

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson		Facility Type:				Facility Name: The Laurels of Hendersonville								
		<input type="checkbox"/>	Adult Care Home	<input type="checkbox"/>	Family Care Home									
		<input checked="" type="checkbox"/>	Combination Home	<input type="checkbox"/>	Nursing Home									
Visit Date 12-15-15	Time Spent in Facility			1 hr	20 min	Arrival Time	10	:	5 0	<input checked="" type="checkbox"/>	am	<input type="checkbox"/>	pm	
Person Exit Interview was held with: George Rallis - Director							Interview was held		<input checked="" type="checkbox"/> In-Person or Phone (Circle) in person					
		SIC (Supervisor in Charge)		Other Staff: (Name & Title)			Helen Givens - DON							
Committee Members Present: Donna Sheline, Deanna McWilliams, Buddy Edwards, Annette Goetz							Report Completed by: Annette Goetz							
Number of Residents who received personal visits from committee members: 14														
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N				Ombudsman contact information is correct and clearly posted.										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N				Staffing information is posted.										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile							Comments & Other Observations							
1. Do the residents appear neat, clean and odor free?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Census 101/120 Sanitation – Facility 98.0 Dietary 98.0 Nothing observed						
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>				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No							
3. 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							
4. Were residents interacting w/ staff, other residents & visitors?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No							
5. 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							
6. Did you observe restraints in use?				<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No							
7. If so, did you ask staff about the facility's restraint policies?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No							
Resident Living Accommodations Observations							Comments & Other							
8. Did residents describe their living environment as homelike?				<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No							

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

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

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

One Hall – very distinct urine odor throughout the entire hall

One Resident had fallen and had broken ribs – using oxygen. Oxygen on floor. Unaware that the oxygen was not in place and that it was in the floor. Unable to use call bell.

Three Med Carts unlocked with MARS information exposed. One Cart was right in front of the nurses station where there were 2 nurses.

Entire facility very dirty. Maintenance Director had been on vacation for 3 weeks.

Resident Services

Comments & Other Observations

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

Yes No

16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds?

Yes No

16a. Can residents access their monthly needs funds at their convenience?

Yes No

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

Areas of Concern:

Some means of Resident Identification needs to be established. One of the residents advised that they had been awakened by a CNA at 6:00 AM the previous Friday. She told them she had to remove their cathater. The resident told the CNA they had an appointment with their urologist that day and the doctor was the only one who should remove it. The CNA advised the resident the doctor had called and ask that they remove the cathater and did so. When the resident got to their doctor's appointment, the doctor was very upset. He had not called the facility and this had totally disrupted a 30 day test which the doctor and resident had to begin again. Upon checking with the facility, a urologist had called and requested a cathater be removed, but from a different resident.

This resident told us the same thing happened to them with a blood draw by a lab tech. Again, wrong resident.

We discussed this thoroughly in our exit interview. DON will address this issue in the next "in service training session"

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? **YES**

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

We will discuss what efforts have been made towards better resident identification.