

# Community Advisory Committee Quarterly/Annual Visitation Report

County <i>Henderson</i>	Facility Type - Adult Care Home <input type="checkbox"/> <input checked="" type="checkbox"/> Nursing Home Combination Home <input type="checkbox"/>	Family Care Home <input type="checkbox"/>	Facility Name: <i>Universal Health Care</i>
Visit Date <i>1/19/16</i>	Time Spent in Facility <i>1</i> hr <i>20</i> min	Arrival Time <i>10:10</i> am	pm <input type="checkbox"/>
Name of Person Exit Interview was held with <i>Sue Robinson</i>	Phone <input type="checkbox"/> Admn. <input checked="" type="checkbox"/> SIC (Supervisor in Charge) <input type="checkbox"/> Other staff <input type="checkbox"/>	Interview was held	In-Person <input type="checkbox"/>

Committee Members Present: *Annette Lott, Buddy Edwards, Amy Grimm, Deanna McWilliams, Dona Shelton* (Name & Title)

Report Completed by: *Dona Shelton*

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

Resident Rights Information is clearly visible.  Yes  No

Ombudsman 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 &amp; 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2a. Where? [ ] Outside only [ ] Inside only [ ] Both Inside and Outside.</p> <p>3. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Did staff answer call bells in a timely &amp; 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 checked="" type="checkbox"/> No</p>	<p><i>Residents call bells were @ times unaccessible</i></p> <p><i>One resident sleeping in recliner = breakfast tray still on her lap meal not completed</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. Are residents asked their preferences about meal &amp; 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>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 checked="" 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>	<p><i>Said not all Residents have Res. Trust funds to ask family for money</i></p>

**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.