

Community Advisory Committee Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input checked="" type="checkbox"/> <u>Nursing Home</u> <input type="checkbox"/> Combination Home	Facility Name UNIVERSAL HEALTH CARE (UHC)
Visit Date 9-17-15	Time Spent in Facility 1 hr 45 min	Arrival Time 1:20 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Name of Person Exit Interview was held with SUE ROBINSON		Interview was held <input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC (Supervisor in Charge)
<input type="checkbox"/> Other Staff Rep (Name & Title) ADMINISTRATOR		Report Completed by: AUBREY CARRUTH
Committee Members Present: BERNIE BRODSKY, MARTHA SACHS AUBREY CARRUTH, CALVIN TITUS		
Number of Residents who received personal visits from committee members: 17		
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required for Nursing Homes Only)</i>		Staffing information is posted. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 **(ONLY 1)**
7. If so, did you ask staff about the facility's restraint policies? Yes No

Comments & Other Observations

UNDER THE DIRECTION OF A CARING WELL-TRAINED STAFF headed BY ADMINSTRATOR SUE ROBINSON, the Residents of UHC WERE UNIVERSALLY PRAISEWORTHY OF THEIR CARE AND ACCOMODATIONS.

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 & 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 **WITH 1 SHORT EXCEPTION**
- 14a. If no, did you share this with the administrative staff? Yes No

Comments & Other Observations

ACCOMODATIONS WERE CLEAN, WELL-DESIGNED FOR THEIR NURSING-HOME (AND REHAB OPERATIONS, WHICH SERVICE 28-30 PATIENTS DAILY-INCLUDES OUTPATIENTS) - HIGHLY RECOGNIZED IN WESTERN NC. SANITATION SCORES: 98%

Resident Services

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
Family Council? Yes No

Comments & Other Observations

ADMINISTRATOR/STAFF ACTIVELY DELIVER ACTIVITIES/SERVICES THAT ARE NEW/UP-TO-DATE & INNOVATIVE, e.g. "MUSIC & MEMORY" (A BRILLIANT RECOLLECTIVE TOOL OF FORMER, HAPPIER TIMES); "BINGO BUCKS," A NOVEL OFF-SHOOT OF DINGO, WHERE RESIDENTS CAN USE "WINNINGS" TO BUY ARTICLES (CANDY, TOYS, ETC) IN UHC'S IN-FACILITY STORE. 28-30 RESIDENTS & OUT-PATIENTS ARE SERVICED DAILY IN UHC'S REHAB OPERATION.

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

Exit Summary

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

