

# Community Advisory Committee Quarterly/Annual Visitation Report

County <b>Henderson</b>	Facility Type -		Family Care Home		Facility Name: <b>Life Care</b>
	Adult Care Home		<input checked="" type="checkbox"/> Nursing Home		
	Combination Home				
Date <b>3/19/14</b>	Time Spent in Facility <b>1</b> hr <b>30</b> min		Arrival Time <b>10:00</b> am		
Name of Person Exit Interview was held with <b>Renee Lampila</b>		Interview was held		<input checked="" type="checkbox"/> In-Person	
Phone	Admn. <input checked="" type="checkbox"/>	SIC (Supervisor in Charge) <b>Attums</b>	Other staff		

Committee Members Present: **Donna Sheline, Deanna McWilliams, Michele Longton** (Name & Title)  
 Report Completed by: **Donna Sheline**

Number of Residents who received personal visits from committee members: \_\_\_\_\_

Resident Rights Information is clearly visible.  Yes  No

Umbudsman 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><b>Census 21 out of 80 beds available</b></p> <p><b>Sanitation Facility 98 Food 98.</b></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 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	
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 checked="" type="checkbox"/> No	<p><b>A number of nasal cannulas were unbagged</b></p> <p><b>One room, personal care items unmarked.</b></p> <p><b>- One resident stated staff are slow to answer call lights</b></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 type="checkbox"/> Yes <input checked="" 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 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 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	
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 checked="" 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	
9. 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 type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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Life Care

3.19.14

Areas of Concern

Summary

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.

A few of the staff didn't have name tags

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