

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson

Facility Type:				Facility Name:			
<input type="checkbox"/> Adult Care Home	<input type="checkbox"/> Family Care Home	<u>Laurels of Hendersonville</u>					
<input checked="" type="checkbox"/> Combination Home	<input type="checkbox"/> Nursing Home						
Time Spent in Facility							

Visit Date: Nov 18-2014 Arrival Time: 4 : 05 am pm

Name of Person Exit Interview was held with: George Ralle (adm) Nancy Walker RPN Interview was held In-Person

Title: Check Box Admn. SIC (Supervisor in Charge) Other staff

Committee Members Present: C. Buddy Edwards Deann McWilliams Annette Goltz Report Completed by: C. Buddy Edwards

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. new person notified Yes No

The most recent survey was readily accessible. Yes No Staffing information is posted. at front desk Yes No

Resident Profile

1. Do the residents appear neat, clean and odor free? Yes No
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? Yes No
3. Did you see or hear residents being encouraged to participate in their care by staff members? Yes No
4. Were residents interacting w/ staff, other residents & visitors? Yes No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? Yes No
6. Did you observe restraints in use? Yes No
7. Did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

Resident Living Accommodations

8. Did residents describe their living environment as homelike? Yes 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
4. Did staff answer call bells in a timely & courteous manner? Yes No
- 4a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

odor from one room (soil & dirty)
This was taken care immediately to
cedi

Resident Services

5. Were residents asked their preferences or opinions about the activities planned for them at the facility? Yes No
6. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? Yes No
- 3a. Can residents access their monthly needs funds at their convenience? Yes No
7. Are residents asked their preferences about meal & snack choices? Yes No
- 7a. Are they given a choice about where they prefer to dine? Yes No
8. Do residents have privacy in making and receiving phone calls? Yes No
9. Is there evidence of community involvement from other civic, professional, or religious groups? Yes No
- Does the Facility have a Resident's Council? Yes No

Comments & Other Observations

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?

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

None at this time
Aide left medical cart with patient in room open.
quickly returned & closed the book.

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.

DHHS DOA-022/2004

One lady was in Bed with dependents only this was taken care of - quickly -

All fire extinguishers were up to date with inspection

rooms where precaution was needed were identified

Oxygen signs on door of patients who were using oxygen -

facility appeared clean -

menu signs posted.

as well as activity signs

Census } 120 Bed.
 } 106 full

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.

DHHS DOA-022/2004