

Community Advisory Committee Quarterly/Annual Visitation Report

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|--|--|---|------------------------------|--|--------------------------------------|--|--|--|
| County: <i>Henderson</i> | Facility Type: | | | Facility Name: | | | | |
| | <input type="checkbox"/> Adult Care Home | <input type="checkbox"/> Family Care Home | <i>Universal Health Care</i> | | | | | |
| | <input type="checkbox"/> Combination Home | <input checked="" type="checkbox"/> Nursing Home | | | | | | |
| Visit Date: <i>2/19/15</i> | Time Spent in Facility: <i>2</i> hr <i>45</i> min | | | Arrival Time: <i>12:50</i> am <input type="checkbox"/> P | | | | |
| Name of Person Exit Interview was held with: | | | | Interview was held: <input checked="" type="checkbox"/> In-Person | | | | |
| Name: <i>Sue Robinson</i> | | | | Phone: <i>828-654-9060</i> | | | | |
| Title: <input type="checkbox"/> Check Box <input checked="" type="checkbox"/> Admn. | | <input type="checkbox"/> SIC (Supervisor in Charge) | | | <input type="checkbox"/> Other staff | | | |
| Committee Members Present: <i>A. Carruth, M. Sacks, C. Titus, B. Bradsky, K. Dunn</i> | | | | | | Report Completed by: <i>K. Dunn</i> | | |
| Number of Residents who received personal visits from committee members: <i>20</i> | | | | | | | | |

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| Resident Rights Information is clearly visible. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ombudsman contact information is correct and clearly posted. <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"/> Yes <input type="checkbox"/> No | 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 | <i>Residents appear clean, neat, dress help provided as needed. Resident very happy with attention received - no complaints offered. Separate rehab section - active PT office. Residents with memory issues mixed within NT - no special sect. Adm. reports working well. Restraints used only for safety. Resident - table top chair or special chair. Sanitation 97.0 Kitchen 95.10</i> |
| 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 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| Resident Living Accommodations | Comments & Other Observations |
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| 8. Did residents describe their living environment as homelike? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>Very satisfied with care, resident expressed comfort in facility. Areas appear clean, no unpleasant odors - facility busy but quiet. mostly private rooms although several doubles. Census 75/90 with 18 rehabpts. Hospice pt 6, medicaid 45</i> |
| 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 12. Does the facility accommodate smokers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12a. Where? <input type="checkbox"/> Outside only <input checked="" type="checkbox"/> Inside only <input type="checkbox"/> Both inside and Outside. | |
| 13. Were residents able to reach their call bells with ease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. Did staff answer call bells in a timely & courteous manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Resident Services | Comments & Other Observations |
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| 15. 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 | <i>Alternative menus offered - most residents in dining area for lunch choice offered - PT active in NT as needed. Many activities available daily on going refurbishing with regular maintenance. Grant applied for music therapy. Facility appears well staffed - NP visits 3x/WK. Regular residents councils held.</i> |
| 16. 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 | |
| 16a. Can residents access their monthly needs funds at their convenience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17. Are residents asked their preferences about meal & snack choices? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17a. Are they given a choice about where they prefer to dine? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18. Do residents have privacy in making and receiving phone calls? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20. Does the Facility have a Resident's Council? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

