokers?	✓ Yes	No	
12a. Where? [✓] Outside only [ ] Inside only [ ] Both Inside and Outside.			
13. Were residents able to reach their call bells with ease?	Yes	✓ No	3) MAR was open with pt information exposed on each hall
14. Did staff answer call bells in a timely & courteous manner?	✓ Yes	No	
14a. If no, did you share this with the administrative staff?	Yes	No	

Resident Services

			Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility?	✓ Yes	No	Census 66 out of 80
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?	✓ Yes	No	Facility Sanitation 97.0
16a. Can residents access their monthly needs funds at their convenience?	✓ Yes	No	Kitchen Sanitation 96.5
17. Are residents asked their preferences about meal & snack choices?	✓ Yes	No	
17a. Are they given a choice about where they prefer to dine?	✓ Yes	No	
18. Do residents have privacy in making and receiving phone calls?	Yes	No	
19. Is there evidence of community involvement from other civic, volunteer or religious groups?	Yes	No	
20. Does the Facility have a Resident's Council?	✓ Yes	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.