

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		<input checked="" type="checkbox"/> Nursing Home		
	Combination Home				
Exit Date <i>5/18/15</i>	Time Spent in Facility <i>1</i> hr <i>2</i> min		Arrival Time <i>11:50</i> am		pm
Name of Person Exit Interview was held with			Interview was held <input checked="" type="checkbox"/> in-Person		
Phone	<input checked="" type="checkbox"/> Admn.	<input checked="" type="checkbox"/> SIC (Supervisor in Charge)	Other staff		
Rep <i>Admn.</i>	Name & Title <i>Tom Nagge, Denise Bellefleurful-Jenkins, Charge Nurse</i>				
Committee Members Present: <i>Deana McWilliams, Annette Stealy, Doana Shelton</i>				Report Completed by: <i>Doana Shelton</i>	

Number of Residents who received personal visits from committee members: *16*

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

Required for Nursing Homes Only

Resident Profile	Comments & Other Observations
<p>Do the residents appear neat, clean and odor free? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <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</p> <p>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</p> <p>Were residents interacting w/ staff, other residents & visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If no, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

Resident Living Accommodations	Comments & Other Observations
<p>Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both inside and outside.</p> <p>3. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Isolation Room - Contact Precaution req. not being followed.</i></p> <p><i>Med Cart left unlocked</i></p> <p><i>A note - breathing of specification posted on residents door.</i></p>

Resident Services	Comments & Other Observations
<p>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</p> <p>6. 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</p> <p>6a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Is there evidence of community involvement from other civic, labor or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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.

Isolation /
Infection Control
Precautions not
being followed