

Community Advisory Committee Quarterly/Annual Visitation Report

County: HENDERSON		Facility Type:				Facility Name: LIFE CARE OF HENDERSONVILLE								
		<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home											
		<input type="checkbox"/> Combination Home	<input checked="" type="checkbox"/> Nursing Home											
Visit Date	8/18/15	Time Spent in Facility		1	hr		min	Arrival Time	11	:	25		Am	pm
Person Exit Interview was held with: JESSICA CASE, ADON								Interview was held		In-Person or Phone (Circle)				

Adm TOM HAGGER	SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: DONNA SHELIN, BUDDY EDWARDS, ANNETTE GOETZE, DEANNA McWILLIAMS		Report completed by: Deanna McWilliams

Number of Residents who received personal visits from committee members: 3

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. (Required for Nursing Homes Only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Staffing information is posted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Resident Profile	Comments & Other Observations
<p>1. Do the residents appear neat, clean and odor free?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1 RESIDENT FAMILY MEMBER STATED THAT RESIDENT DENTURES WERE OFTEN NOT IN WHEN SHE GOT THERE FOR LUNCH. FAMILY MEMBER WONDERED HOW RESIDENT ATE BREAKFAST.</p> <p>RESIDENT FAMILY MEMBER WAS SHAVING HIS AUNTS CHIN TO REMOVE LONG HAIRS. FAMILY MEMBER WAS ALSO TRIMMING FINGER AND TOE NAILS.</p>
<p>2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i></p> <p style="text-align: right;"><input checked="" 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?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Were residents interacting w/ staff, other residents & visitors?</p> <p style="text-align: right;"><input checked="" 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?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>6. Did you observe restraints in use?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>7. If so, did you ask staff about the facility's restraint policies?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Resident Living Accommodations Observations	Comments & Other
<p>8. Did residents describe their living environment as homelike?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>9. Did you notice unpleasant odors in commonly</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

used areas?

<input checked="" type="checkbox"/>			
	Yes	<input checked="" type="checkbox"/>	No
	Yes	<input checked="" type="checkbox"/>	No
	Yes		No

10. Did you see items that could cause harm or be hazardous?

11. Did residents feel their living areas were too noisy?

12. Does the facility accommodate smokers?

12a. Where? Outside only Inside only Both Inside and Outside.

13. Were residents able to reach their call bells with ease?

14. Did staff answer call bells in a timely & courteous manner?

14a. If no, did you share this with the administrative staff?

<input checked="" type="checkbox"/>	Yes		No
<input checked="" type="checkbox"/>	Yes		No
	Yes		No

Resident Services

Comments & Other Observations

15. Were residents asked their preferences or opinions about the activities planned for them at the facility?

<input checked="" type="checkbox"/>	Yes		No
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16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

<input checked="" type="checkbox"/>	Yes		No
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16a. Can residents access their monthly needs funds at their convenience?

<input checked="" type="checkbox"/>	Yes		No
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17. Are residents asked their preferences about meal & snack choices?

<input checked="" type="checkbox"/>	Yes		No
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17a. Are they given a choice about where they prefer to dine?

<input checked="" type="checkbox"/>	Yes		No
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18. Do residents have privacy in making and receiving phone calls?

<input checked="" type="checkbox"/>	Yes		No
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19. Is there evidence of community involvement from other civic, volunteer or religious groups?

<input checked="" type="checkbox"/>	Yes		No
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20. Does the Facility have a Resident's Council?

<input checked="" type="checkbox"/>	Yes		No
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RESIDENT STATED FOOD PREFERENCES WERE ASKED WHAT FOOD THEY DISLIKED WHEN ADMITTED BUT NOT AFTER THAT.

Areas of Concern

Exit Summary

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

DENTURE CARE AND NAIL TRIMMING

Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

POSTED MENU WAS NOT WHAT WAS SURVED IN MAIN DINING ROOM. POSTED MENU HAD NO DATE ON IT, ERGO. IT COULD BE THE WRONG WEEK WAS POSTED.

ADON STATED EXCEPT FOR DIABETICS NAILS AND WHISKERS WERE DONE BY STAFF AT SHOWER TIME.

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.