

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:		Facility Name:
<input type="checkbox"/> Adult Care Home	<input checked="" type="checkbox"/> Family Care Home	Mr. Home health & Rehab
<input type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home	

Visit Date: 11-24-14	Time Spent in Facility: 2 hrs	Arrival Time: 1:45 pm
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Name of Person Exit Interview was held with: **Becky Rich, Director of nursing**

Interview was held: In-Person

Phone: 828-380-1008

Committee Members Present: **Bernie Brodsky - Aubrey Carruth, Calvin Titus - Kitty Dunn**

Report Completed by: **Bernie Brodsky**

Number of Residents who received personal visits from committee members:

Resident Rights Information is clearly visible. Yes No

Ombudsman contact information is correct and clearly posted. Yes No

Most recent survey was readily accessible. Yes No

Staffing information is posted. Yes No

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 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 type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Physical Therapy - Seen in progress as rehabilitation bring care to return to being healthy and returning home -</p> <p>Activities - Music at 2:30 Jamboree residents request tapes of music they would like</p> <p>124 Beds - (5 Vacant)</p> <p>Sanitation 9.50 - Kitchen 98.0</p>

Resident Living Accommodations	Comments & Other Observations
<p>Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the facility accommodate smokers? <input checked="" 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>Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did staff answer call bells in a timely & courteous manner? <input 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>Residents generally from "S.C." Loss of communication with family and visitation is told to cut visitation.</p> <p>A Screened area for smokers with 2 nurses w attendance</p>

Resident Services	Comments & Other Observations
<p>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>Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are residents asked their preferences about meal & snack choices? <input checked="" 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>Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the Facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Daily health care staffing is a total of 3 - shifts of Nursing. Night shifts have a less staff</p> <p>Flu shots are given to residents & staff</p>

