

Community Advisory Committee Quarterly/Annual Visitation Report

County: Henderson	Facility Type: <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Family Care Home <input type="checkbox"/> Combination Home <input checked="" type="checkbox"/> Nursing Home	Facility Name: The Laurels of Hendersonville
Visit Date 03-15-16	Time Spent in Facility 1 hr 00 min	Arrival Time 11 : 00 x am pr
Person Exit Interview was held with: George Rallis		Interview was held <input checked="" type="checkbox"/> In-Person or Phone (Circle) in person

SIC (Supervisor in Charge)	Other Staff: (Name & Title)
Committee Members Present: Donna Sheline, Deanna McWilliams, Amy Grimm, Annette Goetz	
Report Completed by: Annette Goetz	

Number of Residents who received personal visits from committee members: **14**

Resident Rights Information is clearly visible <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ombudsman contact information is correct and clearly posted, updated by <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. (Required for Nursing Homes Only) <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 106/120 Sanitation: Facility – 98.0 Dietary – 98.0 Nothing observed
2. 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 checked="" 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	Comments & Other Observations
1. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Egress at beginning of 300 Hall very limited – Linen Cart, Wheelchairs, MedCart all on opposite sides of hallway.
2. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Did you see items that could cause harm or be hazardous? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Where? <input checked="" type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside and Outside.	

3. 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

Resident Services

Comments & Other Observations

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
- 6a. 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 line? 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, volunteer or religious groups? Yes No
10. Does the Facility have a Resident's Council? Yes No

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 were concerned about the patient to aides ratio available on third shift – only 2 aides for 106 residents. Director was checking into number of residents requiring assistance with turning and will make necessary adjustments.

We will follow up on staffing issues on our next visit and as always will check on water and call bells being reachable.

Water and call bells were not within reach in all rooms. Director will take necessary action to correct.

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.